

Adverse Children Experiences and engagement with healthcare services Survey in Wales and England

‘Trauma Informed’ Care- Why it Matters in Nursing?

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hosted by Turkey – Istanbul

Dr Jean A. Davies

Adverse childhood experiences and engagement with healthcare services

Findings from a survey of adults in Wales and England



Kat Ford, Karen Hughes, Katie Cresswell, Rebekah Amos and Mark A Bellis

Background

There is substantial evidence that our childhood experiences influence our health, wellbeing and behaviours in later life.

Exposure to adverse childhood experiences (ACEs; such as child maltreatment or growing up in a household with substance misuse) is associated with increased risks for health-harming behaviours (e.g. smoking) and negative physical and mental health outcomes.

In England and Wales, the annual financial burden of ACEs across a range of health risks (e.g. smoking) and causes of ill health (e.g. cancer) has been estimated to total £42.8 billion.

Studies have also identified relationships between ACEs and increased use of health services (e.g. high general practitioner (GP) use, having visited an emergency department in the last year).

Adverse childhood experiences and engagement with healthcare services

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Background continued

Evidence from outside of the UK also demonstrates links between ACE exposure and increased use of prescription drugs and lower engagement in preventative healthcare (i.e. services to identify health issues before the development of symptoms), such as cancer screening.

In the UK, ACEs have been associated with COVID-19 vaccination hesitancy.

The associations between ACEs and engagement with healthcare remains relatively underexplored, particularly within the UK.



PNAE
Paediatric Nursing Associations of Europe

Method

Online questionnaire between 2nd and 23rd March 2022

Sample- 1,832 adults who were resident in Wales and England

Questions about their exposure to ACEs during childhood and their use of health services.

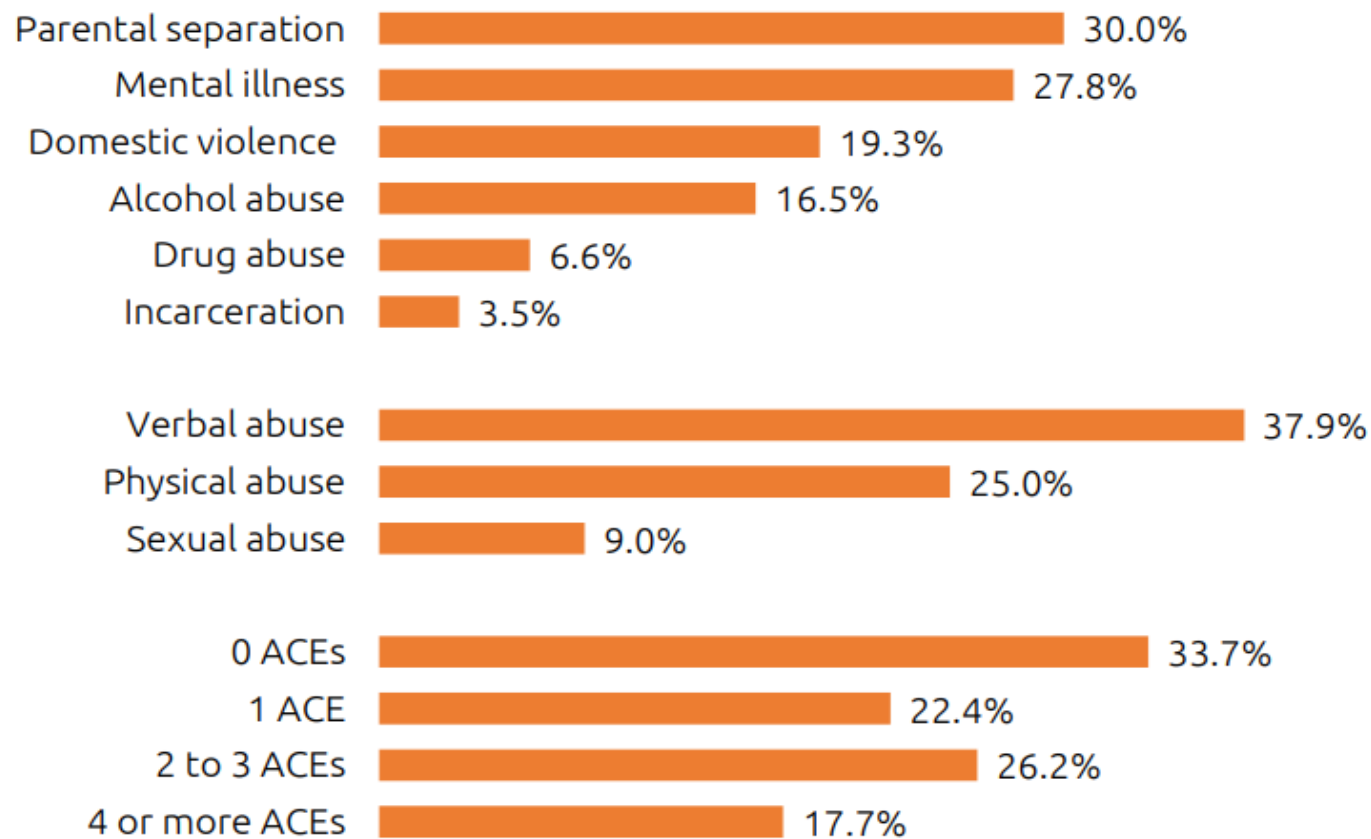
Participants were recruited from an online panel provider (Prolific).

The study was open to a representative sample (stratified by age, sex and ethnicity) of registered panel members aged 18 years and over residing in Wales and England.

[Childhood adversity linked to how we engage with healthcare services - Public Health Wales \(nhs.wales\)](https://www.nhs.uk/wales/public-health/childhood-adversity-linked-to-how-we-engage-with-healthcare-services/)

Findings

Figure 1. Sample prevalence of individual ACEs and ACE count



Findings

Those with 4 or more ACEs were
1.5 times
more likely to have been prescribed antibiotics than those with 0 ACEs

Those with 4 or more ACEs were
1.5 times
more likely to currently take prescription medicines than those with 0 ACEs

Those with 4 or more ACEs were
1.6 times
more likely to have poor medication adherence than those with 0 ACEs

Those with 4 or more ACEs were
2.4 times
more likely to have not received all childhood vaccinations than those with 0 ACEs

Those with 4 or more ACEs were
1.5 times
more likely to sometimes/never have travel insurance than those with 0 ACEs

Those with 4 or more ACEs were
3.6 times
more likely to perceive that professionals do not care about their health than those with 0 ACEs

Those with 4 or more ACEs were
3.5 times
more likely to perceive that professionals do not understand their problems than those with 0 ACEs

Those with 4 or more ACEs were
3.4 times
more likely to report poor childhood experiences with health services than those with 0 ACEs

Findings

Those with 4 or more ACEs were
2.8 times
more likely to report poor childhood experiences with social services than those with 0 ACEs

Those with 4 or more ACEs were
2.5 times
more likely to have low comfort in using GP surgeries than those with 0 ACEs

Those with 4 or more ACEs were
2.4 times
more likely to have low comfort in using hospitals than those with 0 ACEs

Those with 4 or more ACEs were
2.9 times
more likely to have low comfort in using A&Es than those with 0 ACEs

Those with 4 or more ACEs were
1.7 times
more likely to have low comfort in having home visits from a health professional than those with 0 ACEs

Those with 4 or more ACEs were
1.7 times
more likely to have low comfort in using community centres than those with 0 ACEs

Those with 4 or more ACEs were
2.6 times
more likely to have low comfort in using dental surgeries than those with 0 ACEs

Future research should further examine the associations between ACEs and comfort with other health professionals and in different healthcare settings

Conclusion from the report

[Childhood adversity linked to how we engage with healthcare services - Public Health Wales \(nhs.wales\)](#)

Findings are of use in the development of trauma-informed responses to ensure individuals who have experienced childhood adversity are effectively supported to live healthy lives.

PNAE to consider

‘Trauma Informed’ Care- Why it Matters in Nursing?

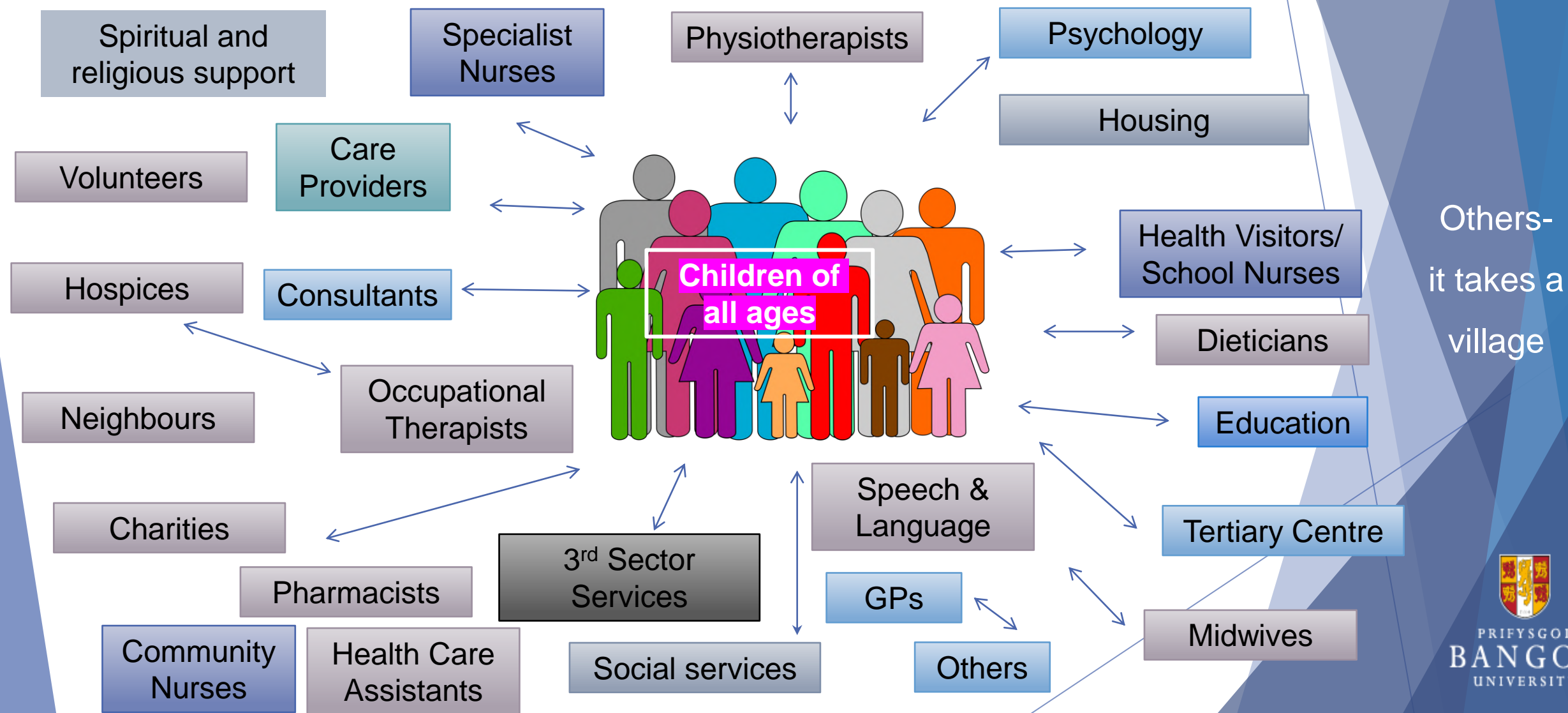
PNAE to consider

‘Trauma Informed’ Care- Why it Matters in Nursing?

What is known?

What is currently available?

Who can be impacted by trauma and toxic stress?



Complex Trauma and Toxic Stress Examples in Childhood

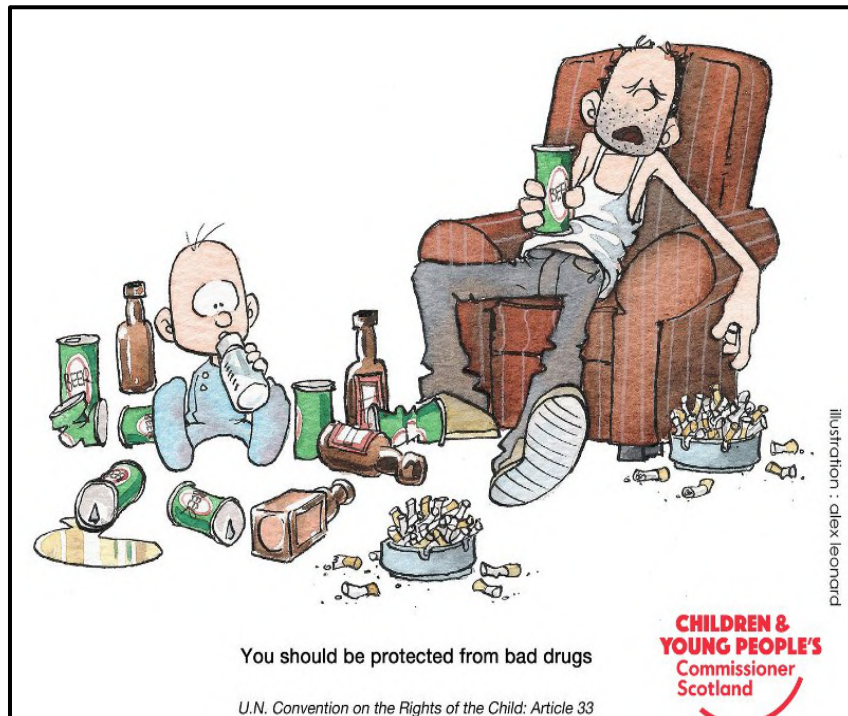
<https://www.unicef.org/serbia/en/reports/adverse-childhood-experiences-ace-study>

<https://www.cypcs.org.uk/>



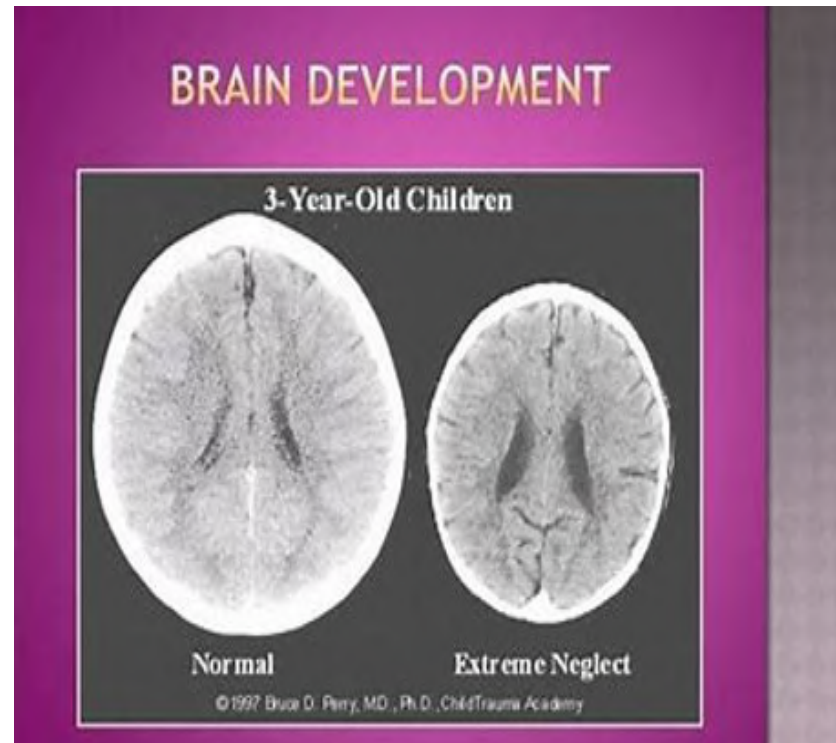
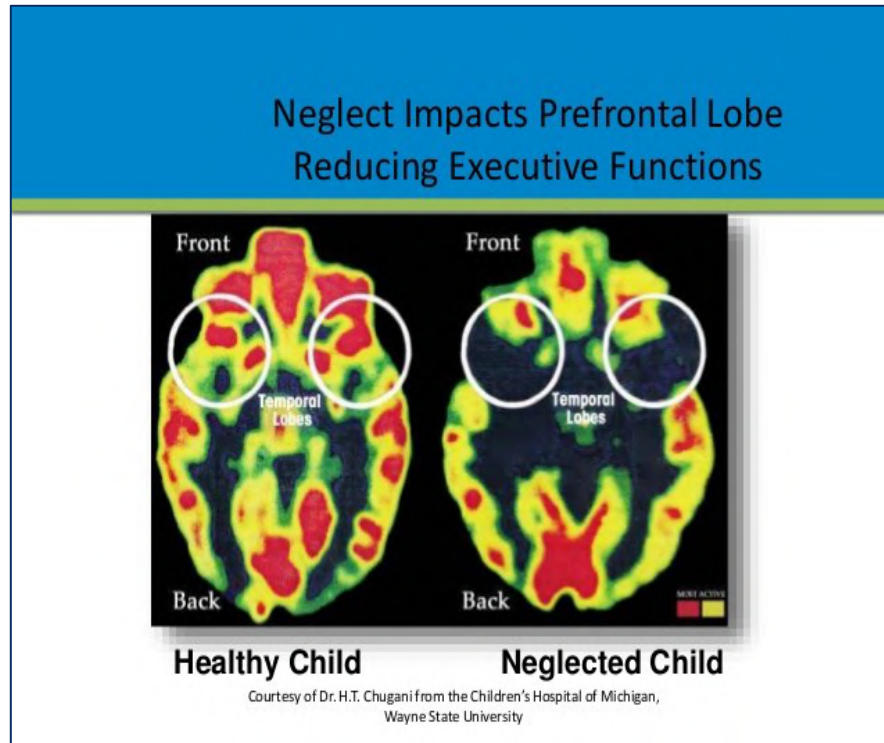
Complex Trauma and Toxic Stress

Examples in Childhood



Effects of Complex Trauma on the Brain

Increased cortisol levels - Rewired for toxic stress response



Brain Changes - Behaviour Changes Risk taking behaviours, addiction,
self-harm and neglect

What is known? The views of experts in the field of ACEs and trauma-informed approaches to care

ACEs: The 10 Areas of Trauma

1. Psychological Abuse
2. Physical Abuse
3. Sexual Abuse
4. Emotional Neglect
5. Physical Neglect
6. Loss of a Parent (for any reason)
7. Mother Treated Violently
8. Substance Abuse
9. Mental Illness
10. Criminal Behavior in the Household

The questions are described on the ACE website
www.acestudy.com



[Professor Sir Harry Burns, Professor of Global Public Health, University of Strathclyde - YouTube](#)

Dr Gabor Maté



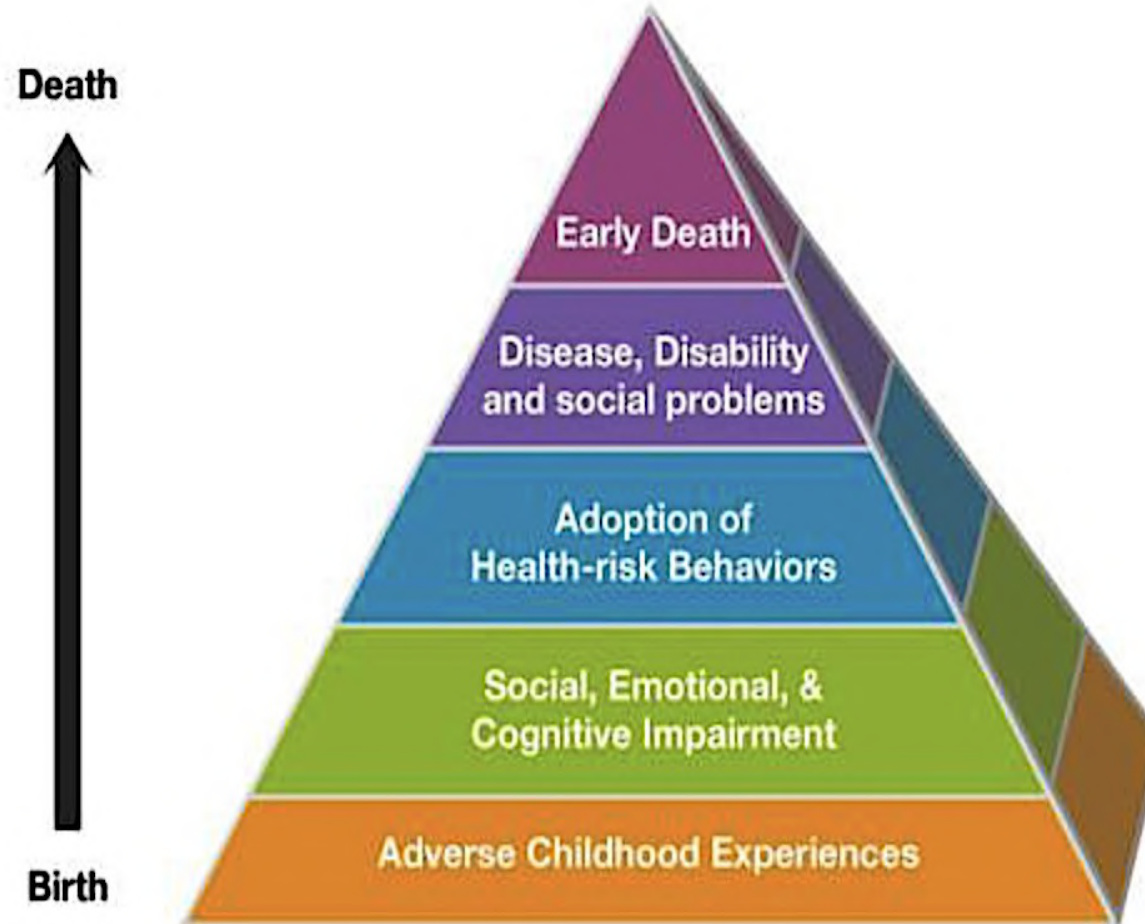
What is known?
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field of ACEs and
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to care

<https://www.youtube.com/watch?v=MyC1DWEHY9w>

ACE Pyramid: Impact on health, Chronic health, Early deaths and Suicide

Relationship between early childhood trauma and health and well-being problems later in life.

Source: World Health Organization



Why 'Trauma Informed' Care Matters in Nursing

- Trauma informed care is necessary for nurses to recognise and understand the impact of trauma and toxic stress on patients and nurses' health and emotional well being
- Trauma knowledge and awareness of the impact of Adverse Childhood Experiences (ACEs) helps nurses to deliver person centred, empathetic, holistic, safe and effective care to patients
- Trauma informed skills help nurses be aware of their own stress levels and to combat 'compassion fatigue'
- Trauma informed knowledge can assist the development of coping and resilience skills (the ability to cope and 'bounce back' from difficult situations)

Person centred, trauma-informed care

- Requires a climate of trust and value, where healthcare providers can comfortably turn to each other to ask questions without worrying that they will be seen as unknowledgeable
- When healthcare providers are working collaboratively, they seek common goals and can analyse and address any problems that arise



Adverse Childhood Experiences (ACEs) in Wales

ACEs are stressful experiences occurring during childhood that directly harm a child (e.g. sexual or physical abuse) or affect the environment in which they live (e.g. growing up in a house with domestic violence).

How many adults in Wales have been exposed to each ACE?

CHILD MALTREATMENT



Verbal abuse
23%



Physical abuse
17%



Sexual abuse
10%

CHILDHOOD HOUSEHOLD INCLUDED



Parental
substance use
10%



Domestic
violence
10%



Mental
illness
10%



Alcohol
use
10%



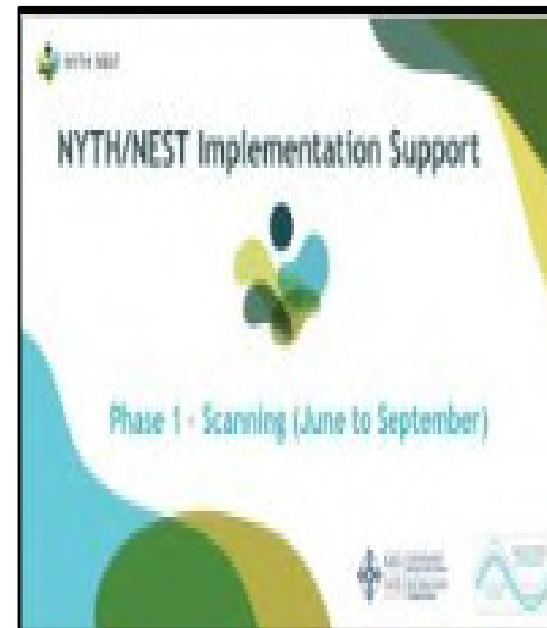
Drug
use
10%



Incarceration
5%

Recognition and Incidences of ACEs in Wales

Nyth Nest Framework



<https://www.youtube.com/watch?v=WuDMq0zyAll>

Resources by theme

The NYTH NEST framework is built around six key themes:

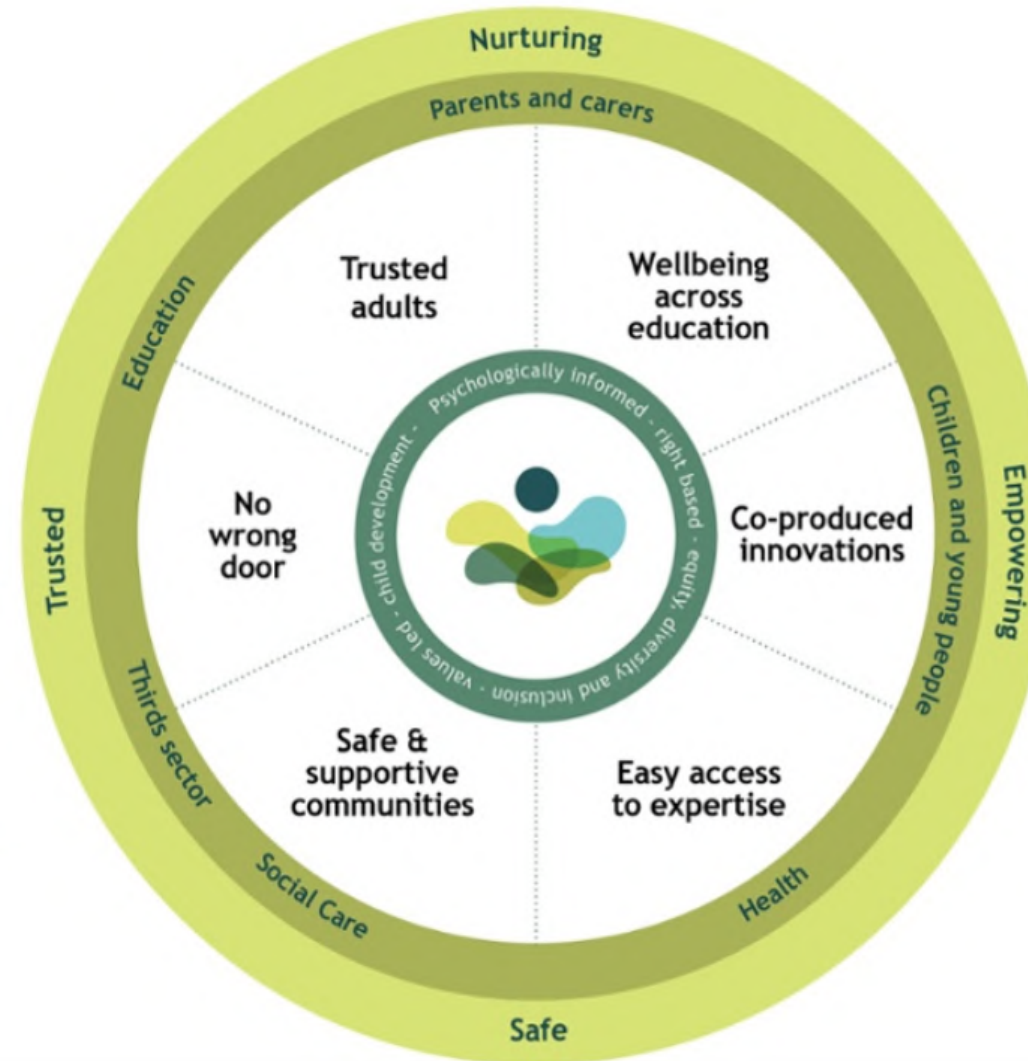
- Trusted adults
- Wellbeing across education
- Co-produced innovations
- Easy access to expertise
- Safe and supportive communities
- No wrong door

Here you can find useful resources and background information grouped around these themes.

In addition, there is a section on key legislation and reports that help set the context for the development and implementation of the framework.

We are also collating examples of good practice by organisations using the framework. You can find these on our 'NYTH/NEST Building' page.

If you would like to tell others about your organisation's experience of using the framework, please get in touch.





Straen
Trawmatig
Cymru

Traumatic
Stress
Wales



Hyb ACE Cymru
ACE Hub Wales



PNAE
Paediatric Nursing Associations of Europe

Trauma-Informed Wales:

A Societal Approach to Understanding,
Preventing and Supporting
the Impacts of Trauma and Adversity

<https://traumaframeworkcymru.com/>



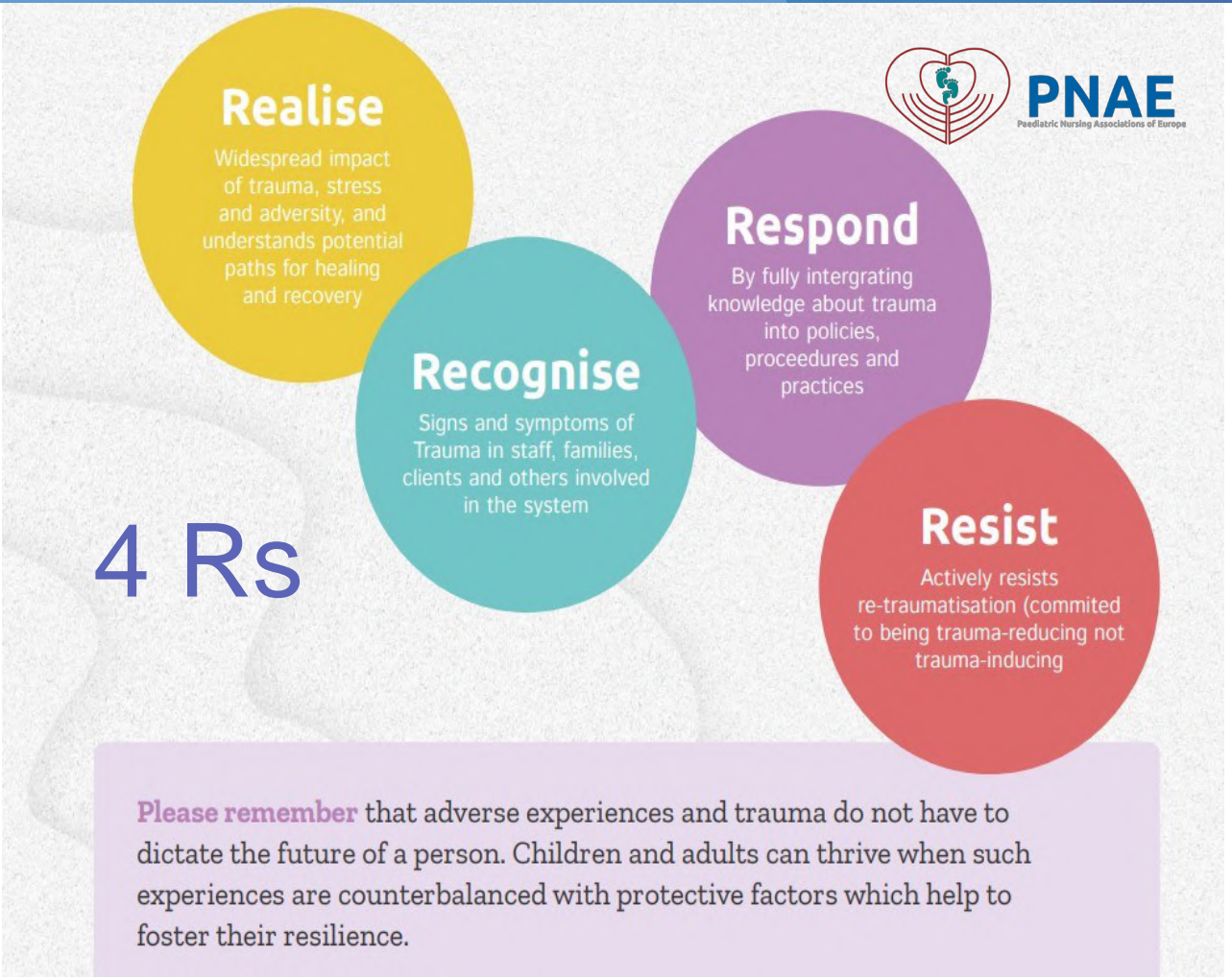


Moving from an approach that asks:

“What is wrong with you?”

To one that considers:

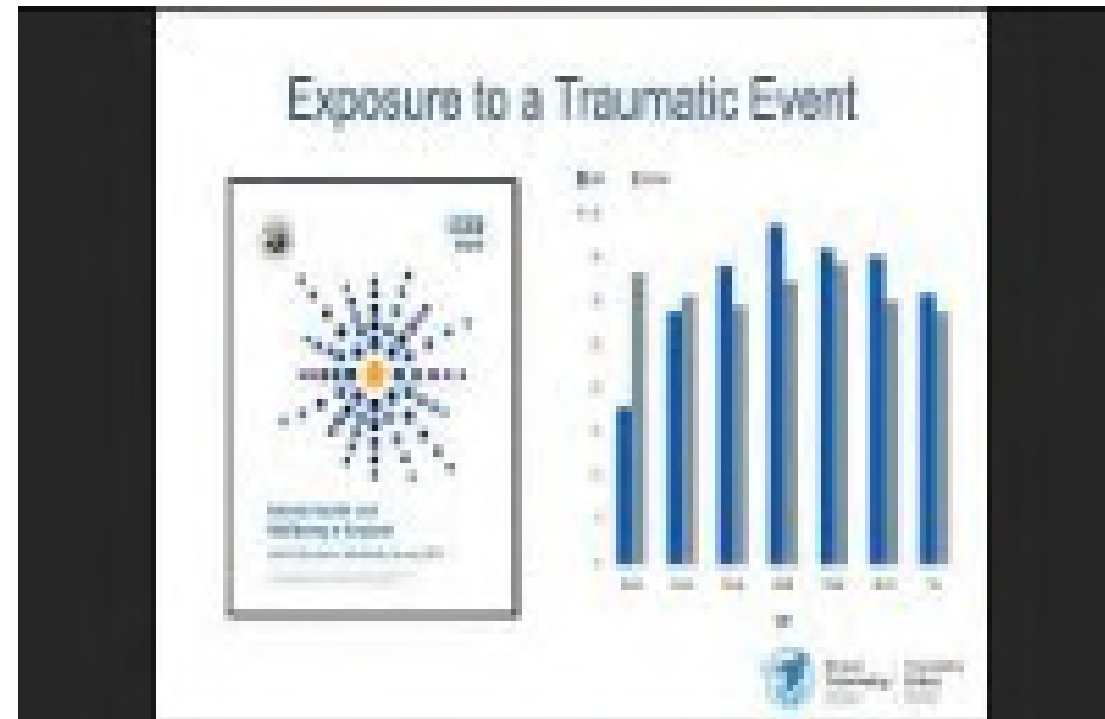
“What has happened to you?”



<https://traumaframeworkcymru.com/training/>



Please note
that this
excellent
webinar lasts
2 hours and
27 minutes



<https://youtu.be/2qVF7h000LA>

Why Trauma Informed training in nursing?



- Trauma training enables recognition of the origins of trauma and whether Adverse Childhood Experiences (ACEs) contribute to the trauma reaction
- Trauma training enables sensitivity to others who are affected by trauma and builds nurses' capacity to deliver holistic patient care whilst being fully self-aware of own stress responses
- Trauma training equips the nurse with skills on how to relate to a person's current health behaviours and health status – **Ask 'What happened to you?' not 'What's wrong with you?'**
- Trauma training enables the ability to self-assess ACEs status and to identify any impact on own coping and resilience





 INTRODUCTION	 KEY PRINCIPLES AND CONSIDERATIONS IN DEVELOPING A TRAUMA-INFORMED WORKFORCE	 CO-PRODUCING TRAUMA TRAINING	 USING THE TRAUMA KNOWLEDGE AND SKILLS FRAMEWORK	 CORE AND ESSENTIAL TRAUMA TRAINING SUMMARIES	 APPENDICES
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Trauma- Informed Training Organisation Workbook

This training package has been funded by Welsh Government and developed by Barnardo's Cymru to support community organisations on their journey to becoming trauma-informed.



ACEs - what can we do?

IMPORTANT TO LOOK AT THE WIDER CONTEXT

Poverty

Inequality

Quality of environment

Household adversity

HELPFUL APPROACHES AND ACTIONS

Suggested actions by UCL Institute of Health Equity, ScotPHN and others, include:

Take preventive action

Reduce household adversity

Improve the physical, social and economic environments in which families live

Provide integrated service responses that recognise multiple strengths and needs

Work locally to tackle social isolation

Incorporate principles of early intervention, prevention and partnership working in all policies

Address low wages and insufficient social security support

CHANGING OUR LANGUAGE

Need to ask

What happened to you?

NOT

What is wrong with you?

Find out more: search 'ACEs' at www.gcph.co.uk

Adverse Childhood Experiences (ACEs)

<https://mhcc.org.au/wp-content/uploads/2022/10/Recovery-Oriented-Language-Guide-3rd-edition.pdf>



Recovery Oriented Language Guide

WORDS MATTER



What support is available for staff providing care in today's climate of social difficulty?

A hybrid approach to debrief following a traumatic or stressful workplace incident
can support nurses' well-being

Davies. J.A., (2022). Supporting children's nurses to deliver trauma-informed care. *Nursing Children and Young People*, 35(2), 29–33. <https://doi.org/10.7748/ncyp.2022.e1422>

What support is available for staff providing care in today's climate of social difficulty?

- Consider and agree on what sort of events or incidents will trigger debriefs.
- Develop a standardised format for debriefs.
- Determine methods for sharing the outcomes of debriefs throughout the service and organisation.
- Determine who should participate, including those involved in the incident and additional staff such as paramedics and/or managers.
- Decide who should facilitate the debrief.
- Determine that the timing of the debrief is suitable for participants.
- Select a comfortable environment for the debrief to take place

Guided reflection through debrief- immediate and at a later date

Hot debrief

A hot debrief involves reflection, occurs immediately after an incident or traumatic event and includes all those involved. Participants reflect on what happened before and during the event and discuss what went well and what could have been done better (Kessler et al 2015). They then discuss and scrutinise the positive and negative elements of the incident. Care is taken to encourage an open and honest discussion and not to apportion blame. The purpose of a hot debrief is to provide immediate support to enable staff to manage their emotions directly following an incident. This is important when service delivery must continue (Kessler et al 2015).

Cold debrief

A cold debrief, which either follows a hot debrief or is a stand-alone event, is arranged within a few weeks of an incident and also involves reflection. Additional staff, for example paramedics, are invited to attend alongside those involved or affected by the incident. The aim is to learn from the incident. An open, honest discussion is supported by a designated person and the principle of no blame is adhered to. Quality improvement tools, for example the NHS England (2015) serious incident framework or the NHS England and NHS Improvement (2021) cause and effect (fishbone) diagrams, can be used

Developing resilience for patients and self, using an ABCDE approach

- **A- Acknowledge** any trauma experienced related to ACEs or more recently. Working relationships, Coronavirus and COVID-19 restrictions, grief and loss, social issues, exams, and moving from home
- **B- Be aware** of any impact and ask, 'What happened?' not 'What's wrong?' and What next?
- **C- Coping and resilience** strategies, what are they and do they work for you in this situation? Debrief and clinical supervision RCN resource 'Healthy Workplace Healthy You'
- **D- Decide who to speak to** and who can help. Think about self-help videos, Mindfulness, staff and student support, friends and family, Talking therapies, GP or others (helplines)
- **E- Evaluate effectiveness** of action taken, become self-aware to recognise where you are coping well and to know when you need extra support














PATHWAYS TO RESILIENCE

Resilience is the ability to bounce back from setbacks in our lives. It is the way we can prevent stress from causing serious physical, mental and emotional issues. Practicing positive and often simple activities can actually **retrain our brain to be more resilient!**






FOR CHILDREN

-  Positive Role Models
-  Supportive Adults
-  Parental Involvement
-  Caring Community
-  Increased Parent-Infant Contact
-  Increased Knowledge of Child Development

FOR EVERYONE

-  Supportive Relationships
-  Healthy Food
-  Exercise
-  Smile
-  Talk About Feelings
-  Music
-  Art
-  Walk in the Woods
-  Gratitude
-  Positive Thoughts
-  Laugh
-  Hope
-  Volunteer

FOR ADULTS

-  Acknowledge Trauma
-  Seek Support
-  Identify Emotional Triggers
-  Mental Health and Substance Abuse Treatment
-  Create Safe and Stable Nurturing Relationships





Acknowledge that you are a
unique and precious
individual.

Take good care of yourself.



<https://www.youtube.com/watch?v=WGH8f3YkGBQ&list=RDLVOSa-iuxnMMg&index=3>

Summary



- Recognise ACEs
- Develop self-awareness and resilience
- Take care of yourself and you will be able to take care of others
- Trauma Informed care matters in healthcare
- Resilience and coping matter for optimum nursing care
- ACEs impact on emotional and physical health throughout the life course





Thank you

Questions

Final Reflections



References Useful reading

[Childhood adversity linked to how we engage with healthcare services - Public Health Wales \(nhs.wales\)](#)

Davies, J. A.. (2022). Supporting children's nurses to deliver trauma-informed care. *Nursing Children and Young People*, 35(2), 29–33. <https://doi.org/10.7748/ncyp.2022.e1422>

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<https://www.cdc.gov/violenceprevention/childabuseandneglect>

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<https://traumaframeworkcymru.com/training/>

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<https://www.youtube.com/watch?v=WuDMq0zyAll>

[Professor Sir Harry Burns, Professor of Global Public Health, University of Strathclyde - YouTube](#)

References Useful reading



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<https://www.cdc.gov/violenceprevention/childabuseandneglect>

<http://trauma-recovery.ca/resiliency/what-is-resiliency>

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-graphics.html>

<https://www.psychologytoday.com/us/blog/modern-day-slavery/201707/trauma-informed-care-and-why-it-matters>

<https://www.youtube.com/watch?v=WGH8f3YkGBQ&list=RDLVOSa-iuxnMMg&index=3>

[Keynote ACES to Assets 2019 – Dr Gabor Maté – Understanding addiction as a result of trauma – YouTube](#)

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