

# SCREENING FOR CHILDHOOD TRAUMA IN ADULTHOOD: PERSPECTIVES OF APPALACHIAN PRIMARY CARE PROVIDERS

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Childhood trauma or Adverse Childhood Experiences (ACEs) are adult-perpetrated negative events that occur early in life, prior to age 18 years old. These traumatic events can include abuse, neglect, and a range of household dysfunction. ACEs are associated with a range of negative health outcomes across the lifespan, including an increased risk of cancer. Learning more about ACEs is particularly important to explore in WV as 56% of adults in the state report experiencing at least one of the eight categories of childhood trauma.

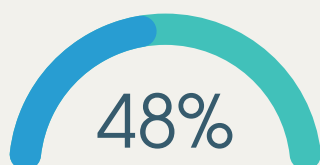


**22% OF ADULTS IN WV ARE AT RISK FOR DEVELOPING HEALTH PROBLEMS BASED ON HAVING THREE OR MORE ACEs**

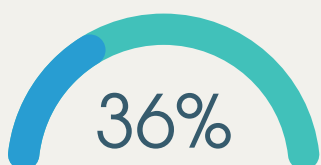


Previous findings suggest childhood trauma was associated with weaker patient-provider relationships and fewer positive cancer screening behaviors.

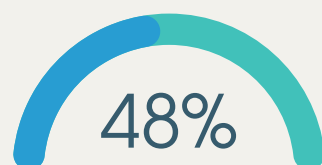
ACEs may increase adult cancer risk in a variety of ways including lifestyle factors, epigenetics, and negatively impacting preventative behaviors. Individuals who have experienced childhood trauma may have difficulty sustaining long-term, trusting relationships with primary care providers who serve as an important source of knowledge about cancer and their recommendations are critical to cancer screening completion.



48%  
OF SURVEYED PROVIDERS SCREEN ROUTINELY FOR ACEs IN ADULT PATIENTS



36%  
OF SURVEYED PROVIDERS FEEL THEIR CLINIC IS WELL-EQUIPPED FOR ACEs SCREENING AND ADDRESSING CHILDHOOD TRAUMA IN ADULT PATIENTS



48%  
OF SURVEYED PROVIDERS FEEL THEY HAVE RECEIVED ADEQUATE TRAINING ON ACEs

Utilizing the WVPBRN's CORE Survey (50 respondents), we wanted to understand current practices and perspectives of primary care providers related screening for ACEs in practice. We found that all providers surveyed felt that ACEs played a role in adult health outcomes. The majority felt that screening was the role of a primary care provider and trauma was prevalent in their patient population.

Our findings suggest that if we want to screen for ACEs and respond to those findings confidently in primary care, providers must feel that they are adequately trained and that their clinics are well-prepared to handle associated challenges.

Ultimately, childhood trauma does impact health outcomes in adulthood. Whether we screen for ACEs universally in practice or not, there needs to be a greater understanding and integration of trauma-informed care. Our CORE survey findings suggest the need for better preparation to deal with ACEs at both the provider and clinic levels, matching the needs of suggested trauma-informed care strategies.