



Prevalence of Adverse Childhood Experiences (ACEs) among Child Service Providers

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Overview

- Background leading to study
- Research question
- Prior research
- Study design
- Results
- Conclusion
- Implications

Background leading to study

- ACEs and Sanctuary Model
- Informal ACEs surveys of Sanctuary Model training participants
- Increasing research on prevalence of ACEs in general population (e.g., Behavioral Risk Factor Surveillance System)
- Increasing research on VT, STS and compassion fatigue among social workers
- Importance of conducting formal exploratory study

Research question

- What is the prevalence of ACEs among child service providers?
- Are there differences in ACEs by gender, type of position (direct/indirect), race or age?

Prior research

- ACEs study (Dube et al., 2001)
 - 63.9% of respondents have 1+ ACEs
 - 14.5% have 4+ ACEs
- Social service providers
 - Primarily social work students
 - Link between early trauma and social work career (Black, Jeffreys & Hartley, 1993; Rompf & Royse, 1994)
- Helping professionals can experience VT, STS and compassion fatigue (Knight, 2010)

Study design

- Exploratory, cross-sectional study
- Voluntary child welfare agency in Northeast
- Agency provides residential, day treatment and schooling for children with histories of trauma, and mental health and community services

Measures

- ACE questionnaire (Dube et al., 2004)
 - Depressed/Mentally Ill household member, Humiliation/Physical Threat by household member, Substance Abusing household member, Parental Loss through divorce or abandonment, Sexual Abuse, Physical Abuse, Lack of Support, Domestic Violence, Incarceration, Neglect
 - The number of “yes” responses to each category is added to create ACE score; 10 categories
- Violence against the respondent’s mother was changed to any parent figure to elicit domestic violence experience

Data collection

- E-mail introducing study from Executive Director
- E-mail with informed consent and link to SurveyMonkey survey April 2011
- One reminder e-mail
- 3 weeks

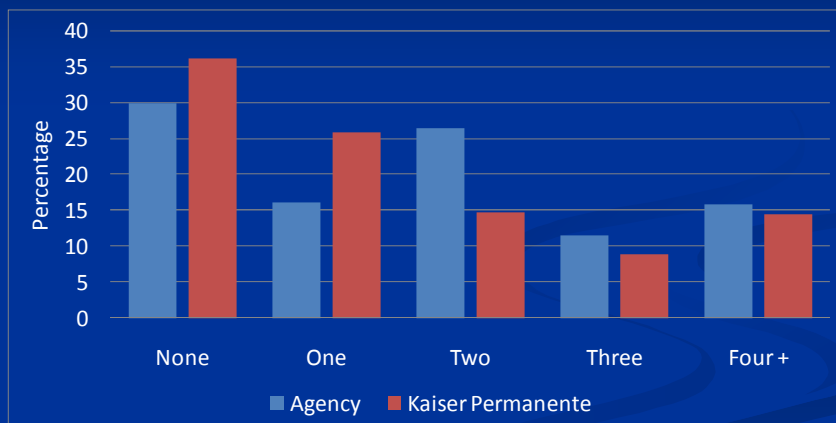
Sample characteristics

- 94 out of 360 employees (26%)
- 79.1% female, 20.9% male
- 59.8% direct care, 40.2% indirect care
- 65.9% white (not Hisp), 17.6% Hispanic, 7.7% Black (not Hisp), 5.5% Asian/PI, 3.3% Mixed
- Age range: 22 to 68 with average of 39

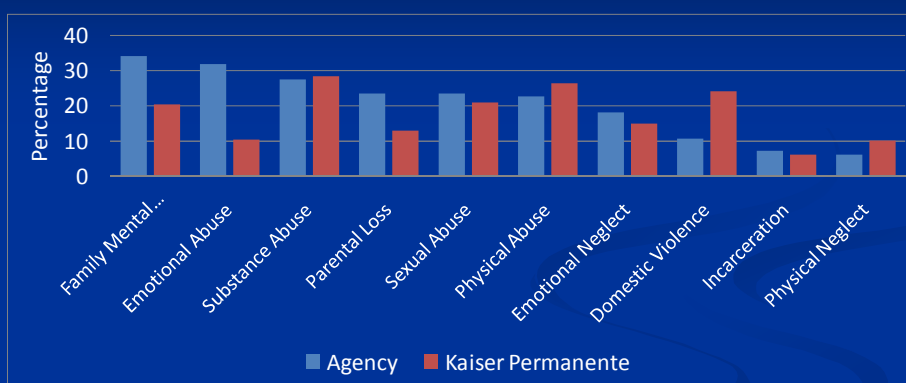
Analysis

- Descriptive
 - ACE Score
 - Prevalence of each ACE category
- Correlational analysis
 - Age and ACE Score
- Independent samples *t*-test
 - ACE Score and gender, position, race (White/Non)

Results – ACE Score



Results – ACE Category



Results

- Correlational analysis
 - No significant association between age and ACE score; $r = -.001, p = .991$
- Independent-samples t -tests
 - No differences in ACE score by type of position held $t(84) = .32, p = .75$, as was the case with gender $t(48.49) = -1.34, p = .19$, and race $t(84) = 1.07, p = .29$

Findings

- Suggests high prevalence of ACEs among workers in an agency serving children with histories of trauma
- ~70% of employees had at least one ACE; nearly 16% reported 4+
- ACEs more prevalent in this sample than original ACE study (Dube et al., 2001)
- Higher prevalence of family mental illness and emotional abuse among agency staff (Dong et al., 2004)

Limitations

- Cross-sectional, retrospective design
- Single agency
- Reliance on self-report
- Somewhat low response rate (26%)

Conclusion

- Study helps us understand ACE characteristics among child service providers
- Future research could explore ACE prevalence among other types of social service providers
- Integrating knowledge about resilience suggests opportunity to create restorative organizational cultures
- Qualitative research could explore provider perspectives on elements of restorative cultures that reduce STS, VT and compassion fatigue
- Article to be published in *Families in Society*

Policy & Program Implications

- ACE research as a policy advocacy tool
- Behavioral Risk Factor Surveillance Survey (BRFSS)
- Fragmented service silos vs. comprehensive, integrated services

Restorative Integral Support

Individual

- Support strengths
- Mobilize resilience & recovery
- Enhance coping skills
- Resolve trauma
- Restore development
- Build other life skills

- “Evidence-based behavioral practices” (i.e. CBT)
- Medical model
- Body-oriented interventions
- Physical exercise

- Social networks
- Therapeutic milieu
- Peer supports
- Culture of Recovery and Transformation

- Policies and procedures
- Infrastructure
- Recovery-oriented systems of care
- Systems Transformation

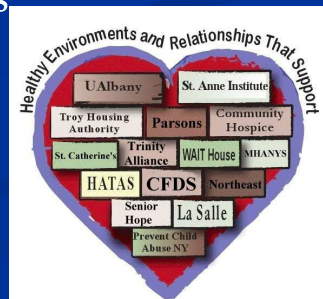
Collective

RIS & Coalitions

- New York example:

The HEARTS Initiative

- a coalition of well-established Capital Region service providers
- strengthening social networks within and across agencies
 - Includes & supports Sanctuary as well as other approaches



RIS: Key elements

- Raise staff awareness of ACEs
- Integrate resilience and recovery knowledge
- Engage staff in organizational development
 - Best practices, values, culture, systems
- Support staff self-care
- Policy advocacy
- Team-based research partnerships
- Leadership as key

Recovery & Transformation

- “Some of the healthiest people I know are those who have had to heal from the most challenging situations, and in the process, have gained insight and wisdom far beyond what a ‘comfortable’ life would ordinarily provoke.”



- Joan Borysenko, *Fire in the Soul*

References

- Black, P. N., Jeffreys, D., & Hartley, E. K. (1993). Personal History of Psychosocial Trauma in the Early Life of Social Work and Business Students. *Journal of Social Work Education, 29*(2), 171.
- Dong, M., Anda, R. F., Felitti, V. J., Dube, S. R., Williamson, D. F., Thompson, T. J., . . . Giles, W. H. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect, 28*(7), 771-784. doi: 10.1016/j.chiabu.2004.01.008
- Dube, S. R., Anda, R. F., Croft, J. B., Edwards, V. J., Giles, W. H., & Felitti, V. J. (2001). Growing up with parental alcohol abuse: exposure to childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect, 25*(12), 1627-1640.

References cont' d

- Knight, C. (2010). Indirect Trauma in the Field Practicum: Secondary Traumatic Stress, Vicarious Trauma, and Compassion Fatigue Among Social Work Students and Their Field Instructors. *Journal of Baccalaureate Social Work, 15(1), 31-52.*
- Rompf, E. L., & Royse, D. (1994). Choice of Social Work as a Career: Possible influences. *Journal of Social Work Education, 30(2), 163-171.*



Thank you and Questions?

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