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Adverse Childhood Experiences and Coping Methods for Social Work Students

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ADVERSE CHILDHOOD EXPERIENCES AND COPING METHODS

FOR SOCIAL WORK STUDENTS

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

————————————————

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

————————————————

by

Alex Hernandez

Treyveon Parks

June 2019

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Approved by:

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ABSTRACT

The purpose of the following study was to explore and examine the prevalence of Adverse Childhood Experiences (ACE) and coping methods among social work students at a Southern California university. The literature on ACE scores suggests that higher levels of ACE can impact well-being and functioning in adults, yet, provides limited information relating to social work.

A quantitative survey instrument constructed by Felitti and colleagues (1998) and two additional questions relating to coping methods and strategies were constructed by the researchers were used to gather data for the purpose of this study. Data for the following study was collected through a self-administered, online questionnaire distributed by a Southern California university school of social work administration via Qualtrics online survey software. The data was analyzed with SPSS software, using descriptive statistics, frequencies, and independent sample t-tests.

The study's results suggest that social work students, in general, have higher ACE scores than are found in the general population. The majority of respondents reported having more than 2 instances of ACE. Yet, less than half of respondents reported using effective, healthy coping methods to cope with experiences of childhood hood trauma. These findings suggest that schools of social work, and the agencies that employee their graduates, should consider providing enhances, supports, and training for social work students and professionals coping with ACE events.

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CHAPTER ONE

INTRODUCTION TO ADVERSE CHILDHOOD EXPERIENCES AND COPING

METHODS

Introduction

The following chapter will provide context for the current study. The chapter will include an explanation of the problem statement, purpose of the study, and significant contributions this study may provide to the field of social work. The chapter will also provide policy context for social work students.

Problem Statement

Social work is a helping profession that concentrates on assisting vulnerable individuals, families, groups, and communities to improve their well-being. The change agents of the profession, or rather social workers, witness a multitude of traumatic experiences such as economic suffering, social injustice, and disenfranchisement as they help their clients. Before delving into their communities and assisting individuals and families in need, many social workers as Bachelors of Social Work (BSW) students and Masters of Social Work (MSW) students experience their own trauma while growing up in their earlier years. BSW and MSW students acquire awareness of Adverse Childhood Experiences (ACE), a measurement that calculates early-life adversity and traumatic experiences; these experiences include child abuse (neglect; emotional, sexual, and physical abuse), domestic violence, mental illness and substance abuse in

the home (Felitti et al., 1998). These instances with ACE lead students towards recalling their own personal experiences with trauma. Many BSW and MSW students reported significantly higher rates of ACE as compared to other students in varying majors (Rompf & Royse, 1994).

BSW and MSW students experiencing higher rates of ACE are more likely to experience burnout, fatigue, and exhaustion during their social work programs, and during their professions (Thomas, 2016). These implications may also affect the effectiveness of the student's performance in their BSW and MSW programs while impacting their scope of practice in their field internships and as future employees. Issues of countertransference, biases, and misdirected decisions may occur as a result of BSW and MSW student's experience with high ACE scores. Along with education and workplace performance being negatively impacted, BSW and MSW students with high ACE scores are more susceptible to mental health deficiencies such as anxiety, high stress levels, and depressive disorders (Lee et al., 2017). High ACE scores are negatively perceived by BSW and MSW students as they become more aware about ACE, and how their own traumatic experiences may be impacting their effectiveness as a student and future social worker.

There is a lack of research on the extent to which BSW and MSW students are likely to have negative outcomes as a result of experiencing early-life trauma and high ACE scores. More research is required to understand the complexities of ACE scores and their prevalence for BSW and MSW students. By

having better comprehension of the problem, social work practice and social work baccalaureate and post-baccalaureate programs can be improved upon for the betterment of BSW and MSW students and social workers. The lack of research on ACE scores among BSW and MSW students may limit social work programs from helping their vulnerable student populations.

This study addresses the prevalence of adverse childhood experiences for BSW and MSW students at a Southern California university. This non-disclosed collegiate institution hosts both BSW and MSW programs. Both programs at this university maintain various specialization options for their students such as child welfare, gerontology, and mental health. This study will assess the ACE scores of students in every concentration and in both undergraduate and graduate social work programs.

The school of social work at this non-disclosed Southern California university impacts county and state wide institutions as their graduating classes transition from students to employees at these organizations. It is imperative that the students of the BSW and MSW programs at this university be evaluated for the prevalence of ACE in order to fully empower these individuals and ensure they are not hindered by previous traumatic experiences that may impact their educational and professional work. This study will serve as a valuable resource for this analyzation of the university's school of social work BSW and MSW programs.

Policy Context

A lack of interventions exist to help BSW and MSW students experiencing adversity from high ACE scores. From a mezzo-perspective, institutions such as non-disclosed Southern California university have established Wellness Centers that encourage therapy and meditation techniques. A lack of research exists for micro-level perspective to establish the effectiveness of interventions being provided for high ACE BSW and MSW students.

Purpose of the Study

The purpose of this study is to explore the prevalence of ACE and the coping methods for both BSW and MSW students. The research collected using the Adverse Childhood Experience Questionnaire (Felliti et al., 1998). The instrument used in Felliti's and colleagues' (1998) study is effective in gathering precise information from participants as it has also been applied in other studies as well (Thomas, 2016; Gilan and Kauffman, 2015). Surveying ACE in the BSW and MSW students is important because the results may provide a better indication of the prevalence social work students have experienced in terms of trauma. The results would be unbiased as the participants will vary in age, gender, social work specialization, and demographics.

The issue that will be addressed for the purpose of this study is the amount of ACE social work students have experienced and how they cope with their past traumatic experiences. This issue is important because it aims to address the limited research on the topic of adverse childhood experiences among social work students. It is critical for BSW and MSW student to recognize

and address their past trauma before going into a field where they can potentially be affected by secondary trauma. Furthermore, going into a strenuous field that already consists of patterns of abuse, neglect, and social injustice is likely to intensify unresolved traumatic experiences and increase triggers; therefore, increasing the likelihood of anxiety, depression, and burnout (Thomas, 2016). This could negatively impact social workers' performance, affecting their scope of practice such as in child welfare. The results of this study will help narrow the gap in the literature in recognizing the amount of ACE social work students are likely to have been affected by. In addition, this study may help recognize the types of support services social work students dealing with high levels of ACE could benefit from such as self-care, wellness methods, and mental health therapy.

This exploratory study uses a survey design in order to collect initial data on adverse childhood experiences for social work students. Furthermore, this study aims to explore the topic more in depth in order to make way for future studies that may provide a better understanding of ACE and how it impacts specific individuals and groups. The survey design is the most applicable for this study due to surveys being an effective mean of gathering data from a larger group of participants; this method is more convenient for the purpose of this study by being cost-efficient and less time consuming. Furthermore, providing surveys to the participants helps eliminate potentially leading questions and influential biases. Due to the nature of the questions related to abuse, neglect,

and other forms of trauma, the survey design will emphasize the importance of anonymity and confidentiality in regards to the questionnaire, with the intent that the questions provide a sense of safety for the participants, increasing their willingness to partake in the study. The methods will consist of sending out the questionnaire via email to all BSW and MSW students after getting the approval from each of the program's administration. The questionnaire will consist of closed-ended questions used by Felitti and colleagues (1998) to gather data using the quantitative approach and a few open-ended questions designed by the researchers to identify coping mechanisms students use.

Significance of the Project for Social Work

This research study will contribute to the field of social work in various areas. It will help the school of social work at the non-disclosed Southern California university become more aware of the prevalence of ACE for BSW and MSW and may influence a change in course curriculum or introduce new support interventions. This will be critical for social work practice, especially students who are in the Title IV-E program. Title IV-E students intern and work at child welfare agencies which may lead to issues of countertransference, biases, and wrongful decision making. Having a better understanding of ACE will strengthen the resiliency of Title IV-E students and child welfare workers to empower their scope of practice with clients in the field. For Title IV-E and non-Title IV-E students, the study will also highlight how ACE may lead to heightened risks of anxiety, depression, burnout, and maladaptive behaviors.

In terms of social work policy, the results of this study may prompt institutions to provide resources of support to help students recognize their adverse childhood experiences and provide coping strategies. These resources could be, but not limited to, going to the mental health/wellness centers on their campus to seek therapy, resources for substance abuse that could stem from the stress and inability to cope, and learning to develop effective self-care at group workshops.

In terms of social work research, further research on ACE in the field of social work will help contribute to understanding the prevalence of ACE among students. It will help identify which adverse childhood experiences students are likely to experience and may provide information used to create treatment and prevention programs that will assist those most vulnerable to experiencing trauma during childhood. The findings of this study will not focus on determining outcomes of ACE for social work students, but will provide information that will contribute to future studies in recognizing the amount of ACE social work students are likely to have experienced.

Considering the Generalist Practice Model in social work curriculum, this study will focus on the assessment stage of the model to further understand ACE for social work students. Assessing the degree in which BSW and MSW students experience childhood trauma and the prevalence among this population will provide valuable information going forward with addressing the issue of ACE in social work programs. In addition, it will provide the opportunity to see what types

of resources will be best in recommending social work students to help them managing their childhood trauma.

This study seeks to further understand the relationship of adverse childhood experiences among BSW and MSW students by asking: (a) What is the prevalence of adverse childhood experiences among social work students and does this prevalence vary among groups of students? and (b) Do social work students use coping methods to deal with these experiences?

CHAPTER TWO

LITERATURE REVIEW

Introduction

Adverse childhood experiences affect many social work students within their educational settings and social workers in their respective fields. To encapsulate the severity of ACE for both populations, the following chapter will explore how ACE is defined and surveyed (Felitti et al., 1998), how ACE impacts BSW and MSW students (Thomas, 2016), and how ACE's negatively impacts social work students transitioning into child welfare workers in their field of practice (Lee et al., 2017). This chapter will also provide statistical analysis of how many ACE's social work students have reported, along with how ACE may lead to the expose of social work students experiencing secondary trauma (Gilan & Kauffman, 2015; Howard et al., 2015). Additionally, social work theories and perspectives will be analyzed and applied towards understanding how ACE affects social work students while also examining family dynamics as a cause of ACE occurring.

Adverse Childhood Experiences

Felitti and colleagues (1998) conducted a pioneering study of medical patients at Kaiser Permanente's San Diego Health Appraisal Clinic. The purpose of the study was to gauge the prevalence and occurrence of ACE for patients. The researchers mailed a questionnaire about adverse childhood experiences to

13,494 participants with 9,508 participants responding. The study identified

seven categories of adverse childhood experiences: psychological, physical or

sexual abuse, domestic violence, substance abuse in the home, mental illness,

and imprisonment. More than half of the responding participants indicated they

have experienced at least one adverse childhood experience while one-fourth of

the participants had experienced more than two adverse childhood experiences.

Felitti and colleagues (1998) reported that participants with two or more

experiences with ACE had increased health risks that included alcoholism,

substance abuse, depression, and suicide. This study also mentioned that these

participants were a greater risk of lung disease, cancer, liver disease, and

skeletal fractures. Similarly, Irish and colleagues (2009) shared that individuals

who are victims of child sex abuse are at risk of developing common behaviors in

early adulthood such as substance use, smoking, and risky sex behaviors. In

addition, victims of child sexual abuse also reported depression and post-

traumatic stress disorder. This supports the notion in recognizing the serious

affects and health consequences that result from exposure to ACE.

Felitti and colleagues (1998) mentioned several limitations that need to be

considered when analyzing the results. A significant number of participants did

not complete the ACE study as the responses were to be self-reported. Second,

more participants were less likely to report their health status if they were in

failing health. Health risk behaviors, health status, and diseases in adulthood

were all problematic for participants to respond as it discloses sensitive and

intrusive information. Felitti and colleagues (1998) explained that each of these limitations had potential for interfering with causality, meaning that the outcomes based on the sample size in their study isn't indicative of the general population. In addition, participants who failed to report certain information does not correlate with the outcome of the study.

Adverse Childhood Experiences for BSW and MSW Students

Thomas (2016) conducted a cross sectional, exploratory study that examined the frequency of ACE scores MSW students. The study's participants were students from a MSW program located at a southwestern university in the United States. Thomas' (2016) reported that 79% of the participants indicated they had experienced at least one adverse childhood experience. 42% of the surveyed population had experienced 4 or more, while 25% experienced 6 or more. Thomas (2016) mentioned of the reported ACE scores, the most commonly experienced traumatic event was parental divorce (48.6%), followed by physical abuse (43%), and emotional abuse (40.5%). The results of this study were compared with the Felittli and colleagues (1998) study and with the California general population, indicating MSW students were 3.3 times more likely to have one or more instances with ACE. Thomas (2016) detailed the limitations of the study indicating that the studied population was relatively small. The demographics of the participants were also 51.2 % non-white and 30% Hispanic/Latino, which did not accurately represent the demographics of the university.

Dykes and Green (2016) conducted a qualitative instrumental case study to explore the effects of ACE's on BSW students' well-being. The study indicated that BSW students with high ACE scores were at a greater-risk of long-term effects that included depression, fear, and shame. Higher ACE scores also affected BSW students' emotional arousal and regulation; BSW students with negatively impacted regulation experienced low self-esteem and poor social support. Dykes and Green (2016) concluded BSW students with higher ACE scores have negatively impacted well-being along with mental and emotional difficulties. These deficiencies lead to BSW students failing to appropriately respond to various stressors and demanding situations. A lack of focus is also a consequence of ACE that inhibits BSW students from making decisive decisions when necessary.

Lee and colleagues (2017) conducted a mixed-method study to examine child welfare professionals' experiences with ACE. The impact of early-life traumas on child welfare workers lead to significant consequences: high ACE scores were linked to child welfare workers having poor mental and physical health. Child welfare workers are also more likely to exhibit work-related stress that impacts their work, and may eventually lead to burnout and termination (Lee et al., 2017). The findings of this mention child welfare workers with high ACE scores were more likely to respond negatively to secondary trauma. Various stresses in the field can trigger child welfare workers in which they are unable to make appropriate decisions and maintain effective casework. Lee and colleagues

(2017) suggests that child welfare workers' abilities to help families and children are severely impacted by the stressors caused by ACE.

Lee and colleagues (2017) provided limitations for the study in which the researchers indicated their analysis was conducted in a Midwestern state, suggesting the results of ACE on child welfare workers may vary depending on the region. The demographics of this region primarily included young, White-Americans, which does not accurately represent the entire population of BSW and MSW students in the country. Such an issue may be problematic for this study based on its' region and demographics. Secondly, the methodology used in this study implemented a single-item question. The researchers of the study believed a single-item question was the least intrusive, although this specific measurement type is potentially a validity problem. Lastly, the definitions of "alcohol use" and "substance abuse" were ambiguous and could have resulted in confusion for the studied population.

Nelson-Gardell and Harris (2003) studied child welfare workers to understand how their own personal experiences with childhood trauma makes them more vulnerable to secondary trauma when engaging and working with their clients. With a large number of child welfare workers experiencing their own childhood trauma, the possibility exists that these workers may experience own trauma that relates to their clients. As a result, these social workers are more likely to relive their trauma in which negatively impacts their ability to assist their clients using best practice. In a field where empathy and engagement is highly

emphasized, especially in child welfare, these social workers are more at-risk in experiencing secondary trauma by learning about their client's traumatic experience(s). Nelson-Gardell and Harris (2003) mentioned that very little research on secondary trauma and child welfare workers have been studied which is the purpose of their study. This article relates to a similar article by Pearlman and Mac Ian (1995) that concluded therapists who had disclosed experience of personal trauma were more negatively impacted by their work compared to those with no personal history of trauma.

Nelson-Gardell and Harris (2003) collected data on two separate occasions from a child welfare agency from self-selected 166 child welfare workers (from 2 different groups) who then filled out questionnaires and also participated in a compassion fatigue self-test. The researchers compared the results based on years of experience, level of education, age, gender, burnout, and secondary trauma between the two groups. The study found that childhood trauma was significantly associated with secondary trauma. However, conflicting findings concluded that neither gender or level of education were factors in determining high levels of secondary trauma (Nelson-Gardell & Harris, 2003). The assumption can be made that males, just as females, are likely susceptible to childhood trauma and that level of education makes no difference in exposure to secondary trauma. Limitations of this study were that the sample selection could have been from a convenience sample rather than randomly selected.

The theoretical perspective of Nelson-Gardell and Harris (2003) is based on the Constructive Self Development Theory (CSDT), a developmental, interpersonal theory explicating the effect of trauma on an individual's psychological development, adaptation, and identity. This perspective ties to the study presented by recognizing that trauma can have an impact in many areas of one's life based on life experiences.

Howard and colleagues. (2015) conducted a study that investigated the relationship between ACEs, resilience, and work environment and professional quality of life. Professional quality of life included compassion satisfaction, burnout, and secondary trauma stress in child welfare workers. The study sample included 192 participants who were professionals varied among 48 different organizations tied to the field of child welfare. The study was predominantly made up of females (83.9%) whereas the primary ethnicity was Caucasian (72.4%). The results showed that workers in the field of child welfare displayed higher ACE scores than the general population. The article also discussed secondary trauma in relation to ACE in which service workers are exposed to clients with trauma on a daily basis (Howard et al., 2015). This ties to and supports the present study that service workers such as those going into child welfare are more at-risk of developing symptoms of compassion fatigue, burnout, etc. However, conflicting findings in this study showed that service workers with higher ACE scores had higher compassion satisfaction and lower rates of burnout (Howard et al., 2015). The assumption can be made that those having

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experienced high levels trauma are more compassionate by being more empathetic and being able to identify more with the population they service. Furthermore, social workers could feel more in control of the trauma presented by their clients that they would perceive their act of service more as a personal strength rather than a burden.

The limitations of the study showed that although service workers had a higher rate of ACE scores the reason for lower burnout rates was due to the difference of roles. For example, of the 192 participants, more than half were indirect workers compared to direct workers, meaning indirect workers consisted of managers and supervisors. This shows that direct workers such as those out in the field directly working with clients are more exposed to the secondary trauma that is consistent with previous studies showing the increase of probability of burnout as well as other factors such as anxiety, depression, etc.

Gilan and Kauffman (2015) conducted a study to explore teaching strategies that's intended purpose was to reduce the traumatization of social work students. The study examined ACE scores of 162 MSW students in which 80% of the reporting students had experienced at least 1 adverse childhood experience while 27.3% had 4 or more ACEs. Many of the students reported higher rates of ACE as a result of being exposed to traumatic content in social work practice. Although a necessary aspect of social work practice, exposure to traumatic consent in some instances negatively impacts social work students as an emotional trigger for their own personal traumatic experiences. To combat

high ACE scores and emotional dysregulation, Gilan and Kauffman (2015) expressed the importance of schools of social work constructing curriculum that is trauma-informed. By doing so, social work curriculum is promoting a culture of safety and understanding that allows for its social work students to appropriately cope and learn from their own traumatic experiences in order to improve their well-being and limit countertransference.

Theories Guiding Conceptualization

The theory used for guiding conceptualization is Family Systems Theory (FST). Kerr (2002) reiterated that individuals cannot be understood in isolation within their family as they are part of a unit. Furthermore, family systems are seen to be dependent and connected to one another as individuals, also referred to as subsystems. The theory is applicable by recognizing that when there is a change in one part of the system it causes change in other parts of the system. This can be seen in dysfunctional families where domestic violence occurs. For example, one part of the system identified as the parents may have an altercation between them could result in a display of verbal, physical, and/or emotional abuse that can then negatively affect their children. This can then lead to children reciprocating the behavior in the future as well as taking in the tension and anxiety of the family and home environment, thus affecting their interaction with other systems.

FST connects to adverse childhood experiences by recognizing how the trauma experienced by the children is a result of their subsystem, their parents.

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The theory further helps with guiding the concept of whether adverse childhood experiences impact BSW and MSW students. For example, according to FST, a child in a dysfunctional family may have to adjust their role in becoming the mediator, advisor, and view themselves as the "responsible parent" to help maintain their family's functionality. These are all attributes that BSW and MSW students learn to develop and may experience difficulties doing so as a result of high ACE scores. Gaining insight about the subjects' environmental factors as part of their upbringing will help determine whether exposure to adverse childhood experiences increases the likeliness trauma events for BSW and MSW students. In addition, by examining the different types of ACE factors such as domestic violence, child abuse (emotional, physical, and sexual), and neglect will also help identify what exactly the population in this study experienced more of and how it relates to similar recent or past studies.

Although not a defined theory, an approach that guides conceptualization of ACE among social work students is the Person-in-Environment (PIE) perspective. This approach emphasizes the importance of understanding an individual's environment and external influences to gain insight into their behaviors and actions (Kondrat, 2017). Understanding an individual's environment that encompasses their social, physical, spiritual, and economic experiences provides researchers and therapists with context towards the individual's struggles and deficiencies (Kondrat, 2017). Having a better understanding of individual's environment encapsulates the totality of

experiences and influences that have shaped an individual into their current-selves. Additionally, this approach also assesses the various strengths and weaknesses individuals have developed in which can be used to either positively or negatively help with their presenting problem (Kondrat, 2017).

Applying PIE to social work students with high ACE scores provides insight into how these individuals behave and operate within their scope of practice. Many social work students have developed maladaptive coping mechanics to confront their previous traumatic experiences. Utilizing PIE helps researchers and therapists understand how ACE negatively impacts social work students in which more interventions and services can be implemented to change maladaptive coping mechanisms to positive coping mechanisms that can used if recollection of ACE occurs. PIE also assesses the strengths and weaknesses of social work students to gauge their resiliency and ability to create solutions for their problems.

Research indicates the prevalence of ACE for social work students is relatively high. Both BSW and MSW students are more likely to have experienced some type of childhood trauma (Thomas, 2016). Prior research also concludes that social workers in the field (e.g child welfare) have high rates of ACE. Social work students and social workers are significantly more likely to experience high scores of ACE, with potential negative impacts on their practice. Social workers with high ACE scores are more likely to experience issues of biases, wrongful decision making, and additional stressors in which affect their

ability to perform well for their clients and organization (Lee et al., 2017; Thomas, 2016). Among the issues that ACE causes for social workers, experiences of early-life trauma lead to instances of burnout, compassion fatigue, and secondary trauma (via clients). Theories such as FST suggest ACE among social work students and social workers is caused by dysfunctional family systems while perspectives such as PIE describe how this population copes and adapts to previous traumatic experiences.

This chapter discussed the various studies on the long-term effects and consequences of being exposed to ACE. Results showed that high ACE scores impact the development and well-being of social work students and social workers in the field. The literature suggests that understanding social workers' and social work students' ACE scores may be important for safeguarding social workers' development and well-being, as well as their ability to effectively serve clients.

CHAPTER THREE

METHODS

Introduction

This chapter presents an overview of the research methods employed in the study of understanding the prevalence of ACE and coping skills for social work students. The study's design, sampling methods, data collection process, procedures, protection of human subjects, and data analysis will be described in a detailed manner.

Study Design

The study used a quantitative survey design with closed ended questions about ACE experiences and coping skills administered via Qualtrics online survey software. The goal of the survey was to identify the prevalence of ACE and coping methods for social work students. The data collected from this study was analyzed using statistical analysis. The survey consisted of a questionnaire that utilizes Felitti and colleagues (1998) measurement of ACE. This instrument provides 10 closed-ended questions that gauges the amount of ACE an individual has experienced. Additionally, 2 more closed-ended questions, constructed by the researchers for the purpose of the study, were used to gain further understanding of social work students' coping methods. The specific research question is: "What are the prevalence rates of adverse childhood experiences and coping methods among BSW and MSW students?

Sampling

The school of social work administrators sent the survey link via an email message to all BSW and MSW students, including all foundation year, advanced year, part-time, and Pathway (online) students. The researchers invited approximately 240 social work students to participate. In all, 123 students completed the survey: 30 were BSW students and 80 were MSW students, totaling 115 students, another 8 did not identify their status as BSW or MSW student. The goal of our sampling procedure was to reach every social work student at the school of social work at the non-disclosed Southern California university to gauge their ACE scores and coping methods.

Data Collection and Instruments

Data was collected through the use of self-administered, online questionnaires. A pre-existing instrument of ACE constructed by Felitti and colleagues (1998) was used to measure the prevalence of ACE for social work students. The ACE Study questionnaire utilized various questions to construct definitions of psychological, sexual abuse, child abuse, and substance abuse (Conflicts Tactics Scale and 1988 National Health Interview Survey). The ACE Study questionnaire (1998) starts each question with, "While you were growing up during your first 18 years of life…" to explore the participants' childhood experiences (see Appendix B). Participants were asked to respond to questions regarding their experiences with ACE and their coping methods. Specific

questions from the ACE Study Questionnaire (1998) asked about participants'
experiences with child abuse (physical, sexual, and emotional), domestic
violence, neglect, parental divorce, and substance abuse. The ACE Study
Questionnaire (1998) is an effective tool to be used for assessing ACE as it is the
standard measurement on collecting data for ACE scores.

The instrument is effective in assessing ACE, but does not collect
information pertaining to coping methods. As a result, the researchers developed
two additional questions for this study in which they complied with the same
nominal level of measurement used in the ACE Study Questionnaire (1998). The
available responses of the survey questionnaire remained mutually distinct
categories with "yes" or "no" being the only responses to select. The questions
were asked as followed: "Do you believe coping methods (e.g. therapy,
meditation, mindful techniques) are an effective strategy to deal with ACE?" and
"Have you utilized any coping methods to deal with your experiences of ACE?".

Prior to receiving questions via the ACE Study Questionnaire (1998),
social work students participating in the study were first asked questions
pertaining to their education level, Title IV-E status, gender, age, and ethnicity.
No other demographic data was necessary for the purpose of the study that will
provide beneficial analysis for ACE scores and coping methods. Information such
as religious background, marital status, economic background, and family
members was not pertinent to this study.

Procedures

The ACE survey questionnaire was dispersed via a self-administered questionnaire. A link to the questionnaire was sent via email to all BSW, MSW, and Pathway (online) students after obtaining permission from the School's Director. This allowed flexibility for the participants to have access to the questionnaire electronically at any time without having to worry about misplacing a hard copy or deal with the hassle of returning the survey via mail. No identifying information on participants was collected and the data will be destroyed once the study is completed.

An IRB approved informed consent form was provided online prior to students completing the survey. The informed consent form addressed the purpose, description, duration, and risks of the study. The informed consent form explained that participation was optional, risks and benefits of participation, confidentiality rights, and contact information of the researchers' supervisor. Participants placed an "X" mark and filled in the date in order to agree to the terms of the study. After successfully completing the questionnaire, a debriefing statement was provided for the participants to apprise them of the study they participated in, including information to the wellness center on campus, in case any participants required support after completing the questionnaire.

Protection of Human Subjects

The researchers acknowledged the importance of confidentiality for study participants. An informed consent form was provided to inform participants of major aspects of this study. Furthermore, protection of the participants was upheld through anonymity as the researchers limited the amount of personal information obtained. For example, although demographics such as gender, age, and ethnicity were included as part of the study, names and addresses of the participants were not required. This was achieved using the Qualtrics survey software, in which the results gathered from the survey questionnaire were transferred to the researchers without any identifying information about the study's participants.

The data was downloaded from Qualtrics and kept in password protected files accessible by only the researchers and the research advisor. Data was reported in aggregate form only. The data will be destroyed once the study is completed.

As part of the email sent with the questionnaire, and due to the nature of the questionnaire, the researchers were mindful that some of the questions may potentially trigger some of the participants' past traumatic experiences. Therefore, the participants were informed that they had the ability to withdraw from the questionnaire at any point they felt necessary. The debriefing statement include resources such as the wellness center and support group meetings provided by the non-disclosed Southern California university campus for the

participants to utilize if they feel distraught as a result from participating in the questionnaire.

Data Analysis

The researchers analyzed the data using descriptive statistics to best summarize the characteristics of the participants, including frequency distributions and measures of central tendency. The researchers also analyzed participants' responses to the survey questions using frequency distributions and measures of central tendency. Additionally, inferential statistics were used to examine ACE scores between BSW and MSW students and between Title IV-E (child welfare) and non-Title IV-E students. The researchers used independent samples t-tests to evaluate these differences.

Summary

This chapter described the research design and methods used to address the research questions. The chapter described the sampling procedure, the self-administered online survey, and the protection of human subjects. The chapter described the procedures used to obtain informed consent and to maintain participants' confidentiality. Finally, the chapter described the data analysis techniques used, including descriptive and inferential statistics.

CHAPTER FOUR

RESULTS

Introduction

The following chapter will highlight and outline the results of the

quantitative analysis of the administered questionnaire. The quantitative analysis

includes both descriptive and inferential statistics. The descriptive statistics

described the participants' demographics, including: age, sex, race/ethnicity,

social work education level, and Title IV-E status. Additionally, the descriptive

statistics summarized the respondent's prevalence of ACE along and their coping

methods. Inferential statistics were used to examine the prevalence of ACE and

coping methods amongst differing demographic groups of participants.

Collected Responses

The researchers utilized self-administered, online questionnaires. A pre-

existing instrument to measure ACE constructed by Felitti and colleagues (1998)

was used to measure the prevalence of ACE for social work students along with

two questions constructed by the researchers to identify participants' use of

coping methods. For this study, the total number of participants was 123;

however, 9 surveys from the 123 participants were discarded as they included

incomplete responses, thus bringing the total participants to 114.

Descriptive Statistics

Participant Demographics

       Table 1 illustrates the participants' demographics for this study. Of the surveyed participants, 47.7% were between the age of 25-34, 31.9% were under the age of 25 (age 18 being the lowest), 9.8% were between the age of 35-44, and 9.7% were between the age of 45-54. For gender, the majority of participants identified as female at 93.9%; 5.3% identified as male and .9% identified as Other. Women in this study were overly represented as compared to other schools of social work. In total, 84.7% participants of the study were MSW students and 26.3% were BSW students.

Table 1.

Demographic Characteristics of Study Sample

		N (%)
Age		
	Under 25	36 (31.9%)
	25-34	54 (47.7%)
	35-44	12 (9.8%)
	45-54	11 (9.7%)
Race/Ethnicity		
	African-American	10 (8.8%)

	Hispanic/Latino	75 (65.8%)
	White	36 (31.6%)
	Pacific-Islander/Asian-American	1 (.9%)
	American Indian	1 (.9%)
	Other	4 (3.5%)
Gender		
	Female	107 (93.9%)
	Male	6 (5.3%)
	Other	1 (.9%)
BSW or MSW Student		
	BSW	30 (26.3%)
	MSW	84 (73.7%)
Title-IV Student		
	Yes	50 (43.6%)
	No	64 (56.1%)

We found that 65.8% of the participants identified as Hispanic/Latino, 31.6% identified as Caucasian (white), and 8.8% identified as African-American. Additionally, 3.5% identified as other while .9% of the participants identified as Pacific-Islander/Asian-American and American Indian. The frequencies for the demographic question of race/ethnicity are somewhat misleading. The

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questionnaire allowed participants to select multiple options for the race/ethnicity

question. Consequently, many participants selected multiple races and

ethnicities; therefore, the totals (n=123) for the race/ethnicity question do not

match the actual number of participants (n=114). However, we can report that a

more than half (65.8%) of our participants were Hispanic/Latino.

Respondents' Adverse Childhood Experiences

The following section details participants' responses to the ACE

questionnaire developed by Felitti and colleagues (1998).

Table 2.

Parent or Other Adult Swear, Insult, Put Down, or Humiliate?

	N (%)
No	63 (55.3%)
Yes	51 (44.7%)
Total	114 (100.0%)

The first question asks, "Did a parent or adult in the household often

swear at you, insult you, put you down, or humiliate you? Or act in a way that

made you afraid that you might be physically hurt?" Of the 114 participants in the

study, 55.3% responded "no" to the question, indicating no verbal abuse or

emotional trauma had occurred during their childhood years. For the other

participants, 44.7% responded "yes" to the question, indicating they have
experienced some facet of verbal abuse and/or emotional trauma.

Table 3.

Parent or Other Adult Push, Grab, Slap, or Throw Something?

	N (%)
No	76 (66.7%)
Yes	38 (33.3%)
Total	114 (100.0%)

The second question asks, "Did a parent or other adult in the household
often…push, grab, slap, or throw something at you? Or ever hit you so hard that
had marks or were injured?". Of the 114 participants in the study, 66.7%
responded "no" to the question, indicating they have not experienced some facet
of physical abuse. For the other participants, 33.3% responded "yes" to the
question, indicating they have experienced physical abuse in their childhood
years.

Table 4.

Adult or Person at Least 5-years Older Touch or Fondle You?

	N (%)
No	76 (67.5%)
Yes	37 (32.5%)

	N (%)
Total	114 (100.0%)

The third question asks, "Did an adult or person at least 5 years older than you ever…touch or fondle you or have you touch their body in a sexual way? Or try to or actually have oral, anal, or vaginal sex with you?". Of the 114 participants in the study, 67.5% responded "no" to question, indicating they have not experienced some facet of sexual abuse and/or trauma. For the other participants, 32.5% responded "yes" to the question, indicating they have experienced some facet of sexual abuse and/or trauma. Nearly one-third of the respondents of this study have been sexually abuse in some capacity.

Table 5.

Did You Often Feel That…You Didn't have Enough to Eat…

	N (%)
No	97 (85.1%)
Yes	17 (14.9%)
Total	114 (100.0%)

The fourth question asks, "Did you often feel that… You didn't have enough to eat, had to wear dirty clothes, and have no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor

if you needed it?" Of the 114 participants in the study, 85.1% responded "no" to the question, indicating they had not experienced some facet of neglect by their parents/caregivers failing to protect them or provide them basic needs. For the other participants, 14.9% responded "yes" to the question, indicating they did live in a household while in the care of their parents/caregivers failed to provide them with basic needs and security.

Table 6.

Were Your Parents Ever Separated or Divorced?

	N (%)
No	54 (47.4%)
Yes	60 (52.6%)
Total	114 (100.0%)

The fifth question asks, "Were your parents separated or divorced? Of the 114 participants in the study, 47.4% responded "no" to the question, indicating their parents neither separated nor divorced. For the other participants, 52.6% responded "yes" to the question, indicating their parents did separate or divorce.

Table 7.

Was Your Mother or Stepmother: Often Pushed, Grabbed…

	N (%)
No	89 (78.1%)
Yes	25 (21.9%)
Total	114 (100.0%)

The sixth question asks, "Was your mother or stepmother: often pushed, grabbed, slapped, or had something thrown at her? Or sometimes or often kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?" Of the 114 participants in the study, 78.1% responded "no" to the question, indicating they did not witness any domestic violence in the home. For the other participants, 21.9% responded "yes" to the question, indicating they did live in a household where they did witness domestic violence.

Table 8.

Did You Live with Anyone who was a Problem Drinker…

	N (%)
No	62 (54.4%)
Yes	52 (45.6%)
Total	114 (100.0%)

The seventh question asks, "Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?". Of the 114 participants in the study, 54.4% responded "no" to the question, indicating they have not experienced some facet of emotional or physical caused by the use of an individual using abusing substances and/or alcohol. For the other participants, 45.6% responded "yes" to the question, indicating they did live with an individual that abuse substances and/or alcohol.

Table 9.

Was a Household Member Depressed or Mentally Ill…

	N (%)
No	69 (60.5%)
Yes	45 (39.5%)
Total	114 (100.0%)

The eighth question asks, "Was a household member depressed or mentally ill or did a household member attempt suicide?". Of the 114 participants in the study, 60.5% responded "no" to the question, indicating they have not experienced a household member experiencing depression, mental illness, or

suicidal ideations. For the other participants, 39.5% responded "yes" to question, indicating they have experience with a household member experiencing depression, mental illness, or suicidal ideations.

Table 10.

Did a Household Member go to Prison?

	N (%)
No	88 (77.2%)
Yes	26 (22.8%)
Total	114 (100.0%)

The ninth question asks, "Did a household member go to prison?". Of the 114 participants in the study, 77.2% responded no to question, indicating have no experience in their childhood with a household member going to prison. For the other participants, 22.8% responded "yes" to the question, indicating they have experience in their childhood with a household member going to prison.

Respondents to Coping Method

Table 11.

Do you Believe Coping Methods…

	N (%)
No	3 (2.6%)
Yes	111 (97.4%)
Total	114 (100.0%)

The tenth question asks, "Do you believe coping methods (e.g. therapy, meditation, mindful techniques) are an effective strategy to deal with ACE (Adverse Childhood Experiences)?". Of the 114 participants in the study, 2.6% responded "no" to the question, indicating they do not believe therapy and mindful techniques are effective strategies to cope with adverse childhood experiences. For the other participants, 97.4% responded "yes" to the question, indicating they believe therapy and mindful techniques are effective strategies to cope with adverse childhood experiences.

Table 12.

Have You Utilized any Coping Methods to Deal…

	N (%)
No	44 (38.6%)
Yes	70 (61.4%)
Total	114 (100.0%)

The eleventh question asks, "Have you utilized any coping methods to deal with your experiences of ACE?". Of the 114 participants in the study, 38.6% responded "no" to the question, indicating they have not sought out therapy and/or mindful techniques help cope with adverse childhood experiences. For the other participants, 61.4% responded "yes" to the question, indicating they have sought out therapy and/or mindful techniques help cope with adverse childhood experiences.

Summary of Adverse Childhood Experiences

Table 13.

Summary of Participants' Adverse Childhood Experiences

Total ACE	N (%)
0	15 (13.2%)
1	22 (19.3%)

2	14 (12.3%)
3	13 (11.4%)
4	13 (11.4%)
5	12 (10.5%)
6	7 (6.1%)
7	7 (6.1%)
8	3 (2.6%)
9	5 (4.4%)
10	2 (1.8%)
Missing	1 (.9%)
Total	114 (100.0%)

The following table illustrates the frequency of ACE for the participants of the study. 13.2% of the participants reported they had 0 instances with traumatic experiences while 19.3% reported they at least 1 traumatic childhood experience. 12.3% of the participants reported they have at least 2 traumatic childhood experiences in addition to 11.4% of the participants reported they have experienced at least 3 traumatic childhood experiences. 11.4% of the participants reported they have experienced at least 4 traumatic childhood experiences while 10.5% reported they have experienced at least 5 traumatic childhood

experiences. For the remaining 21% of participants in the study, the data reports

they have experienced between 5-10 traumatic childhood experiences.

Table 14.

Statistics of Adverse Childhood Experiences

	N
Mean	3.37
Median	3.00

The following table illustrates mean, median, and mode for participants

and their ACE scores. The mean reports that participants in the study average at

least 3 traumatic childhood experiences with the exact average at 3.37. For the

central tendency of ACE, the median reports the figure at 3.00.

Inferential Statistics

Prevalence of Adverse Childhood Experiences between Groups

The researchers used an independent samples t-test to examine

differences in ACE scores between BSW and MSW student participants and

between Title IV-E and non-Title IV-E participants. First, the researchers created

a summary ACE score for each participant by adding each participant's total

number of ACE events. The independent sample t-tests showed that there were

no significant differences between Title IV-E students (*M* = 3.47, *SD* = 2.99) and non-Title IV-E students (*M* = 3.30, *SD* = 2.45) on their summary ACE scores, *t*(111) = -.248, *p* = .804. Additionally, the independent sample t-tests showed no significant differences between BSW students (*M* = 3.27, *SD* = 3.01) and MSW students (*M* = 3.41, *SD* = 2.58) their summary ACE scores, *t*(111) = .337, p = 737. Therefore, we cannot reject the null hypothesis that there is no statistically significant difference in ACE scores between BSW/MSW students and students who specialize in child welfare versus students who select other specializations.

CHAPTER FIVE

DISCUSSION

Introduction

The following chapter will discuss the main findings and significant results of the study. Additionally, this chapter will discuss the study's limitations and recommendations for social work research, policy, and practice. The chapter will also discuss recommendations for the schools of social work.

Discussion

The premise of the study was to explore the prevalence of adverse childhood experiences and coping methods for social work students. The researchers sought to better understand if and how many adverse childhood experiences social work students have while being enrolled in BSW and MSW programs. The following study was an exploratory study addressing adverse childhood experiences for social work students both new to the field and those preparing to transition into professional roles. The study's findings suggest that social work students in general, may be more likely to have higher ACE scores than the general population, and that some students may have extremely high ACE scores. The study's findings suggest that schools of social work and the profession as a whole should assess students' and workers' preparedness to

cope with these traumatic experiences in order to limit potential issues of countertransference, bias, and wrongful decision making.

The average ACE score for participants in the study was 3.37, indicating social work students have many childhood experiences relating to physical, emotional, or sexual abuse. As compared to the pioneering study of ACE conducted by Felitti and colleagues (1998), the results of this study demonstrate higher rates of ACE than the general population participants of the 1998 study. In the Felitti et al. (1998) study, only one-fourth of the participants reported more than 2 instances of ACE. Meanwhile for this study, 67.5% of the respondents reported having more than 2 instances of ACE while 43.8% reported 4 or more instances of ACE. The results suggest social work students have higher occurrences of ACE as compared to non-social work students, and overall, suggests that social work students come to the field having experienced considerable trauma.

The data of this study is consistent with the Thomas (2016) study which explored the prevalence of ACE for only MSW students. Thomas' (2016) study reported 42% of its participants had at least 4 or more instances of ACE while the following study reports 43.8% of its participants had at least 4 or more instances of ACE. This study's results are also consistent with the portion of social work students experiencing at least 1 instance of ACE in the Gilan and Kauffman (2015) study. Gilan and Kauffman reported 80% of their participants had at least 1 instance of ACE while this study reports having 85.9% of its participants report

at least 1 instance of ACE. Additionally, the following study is consistent in how instances of ACE are shared identically amongst differing status groups as reported by Nelson-Gardell and Harris (2003). Differences in level of social work education and Title IV-E status did not provide statistically significant differences of each status group's instances of ACE. This study resembles the Nelson-Gardell and Harris (2003) study in which found differing status groups such as education, age, and gender did not yield statically significant differences of instances of ACE.

For the purpose of this study, we hypothesized that Title IV-E students would have a significant higher ACE score than the Non-Title IV-E students. It was believed Title IV-E students would have significantly higher ACE scores because of their decision to specialize in child welfare, a field where abuse, neglect, and substance use is regularly encountered. We posited that some Title IV-E students selected child welfare as their specialization to make a positive impact based on their own adverse childhood experiences. However, the data of this study demonstrated that social work students specializing in child welfare had similar ACE scores as their non-Title IV-E peers.

Additionally, the data of this study demonstrated intriguing results pertaining to coping methods. Of the 114 respondents of the study, 97.4% (n=111) believed in coping methods while only 61.4% (n=70) actually utilized a form of coping skill to help manage any of their adverse childhood experiences. The following data is intriguing as it shows that although the majority of the

participants feel coping skills are necessary to manage their trauma, only half of participants report utilizing them. This data indicates social work students may need interventions designed to facilitate their use of healthy coping methods to cope with their childhood trauma.

Limitations

Limitations in the following study include the small sample size of only 114 social work students. Our participants may not be representative of students from other universities or geographic areas. In addition, our sample may not be representative of practicing social workers, so caution should be used when generalizing to other populations. Other limitations relate to the gender and ethnicity of our participants. A significant majority of participants were females and of Hispanic/Latino descent. Thus, we were not able to compare ACE scores by gender or racial/ethnic categories.

Lastly, another limitation for the study included a lack of participation for BSW and MSW students at the non-disclosed Southern California university. The Felitti et al. (1998) questionnaire involves multiple questions that require the participants to answer honestly about their previously experienced trauma. Some participants of the study may have declined to engage in the study as they do not want to recall traumatic events they may have experienced in their childhood. The sensitive and intrusive nature of the questions increased the risk that participants did not complete the survey or answer the questions honestly,

skewing the results. Of the 240 social works students emailed the survey, only 123 responses were collected.

Implications

Recommendations for Social Work Research

Our findings suggest that a larger study of ACE for social work students is warranted, and should be conducted with students from multiple universities in different regions of the country. A larger, more representative sample, including students of both genders, of many racial/ethnic groups, might allow for further analysis of differences in ACE scores among different demographic groups. Additionally, our study suggests that future studies of ACE should better attend to participants of multi-race and multi-ethnicity identity.

Moreover, future studies of ACE might better explore students' coping methods. For example, future studies should ask questions pertaining to the use of unhealthy coping methods and strategies. This study only considered effective, healthy coping methods and strategies such as mindfulness techniques, therapy, and meditation. The study did not address the potential for participants to use unhealthy coping strategies, such as binge drinking, illicit drug use, overeating, and oversleeping. This would have recognized the reality in which there is a possibility some social work students cope with their adverse childhood experiences by means of using unhealthy coping methods and strategies.

Finally, our study suggests that additional research is needed into the prevalence of ACE not only for social work students, but across disciplines, to establish benchmarks by which to compare different student populations.   A study consisting of multiple educational disciplines can cross-examine the prevalence of ACE for social work students and be an avenue in which ACE is explored and highlighted for non-social work students.

Recommendations for Social Practice and Policy

As it pertains to social work practice and policy, our results suggest that social work students use effective, healthy coping methods to cope with instances of adverse childhood experiences. Schools of social work might consider ways they can better help their students identify their experiences of childhood trauma and ensure they are working towards utilizing effective coping methods and strategies. The study found that 85.9% of participants have at least 1 instance of adverse childhood experiences relating to physical, emotional, and/or sexual abuse. Social work students may need to process their feelings and prior experiences of childhood trauma in order for them to be effective students, but also as they transition into the professional field of social work. Schools of social work might consider ways to facilitate this processing while students are pursuing their education. For example, schools might explore therapy programs dedicated to helping their students cope effectively with childhood trauma. Schools might also consider developing their own internal therapy programs, including having an Licensed Clinical Social Worker (LCSW)

on staff to specifically address ACE events. This option may help students avoid the logistical inconvenience of seeking therapy outside of their social work program. Rather, a LCSW therapist dedicated to a specific school of social work can engage and build rapport with various cohorts in social work programs in which the students feel comfortable seeking therapy from a professional individual they know and trust. These and other ways to support students should be explored in future research and in practice.

Conclusion

In conclusion, the following study examined the prevalence rates of ACE events and coping methods among social work students. Findings from this study demonstrate that a significant population of social work students may experience childhood trauma in some capacity. The findings suggest social work students are aware of positive coping methods and strategies to cope with childhood trauma; however not all of students are using these strategies. Lastly, the findings show that social work students, and their future employers and clients, might benefit from schools' attention to helping them recognize this trauma and adopt effective, healthy coping methods in order to become effective professionals.

APPENDIX A

INFORMED CONSENT

CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to study the prevalence of adverse childhood experiences (ACE) among social work students at California State University, San Bernardino. The study is being conducted by Alex Hernandez and Treyveon Parks, MSW students under the supervision of Dr. Deirdre Lanesskog, Assistant professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-Committee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to examine the prevalence of adverse childhood experiences (ACE) among social work students and their coping methods at California State University, San Bernardino

DESCRIPTION: Participants will be given a self-administered questionnaire consisting of a short survey form that ask about adverse childhood experiences and coping methods.

PARTICIPATION: Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences. This study is not a requirement for the School of Social Work.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous and data will be reported in group form only.

DURATION: It will take about 5-10 minutes to complete the survey.

RISKS: A minor risk regarding the questionnaire is anticipated that students with higher ACE scores may be affected by reverting back to their traumatic memories. Therefore, counseling or therapy is encouraged to debrief shortly after conclusion of the study. Please refer to the debriefing statement.

BENEFITS: There will not be any direct benefits to the participants.

909.537.5501
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

College of Social and Behavioral Sciences
School of Social Work

CONTACT: If you have any questions about this study, please feel free to contact Dr. Deirdre Lanesskog at 909-537-7222 (email: **dlanesskog@csusb.edu**)

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks (http://scholarworks.lib.csusb.edu) at California State University, San Bernardino after July 2019.

This is to certify that I read the above and I am 18 years or older.

_____   _____
Place an X mark here   Date

APPENDIX B

DATA COLLECTION INSTRUMENT

Data Collection Instrument

The following information details questions asked via the researcher's emailed survey questionnaire to social work students. The questions include demographics, the pre-existing instrument of ACE constructed by Felitti et al. (1998), and the researcher's constructed questions for coping methods.

Demographics

1. What is your age? (fill in the blank with whole numbers)

2. Race/Ethnicity:

      A. African-American

      B. Hispanic/Latino

      C. White

      D. Pacific Islander/Asian-American

      E. American Indian

      F. Other

3. Sex:

      A. Male

      B. Female

      C. Other

4. BSW or MSW Student:

      A. BSW

      B. MSW

5. Title IV-E Student?

A. Yes

B. No

ACE Questionnaire (Felitti et al., 1998)

1. Did a parent or other adult in the household often ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt

A. Yes

B. No

2. Did a parent or other adult in the household often ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?

A. Yes

B. No

3. Did an adult or person at least 5 years older than you ever...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?

A. Yes

B. No

4. Did an adult or person at least 5 years older than you ever...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?

A. Yes

B. No

5. Did you often feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

6. Were your parents ever separated or divorced?

     A. Yes

     B. No

7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

     A. Yes

     B. No

8. Was a household member depressed or mentally ill or did a household member attempt suicide?

     A. Yes

     B. No

9. Did a household member go to prison?
     A. Yes

     B. No

Coping Methods

1. Do you believe coping methods (e.g. therapy, meditation, mindful techniques) are an effective strategy to deal with ACE (Adverse Childhood Experiences)?

A. Yes

B. No

2. Have you utilized any coping methods to deal with your experiences of ACE?

A. Yes

B. No

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