RESEARCH BRIEF

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

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Background and Purpose: Despite increasing evidence in the public health field about the prevalence of ACEs in the general population (Bynum et al., 2010), little is known about the prevalence of ACEs among social service providers. Studies suggest that social work students are more likely to report histories of psychosocial trauma within their families of origin than other students (Black, Jeffreys, & Hartley, 1993; Russel, Hill, Coyne, & Woody, 1993).

Trauma backgrounds may influence both therapist susceptibility to vicarious traumatization (Pearlman & Mac Ian, 1995) as well as clinical evaluation of data and decision-making (Jackson & Nuttall, 1994). Similarly, individuals with trauma backgrounds are vulnerable to re-enactment of their history (van der Kolk, 1989). With increasing pressure on social service agencies to demonstrate successful client outcomes, it is critical that agencies explore factors that influence high quality care. This exploratory study is the first investigation of ACE prevalence among workers in an agency that provides residential, day treatment, and schooling for children with histories of trauma.

Methods: Employees of a residential child welfare agency in the Northeast were invited to take an online survey consisting of demographic and 10 ACE Study questions with documented good test-retest reliability (Dube, Williamson, Thompson, Felitti, & Anda, 2004). ACEs include physical, emotional, and sexual abuse, domestic violence, living with substance abusing, mentally ill/suicidal, or incarcerated household members, loss of a parent, and emotional or physical neglect. ACE score is determined by adding the number of "yes" responses to each of the categories (0-10).

Data were analyzed using SPSS 19.0. Descriptive analysis identified prevalence of each ACE category and total ACE scores. Independent-samples *t* tests provided results on any differences in ACE scores by type of position held (i.e. direct or indirect care), gender, and race (White/non-White). Correlational analysis was used to assess any significant association between age of respondent and ACE score.

Results: A total of 94 out of 360 employees (26%) participated in the study. Of the respondents, 79% were females and 21% were males; 60% represented direct care staff and 40% indirect care, the average age was 39, and the race/ethnicity profile was 66% White (not Hispanic) origin, 18% Hispanic, 8% African-American/Black (not Hispanic) origin, 5% Asian or Pacific Islander, and 3% of Mixed Racial Heritage. As presented in Table 1, close to three-quarters of the respondents (70.1%) reported $\geq$ 1 ACE category; 15.9% reported $\geq$ 4 ACEs. The prevalence of each ACE category ranged from a high of 34.1% for having a parent who was depressed or mentally ill to a low of suffering from physical neglect (5.9%). A more detailed breakdown of prevalence by ACE category is provided in Table 2. The mean ACE score was 2.0, and there were no significant differences in ACE score by type of position held, gender, or race, or significant association between age of respondent and ACE score.

Table 1: ACE Score

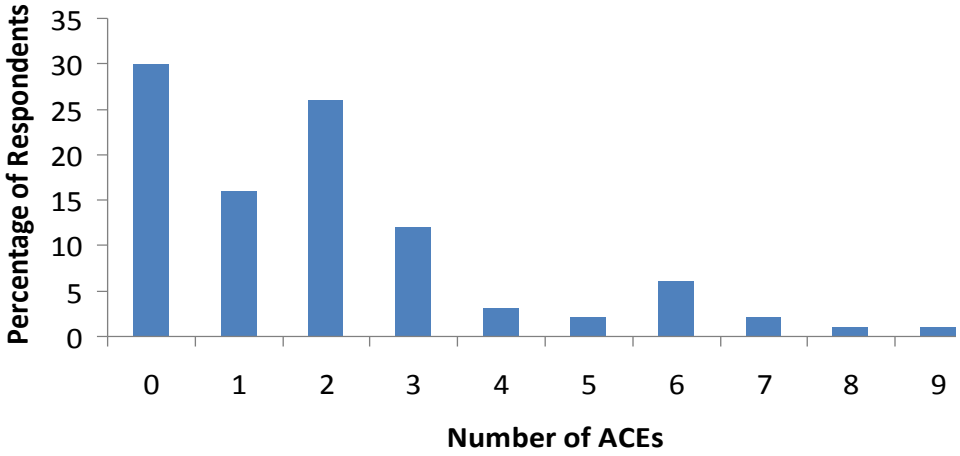
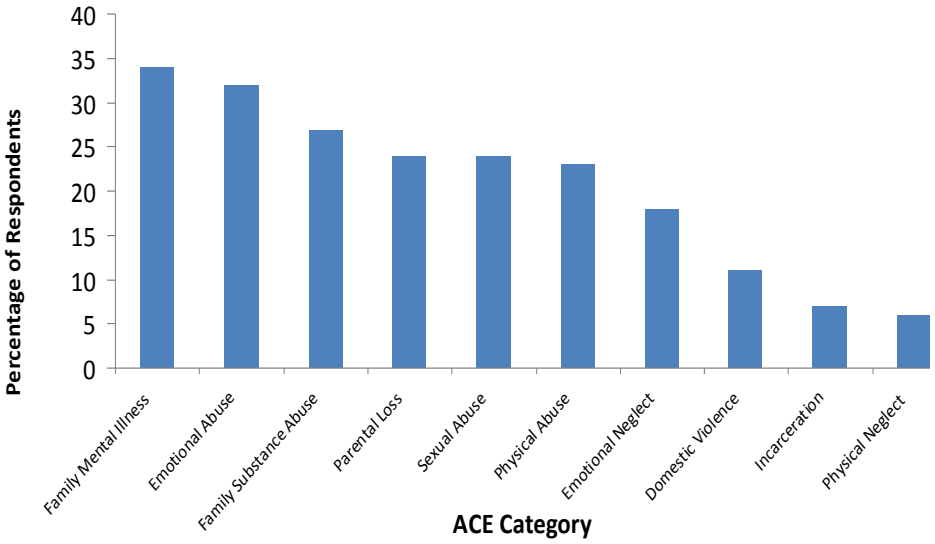


Table 2: Prevalence of ACE Category



Implications: The study results suggest a high prevalence of ACEs among workers in an agency serving children with histories of trauma. Additional research needs to be conducted to further examine the prevalence of ACEs among helping professionals more broadly. Research suggests that trauma histories of service providers may affect the quality of services. If ACEs are high in this population, clients may benefit by increased support to workers, including development of restorative organizational cultures.

References

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