

## **The Role of Doctor Trust in the Relationship between Adverse Childhood Experiences and Non-Adherence to Healthcare Treatment: Supporting Summary**

Adverse childhood experiences (ACEs) include psychological, physical, or sexual abuse; witnessing domestic violence; living with household members with substance abuse, mental illness, suicidality, or past imprisonment (Felitti et al., 1998). Previous research in childhood trauma has found that a history of abuse predicts non-adherence to treatment for a variety of medical conditions (Van Loon et al., 2004). This is highly problematic given that individuals who have experienced ACEs are more likely to experience major health problems as adults (Felitti et al., 1998). Individuals who have experienced ACEs are also less likely to trust others (Gobin & Freyd, 2013) and may therefore be less likely to trust their doctors. Hall et al. (2001) claim that trust in one's medical provider is necessary in order to ensure adherence to healthcare treatment. The present study investigated whether level of doctor trust can explain the relationship between ACEs and non-adherence to medical treatments.

The study involved 352 participants who completed an online survey that included measures of ACEs, adherence to healthcare treatments, and doctor trust. Childhood trauma has been shown to be a risk factor for developing depression in adulthood (Heim, Newport, Mletzko, Miller, & Nemeroff, 2008), and depressed patients are less likely to adhere to healthcare treatments (Grenard et al., 2011). Therefore, it is important to control for the effects of depression in the investigation of ACEs and their effects on treatment adherence. For the present study, it was hypothesized that having experienced a greater number of ACEs would predict significantly greater levels of non-adherence to health care treatment and that this relationship would be mediated by trust in one's doctor.

To investigate the role of doctor trust in mediating the relationship between adverse childhood experiences and non-adherence to healthcare treatments, tests of mediation were conducted using 5000 bootstrap samples for bias corrected 95% confidence intervals of the indirect effect derived from PROCESS (Hayes, 2013). Controlling for the effects of depression, level of doctor trust significantly partially mediated the relationship between number of adverse childhood experiences and non-adherence to healthcare treatments, 95% CI [0.0005, 0.0282]. This mediation model suggests that level of doctor trust accounts for 12.68% of the variance in non-adherence to healthcare treatments.

The results of the present study suggest that level of doctor trust explains in part the relationship between ACEs and non-adherence to medical treatment. These results provide important information for medical professionals who come in contact with individuals who have experienced childhood trauma. Specifically, this research highlights the importance of these medical professionals developing a trusting relationship with their patients. Healthcare providers should refer their patients to psychologists to deal with the effects of trauma that can be exacerbated due to the insidious nature of chronic medical conditions. Psychologists can then work with patients on their ability to trust authority figures so that they are able to adhere to medical treatments.

## References

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