



# The Effects of Adverse Childhood Experiences and Childhood Trauma on Adult Healthcare Relationships in a Sample of Patients with Chronic Medical Conditions



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## Abstract

Research has indicated that childhood trauma (e.g., abuse) and adverse childhood experiences (ACEs, e.g. neglect and household dysfunction) increase the risk for major health problems (Felitti et al., 1998). Additionally, research has shown that there is a strong association between ACEs and healthcare utilization (Chartier, Walker, & Naimark, 2010). Trust in a medical provider has been found to be necessary in maintaining a positive healthcare relationship and ensuring adherence to treatment (Hall et al., 2001). Individuals who have experienced trauma are less likely to trust others (Gobin & Freyd, 2013) and may be less likely to trust their doctor, leading to poorer health. The purpose of the current study was to analyze the effect of childhood trauma and ACEs on patient healthcare experiences in a population with chronic health conditions. Results found that ACEs predicted doctor trust, non-adherence to treatment, and moderately predicted healthcare relationships, whereas childhood trauma only had a significant impact on non-adherence. The discussion gives insight into the consequences of prolonged ACEs, and how they appear to have a greater impact on patient-provider relationships than childhood traumatic events.

## Childhood Trauma and Chronic Health Conditions

- Research has indicated trauma survivors are at a greater risk of having or developing a chronic condition (Sledjeski et al., 2008).
- Trauma experienced throughout childhood may induce physiological changes due to the prolonged activation of the stress response system (Schnurr & Green, 2004).
- Similarly, less intense but prolonged exposure to ACE's such as neglect and household dysfunction have been found to increase allostatic overload, leading to changes in the nervous, endocrine, and immune systems (Danese & McEwen, 2012).
- Additionally, those who have experienced extensive trauma and ACE's often engage in poor health behaviors such as illicit drug use, sexual activity with numerous partners, non-adherence to medical treatment and failing to engage in health promoting behaviors, (Davis, Combs-Lane, & Smith, 2004; Rodgers, Norman, Thorp, Lang, & Lebeck, 2005; Zen et al., 2012).

## Childhood Trauma and Trust

- Individuals who have experienced trauma are less likely to trust others (Gobin & Freyd, 2013) and may be less likely to trust those who are important to their wellbeing, potentially leading to poorer health.
- Research has found that the number of traumas reported correlates significantly with heightened healthcare utilization. (Rosenberg et al., 2000).
- Evidence suggests that lack of trust in healthcare providers is associated with poorer adherence to medical advice, less likelihood of engaging in preventive care, and poorer management of chronic diseases (Musa, Schulz, Harris, Silverman, & Thomas, 2009).
- Research has not yet evaluated the effect of childhood trauma and ACE's on adult healthcare relationships.

## Purpose

- **The present study evaluated the effect of childhood trauma and ACEs on patient healthcare experiences in a population with chronic health conditions.**

## Method

- Participants were recruited from Qualtrics and participated in an online survey.
- Questionnaires included:
  - **Adverse childhood experiences (ACE) survey** (Felitti et al., 1998).
  - **Brief Betrayal Trauma Survey (BBTS)** (Goldberg & Freyd, 2006).
  - **Trust in the medical profession scale** (Hall et al., 2002).
  - **Patient continuity of care questionnaire (PCCQ) – revised for a chronic conditions** (Hadjistavropoulos, Biem, Sharpe, Bourgault-Fagnou, & Janzen, 2008).

## Results

Table 1. Predictors and outcome variables.

| Outcome                  | Predictors |            |                           |                              |                             |
|--------------------------|------------|------------|---------------------------|------------------------------|-----------------------------|
|                          |            | Income     | Age                       | High Betrayal Trauma (child) | Low Betrayal Trauma (child) |
|                          | R          | F          | Semi partial correlations |                              |                             |
| Doctor Trust             | .290       | 6.256****  | .171**                    |                              | -.114**                     |
| Healthcare Relationships | .310       | 6.167****  | .216****                  |                              | -.111*                      |
| Non-Adherence            | .418       | 14.413**** | -.201****                 | .162***                      | .159***                     |

\*Significant at <.059  
 \*\*Significant at <.05  
 \*\*\*Significant at <.01  
 \*\*\*\*Significant at <.000

## Discussion

- Results indicate that ACE's have a significant effect on healthcare and healthcare relationships.
- ACE's have a greater effect on health behaviors and healthcare relationships than trauma specifically.
- Clinicians and healthcare workers should take ACE's into consideration when providing care.
- Future research should look at the effect that specific types of ACE's have on healthcare relationships and health behaviors.