

Experiences of Emergency Department care among frequent presenters who have a history of childhood adversity

Department of Health

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Background



- Adverse childhood experiences (ACEs) damage adult physical and mental health.^{1,2}
- Higher ACEs are associated with higher Emergency Department utilisation in adulthood.^{1,2}
- Healthcare experiences of this consumer group are rarely explored.³



Method



- A qualitatively driven mixed methods study.
- N = 12 individual interviews.
- Interpretive Phenomenological Analysis.
- Purposive sampling among frequent presenters to ED who have a history of ACEs.

Research Questions



- How do adults who frequently present to the ED perceive the influence of childhood adversity on their health?
- What are the ED healthcare experiences of adults with a previous history of childhood adversity who frequently present to the ED?

Findings



- Four major themes developed from analysis:
 1. The abiding legacy of adverse childhood experiences
 2. In loco parentis
 3. Self: "Damaged but recovering"
 4. Dissonant health care

A lot of suicide attempts, thoughts, ideations basically to do with my childhood trauma. I just can't seem to let it go (Lara)

...even though I'm a grown up girl, still inside I'm this little girl that...is feeling like she's...being let down by people (Mia)

It's kind of something you never get over, but you have the opportunity to live with it, manage it, because there are better things in life, as horrific as it was, for me, and many others like me. (Max)

I've come across a few staff that have...gone so far and beyond...it's so nice... [the staff member has] a big smile on his face...you just feel...safe. (Mia)

They say my name and you see the eye roll....Time and time again... (Eve)

Summary



- Participants reported experiencing multiple categories of childhood adversity impacting mental and physical health in adulthood.
- ED appeared to represent the desired properties of an "ideal" parent, e.g., safety, containment, emotional regulation.
- Childhood adversity was often not identified by healthcare providers.
- Participants often perceived that staff did not care about them, or take a genuine interest in their concerns.
- Barriers to accessing therapeutic mental health care (i.e., talking therapies and psychoeducation) were reported.
- Clinicians who were perceived to provide a respectful, compassionate approach were appreciated.

Recommendations



- Explore if high levels of childhood adversity are generalisable among frequent presenters at this location.
- Further research to understand ED clinicians' knowledge of the impacts of childhood adversity on adult health.
- Research identifying appropriate ED interventions for this group.
- Links to therapeutic services (i.e., psychoeducation and psychological therapies, at no out-of-pocket cost to consumer).
- Provision and expansion of specialist clinician roles in ED addressing the specific needs of this group.

1. Diaz R, et al. The relationship between adverse childhood experiences, the frequency and acuity of emergency department utilization and primary care engagement. *Child Abuse Negl* 2022;124:105479-.

2. Gnanamanickam ES, et al. Child maltreatment and emergency department visits: a longitudinal birth cohort study from infancy to early adulthood. *Child Abuse Negl* 2022;123:105397-.

3. Binnie V, Le Brocq R, Jessup M, Johnston ANB. Adult frequent presentation to emergency departments and adverse childhood experiences: a scoping review. *Australasian Emergency Care* 2021;24(4):264-79.