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DO ADVERSE CHILDHOOD EXPERIENCES IMPACT PARENTING SKILLS, LIFE SATISFACTION, AND RESILIENT COPING SKILLS: A DESCRIPTIVE STUDY OF HISPANIC PARENTS IN SOUTHERN CALIFORNIA

Andrea Pineda

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DO ADVERSE CHILDHOOD EXPERIENCES IMPACT PARENTING SKILLS,
LIFE SATISFACTION, AND RESILIENT COPING SKILLS: A DESCRIPTIVE
STUDY OF HISPANIC PARENTS IN SOUTHERN CALIFORNIA

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
Andrea Pineda
May 2022

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ABSTRACT

Adverse Childhood Experiences, or ACEs, are traumatic events that happen from ages 0-18. ACEs have been linked to physical and emotional issues in adulthood. Some issues include chronic disease, struggles with mental health, and the adoption of maladaptive coping skills. This research sought to assess the impact of Adverse Childhood Experiences in parenting skills, overall life satisfaction, and the use of resilient coping skills on Hispanic parents residing in Southern California. The study utilizes an online survey to gather numerical data on the impact of ACEs in the areas of life mentioned above. A bivariate analysis was used to analyze if there is a correlation between ACEs, parenting skills, life satisfaction, and the use of resilient coping strategies. The results of this study showed there is no significant relationship between ACEs and the factors listed above. However, there were several limitations to the study. The research findings provide the invitation for further research and evaluation of the impact of traumatic experiences in childhood, or ACEs, for social work professionals interested in early intervention and prevention services.

ACKNOWLEDGEMENTS

First, I want to thank God. I want to thank God for all the opportunities and the enormous blessings that I do not deserve. God, every day you keep showing and saying that you will always love me and carry the weight that I feel is too heavy for me to carry alone. I can never repay you for what you have done for my life, but I can show up every day like I was not giving up yesterday. I could not have made this possible without the support of my family and friends. It truly takes a village. I want to thank my mother, Sonia, for never giving up on me. I want to thank my mother-in-law, Maria, for always being there to support my dreams. I want to thank everyone who participated in the study and added their grain of salt for me to accomplish this goal. I also want to acknowledge the support from my friends and colleagues. Thank you for being a shoulder to cry on when things got hard. We did it!

DEDICATION

I want to dedicate this research to my children, Vianey and Emma, I want to be the best version of myself for you. I will continue to work on myself in hopes of giving you what I never had! I want you to know that no one will be here for you like I am. Everything I do is all for you! I want to dedicate this research to all my second-generation immigrants that have given themselves the responsibility of breaking cycles with the hope of building a new legacy. Last but not least, I want to thank my husband Felipe Martinez JR. I could not have done this without you. I vow to choose you every day over and over again. This is dedicated to a life beyond our wildest dreams. I love you baby.

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CHAPTER ONE: ADVERSE CHILDHOOD EXPERIENCES

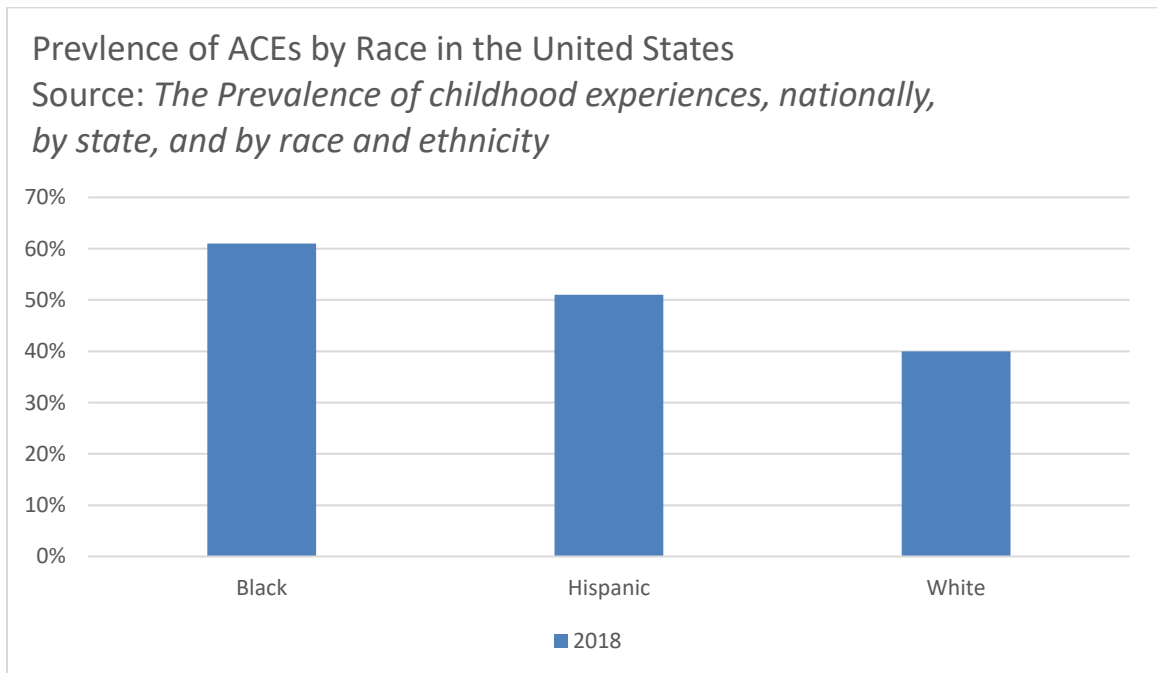
Statement of the Problem

Many of today's social problems can be traced back to Adverse Childhood Experiences, also known as ACEs. The Center for Disease Control (CDC) (2021) defines ACEs as potentially traumatic events that occur in childhood, 0-17 years of age. Examples of ACEs include experiencing violence, abuse, and/or neglect, witnessing violence in-home, or community, or having a family member attempt or die by suicide. The CDC also looks at other aspects of a child's life that may impact their sense of safety, stability, and bonding. These include environmental factors such as substance abuse problems, mental health problems, and/or instability due to parental separation or household members being in jail or prison (CDC, 2021). The CDC (2021) continues to say that the problems associated with ACEs include, but are not limited to, substance abuse problems, mental health problems, chronic health conditions in adulthood. As well as lack of opportunities for education, job opportunities, and earning potential (CDC, 2021). This list is not an all-inclusive list. There are other traumatic events that can impact a person's health and well-being.

The CDC (2021) also states that 61% of adults surveyed throughout 25 states in America reported having experienced at least one type of ACEs. Out of that 61 percent, nearly 1 in 6 adults reported experiencing 4 or more types of

ACEs (2021). People from minority groups are more likely to experience ACEs than their white non-Hispanic counterparts. According to Sacks and Murphy (2018), nationally, 61% of Black non-Hispanic children and 51% of Hispanic children reported experiencing at least one type of ACEs, as opposed to only 40% of White non-Hispanic children. The effects of ACEs cost the United States hundreds of billions of dollars each year (CDC, 2021).

Figure 1. Prevalence of ACEs in the United States by Race



Moreover, the CDC (2021) found that children living with ACEs experience toxic stress, or prolonged stress. Toxic stress negatively impacts brain development and affects things such as attention, decision making, learning, and response to stress. Children become adults. Adults become parents. Thus, ACEs become a generational problem. Parents who experienced ACEs have a

harder time providing a safe and nurturing environment for themselves and their children (Center for Youth Wellness & ZERO TO THREE, 2018). ACEs can be prevented by consciously making healthy lifestyle changes, such as practicing self-care, eating a balanced diet, and seeking professional help. Parents must first understand and heal from personal trauma to make conscious changes. Education is the first step to preventing adverse childhood experiences.

Macro Interventions

There are several interventions that help reduce adverse childhood experiences (ACEs). These interventions include but are not limited to Head Start and early Head Start, the HOPE Framework, the Building Community Resilience Model, the Self-Healing Community Model, the Philadelphia ACE Task Force, and the Community and Public Well-being Model. These interventions mainly aim to understand and prevent consequences of the toxic stress caused by ACEs. Each of them is described below.

Head Start and Early Head Start

Beckmann (2017) states that high-quality early childhood programs, such as Head Start and Early Head Start, aim to provide early intervention to improve the life prospects of children with parents who have limited education and resources. Beckmann (2017) continues to say that the goal of such programs is to mitigate social and environmental risk for the family caused by toxic stress and prevent disruptions of brain architecture.

Early childhood programs promote better developmental outcomes by providing services that support language and literacy skills, cognitive function, and health, as well as social and environmental development. Early childhood programs are not only about improving the lives of children, but building positive and nurturing environments for families, and in-turn improve the well-being in communities. Research statistics show that only 42 % of eligible 3- and 4-year-old children attend Head Start and 4 % of children under 3 use Early Head Start services. Beckmann (2017) argues that investing in early childhood programs shows higher returns in investment rather than remediation with respect to human capacity.

The HOPE Framework

Another intervention that helps mitigate the effects of ACEs is The HOPE Framework. Researchers Sege & Brown (2017) state that the framework is derived from and supports a holistic approach to child health care. The HOPE Framework focuses on the need to actively promote positive experiences that contribute to healthy development and well-being, as well as prevent and mitigate the effect of ACEs. The HOPE Framework has 4 broad categories of positive experiences. The 4 categories of the framework are: (1) being in nurturing and supportive relationships (2) living, developing, playing, and learning in a safe, stable, protective, and equitable environment (3) having opportunities for social engagement and (4) learning social and environmental competencies (Sege & Brown, 2017).

The Building Community Resilience Model

The Building Community Resilience (BCR) model is also an intervention that works to improve the effect of toxic stress caused by Adverse Childhood Experiences (ACEs). According to Ellis & Dietz (2017), The BCR model calls for collaboration across child-health systems, community-based agencies, and cross sector partners to address the root causes of toxic stress and child adversity. Research shows that the BCR model provides guidance, structure, and support for child health systems and community health partners to develop goals, share work plans, and means for data sharing to reinforce components that will contribute to community resilience (Ellis & Dietz, 2017). The BCR model also aims to explore capacity issues, reduce fragmented health care systems, and facilitate integrated systems to build community resilience. Ellis & Dietz (2017) continue to say that the BCR model calls for clinicians to reach beyond the clinical setting to address social determinants that cause Adverse Childhood Experiences (ACEs). The ultimate goal of the Building Community Resilience model is to address gaps in children services by working together as a community to strengthen community assets.

The Self-Healing Community Model

Another macro level intervention used to address ACEs is the Community Self-Healing (CSH) model. Porter, Martin, & Anda (2017) state that, the CSH model derives from Washington state's unsuccessful attempt to create a policy that fights against family violence, child abuse, youth violence, teen

pregnancy, school dropouts, youth suicide, youth substance abuse, and child out-of-home placements due to lack of funding. The data obtained from Washington state showed that individual interventions were effective but not sufficient to tackle intergenerational transmission of ACEs. The CSH model is an attempt to create a cost-effective approach to work towards the well-being of communities. The Community Self-Healing model aims to make parents agents of change. The model supports the community by expanding leadership, focusing on strengths, setting learning as a value, and monitoring results (Porter, Martin, & Anda, 2016).

The Philadelphia ACE Task Force

The Philadelphia ACE Task Force (PAFT) is also an intervention use to address ACEs in communities. Pachter, Lieberman, Bloom, & Fein (2017) describe the task force as a community-based collaborative of health care providers, researchers, community-based-organizations, funders, and public sector representatives. The PAFT was started in 2021 by The Institution for Safe Families (ISF). The mission of the task force is to provide venue to address childhood adversity and consequences in the Philadelphia metropolitan area. The task force is an expansion from an original individual assessment in the health care setting in an attempt to better represent community need for prevention of ACEs.

The Community and Public Well-being Model.

Another intervention that helps prevent ACES is The Community and Public Well-being model. This model focuses on the well-being of the individuals and the community. In this model Ford (2017) proposes addressing the root-cause-effects of ACES through community coordination and providing trauma-informed care in order for organizations and professionals to address the impact of ACES and build community resilience. According to Ford (2017), a shift from the individual to wholesome approach to treating ACES requires the collaboration of interdisciplinary teams in order to improve services. The suggestions Ford provides to improve services to treat ACES at a community level include implementing systemic change, providing incentives and funding for organizations and professions to move their focus on prioritizing social determinants of health (2017).

The interventions mentioned above stride toward social change regarding Adverse Childhood Experiences (ACEs). The weight of the consequences of ACEs currently falls on the justice and welfare system, which have been proven costly and inefficient. In summary, these interventions focus on education, collaboration, data collection, alternative funding, and research to aid in the prevention and treatment of Adverse Childhood Experiences.

Significance of the Study for Social Work Practice

Despite efforts to prevent and treat ACES this social problem still costs the United States hundreds of millions of dollars each year (CDC, 2021). The National Association of Social Workers requires social workers to provide competent services. Social workers must continue to conduct research on effective interventions to prevent/minimize the number of children who experience Adverse Childhood Experiences in the United States. Further explanation of the impact of ACEs will allow social workers to expand their competencies when working with at-risk populations, such as those children and adults who have experienced traumatic events in the early years of life. Increasing the knowledge regarding ACEs can allow for social workers to apply necessary interventions, not only to assist those who have experienced trauma, but to prevent traumatic experiences in adulthood by providing psychoeducation for parents who are dealing with the effects of their Adverse Childhood experiences.

CHAPTER TWO: LITERATURE REVIEW

Introduction

In Chapter 2, the researcher will review and give a synthesis of existing literature related to the impact of Adverse Childhood Experiences and life outcomes. The researcher will examine empirical evidence that supports this topic. The purpose of the literature review is to critically analyze existing work and identify gaps to determine valuable contribution to the existing literature. The researcher will identify theoretical perspectives that will be used to guide research, as well as critique the theories using the Joseph and Macgowan Theoretical Evaluation Scale.

Synthesis of the Literature

Studies about Adverse Childhood Experiences have been conducted throughout the United States. The following articles speak to how ACEs impact life outcomes. Metzler et al. (2017) studied the relationship between Adverse Childhood Experiences and life opportunities. The theoretical framework used to support the researcher claims is the World Health Organization Conceptual Framework on Social Determinants Health (CSDH), a framework that seeks to explain the impact of structural policies and processes influence socioeconomic status based on race, ethnicity, sex, and other social categories. The CSDH framework also seeks to explain social positioning created vulnerability and

causes less access to living and working conditions needed for health (Metzler et al. 2017).

The research is a quantitative study. Metzler et al. (2017) analyzed data from 10 states and the District of Columbia that use the ACEs Behavior Risk Factor Surveillance System to determine the impact ACEs have on education, employment, and income. The study included 27,834 non-institutionalized participants. Participants were residents of the District of Columbia or one of the following 10 states: Hawaii, Maine, Nebraska, Nevada, Ohio, Pennsylvania, Utah, Washington, Wisconsin, or Vermont. The final weighted study sample was 84.9% white (95% CI [84.0, 85.7]); 4.7% black (95% CI [4.2, 5.3]); 3.9% Latino (95% CI [3.51, 4.37]); 2.9% Asian (95% CI [2.5, 3.4]); and 3.6% other ethnicities (95% CI [3.2, 3.9]). Ages of the respondents ranged from 18 to 99 years with a mean age of 43.3 years (SE = 0.15); 45.4% of the sample were female, 95% CI [44.2, 46.6]. The study showed that participants with higher ACE scores were more likely to report high school non-completion, unemployment, and living in a household below the federal poverty level compared to those with who reported no ACEs.

Co-occurring ACEs

The next study was conducted by Austin (2018). The purpose of the study was to examine the impact of cumulative exposure to multiple types of childhood abuse and trauma with health outcomes in adulthood. The researcher draws from research conducted in 1998 regarding ACEs and health outcomes. Austin

states that the theoretical use focuses on behavioral mechanisms. The framework used for Austin's research suggests that exposure to social, emotional, and cognitive impairments contribute to the adoption of health-risk behaviors such as smoking and substance abuse (Austin, 2018). The name of the framework used was not provided.

As part of the study, 17,000 individuals from North Carolina completed a standardized medical questionnaire recalling exposure to ACEs before the age of 18. The categories included physical, sexual, and emotional abuse, adult incarceration, mental illness, substance abuse, or violence in the household, and parental separation or divorce. The key finding shows that two-third of participants showed having experienced at least 1 ACE. Participants with exposure to one ACE were 65%-95% more likely to be exposed to an additional category. The results also showed a correlation between ACE exposure and poor health outcomes. Individuals reported having issues with smoking, illicit drug use, alcohol abuse, sexually transmitted disease, unintended pregnancy, depression, anxiety, suicide ideation and attempts, intimate partner violence victimization, heart disease, cancer, and respiratory problems (Felitti et al.1998).

ACES and Health Outcomes

Felitti et al. also contributed to ACEs research in the United States. Felitti et al.'s research purpose was to assess the relationship between ACEs and health risk behavior and disease in adult hood. The theoretical framework used for Felitti, et al.'s research was not mentioned by name. The article referenced a

framework that focuses on behavioral mechanisms. The framework used stated that exposure to social, emotional, and cognitive impairments contribute to the adoption of health-risk behaviors such as smoking and substance abuse (Felitti, 1998).

Felitti et al.'s research is a quantitative study. A questionnaire about ACEs was mailed to 13,494 adults who completed a standardized medical evaluation at a large HMO (Health Maintenance Organization). Out 13,494 participants who received the questionnaire by mail 9,508 (70.5%) responded. The seven ACEs categories the questionnaire included are: psychological, physical, or sexual abuse, violence against mother, or living with household member who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories in the questionnaire was compared to measure adult risk behavior, health status, and disease. Logistic regression was used to take demographic and risk factors into consideration between cumulative category scores (Range: 0-7) and risk factors leading to death. The key finding of the study determined that there is a strong graded relationship between breadth of ACEs and multiple risk factors for several of the leading causes of death in adults (Felitti et al. 1998).

Limitations of Existing Studies

A limitation identified in the studies was that there was no research conducted in the Inland Empire. The researcher plans to gain information regarding the relationship between a history of ACEs parenting style, overall life

satisfaction, and resilient coping skills among the Hispanic population in the Inland Empire and other parts of Southern California. The research aims to understand the impact ACEs has on the topics mentioned above.

Another limitation identified in the studies is the lack of representation of the Hispanic population. One study only had 3.9% of its participants who were part of the Hispanic community. The next study failed to provide information regarding client demographics. In the third study the participants were primarily white. The researcher hopes to find information that will aid in breaking stigma related to mental health in the Hispanic community by quantifying the impact of ACEs on life outcomes for the Hispanic community, regarding human behavior, in order to break intergenerational cycles.

Synthesis of Theoretical Perspectives Guiding this Research

Theories are important to social work practice because the theoretical framework serves as a guide to understanding the reasoning behind social problems (Gentle-Genitty, et al. 2007). The following theories can be used to describe the consequences of adverse childhood experiences in adulthood.

Erikson's Eight Stages of Psychosocial Development Theory

The eight stages of psychosocial development are an expansion of Sigmund Freud's five stage of development. The eight stages of psychosocial development were introduced by Erik Erikson, a 20th century psychologist and psychoanalyst, in 1959. The idea behind Erikson's theory is that a person's

environment plays a critical role in self-awareness, adjustments, human development, and identity (Erikson, 1959)

Erikson suggests that a person's ego identity is formed through facing goals and challenges through eight stages of development over an entire life cycle. Erikson talks about a conflict of opposing emotional forces, known as contrary dispositions, in each stage. Contrary dispositions result in a crisis that needs to be resolved. Psychosocial development theory suggests that a person's psychological health is a result of how swiftly conflict is managed in each stage of life. The stages of the psychosocial development theory are listed below (Erikson, 1959).

Trust vs. Mistrust

According to Erikson (1959), the first stage of the psychosocial development theory starts from birth-18 months of life. In the first stage infants rely solely on caregivers. When caregivers are responsive and sensitive to an infant's needs the infant develops a sense of trust. On the other hand, if an infant's needs are not met the baby will develop a sense of anxiety, fear and mistrust and see the world as unpredictable. According to Erikson's theory, the basic virtue to be developed in the first stage of the psychosocial development theory is hope.

Autonomy vs. Shame and Doubt

The second stage of the psychosocial development theory introduces the concepts of autonomy vs. shame and doubt. The second stage occurs between

the ages of 1 ½-3 years old. The idea behind the second stage of the psychosocial development theory is for the child to develop a sense of self-reliance and self-confidence. Parents who are inconsistent, overcritical, and overprotective may cause the child to doubt their ability to control themselves and their world (Erikson, 1959). During the third stage, Erikson's believed that children develop the virtue of will.

Initiative vs. Guilt

According to Erikson (), Erikson's third stage of psychosocial development happens between the ages of 3-5 years of age. In the third stage a child develops initiative through social interactions, and by planning and participating in play and other activities. The child will not develop the virtue of purpose if the child's pursuits fail or are criticized. Instead, the child will develop a sense of self-doubt and guilt.

Industry vs. Inferiority

The third stage of Erikson's eight stage psychosocial development theory occurs during the ages of 5-12 years old. In the third stage, a child will become productive and accept evaluation of his or her efforts. Children can develop a sense of accomplishment and pride in their academic work, sports, social activities, and homelife. During this time, a child also will compare themselves with peers. A sense of inferiority and incompetence may be established if the child feels like they do not measure up, instead of the virtue of competency (Erikson, 1968).

Identity vs. Role Confusion

According to Erikson (1969), the fifth stage is marked by an adolescent identity crisis. The fifth stage of the psychosocial development theory occurs from the ages of 12-18. During the fifth stage, an individual develops a sense of self through experimenting with various social roles. The goal of the fifth stage of the psychosocial theory is for an adolescent to develop a strong sense of identity. When an adolescent does not search for an identity or is pressured into an identity the teenager may experience role confusion and develop a weak sense of self (Erikson, 1968). According to Erikson's theory, the basic virtue to be learned in stage five is fidelity.

Intimacy vs. Isolation

The sixth stage of Erikson's eight stages of development happens from 18-40 years of age. The sixth step of the psychosocial development theory describes the need to develop a strong sense of self in adolescent years to be able to create relationships during adulthood. Adults who lack a positive self-concept may experience isolation and loneliness. The theory of psychosocial development suggests that adults in the sixth stage of life must learn to share and care for others authentically without losing themselves to avoid feelings of loneliness and isolation. An individual who experiences identity diffusion may struggle to find the virtue assigned to the sixth stage of psychosocial development, which is love (Erikson, 1959).

Generativity vs. Stagnation

The seventh out of the eight steps of psychosocial development occur during the age of 40-65. The seventh stage has also been called generativity versus self-absorption. Researcher Slater (2003) summarizes Erikson's work stating that, individuals have a positive goal of generativity, or to procreate during the seventh stage of the psychosocial development model. In many cases, the goal of procreation is achieved. Individuals fulfill parental and social responsibilities. The article suggests the seventh stage of Erikson's developmental theory is far from self-absorption and instead the virtue of care is developed.

Integrity vs. Despair

The eighth, and final, stage of Erikson's theory of psychosocial development happens when an individual is 65 years of age or older. During the eighth step a person is likely to reflect on life. An individual can either develop a sense of satisfaction and approach death with peace, or feel regret over lost opportunities or wasted time, leaving an individual dreading the idea of death. According to Erikson's the basic virtue to be developed is wisdom. Erikson's theory introduced to the world the idea that individuals go through life in stages of development based on how well they have adjusted to social crisis along their lives (Erikson, 1998). ACEs can get in the way of adopting the necessary tools to overcome life challenges.

Attachment Theory

Another theory that can be used to analyze how ACEs can cause problems in adulthood is attachment theory. Attachment theory introduces the idea that children develop expectations for how much support they will receive during stressful situations throughout life. The expectations children hold for caregivers will shape expectations for relationships in adulthood. Attachment theory was initially introduced to study the relationship between children and their caregivers. In the 1980s, attachment theory extended to understand adult romantic relationships, and later friendships (Bowlby, 1988).

Attachment theory was introduced by John Bowlby in 1969 and 1981. Bowlby believed that humans are born with an attachment system. According to Bowlby (1988), the human attachment system motivates individuals to seek proximity, comfort, and assistance from personal relationships, such as parents, teachers, romantic partners, and counselors, especially in the face of adversity.

Attachment Styles

Ainsworth and her colleagues conducted a study observing relationships between mothers and their infants. The study confirmed that a child's relationship with their caregiver is a strong determinant of attachment styles adopted during adulthood (Ainsworth, et al. 1978). The studies uncovered three styles of means to seek and maintain proximity: secure, insecure-ambivalent, and insecure avoidant. Infants with secure ambivalent attachment styles felt minor distress

when mother left the room. When the mother came back in the room infants sought proximity and felt comfortable to explore the room in the mother's presence. Infants with an ambivalent style of attachment showed elevated levels of distress. Even after the mother's return, infants with the ambivalent attachment style could not be comforted. Infants with avoidant attachment styles showed no distress when mother left the room and showed no excitement when mother returned. In short, infants who have a secure attachment style seek proximity, yet feel comfortable exploring the world (Bowlby, 1988). The attachment theory suggests that attachment styles follow humans through adulthood and impact how they see and interact with the world.

Key Assumptions of Attachment Theory

According to Bowlby (1958), there are seven key assumptions of attachment theory. (1) The first assumption is that bonding behaviors are adaptive, increasing the capacity for individuals to survive. (2) The second assumptions of Bowlby's theory is that the development of bonding behaviors are established during the first three years of life. (3) The third assumption of attachment theory is infants develop preference of specific figures, such as parents. An infant will develop attachment to the people that are the most available and responsive (Bowlby, 1958). (4) The fourth assumption introduces the concept of monotropy, which means that infants primarily seek support from a single individual, usually their mother. (5) The fifth stage of Bowlby's assumptions theory is the idea that an infant's preference for primary attachment

derives from the provision of support during social interactions, especially during threatening context. (6) The sixth assumption of Bowlby's theory is that an infant's experience with caregivers during the first three years of life forms perceptions of an individual's sense of worth and relationship with others. (7) Lastly, the seventh assumption of attachment theory is that continuous separation or changes to an infant's familiar caregiver can preclude the formation of adaptive attachment behavior and create problems later in life. (Bowlby, 1958).

Linking Theories to Current Study

Erikson's Eight Stage of Psychosocial Development Theory

In a home with the presence of ACEs an infant will have trouble developing the sense of hope that Erikson feels is necessary during the first stage of life. Poverty, family violence, divorce, neighborhood violence, substance use, and problems with mental illness within the family system can make it difficult for individuals to develop the virtues that Erikson deems necessary in the eight stages of life.

Examples of how ACEs impact a person's psychosocial development are; when parents are experience traumatic events, such as the ones listed above, taking care of their needs and the needs of their children can become difficult. Therefore, the needs of an infant living with ACEs will not be met. When an infant's needs are not met during the time of birth to the age of 18 months the foundation of hope will not be develop and therefore sets the infant up for physiological/emotional distress in adulthood. The second stage of the

psychosocial development model the child is supposed to develop at a comfortable pace. It can be difficult to make progress in the second stage without a sense of hope established in the first stage. The third stage builds on the first and second stage of the psychosocial development theory, and so on and so forth. Individuals who have experiences ACEs are more likely to adopt behaviors that results to the same situations making the issue an intergenerational problem.

Conclusion

When looking at the social problem of Adverse Childhood Experiences (ACEs) through the perspective of attachment theory, researchers use the relationship of children and their caregivers as a variable to determine future behaviors. Families who experience ACEs often live under toxic stress which creates barriers to form the nurturing relationships necessary to adopt a secure attachment style, which is suggested to reach full potential in attachment theory. The psychosocial development and attachment theories can help social workers understand how toxic stress caused by ACEs (Adverse Childhood Experiences) can lead to emotional/behavioral problems in adulthood.

Critical Analysis of Theoretical Perspectives Guiding this Research

The Theory Evaluation Scale (TES) was introduced by Joseph and Macgowan in 2019. The purpose of the TES is to assess the validity of theoretical frameworks in the social work field. The nine categories in the TES are coherence, conceptual clarity, philosophical assumptions, historical

evaluations, falsifiability, empirical evidence, boundaries, utility, and human agency. A scale from 1-5 is used to evaluate each category, one is the lowest score and 5 being the highest score. The lowest rate possible is 9 and the highest rate is 45. The TES rating scale reads that a theory scoring 30-45 points is of excellent quality. A theory scoring 20-29 is of good quality. A TES score of 10-19 points means that a theory is of fair quality and a score of less than 10 is of poor quality (Joseph & Macgowan, 2019). The following is a summary of the Psychosocial Development and Attachment theory scores using The Theory Evaluation Scale. The results of the analysis are presented in Table 1 below.

Psychosocial Development Theory TES Score

The overall score for Erikson's Theory of Psychosocial Development Theory using Joseph's and Magowan's Theory Evaluation Scale (TES) is 30. The TES Score indicates that Erikson's Theory of Psychosocial Development is of excellent quality. Erikson's Theory of Psychosocial Development theory scored the highest, scoring 5 out of 5, in the categories of coherence, conceptual clarity, and historical roots. The categories where the Erikson's Theory of Psychosocial Development theory scores the lowest, scoring 2 out of 5, are empirical evidence and human agency.

Attachment Theory TES Score

The overall score for Attachment Theory using The Theory Evaluation Scale is 32. The TES determined that Attachment Theory is of excellent quality.

The areas in which Attachment Theory scored the highest, 5 out of 5 points, are coherence, clarity, and historical roots. The categories in which Attachment Theory scored the lowest, 2 out of 5 points, are human boundaries and limitations, empirical evidence, and human agency.

Conclusion

Erikson's Theory of Psychosocial Development and Attachment theory are strong in the categories of coherence because the theories are well understood, conceptual clarity because they can be applied to many social problems, and historical roots because the founders and date the theories were introduced are easily identified. Although Erikson's Theory of Psychosocial Development and Attachment theory are categorized as excellent quality using the TES, there are also weaknesses in the theories to consider. Erikson's Theory of Psychosocial Development theory fails to be critically tested and validated through empirical evidence. Attachment theory fails to consider the boundaries, limitations, and the influence of the outside environment for human development. Both the Erikson's Theory of Psychosocial Development and Attachment theory fail to acknowledge human resilience and people's ability to be in control of their lives. Overall, the Psychodynamic and Attachment theory show to be worthy of using to analyze the impact of ACEs on parenting skills in adulthood based on the theories high score using the Theoretical Evaluation Scale.

Table 1. Critical Analysis of the Erikson's Theory of Psychosocial Development Theory and Attach Theory Joseph & Macgowan's Theory Evaluation Scale (TES)

Criteria	Description		Score
1	The theory is coherent	5	5
2	The theory has conceptual clarity.	5	5
3	The theory clearly outlines and explains it's philosophical assumptions.	3	3
4	The theory describes its historical roots in connection with previous research.	5	5
5	The theory can be tested and proven false via observational and experimental methods.	3	4
6	The theory has been critically tested and validated through empirical evidence.	2	4
7	The theory explains its boundaries or limitations.	3	2
8	The theory accounts for the systems within which individuals interact with people around them.	2	2
9	The theory recognizes humans as active agents within their environment.	2	2
Overall Score		30	32

Theory quality based on overall TES score.

*Psychosocial Development Theory

** Attachment Theory

CHAPTER THREE: RESEARCH METHODS

Introduction

The analysis of the literature in chapter two shows that there is a need to explore the impact ACEs has on life outcomes among the Hispanic community residing in Southern California. Chapter three will provide a detailed account of methods and steps that will be taken to conduct research. The topics will be included in chapter three are protection of human subjects, discussion of study design, sampling, data collection and instruments, procedures, study variables, hypotheses, and data analysis.

Protection of Human Subjects

The researcher has obtained a CITI certificate after completing training on research ethics. The researcher submitted a request to conduct this study to the California State University Institutional Review Board. The researcher created and obtained informed consent from all participants stating the purpose, risk, and benefits of the study. The researcher applied proper Coronavirus guidelines, if applicable. The researcher followed guidelines to protect the anonymity, privacy, and confidentiality of the data collected. The researcher will store files for a period of three years in a private and secure Google drive folder.

Research Design

The research design that was used in this study was a quantitative approach. The study utilized self-administered by individuals meeting study criteria. The researcher took a cross-sectional approach towards determining whether there is a relationship between ACEs, parenting skills, life satisfaction, and resilient coping skills. A quantitative study was called for because it is less prone to biases. The research will be a descriptive study for the purpose of analyzing the connection between ACEs and parenting skills, overall life satisfaction, and resilient coping skills.

Sampling

This study used a non-probability sampling, including sample of convenience and purposive sampling methods to recruit participants for the study. The researcher approached participants within their network. The participants in the study were adult members of the Hispanic community. The researcher utilized social media (Facebook and Instagram) and recruited at least 78 participants for the study. Selection criteria includes age, race, and experience with ACEs. Participants must be 18 years of age or older.

Data Collection Instruments

The participant's quantitative response was collected through a questionnaire. The questionnaire contained two sets of questions: demographic questions and survey questions. The demographic questions are associated with variables such as: age, gender, race/ethnicity, and education level. The survey questions were associated with the purpose of the study. The researcher used appropriate wording and scaling tactics to explore the impact of ACEs on life outcomes. The survey was administered between the Fall 2021 and Spring 2022 semesters, from August 2021 to May 2022. The user Researcher used contingency questions to determine eligibility. Participants who are not eligible for study were redirected to the end of the questionnaire. The researcher used four existing surveys. The first survey used is "Finding Your Ace Score" (Think Trauma: A Training for Staff in Juvenile Justice Residential Settings: Module Four- Finding Your ACE Score). The survey consists of 10 questions that screen for different types of abuse, neglect, and other hallmarks of a tough childhood. Each question of the Finding Your ACE Score is worth a point. At the end of the questionnaire, participants are encouraged to tally their scores to determine their ACE score. The second survey used is regarding parenting style. The survey used is the Parenting Style Questionnaire (Based on: Robinson, C., Mandlco, B., Olsen, S. F., & Hart, C. H. (1995). Authoritative, authoritarian, and permissive parenting practices: Development of a new measure. *Psychological Reports*, 77, 819–830). Participants will rate (Never to Always) how often you engage in

different parenting practices (Authoritative, Authoritarian, and Permissive Parenting Style). At the end of each section, participants can add up scores. The highest score determines the preferred parenting style. The third questionnaire is also a scaling questionnaire regarding overall life satisfaction. The Life-Satisfaction Questionnaire-9 (LISAT-9) (Adapted from Fugl-Meyer AR, Branholm IB, and Fugl-Meyer KS, Happiness and domain-specific life satisfaction In adult northern Swedes, Clin Rehabil, 5: 25-33, 1991; Table 3. Used with permission from Sage Publishing) asks participants to rate their satisfaction with different aspects of their life: 1= very dissatisfying and 6=very satisfying). The fourth scale used is the Brief COPE Questionnaire (Science of Behavior Change). The Brief COPE is a 28 self-reported survey designed to measure effective and ineffective ways to cope with stressful events. The scale measures three types of coping (Problem-Focused Coping, Emotion-Focused Coping, and Avoidant Coping). Participants will be asked to rate coping skills from "I haven't been doing this a lot to I haven't been going this at all.

Procedures

The researcher created an online post on social media (Facebook and Instagram) with a brief explanation of the purpose. The researcher collected survey data using Qualtrics. Participants were provided a link either through a personal social media account or email. The survey was distributed through personal social media account. The researcher urged social media followers to

share recruitment material with their own social media followers (snowball procedure).

Study Variables

There are two independent variables in the study. The first independent variable in the study Adverse Childhood Experiences. The second independent in the study will be race (Hispanic). The dependent variables in the study are parenting styles, overall life satisfaction, and use of coping skills.

Study Hypotheses

H₀: There is a relationship between Adverse Childhood Experiences and parenting skills, overall life satisfaction, and resilient coping skills.

H₁: There is no relationship between Adverse Childhood Experiences and parenting skills, overall life satisfaction, and resilient coping skills.

Data Analysis

The researcher used the Statistical Package for the Social Sciences (SPSS) to analyze the data. The researcher will also perform Pearson Correlation as a statistical procedure to answer the research question in this study. Depending on the size of the sample and the distribution of the data, the research will run additional tests, including regression analyses or nonparametric

procedures. The independent variable is Adverse Childhood Experiences. The independent variable was measured using the ACE Score Questionnaire, which asks participants to mark 0 for yes and 1 for no to 10 specific traumatic events. The dependent variables include parenting skills, life satisfaction, and the use of resilient coping skills. The dependent variable of parenting skills was measured by signing the Parent Skills Questionnaire and asking participants to rate themselves for 1 never to 6 always for the Authoritative, Authoritarian, and Permissive parenting styles. For the dependent variable of life satisfaction participants used a scale to rate their life satisfaction for 0 very unsatisfied to 6 very satisfied. For the resilient coping skill participants were asked to scale their use of various coping strategies from 1 I rarely do this to 6 I have been doing this a lot. The responses were analyzed using bivariate analysis.

Summary

This study aimed to identify the impact of ACEs on parenting skills, overall life satisfaction, and resilient coping skills for Hispanic parents in Southern California. Using surveys participants were asked to rank previously listed factors. the quantitative approach was identified as the best approach in this study to obtain the necessary data for this research. Researchers applied ethical social work principals to ensure protection of participants and the study.

CHAPTER FOUR:

RESULTS

Introduction

This chapter will discuss the general findings of the study. A total number of 78 participants from Southern California participated in the study in a period of three months from January to early March. All participants in the study were parents, were of Hispanic descent, and parents of at least one child. First the researcher will review the descriptive statistics of the study. Secondly, the researcher will review the analyzed data. Lastly the researcher will discuss the results of the study.

Demographics

In this study there were a total of 65 participants. Table shows the demographic characteristics of all the participants in the study. From the 65 participants, 63.9 % were between the ages of 25-34, 15 % of the participants were between the ages of 34-44, 9.8% of the participants were between the ages of 45-44, and 1.6 % of the participants were between the ages of 55-65. The results showed that 83.6 % of participants identified as female and 16.4 % of the participants identified as male. When asked about their highest level of education 16.4 % of participants reported having obtained a graduate degree, 16.4 % of participants reported having obtained a degree from a 4 year university, 11.5% of participants reported having obtained a 2 year degree, 29.5 % of participants

reported having some college as their highest level of education, 19.7 % of participants reported having obtained a high school diploma, and 6.6 % of participants that their highest level of education is less than high school diploma.

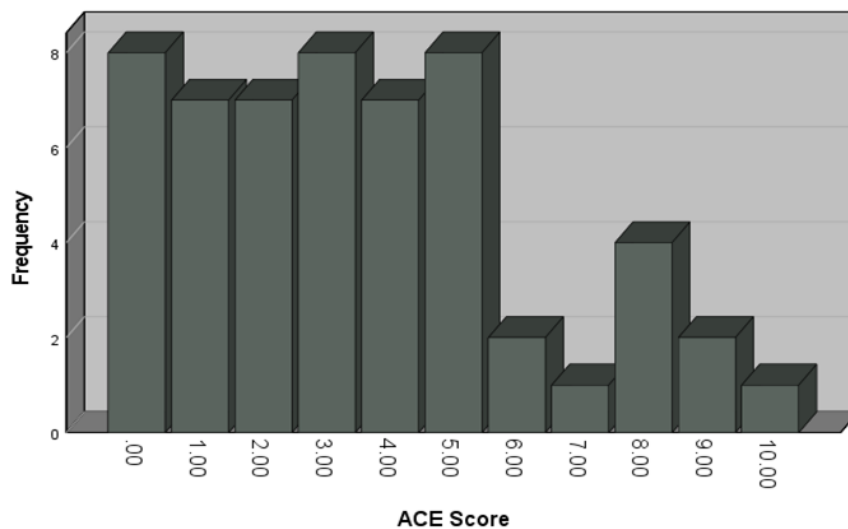
Table 2. Demographic Characteristics of Participants

Variable	Frequency (N)		Percentage (%)
Gender	Female	51	83.6
	Male	10	16.4
Age	25-34	39	63.9
	35-44	15	24.6
	45-54	6	9.5
	55-65	1	1.6
Education Level	> High school	4	6.6
	High School	12	19.7
	2-year degree	18	29.5
	4-year degree	10	11.5
	Graduate School	10	16.4

ACE Score

The following section will give a description of the results for the Adverse Childhood Experiences questionnaire. The first scale evaluated is the Adverse Childhood Experiences scale. This 10- item scale was added together to create a score between 0 (no experiences) and 10 (all experiences). The average score for this sample of 55 participants who completed the scale is 3.49, the standard deviation is 2.68, the minimum score is 0 and the maximum score is 10. Please see figure 2 for detailed information.

Figure 2. ACE Score Results



Parenting Style

The second instrument used to evaluate the impact of ACEs on parenting skills is the Parenting Style Questionnaire is a 32-item quiz related to

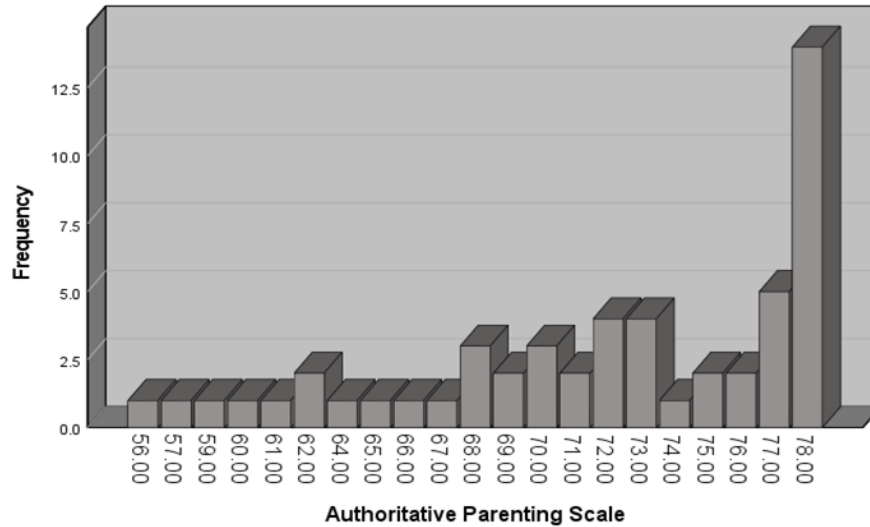
Authoritative, Authoritarian, and Permissive parenting. This questionnaire asks participants to rate how often they engage in different parenting styles:

Authoritative, Authoritarian, and Permissive. The results are measured by adding up the score for each section and dividing it by the number of questions in that section. The highest score indicates the participants preferred parenting style (Robinson, et al, (1995). from “Never to Always” on a 5-point scale (1=Never and 6 (Always). Please refer to Figures 3, 4, and 5 for detailed information.

Authoritative Parenting Style

The Authoritative Parenting style section of the Parenting Style Quiz has 13 questions. The lowest score possible is 6. The highest score possible is 78. The average score for this sample of 53 participants is 71.8, the standard deviation is 6.29. Please see Figure 3 for more details.

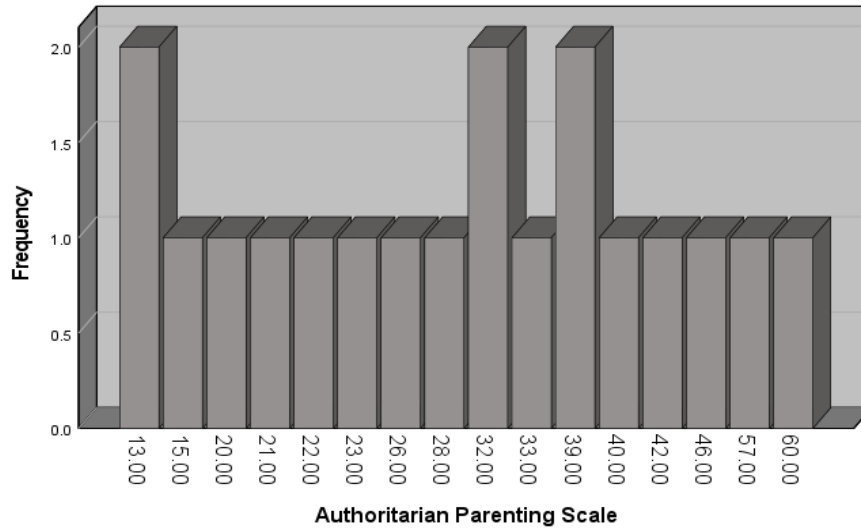
Figure 3. Results for Authoritative Style



Authoritarian Parenting Style

The authoritarian style part of the Parenting style questionnaire consists of 13 questions. The average score for the sample size of 19 is 31.63, the standard deviation is 13.69, the minimum score is 6 and the maximum score is 78. Please see Figure 4 for more details.

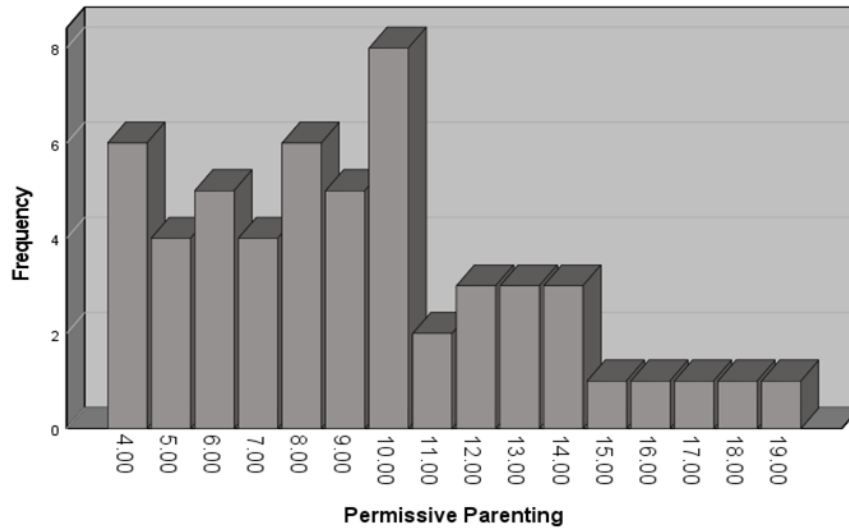
Figure 4. Results for Authoritarian Parenting Style



Permissive Parenting Style

The permissive parenting style part of the questionnaire is 4 questions long. The average score for the sample size of 54 is 9.24, the standard deviation is 3.82, the lowest possible score is 4 and the maximum score is 24. Please see Figure 5 for details.

Figure 5. Results for Permissive Parenting Style

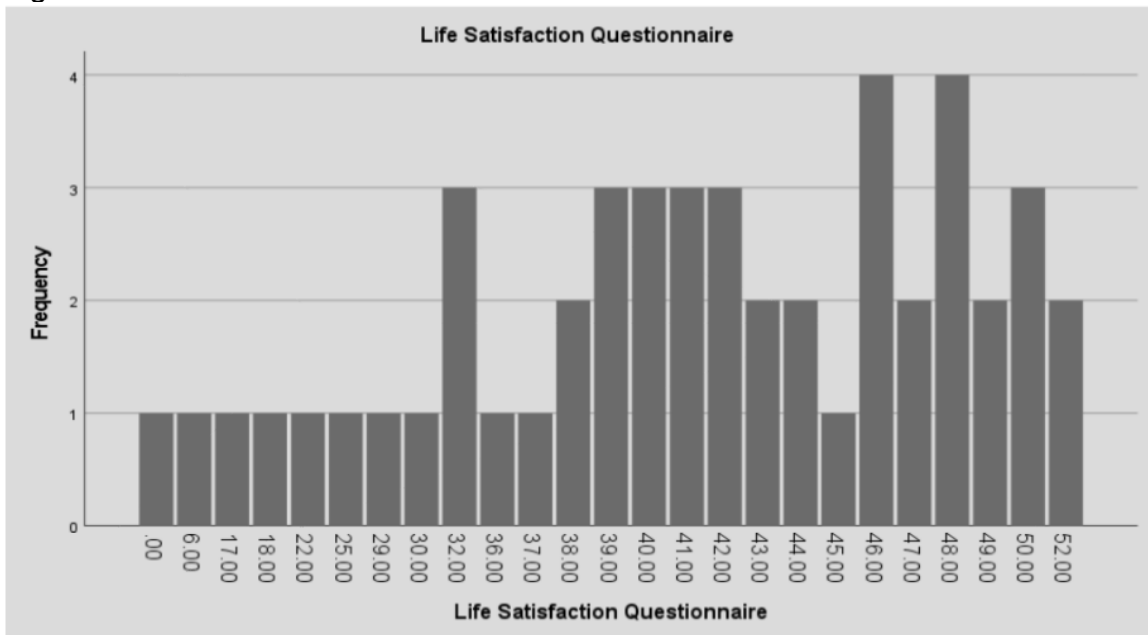


Life Satisfaction

The third instrument used to measure the impact of ACEs was regarding life satisfaction. The survey used was the Life Satisfaction Questionnaire (LISAT-11). The LISAT-11 is an 11-item questionnaire concerning areas of life such as: whole, vocational, financial situation, leisure situation, contacts with friends, sexual life, self-care management, family life, partner relationships, physical, and psychological health. Participants were asked to rate their satisfaction with these areas of life from 1= very dissatisfied to 6=very satisfied. The average score for a sample size of 49 was 39.16 and the standard deviation was 11.25, the lowest

score was 11 and the maximum score was 66. Please see Figure 6 for more details.

Figure 6. Results for Life Satisfaction Questionnaire



Coping Skills

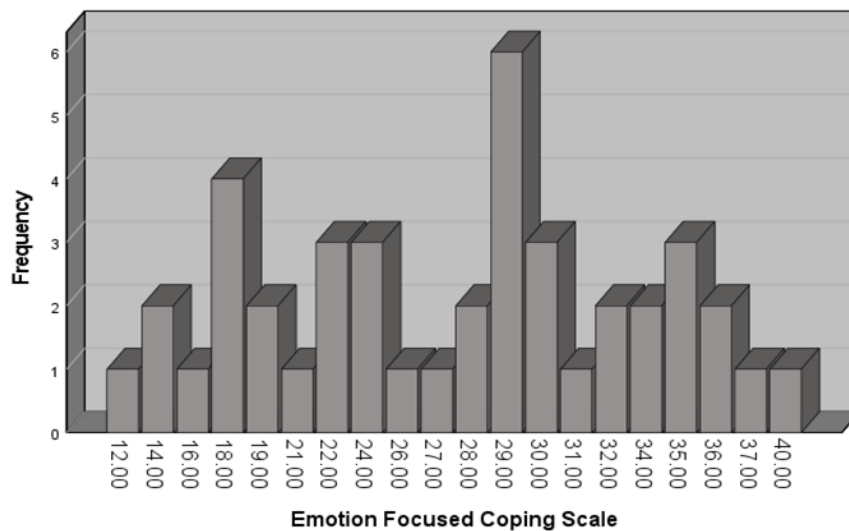
The fourth instrument used was the Brief-COPE questionnaire. This researcher used 27 out of 28 of the Brief-Cope questionnaire questions to evaluate participants' ability to use resilient coping skills. The Brief-Cope questionnaire consists of 28 questions. The scale can be used to determine a person's primary coping style on the following subscale: Problem-Focused Coping, Emotion-Focused Coping, and Avoidant Coping. For this research the researcher combined the question numbers which represented the 3 subscales

to come up with the average participant score for each of the coping styles. Participants were asked to score each question with a 1= I haven't been doing this at all to a 4= I've been doing this a lot (NovaPysch, 2021).

Emotions-Focused Coping

The questions from the coping skills inventory mentioned above were number 5, 9, 13, 15,18, 20,21, 22,24,26,27, and 28. The average score for the sample size of 42 was 26.55 and the standard deviation was 7.17, the minimum score for emotion-focused coping was 12 and the maximum score was 48. Please review Figure 7 for details.

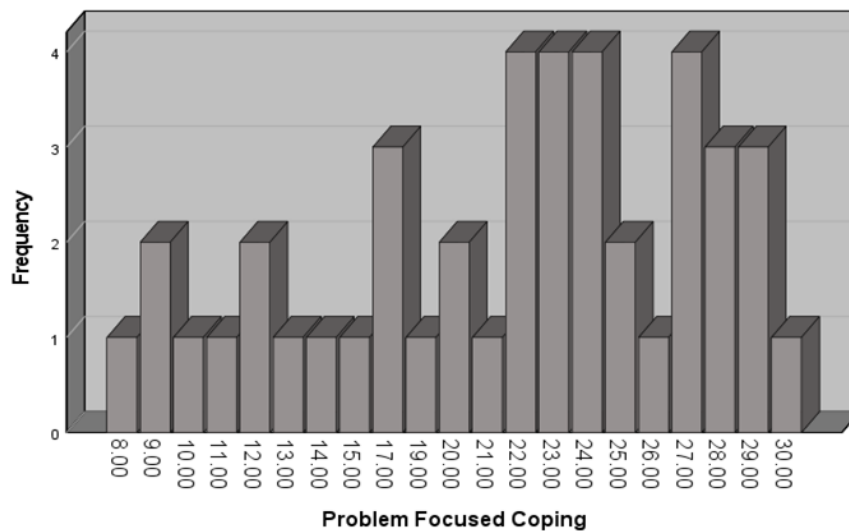
Figure 7. Results for Emotion-Focused Coping



Problem-Focused Coping

The question numbers from the Brief-COPE Inventory that were combined were numbers 2,7,10, 12,14, 17, 23, and 25. The average score for the sample size of 43 was 21.05 and the standard deviation was 6.40, the minimum score for problem-focused coping was 12 and the maximum score was 48. Please review Figure 8 for details.

Figure 8. Results for Problem-Focused Coping



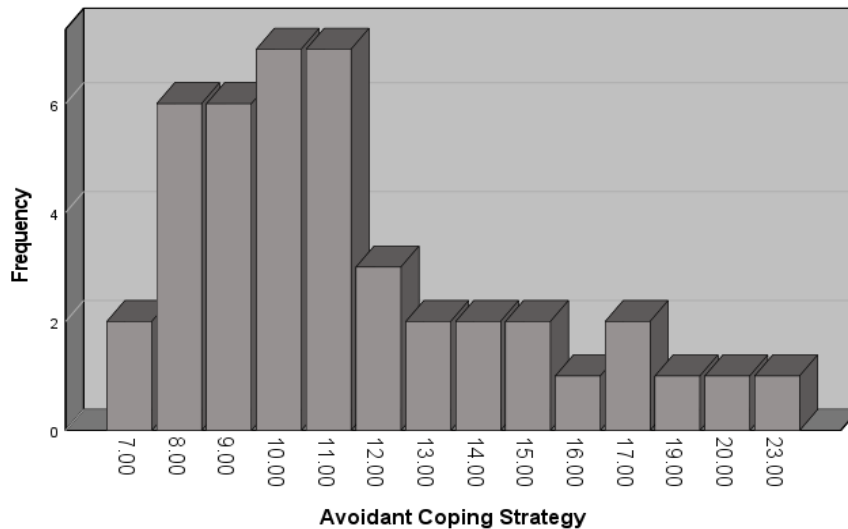
Avoidant-Focused Coping

The question numbers combined from the inventory to determine the use of the avoidant coping style were 1, 3, 4, 8, 16, and 19. The average score for the sample size of 43 was 11.51 and the standard deviation was 3.63, the

minimum score for the avoidant coping was 6 and the maximum score was 36.

Please review Figure 9 for details.

Figure 9. Results for Avoidant Coping



Presentation Findings

Six non-parametric tests were performed on the data including: a Pearson Correlation test, T-test, Levene's Test, Cohen's D, Hedges Correction, and Glass Delta test. The following are significant findings from the data collection.

A Pearson Correlation test was performed to examine the relationship between participant's ACE score and parenting styles, overall life satisfaction, and coping strategies. The test showed there was no significant relationship between participants ACE scores and the variables mentioned above.

A Pearson's correlation analysis was completed to look at relationships between the key variables. Although no variables related to ACE scores, and most relationships were not significant, Avoidant Coping Strategies were correlated with several key variables, including; Authoritarian Parenting ($r(19)=.401, p=.023$), Permissive Parenting ($r(43)=.401, p=.008$), and Life Satisfaction ($r(43)=-.353, p=.020$). Therefore, higher scores on the Avoidant Coping Strategy scale correlate to higher Authoritarian Parenting Scale scores, higher Permissive Parenting scores, and lower Life Satisfaction Questionnaire scores.

T-tests were completed to determine if there were differences in the key variables based on gender. One test was significant, that of Authoritative Parenting. Females ($n=45$) had significantly higher scores in Authoritative Parenting (mean=34.9) than males ($n=5$, mean score 22.4). The t test score ($df=17$) = -1.86, $p=.039$.

Conclusion

This chapter provided the data that was gathered from the survey. The findings show that a participant's ACE score does not impact parenting skills, overall life satisfaction, and the use of resilient coping skills.

CHAPTER FIVE: DISCUSSION

Introduction

This chapter will present an overview of the data collected from the survey administered to Hispanic parents living in Southern California. This section will further explain the findings of the study and how they relate to existing literature on Adverse Childhood experiences. This chapter will also touch on the limitations of the study, recommendations for future research, and how the findings can be used to improve individual, group, and societal social work practice.

Discussion

The literature shows that trauma in early childhood impacts mental and physical health later in life. While it can be true that symptoms of mental illness can emerge immediately after experiencing traumatic experiences, it is also true that some symptoms of mental illness do not emerge until years later (Pachecho, B., 2016). The research question sought to address in this study was if Adverse Childhood Experiences (ACEs) impact parenting skills, overall life satisfaction, and the use of resilient coping strategies. There is literature that shows that preventing Adverse Childhood experiences can improve overall well-being in adulthood (CDC, 2021). The literature observed highlights the prevention and early intervention of ACEs (Beckmann, 2017). Another piece of literature states that as an adult one can feel the impact of their own ACEs (ACEs Aware, 2021).

The literature also states that the impact of ACEs on a person's health depends on how many ACEs you experience (CDC, 2021). The impact of ACEs is also dependent on the positive experiences a person encountered in childhood to counteract traumatic events and the way a person personally manages stress. The research continues to talk about the body's stress response to traumatic experiences (Sege et al, 2017). The research states that when a person experiences frequent or severe stress during childhood the body may learn to respond to small problems as big ones (ACEs Aware, 2021). ACEs Aware is a coalition of agencies working together to prevent ACEs in childhood. The coalition named ACEs Aware links the impact of childhood experiences to parent skills. ACEs Aware states that parenting can be demanding and can trigger the stress response mentioned above. This literature supports the research question of ACEs impacting parenting skills, overall life satisfaction, and the use of coping skills. A parent, who is feeling the impact of ACEs, in a constant stress response can lead to being unsatisfied with their life and therefore leading them to engage in unhealthy coping strategies. Although the research study does not support the claims the literature above mentions, there are several limitations to the study.

Limitations

The following section will speak on the limitations of the study. The use of social media platforms Facebook and Instagram were the primary method of survey distribution. The researcher had limited control over the access to survey, who the survey was shared by, and who participated in the study. The survey

was only conducted amongst Hispanic parents in Southern California. This data collection method creates a discrepancy of participant studies since the data was collected anonymously. Another limitation of the study is that its online format could have led to parents outside Southern California to take the survey.

Additionally, the online format led the researchers to use other context such as verbal and non-verbal cues for further result evaluation. Another limitation of the study included the fact that 78 participants completed enough of the survey to be considered in the data collection but only 19 of those participants completed the entire survey. This may have been due to technical difficulties or the length of the survey.

Some strengths of the study included that the researcher was able to reach more participants in an online format due to the Coronavirus pandemic restrictions for data collection. The online format could have led participants to be more comfortable to complete the survey truthfully since traumatic experiences is a sensitive topic.

Implications for Social Work Practice and Policy

This study sets a framework for further exploration of the impact of Adverse Childhood Experiences on parenting skills, life satisfaction, and resilient coping skills for Hispanic parents in Southern California. The result of this study provides professionals with a baseline to continue to explore effective methods when working with those impacted by ACEs. Social workers have a responsibility to take a person-in-environment approach, which believes that a person's

behavior is largely influenced by the environment in which they are surrounded (Hutchinson, 2017). Taking the impact of trauma in childhood into consideration when conducting assessments and providing services is part of providing effective and competent services. There are existing theories, such as Trauma Informed care, which recognizes and responds to the signs and symptoms, and risk of those who have experienced trauma to better support the needs of clients (SAMHSA's, 2014). This research invites social workers to take into consideration how Adverse Childhood Experiences may influence certain areas of life in adulthood. As mentioned previously, traumatic experiences can lead a person's body to believe they are in danger when dealing with difficult situations, such as parenting. The inability to cope with everyday life may create an issue with life satisfaction and hence cause a person to adopt maladaptive coping skills. This research can lead to the exploration of knowledge and skill sets to better engage, assess, and identify the needs of those who have experienced ACEs.

The more information social workers obtain on the impact of ACEs on life itself, the more social workers can advocate for programs that lead to early intervention and prevention of ACEs. With more information, social workers should have more power and can advocate for changes in at-risk communities to better serve and create long lasting change. Advocacy and policy change is often done through several professionals and organizations working together to make a change. Professionals and organizations are more likely to use their resources

on this cause when advocates can show research on how ACEs impact the community. Further research on ACEs and the impact on various parts of the Hispanic community can lead to early intervention and prevention of ACEs.

Conclusion

The purpose of the study was to further explore the impact of Adverse Childhood experiences on parenting skills, overall life satisfaction, and resilient coping skills. This study included this population's responses to the factor mentioned above. The results of the study found that there is not a significant relationship between experience with ACEs, parenting skills, overall life satisfaction, and resilient coping skills. The results of this study did not align with the literature as it found that there is no relationship between traumatic experiences in adulthood, parenting skills, overall life satisfaction, and resilient coping skills. This researcher suggests further studies be conducted to better understand the impact of ACEs in adulthood, in hopes of breaking generational cycles of trauma.

APPENDIX A:
INSTITUTIONAL REVIEW BOARD APPROVAL

Date: 3-22-2022

IRB #: IRB-FY2022-53

Title: DO ADVERSE CHILDHOOD EXPERIENCES IMPACT PARENTING STYLE, OVERALL LIFE SATISFACTION, AND RESILIENT COPING SKILLS: A DESCRIPTIVE STUDY OF THE HISPANIC/LATINX COMMUNITY IN SOUTHERN CALIFORNIA

Creation Date: 9-8-2021

End Date:

Status: Approved

Principal Investigator: Carolyn McAllister

Review Board: Main IRB Designated Reviewers for School of Social Work

Sponsor:

Study History

Submission Type Initial	Review Type Exempt	Decision Exempt
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Key Study Contacts

Member Andrea Pineda	Role Co-Principal Investigator	Contact 007018369@coyote.csusb.edu
Member Carolyn McAllister	Role Principal Investigator	Contact cmcallis@csusb.edu
Member Carolyn McAllister	Role Primary Contact	Contact cmcallis@csusb.edu

APPENDIX B:
SURVEY INSTRUMENT

INFORMED CONSENT

The study in which you are asked to participate is designed to collect information regarding the impact of Adverse Childhood Experiences on life adult life outcomes on adult member of the Hispanic community Southern California. The study is being conducted by Andrea Pineda, a Master of Social Work Student, under the supervision of Carolyn McAllister, MSW, PhD, Professor of Social Work, at California State University San Bernardino.

PURPOSE: The purpose of the study is to explain how Adverse Childhood Experience impact life outcomes on the Hispanic community in Southern California.

DESCRIPTION: Participants will be asked a few questions about their demographics, experience with Adverse Childhood Experiences, and satisfaction with life outcomes.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.



CONFIDENTIALITY: Your responses will remain confidential and data will be reported in group form only.

DURATION: It will take about 15 to 30 minutes to complete the survey. RISKS: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants, but the results of the study will provide critical insights on the impact of Adverse Childhood Experiences on life outcomes in adulthood.

CONTACT: If you have any questions about this study, please feel free to contact Carolyn McAllister at cmcallis@csusb.edu). RESULTS: Results of the study will be presented in social work conferences and published in a peer-reviewed journal and/or book.

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

- No
- Yes

Q6

Demographics

Q7

What is your age range?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-65
- 65 or older

Q10

What is your gender?

- Male
- Female
- Non-binary / third gender
- Prefer not to say

Q8

▼ [Skip to](#)

End of Survey if No Is Selected

Are you of Hispanic/LatinX decent?

- No
- Yes

Q9

What is your highest level of education?

- Less than high school
- High school
- Some college
- 2 year degree
- 4 year degree
- Graduate degree

Q11

▼ Skip to

End of Survey if No Is Selected

Are you a resident of Southern California?

- No
- Yes

Q12

▼ Skip to

End of Survey if No Is Selected

Are you a parent of atleast one child?

- Yes
- No

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Q14

Finding your ACE Score

Q15

1. Did a parent or other adult in the household of or very **often**...

Swear at you, put you down, or humiliate you?

or

Act in any way that made you afraid that you might be physically hurt?

Enter 1 for Yes and 0 for No in the box below

Click to write Choice 1

Q17

2. Did a parent or other adult in the household often or very **often**...

Push, grab, slap, or throw something at you?

or

Ever hit you so hard that you had marks or were injured?

Enter 1 for Yes and 0 for No in the box below

Click to write Choice 1

Q18 | 3. Did an adult or person at least 5 years older than you ever...Touch or fondle you or have you to...

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

Attempt or actually have oral, anal, or vaginal intercourse with you?

Enter 1 for Yes and 0 for No in the box below

Click to write Choice 1

Q19

4. Did you **often** or very often feel that ...

No one in your family loved you or thought you were important or special?

or

Your family didn't look out for each other, feel close to each other, or support each other?

Enter 1 for Yes and 0 for No in the box below

Click to write Choice 1

Q20

5. Did you **often** or very 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?

Enter 1 for Yes and 0 for No in the box below

Click to write Choice 1

Q21

6. Were your parents **ever** separated or divorced?

Enter 1 for Yes and 0 for No in the box below

Click to write Choice 1

Q22

7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown at her?

or

Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?

or

Ever repeatedly hit at least a few minutes or threatened with a gun or knife?

Enter 1 for Yes and 0 for No in the box below

Click to write Choice 1

Q23

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Enter 1 for Yes and 0 for No in the box below

Click to write Choice 1

Q24

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

Enter 1 for Yes and 0 for No in the box below

Click to write Choice 1

Q26

10. Did a household member go to prison?

Enter 1 for Yes and 0 for No in the box below

Click to write Choice 1

----- Page Break -----

Q28

Parenting Style Questionnaire

Page Break

Q33

Authoritative Parenting Style

Rate your response. Choose 1 (never) to 6 (always):

	1	2	3	4	4	5	6
1. I am responsive to my child's feelings and needs.							
2. I take my child's wishes into consideration before I ask	2	3	4	4	5	6	

him/her to do something.							
3. I explain to my child how I feel about his/her good behavior.							
4. I encourage my child to talk about his/her feelings and problems.							
5. I encourage my child to freely "speak his/her mind," even if he/she disagrees with me.							
6. I explain the reasons behind my expectations.							
7. I provide comfort and understanding when my child is upset.							
8. I compliment my child.							
9. I consider my child's preferences when I make plans for the family (e.g. weekends away and holidays.)							
10. I respect my child's opinion and encourage him/her to express them.							
11. I treat my child as an equal member of the family.							
12. I provide my child reasons for the expectations I have for him/her.	2	3	4	4	5	6	

Q42

Calculated score for Authoritative Parenting Style Section (total point divided by 13):

Page Break

Import from library

Add Block

Block 3

Q36

Authoritarian Parenting Style

Rate your response. Choose 1 (never) to 6 (always):

	1	2	3	4	4	5	6
1. When my child asks me why he/she has to do something, I tell him/her because I said so, I am your parent, or because that is what I want.							
2. I punish my child by taking privileges away from him/her (e.g., TV, games, walking friends).							
3. I yell when disapprove of my child's behavior.							
4. I explode in anger towards my child.							

5. I spank my child when I don't like what he/she does or says.							
6. I use criticism to make my child improve his/her behavior.							
7. I use threats as a form of punishment with little to no justification.							
8. I punish my child by withdrawing emotional expressions (e.g., kisses and cuddles).							
9. I openly criticize my child when his/her behavior does not meet my expectations.							
10. I find myself nagging/trying to change how my child thinks or feels about things.							
11. I feel the need to point out my child's past behavioral problems to make sure he/she will not do it again.							
12. I remind my child that I am his/her parent.							
13. I remind my child of all the things I am doing, and I have done for him/her.							

Q39

Calculated score for Authoritarian Parenting Style Section (total point divided by 13):

Import from library

Add new question

Add Block

Block 3

Q50

Permissive Parenting Style

Rate your response. Choose 1 (never) to 6 (always):

	1	2	3	4	4	5	6
1. I find it difficult to discipline my child.							
2. I give into my child when he/she causes a commotion about something.							
3. I spoil my child.							
4. I ignore my child's bad behavior.							

Q51

Calculated score for Permissive Parenting Style Section (total point divided by 4):

Import from library

Add new question

Q56

Life-Satisfaction Questionnaire-9 (LISAT-9)

1 = very dissatisfying 4 = rather satisfying
2 = dissatisfying 5 = satisfying
3 = rather dissatisfying 6 = very satisfying

My ability to manage my self-care (dressing, hygiene, transfers, etc.) is	<input type="text" value="0"/>
My leisure situation is	<input type="text" value="0"/>
My vocational situation is	<input type="text" value="0"/>
My financial situation is	<input type="text" value="0"/>
My sexual life is	<input type="text" value="0"/>
My partnership relation is	<input type="text" value="0"/>
My family life is	<input type="text" value="0"/>
My contacts with friends and acquaintances are	<input type="text" value="0"/>
My vocational situation is	<input type="text" value="0"/>
My physical health is	<input type="text" value="0"/>
My psychological health is	<input type="text" value="0"/>
<hr/> Total	<input type="text" value="0"/>

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▼ Block 7

Q63



Debriefing Statement This study you have just completed was designed to investigate the impact of Adverse Childhood Experiences has on parenting style choice, life satisfaction, and resilient coping skills. We are particularly interested in the relationship between the relationship between a person's ACEs score and their choice of parenting style, overall life satisfaction, and resilient coping skills. AP Debriefing form.docx Thank you for your participation in this study. If needed, please do not hesitate to reach out for resources such as dialing 211, contacting your local county resources, reaching out to CSUSB Counseling & Psychological Services at 909-537-5040 (Only for CSUSB students), or consulting with your primary physician.



 Import from library

Add new question

Add Block

End of Survey

We thank you for your time spent taking this survey.

Your response has been recorded.

REFERENCES

- Austin, A. (2018). Association of adverse childhood experiences with life course health and development. *North Carolina Medical Journal*, 79 (2) 99-103
<https://www.ncmedicaljournal.com/content/79/2/99>
- Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the strange situation*.
- Beckmann, K. A. (2017). Mitigating adverse childhood experiences through investments in early childhood programs. *Academic Pediatrics*, 17(7), S28-S29.
- Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development*. Basic Books.
- Center for Disease Control (2021). *Preventing adverse childhood experience*. Retrieved from.
https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ffastfact.html.
- Center for Youth Wellness & ZERO TO THREE (2018). *Parenting with ACEs*
Retrieved from <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>.
- Ellis, W. R., & Dietz, W. H. (2017). A new framework for addressing adverse childhood and community experiences: The Building Community Resilience Model. *Academic Pediatrics*, 17(7), S86-S93.

- Erikson, E.H. (1959). *Identity and the life cycle*. (Psychological Issues Monograph No. 1) International Press.
- Erikson, H. (1968). *Youth and crisis*. W.W. Norton & Company, Inc.
- Erikson, E. H., Erikson, J. M. (1998). *The life cycle completed* (extended version). W.W. Norton.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (2019). REPRINT OF: Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 56(6), 774–786. <https://doi.org/10.1016/j.amepre.2019.04.001>
- Ford, D. E. (2017). The community and public well-being model: A new framework and graduate curriculum for addressing adverse childhood experiences. *Academic Pediatrics*, 17(7), S9-S11.
- Gentle-Genitty, C., Gregory, V.L., Pfahler, C.L., Thomas, M., Lewis, L.S., Campbell, K., Ballard, K., Compton, K., & Daley, J.G. (2007). A Critical Review of Theory in Social Work Journals: A Replication Study. *Advances in social work*, 8, 62-80.
- Hutchison, E.D., (2017) *Essentials of human behavior*. second edition. SAGE Publications, Inc.

- Joseph, R., & Macgowan, M. J. (2019). The theory evaluation scale: An epistemological tool for analyzing social work theories. *Social Work Education, 38*(2), 269-281.
- Metzler, M., Merrick, M. T., Klevens, J., Ports, K. A., & Ford, D. C. (2017). *Adverse childhood experiences and life opportunities: Shifting the narrative*. *Children and Youth Services Review, 72*, 141–149. <https://doi.org/10.1016/j.chilyouth.2016.10.021>
- NovaPsych (2021) *Coping orientation to problems experienced inventory (Brief-COPE)*. <https://novopsych.com.au/assessments/formulation/brief-cope/>
- Pacheco, B. (2016) *Preventing adverse childhood experiences. aces-literature-review.pdf (unm.edu)*
- Pachter, L. M., Lieberman, L., Bloom, S. L., & Fein, J. A. (2017). Developing a community-wide initiative to address childhood adversity and toxic stress: A case study of the Philadelphia ACE task force. *Academic Pediatrics, 17*(7), S130-S135.
- Porter, L., Martin, K., & Anda, R. (2016). *Self-healing communities: A transformational process model for improving intergenerational health*. <http://www.rwjf.org/content/dam/farm/reports/reports/2016/rwjf430225>
- Porter, L., Martin, K., & Anda, R. (2017). Culture matters; Direct services programs cannot save widespread, complex, intergenerational social problems. Culture change can. *American Pediatrics 2017; 17: S:22- S23*

Based on: Robinson, C., Mandleco, B., Olsen, S. F., & Hart, C. H. (1995).
*Authoritative, authoritarian, and permissive parenting practices:
Development of a new measure. Psychological Reports, 77, 819-830.*

Sacks, V.& Murphy, D. (2018). *The Prevalence of childhood experiences,
nationally, by state, and by race and ethnicity.* Retrieved from
[https://www.childtrends.org/publications/prevalence-adverse-childhood-
experiences-nationally-state-race-ethnicity](https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity).

SAMSHA. (2014). *Concept of trauma and guidance for a trauma-informed
approach.* Department of Health & Human Services.