Lifetime Trauma Exposure, Healthcare Relationships, and Health

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ABSTRACT

History of exposure to trauma is associated with poorer health and less trust of individuals and institutions. Trust in physicians is associated with better adherence to care, and health behavior is one mechanism explaining the link between trauma exposure and poor health. However, a direct link between trauma exposure and perceptions of healthcare providers/systems has not been established. An international web-based survey of 272 adults revealed significant associations between lifetime trauma exposure, perceptions of healthcare relationships, and self-rated health. Zero-order correlations revealed significant associations among all variables of interest. Subsequent multiple regression analyses revealed that exposure to trauma in childhood predicted further trauma exposure in adulthood, as well as lower current income and elevated PTSD symptoms. Controlling for income, trauma exposure but not PTSD symptoms predicted poorer perceptions of healthcare relationships, and perceptions of healthcare relationships but not lifetime trauma exposure or PTSD symptoms predicted current self-rated health. Income was predicted by PTSD symptoms but not trauma exposure, and was significantly associated with self-rated health. Results suggest that childhood trauma predicts further trauma exposure, lower income, and PTSD symptoms, which in turn are associated with poorer health, partially through negative perceptions of healthcare providers and systems.

INTRODUCTION

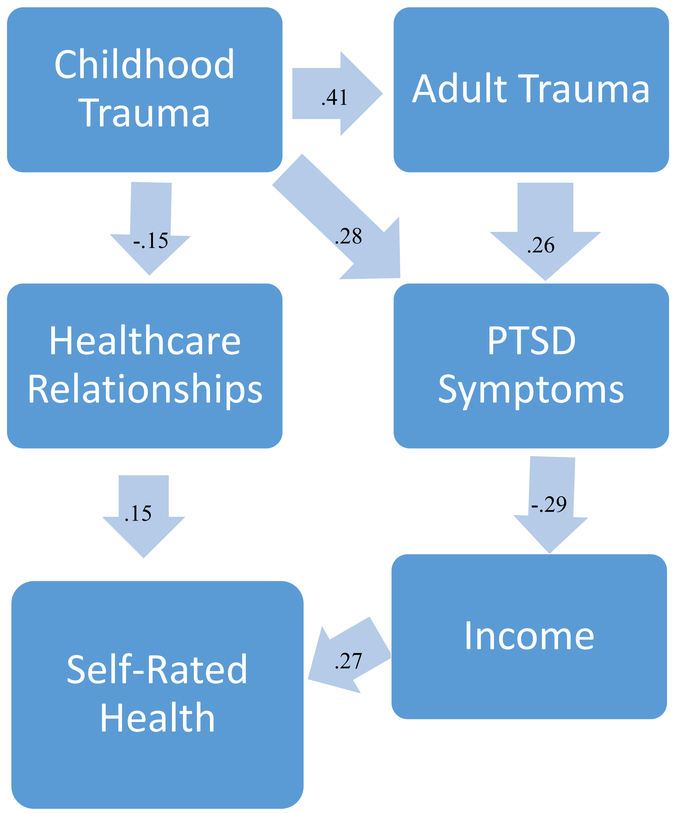
History of experiencing trauma has significant negative impacts on physical health, including self-rated health (Schnurr & Green, 2004). There are many processes by which this may occur, including health behaviors (Zen, 2012), and factors that may lead to poorer access to care such as poverty and other adverse social circumstances (Zielinski, 2009). However, the link between trauma exposure and poor health is not fully understood. Survivors of trauma may be less likely to trust individuals who could be important for their well-being, such as healthcare providers (Gobin & Freyd, 2013). Evidence suggests that lack of trust in healthcare providers is associated with poorer health management behaviors (Lee & Lin, 2009). The current study examined associations among trauma exposure, PTSD symptoms, income, healthcare relationships, and self-rated health.

METHODS

A total of 272 patients with a specific chronic neurovascular disease participated in an online survey. The majority were White (87%), female (73%), and living in the U.S. (69%). Average age was 44.35 (*SD*=11.71), and participants were on the whole of above-average SES, though the sample included a full range of income (ranging from less than $10,0000 to more than $150,000) and education (ranging from less than a high school diploma to graduate or professional degree) levels.

Participants completed a battery of self-report questionnaires including the Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2006), PTSD Checklist 5 (PCL-5; Weathers et al., 2013), Patient Continuity of Care Questionnaire (PCCQ; Hadjistavropoulos et al, 2008) which was revised for the current study and contains a subscale assessing healthcare relationships, demographic questions including household income, and a single-item measure of self-rated general health.

Figure 1. Visual representation of regression findings, with hypothesized directionality of associations



RESULTS

Zero-order correlations revealed significant associations among all variables of interest. Subsequent multiple regression analyses (Table 1) revealed that exposure to trauma in childhood predicted further trauma exposure in adulthood, as well as elevated PTSD symptoms. Controlling for trauma exposure, PTSD symptoms predicted lower current income. Childhood trauma exposure but not PTSD symptoms predicted poorer perceptions of healthcare relationships, and perceptions of healthcare relationships but not lifetime trauma exposure or PTSD symptoms predicted current self-rated health. Income was significantly associated with self-rated health. Trauma exposure and PTSD symptoms were not significant predictors of self rated health when including income and health care relationships in the model.

Table 1. Summary of multiple regression analyses

Outcome			Predictors				
			Child Trauma	Adult Trauma	PTSD Symptoms	Income	Healthcare Relationships
	R	F	Semi-partial correlations				
Adult Trauma	.41	43.09***	.41***				
PTSD Symptoms	.46	27.31***	.28***	.26***			
Household Income	.31	7.05***	-.07	-.04	-.29***		
Healthcare Relationships	.26	4.92**	-.15*	-.05	-.10		
Self-Rated Health	.42	8.44***	-.11	-.07	-.10	.27***	.15*

***p<.001, **p<.01 ,*p<.05

DISCUSSION

There are several possible interpretations of the results, as these data are correlational and cannot be used to determine direction of causality. One theory is presented in figure 1. Results suggest the possibility that childhood trauma predicts further trauma exposure, lower income, and PTSD symptoms, however the association between childhood trauma and lower income appears to be mediated by PTSD symptoms. In turn, the association between PTSD symptoms and self rated health appears to be mediated by income. Finally, childhood trauma predicts having poorer perceptions of healthcare relationships, and both income and health care relationships are predictive of self rated health. Thus the association between trauma exposure and self rated health may be multiply mediated, and involve multiple paths. One path to poorer self rated health may involve disturbances in relationships which extend to healthcare relationships, leading to poorer health behaviors and adherence to healthcare, leading to poorer health. The second may be related to the presence of posttraumatic symptoms, which lead to greater difficulty with education and work, leading to lower income and the health risks that accompany poorer socioeconomic status.

FUTURE DIRECTIONS

In order to better understand possible mediators of the association between trauma exposure and poorer self rated health, it will be necessary in future research to explore additional variables that may further explain this association. For example, it may be that disturbances in attachment relationships is related to poorer perceptions of health care relationships, and that poorer perceptions of health care relationships result in poorer health behaviors and adherence to healthcare, which in turn leads to poorer self rated health. Future projects are underway to test these associations.