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THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES IN SOCIAL WORK STUDENTS

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THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES IN SOCIAL WORK STUDENTS

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

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ABSTRACT

The purpose of the following study is to explore and examine the connection between adverse childhood experiences (ACEs) and well-being of social work students at an undisclosed Southern California university. A quantitative study was conducted which included the responses from 89 students at the undisclosed university. Participants were administered two questionnaires via a Qualtrics online survey. One questionnaire measured the number of ACEs a participant had experienced in childhood. The second questionnaire measured the participant's current level of well-being. The study's results revealed that overall, social work students experience greater ACE scores as compared to the general population. However, despite experiencing higher than average ACE scores, the participants reported higher levels of well-being than the general population. This is contrary to what the researchers expected to discover in the research in that higher ACE scores did not correlate with lower well-being scores. By addressing the impact of ACEs on well-being for students who are preparing to enter the professional fields of social work, these future social workers may be able to manage future stressors and challenges they encounter and provide best practices as social workers.

ACKNOWLEDGEMENTS

The researchers would like to acknowledge and thank Dr. Carolyn McAllister for her time and guidance during this project. Our conversations with you throughout the process have been enjoyable and we appreciate your authenticity as well as your sense of humor. We would also like to thank our cohort for their support, encouragement, and friendship throughout this journey. Finally, we must acknowledge that the friendship that we have developed with each other during this research project journey is one of the very best outcomes of this program. We will stay connected and be friends for the rest of our lives - and that is a very good thing.

DEDICATION

To my husband for your love and support throughout this journey. This is made possible because of you.

And to my sweet loveys Jacob, Jessie, Joey, Jackson, and Jubi for your unwavering support and understanding. The dreams and goals each of you pursue have given me the courage to pursue my dreams.

Lastly, to my mom and dad for always believing that I can achieve anything. Mommy, I miss you so much.

Jeremiah 29:11

-Delacey Kim

DEDICATION

I would like to dedicate this project to Jessie, Haley, Thomas, and Eric for their support and understanding as I navigated this arduous MSW journey. Your support and love for me as I worked seemingly endless hours to achieve this goal is much appreciated and acknowledged.

Thank you, mom, for always believing that I could be “anything that I wanted to be” and for always expecting me to live up to my potential to make you proud.

And finally, I must acknowledge that this journey would not have happened if you hadn’t passed away, dad. The suffering that you endured inspired me to dedicate myself to being a humble, later-in-life learner and devote at least some of my life to easing the pain and suffering of others. I truly wish that I had the knowledge and skills gained in this program when you were ill - I know that these skills would have helped me advocate for you in the way you deserved but did not receive. I think about you and miss you each and every day.

I will end this dedication with your favorite expression: “Veni, Vidi, Vici,” which is a fitting end to this journey.

-Geraldine McLean

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Adverse childhood experiences (ACEs) are traumatic events that take place in childhood during the ages of 0 to 17 years (Centers for Disease Control and Prevention [CDC], 2020). The term ACEs was first formulated by Dr. Vincent Felitti and Dr. Robert Anda (Felitti, 2019). The first ACE study was conducted in partnership with the CDC and Kaiser Permanente in 1995. The adverse childhood experiences were divided into three categories, abuse, neglect, and household dysfunction, and it included ten adversities. While the study found was that ACEs are common in all areas of the population, some people are more susceptible to ACEs due to economic and social conditions, and as the number of ACEs that a person experiences increases, so does the risk of adverse outcomes (CDC, 2020).

The adverse outcomes of adults with ACEs can affect the well-being of individuals. Adults with ACEs may engage in high-risk behaviors such as substance abuse and addictions or develop toxic stress, which can affect the well-being of adults (CDC, 2020). Individuals may also struggle with depression, and these challenges may also be passed down to their children as they are exposed to the secondary effects of the traumas that their parents experienced (CDC, 2020). The more ACEs that adults have experienced in their past, the

health risk factors seem to go up with each additional ACE, and their overall well-being is affected (Felitti et al., 1998). Well-being is associated with physical, mental, economic, emotional well-being, life satisfaction, stress management, and productivity (CDC, 2018; Collins et al., 2010).

Black et al. (1993) studied the possible connection between psychosocial trauma in social work students' childhoods and their choice of social work as a career. They compared the incidence of reported family trauma in social work students versus business students and found that social work students reported a higher frequency of early childhood trauma than compared to the business students (Black et al., 1993). Similarly, Russel et al. (1993) found that compared to other graduate-level students, Master of Social Work students frequently came from families in which drug or alcohol abuse was an issue or had a family member who was a victim of a violent act. The authors found that 73% of social work students reported experiencing at least one or more issues that defined a dysfunctional family (Russel et al., 1993). These studies seem to indicate that social workers may have a higher prevalence of ACEs than the general population. Evidence suggests that many students decide to become professional social workers because of their past trauma and difficult childhood (Thomas, 2016).

Purpose of the Study

The purpose of this study is to explore the presence of adverse childhood experiences in social work students and how it may affect their well-being. Utilizing a modified form of the original ACEs questionnaire (Felitti et al., 1998), research will be conducted on the existence and the prevalence of ACEs in BSW and MSW students. Another survey will measure their level of well-being and gather the demographic data of the participants.

The issue that will be addressed is to see if there is a connection between ACEs and the well-being of students. The Centers for Disease Control and Prevention (2020) reports that in the general population, there is a correlation between the number of ACEs and the effects on physical and mental health and well-being. Research shows that as the number of ACEs increases that adults experience, the greater the risks are for them to experience negative outcomes in their lives, and the level of well-being may go down (CDC, 2020). Certain populations like women and ethnic minorities as well as adults from socially and economically disadvantaged backgrounds are more vulnerable to the lasting effects of ACEs. Exploring the existence of ACEs and the number of ACEs in a targeted group may provide a perspective on how ACEs in social work students compare to the general population. It would be interesting to examine the effects of ACEs in the well-being of social work students so that the participants may develop strategies and best practices for handling the stressors of school life.

The awareness of the effects of ACEs may provide better insight and equip the students to address challenges in a positive and healthy way.

It is important to survey social work students in college, not only because it will add to the body of research on ACEs, but because the students will eventually enter a profession where they will work with populations who have experienced trauma and adverse childhood experiences. Research on ACEs in college student populations has reported findings showing correlations between ACEs and unfavorable health status (Karatekin & Ahluwalia, 2020). In addition, higher ACE scores have been connected to greater levels of stress and lower levels of social support, with stress being identified as the most critical factor in college students' mental health conditions (Karatekin & Ahluwalia, 2020). Thus, as we see that challenges are identified among college students, it is vital that social work students receive the necessary support before entering a field that will have challenges, possible triggers, and potential for burn out. It would be in the best interests of students for institutions to develop strategies to support students for success, both while in college and when they embark on their careers.

Significance of the Study for Social Work

The findings from this study will have both micro and macro ramifications in the field of social work. On a micro level, understanding how social work students respond to the stressors of balancing school with other aspects of their

life when there is childhood trauma is beneficial since this insight may help social work students better understand how they can handle adversity, stressors, and challenges. This is especially important since the social work students will be embarking on a professional journey where there is a possibility that they may experience secondary trauma due to the stories and challenges of the client population.

The research findings may be relevant on a macro level because the study will examine the different avenues of support that social work students can receive to successfully manage the ethical principles of service and competence, which are found in the Code of Ethics (National Association of Social Workers, 2017). Colleges and universities may consider implementing screening for ACEs and wellness assessments for their BSW and MSW students, and offering resources and support for students who either express or demonstrate a need for assistance.

Exploring the implications of ACEs in social work students and spreading awareness of the effects of ACEs can increase the likelihood of a successful academic experience and establish positive levels of well-being. Trauma in their childhood can leave students exposed to adverse outcomes, including physical and mental illnesses, inability to build healthy relationships, and addictions. Thus, it is essential to examine the stressors and risk factors that may affect the overall health and well-being of social work students. The question the study will

address is: Is there a connection between ACEs and well-being among social work students?

CHAPTER TWO

LITERATURE REVIEW

Introduction

To understand the effects of Adverse Childhood Experiences (ACEs) on the well-being of social work students, the significant elements of ACEs relevant to this research project will be overviewed in this chapter. The subsections will include the history and definition of ACEs, the prevalence of ACEs in social work students, and the impact of ACEs on the well-being of social work students. The final subsection will examine the theory guiding the conceptualization of the research.

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are traumatic events that have occurred during the ages of 0 to 17 (CDC, 2020). As children, their sense of safety and stability are disrupted due to witnessing or experiencing violence, neglect, divorce, or mental health problems in their homes. The ACEs that children experience may follow them into adulthood and have lasting negative outcomes, affecting their health, relationships, well-being, and work history. Other issues that are connected to ACEs include heart disease, substance abuse, teen pregnancy, cancer, diabetes, risky sexual behavior, and suicide (CDC, 2020). ACEs are found to be common, with 61% of adults surveyed in 25 states have experienced at least one ACE, and 16% of adults having four or

more ACEs (CDC, 2020). The impact of ACEs may also be generational, with children and grandchildren of adults who were exposed to ACEs experiencing secondary trauma and instability in their lives. Women and ethnic minority groups are more vulnerable to experiencing ACEs (CDC, 2020).

The History of the Adverse Childhood Experiences Study

The ACEs study conducted by Felitti et al. (1998) found that many adults in the United States population had been exposed to trauma during childhood. The large-scale ACEs study was originally commissioned by Kaiser Permanente of California, in partnership with the Centers for Disease Control (CDC, 2020). (The study was conducted over a period of two years from 1995 to 1997 involving 17,421 people) who were adult members of the Kaiser health maintenance organization. The participants were evenly split between male and female and had an average education of 14 years. The study sought to examine and predict factors that might lead to poor health outcomes in adulthood by studying a general population of educated, working, middle-class individuals who may have been exposed to ACEs in childhood.

The study examined the characteristics of adverse childhood experiences, including psychological abuse, physical abuse, sexual abuse, emotional and physical neglect, divorce, domestic violence, alcohol or drug abuse, mental illness/suicide, and incarceration (Felitti et al., 1998). These experiences were measured by having Kaiser patients complete a questionnaire about their recollection of these past events. Over 50% of the respondents reported having

experienced at least one ACE, and 25% reported having experienced two or more ACEs (Felitti et al., 1998). A similar study performed by Anda et al. (2006) revealed that the prevalence of adults who had experienced three or more ACEs in childhood to be around 22%. These studies found a direct correlation between these adverse experiences and poor health conditions later in life. The respondents who had reported having had experienced ACEs in childhood had issues with adverse social and emotional issues and unfavorable reports of physical and mental well-being later in life.

Limitations of the Adverse Childhood Experiences Study

The original ACEs study participants were mostly older, white, middle class, and college-educated with steady employment. Regardless of who the participants of the ACEs study were, the impact of the study has been far-reaching in showing the effects of adverse childhood experiences in all populations. However, it is difficult to ignore that the study can be more comprehensive and should include different ethnicities, genders, and ages. The Kaiser ACEs study's demographics, as reported by the CDC (2020), shows that the study consisted of 54% females, 75% Caucasians, 85% adults that were 40 years or older, and 75% of the participants were educated. The demographics focused on a fairly non-diverse client population, but it is also reflective of the typical demographics of Kaiser patients. Since most Kaiser members must have a steady income to be insured, it narrowed the possibilities of including people in a lower socioeconomic class since they do not have the funds to purchase

insurance. While the Kaiser ACEs study was groundbreaking, it may be necessary to expand the research to include a more representative sample of the current population. Subsequent studies about the ACEs study have expanded to study other age groups, genders, and races, however, most research is still based on the original ACEs study.

The Impact of the Adverse Childhood Experiences Study on the General Population

The results of the ACEs study have led to the exploration of preventive actions such as trauma-informed interventions for children and adults who are suffering from the lasting effects of childhood trauma (U.S. Department of Health and Human Services, 2020). The ACEs study has led to research on long term behavioral problems and outcomes due to certain trauma such as child abuse and neglect among children in the foster care system (Clarkson Freeman, 2014).

The study has shed light on the impact of ACEs when examined through an economic lens. The estimated lifetime cost of childhood adverse experiences is $428 billion annually, with nonfatal child maltreatment estimated at $830,000 per victim and fatal child maltreatment estimated at $16 million per victim (Peterson et al., 2018).

The Physical Effects and Well-Being of Adverse Childhood in Experiences in Adults in the General Population

ACEs have a lifetime impact on physical health, well-being, and life expectancy in adults. There is a strong connection between the effects of childhood trauma in adults and many behavior problems and physical ailments. According to the Centers for Disease and Prevention (2020), ACEs are associated with many chronic health conditions such as asthma, kidney disease, cancer, obesity, diabetes, heart disease, stroke, depression, and chronic obstructive pulmonary disease. ACEs are also associated with risky behaviors such as smoking, heavy drinking, and unsafe sexual practices. In the original Kaiser study, one third of the participants experienced zero ACEs, 87% experienced two or more ACEs, and 1 in 6 of all participants experienced four or more ACEs (CDC, 2020). When the study correlated the health problems to the participants, adults who have experienced 4 or more ACEs were seven times more likely to develop a substance addiction. Adults were more likely to experience sexual assault by 33% compared to 5% in adults with an ACE score of zero (CDC, 2020). Adults who have experienced six or more ACEs may die up to twenty years earlier than the average person, whether by suicide or due to poor physical habits and choices (CDC, 2020). They are twice more likely to develop cancer and four times as likely to be at risk for emphysema. Adults with ACEs are also at risk for unemployment, lower high school graduation rates, and lack of health insurance (CDC, 2020).

Recent Discoveries of the Impact of Adverse Childhood Experiences

Reducing the impact of ACEs on adults can increase the chances for positive outcomes. By preventing ACEs, adults with depressive disorders can be reduced by as much as 44% (CDC, 2020). The research on the numerous impacts of ACEs on adults has opened new methods of reducing the risks by benefiting from community services like childcare and parental support and increased healthcare options to educate adults of the effects of childhood trauma (CDC, 2020). Early social and economic interventions are also explored to increase the likelihood of a stable and successful future.

Adverse Childhood Experiences in Social Work Students

Not much is known about why students decide to study social work as a profession. However, some insight might be provided via a study performed by Russel et al. (1993), which compared Master of Social Work (MSW) students with other graduate students to determine motivators for pursuing social work education. They discovered that MSW students, more than other graduate student groups, came from families with alcohol or drug abuse problems. Additionally, they found that more than 70% of MSW students had experienced one or more problems categorized as a dysfunctional family, a figure that was much greater than the comparable percentage for graduate students who studied business or education (Russel et al., 1993). Rompf and Royse (1994) performed a similar study and found that the incidence of problematic family experiences was greater in MSW students than non-social work students in several key areas. Specifically, more social work students (44%) reported that their parents

were unhappily married than non-social work students (30%). Also, 37% of the social work students identified emotional problems within their families, while only 25% of the non-social work group did. Meaningful differences were also found with regard to alcoholism or drug addiction within families as social work students identified alcoholism or drug addiction within their families with greater frequency (32% versus 21%) than non-social work students (Rompf & Royse, 1994).

The researchers surveyed students about their experiences with seven traumatic events to study and compare the incidence of potentially traumatic family stressors in social work and non-social work students. The result showed that 71% of all social work students had experienced one or more of the seven traumatic life events (Rompf & Royse, 1994). This figure compares similarly to the greater than 70% of MSW students with problems in their families while growing up, as reported by Russel et al. (1993). It is also substantially higher than the 58% of non-social work students in the study who expressed that they had experienced one or more of these events. Finally, over twice as many social work students (17%) as non-social work students (8%) reported child abuse or neglect within their families while they were growing up (Rompf & Royse, 1994). It is important to note that the extent of psychosocial trauma reported by social work students was influential in their choice of career and the social work students were “nearly three times (39%) more inclined than their comparison group (14%) to view these experiences as influencing their choice of career” (Rompf & Royse, 1994). Overall, the Rompf and Royse (1994) study surmised

that social work students were not only more likely than non-social work students to have experienced psychosocial trauma in their families while growing up, but that they chose social work to study in part due to the influence of childhood traumatic events being experienced by them.

The Impact of Adverse Childhood Experiences on the Well-Being of Social Work Students

There is limited research in college populations regarding ACEs, especially considering that approximately 66% of high school graduates attend college (U.S. Bureau of Labor Statistics, 2020). Kartekin and Ahluwalia (2016) found that approximately one-third of undergraduate college students reported ACEs scores of two or higher. Another study reported approximately 35% to 50% of college students had experienced at least two adverse events (Smyth et al., 2008). An annual survey of college health was conducted in the University of Minnesota which included questions on ACEs (Boynton Health Service, 2015). Approximately 40% of the college students experienced two or more ACEs, and 15% shared that they had five or more ACEs. Finally, if we look outside the United States, a study was done in Ireland that found that 35% of college students had at least two ACEs (McGavock & Spratt, 2012).

While it appears clear that college students are experiencing ACEs in greater numbers than the general population, Windle et al. (2018) surveyed almost 3,000 college students via a web-based survey in 2015 to study the effects of ACEs on college students. The research found that more ACEs were

associated with higher levels of depression, Attention Deficit Hyperactivity Disorder (ADHD), smoking, and use of alcohol or marijuana. Additionally, the students who reported more ACEs reported worse lifestyle outcomes, including higher BMI, lower consumption of fruits and vegetables, as well as achieving less sleep. In the Boynton (2015) study, 36% of students with an ACE score of five or more report being diagnosed with depression compared to 8% among students with an ACE score of zero. Kartekin and Ahluwalia's (2016) study found that students with higher degrees of childhood adversity felt more stressed and less supported than those with lower degrees of reported adversity. The implications of ACEs in college students are clear, and it appears intuitively obvious that there is a link between ACEs and student health and well-being. Taking this one step further allows the assumption that if a population of general students is experiencing issues related to ACEs, it may be predictive of similar trends that may be seen in social work students.

The Implications for Social Work Students' Field Practicum and Their Future Professions as Social Workers

Social work is practice-based profession and combines theoretical principles learned inside the classroom, along with practical learning. Social work education at the college level is experiential-based and takes place in the field, with a social work agency, and under supervision. Social work students typically participate in an internship or practicum that requires a minimum of 400 hours at the baccalaureate level and a minimum of 900 hours at the master level (Council

on Social Work Education, 2020). This combination of the theoretical and practical lends itself to the uniqueness of the social work profession, but the practicum requirement also places extra demands on social work students' time and energy. As such, for social work students who have many responsibilities, the field practicum may be particularly challenging. Students must make changes and juggle various static demands to participate in field education (Hemy et al., 2016). Therefore, it appears that it would be beneficial to have colleges and universities find ways to support their social work students. Evaluation of students at greater risk for mental health concerns and ACEs is necessary (Kartekin & Ahluwalia, 2016). Screening should be implemented as there is increasing evidence of a connection between ACEs experienced in childhood and impacts on student's health. It would be hard to refute the assertion that a healthy and well-adjusted social work student who is supported and equipped with strategies to overcome health problems or effects of ACEs will be in the best position to most effectively serve their social work clients in their field practicum, or further down the road in their future social work careers.

Theory Guiding Conceptualization

The theory that will be applied to the study is Bowlby's attachment, which describes the importance of the relationship between the primary caregiver and the child. Bowlby's attachment theory describes the importance of the relationship between the primary caregiver and the child (Turner, 2017). A stronger attachment can lead a child to experience greater stability and comfort,

knowing that the caregiver is dependable and consistent. Traumatic events can disrupt the attachment between the caregiver and child and cause fear, anxiety, and distress for the child. Because adverse experiences occur during childhood, the trauma may disrupt the attachment process and have long-lasting effects into adulthood.

Bowlby studied the effects of separation between parent and infant, and he believed that there were four types of attachment (Turner, 2017). The first level is the secure attachment, where infants feel insecure when their parents are not present. However, they are easily comforted when the parent returns. The second type is the anxious attachment, which is when children experience greater stress and fear that the parent will not return. When the parent returns, the child will initially reject parental comfort and feel disconnected from the parent. The third type of attachment is the avoidant attachment, in which an infant may not display any stress when the infant is separated from the parent. However, when the parent returns, the infant will either avoid or ignore the parent. The final attachment is the avoidant attachment, where there is an absence of predictable attachment behaviors (Perry, 1999). Ideally, a stable childhood would be found in Bowlby's secure attachment. A parent's steady and stable presence will provide security for the child and any stress that can potentially develop dissipates. However, childhood trauma, such as an unstable childhood, absent parenting, abuse, or divorce can lead an infant to feel anxiety since they are unable to lean on a parental figure for support and security.

CHAPTER THREE

METHODS

Introduction

This study will explore the connection between ACEs and the well-being of social work students through a survey that consists of the ACEs questionnaire and the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS, 2006), which measures levels of well-being in the students. This chapter will provide an overview of the methods, including study design, sampling, data collection, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study is to explore the connection between adverse childhood experiences (ACEs) and well-being in social work students. A quantitative cross-sectional survey will be used, before incorporating ACE scores and questions about the level of social work students' well-being. Because of the limited amount of data on ACEs impact on social work students and the limited time period for the research, this will be an exploratory research design. One of the strengths of utilizing a quantitative design is that we will generate a numeric value to the questions, which the researchers can then use to calculate correlations between the variables. A quantitative design will fit this study because of the subjects' accessibility to the researchers. This design also provides anonymity for the subjects who will be asked personal questions

through the ACEs questionnaire. This is a quantitative research study that will have two parts to the survey. First, this survey will look at the overall ACEs questionnaire scores of social work students. The survey will use a condensed version of the original ACEs questionnaire. It will involve ten questions about BSW and MSW students' childhood experiences when they were 17 years or younger. Next, for this study's purpose, the researchers will use the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS, 2006), administered via a Qualtrics survey to measure the levels of well-being.

Sampling

The study will utilize a non-probability convenience sampling consisting of BSW students and MSW students who attend an undisclosed university in Southern California. The participants will be current part-time, full-time, and online students of the BSW and MSW program. The participants will be recruited for the study from email solicitation via Qualtrics after approval from our faculty advisor and the Institutional Review Board (IRB) at an undisclosed university in Southern California. The goal will be to recruit a minimum of 200 participants and receive 100 responses to have a heterogeneous and representative sample of social work students at the university. BSW and MSW students at an undisclosed university in Southern California will be sampled due to the particular portion of the population studied to evaluate the impact of ACEs on social work students'

well-being. The convenience sampling will be utilized because of its efficiency in administering the survey to the students and its cost-effectiveness.

Data Collection and Instruments

The study will use a survey known as the ACEs questionnaire, divided into three categories: physical/emotional abuse, sexual abuse, and household dysfunction. Through the administering of the ACEs questionnaire, two variables will be measured. The first variable we will be examining is the existence of trauma during childhood in BSW and MSW students attending an undisclosed university in Southern California. Another variable measured is the number of ACEs that the BSW or MSW students have experienced during childhood. In addition to the ACEs questionnaire, the researchers will use a survey to measure the social work students' well-being based on physical, mental, social, and workplace/school. The researchers will ensure that valid and reliable measures are ensured through a 5 point Likert scale. Also, the researchers will ask questions that the respondent will personally know the answer to, and, finally, the wording of the questions will be simplified to avoid ambiguity and misinterpretation. The Warwick–Edinburgh Mental Well-being Scale (WEMWBS) was developed in 2006 by researchers from the University of Warwick and the University of Edinburgh to assess the mental well-being of adults. WEMWBS is a 14-item set of questions covering subjective well-being and psychological functioning, in which all questions are worded positively and address aspects of

positive mental health. The questions are based on a model of well-being that involves both feeling good and functioning well.

Procedures

The Director of the School of Social Work at an undisclosed university in Southern California was contacted, and the researchers requested an agency approval of the collection of data for the research study. Once authorization is obtained, the researchers will file an application to be reviewed by the International Review Board (IRB).

Once the application is approved, an email will be sent to students in the MSW, BSW, and the MSW Pathway (online) programs. The researchers will introduce themselves, provide the title of the research, and request participation in the study. Prior to directing them to the survey, they will be provided with an IRB approved consent form that will explain the rights of the participants, a brief explanation of the survey and that it is optional, the duration of the survey (approximately 10 minutes), and any possible risks. They will be given a link that will take them to a condensed version of the original ACEs questionnaire adapted by the researchers, general questions to obtain demographic information, and the WEMWBS, a survey exploring the levels of well-being. The researchers will utilize a Qualtrics survey. The survey is available at no cost by the university that the researchers attend. Qualtrics is a web-based survey tool that is used to conduct surveys for research purposes and evaluations. With Qualtrics, the

researchers will create and send surveys to the target population. The electronic questionnaire can be completed at any time by the participants. After completing the survey, a debriefing statement will be provided to the participants. It will explain what the study seeks to accomplish and a list of resources for the participants if they require emotional support.

Once the data has been collected, it will be input into an excel spreadsheet in the SPSS program. The SPSS program stands for Statistical Package for the Social Sciences. This statistical program analyzes data using descriptive statistics, shows the relationship between variables, and examines any differences between these groups.

Protection of Human Subjects

To protect the study participants, the researchers will take steps to ensure the confidentiality of the participants. At the beginning of the survey, the participants will be given an informed consent form explaining their rights as participants of the survey, their right to discontinue answering the survey at any time, and the measures taken to safeguard the privacy of the participants. They will be informed that any identifiable information like email addresses will be safeguarded in a password encrypted folder. The only people that will be able to access the folder will be the researchers of this study. The survey will be anonymous, and they will not be asked for their names or any other personal information. Once the survey is complete, the data is coded and input into SPSS.

Due to the sensitive nature of the ACEs questionnaire, the participants may choose not to answer any of the questions at any time. At the end of the survey, resources to crisis hotlines and counseling services will be provided for the participants in case the survey caused them distress. One year after the study is completed, all data obtained through the research will be deleted from the password-protected computer.

Data Analysis

The quantitative data will be collected from a condensed version of the ACEs questionnaire consisting of ten questions regarding MSW and BSW students' experiences with past trauma, the demographics of the respondents, and the WEMWBS questionnaire exploring the levels of well-being among the respondents. The independent variables used in this study will be the ACEs score (level of measurement is ratio) and the demographic data collected from a survey. The dependent variable will be a survey consisting of 14 questions (level of measurement is ordinal) examining the levels of well-being among MSW and BSW students. The ACEs questionnaire will yield a score that will determine the existence of ACEs among the respondents, and the number of ACEs that students may have experienced. The results of the ACEs questionnaire will be aggregated to be reported as a single ACE variable by adding all of the ACEs item scores together. The researchers will use the SPSS software to analyze the variables, which may provide researchers opportunities to observe how the

independent variables affect the levels of well-being among MSW and BSW students.

The ACEs score will go through univariate analysis, which will determine the existence of ACEs among social work students. The researchers will be looking at the range of the scores and the means of the scores that were collected from the respondents. The researchers will examine the associations between the ACEs scores with age (level of measurement is ratio), gender, and ethnicity (level of measurement for these demographics is nominal) of the respondents using bivariate analysis.

With the results of the univariate analysis of the ACEs scores, the researchers will examine the association between the ACEs scores and the levels of well-being (level of measurement is ordinal) among students using bivariate analysis. The researchers will utilize an ANOVA, comparing the scores of the ACEs questionnaire and the levels of well-being survey to determine if there will be a relationship between the scores of the ACEs questionnaire and the 14 questions from the WEMWB regarding well-being among MSW and BSW students. This type of test will be utilized because the researchers will be exploring the associations between the results of the ACEs questionnaire and the levels of measurement of well-being reported by the students. An ANOVA will be utilized to examine any associations between the ACEs scores, the demographic data, and levels of well-being among students since an ANOVA determines if three or more population's means are statistically different from one another.

Summary

Utilizing a Qualtrics based survey, the researchers will seek to understand the connection between adverse childhood experiences and levels of well-being in social work students. This chapter describes the research methods that are employed to address the purpose of this study. The quantitative data that will be collected will explore the connection between ACEs and well-being while protecting the confidentiality of the participants at every step of the study.

CHAPTER FOUR

RESULTS

Introduction

This chapter will discuss the findings of the study exploring the connection between adverse childhood experiences (ACEs) and well-being of social work students. First, the researchers will present the demographics of the participants and the key variables. Additionally, the researchers will discuss the results of the data and summarize the findings.

Demographics

In the study, there were a total of 89 participants from the School of Social Work at a University in Southern California. Table 1 shows the demographic characteristics of all the participants in the study. There were 76 females (85.4%), 11 males (12.4%), and 2 persons (2.2%) who identified as non-binary/third gender. Table 2 shows the participants' ages ranged from 21 to 65 years old. The mean age of the participants was 32.07 years. The standard deviation was 8.59. Table 3 shows the ethnicity of the participants. 47.2% of the participants reported to be Hispanic or Latino, 25.8% were Caucasian or White, 9% were African American or Black, 5.6% were Asian or Asian American, 1.1% were Native Hawaiian or Pacific Islander, 5.6% were Bicultural or more than one ethnicity, 3.4% reported Other, and 2.2% preferred not to say. Finally, Table 4

shows the social work program that the participants are currently enrolled in. There were 15 participants (16.9%) in the Bachelor of Social Work program and 74 participants (83.1%) in the Master of Social Work program.

Table 1. Demographic Characteristics of Participants: Gender

Variable	Frequency (N)	Percentage (%)
Gender (n=89)		
Female	76	85.4
Male	11	12.4
Non-binary/Third gender	2	2.2

Table 2. Demographic Characteristics of Participants: Age

Variable	
Age	
Mean	32.07
Minimum	21
Maximum	65
Standard Deviation	8.59

Table 3. Demographic Characteristics of Participants: Ethnicity

Variable	Frequency (N)	Percentage (%)
Ethnicity (n=89)		
Hispanic/Latino	42	47.2
Caucasian/White	23	25.8
African American /Black	8	9.0
Asian/Asian American	5	5.6
Native Hawaiian/ Pacific Islander	1	1.1
Bicultural/more than one ethnicity	5	5.6
Other ethnicity	3	3.4
Prefer not to say	2	2.2

Table 4. Demographic Characteristics of Participants: Social Work Program

Variable	Frequency (N)	Percentage (%)

SW program (n=89)		
BASW	15	16.9
MSW	74	83.1

Key Variables

The survey included two questionnaires. The first questionnaire measured two variables which were the existence of ACEs among social work students and the number of ACEs experienced by them before the age of 18. As part of the survey, the second questionnaire was the Warwick-Edinburgh Mental Well Being Scale (WEMWBS) which was given to the participants to explore their levels of well-being.

The ACEs questionnaire consisted of 10 questions related to adverse childhood experiences that social work students may or may not have experienced before they reached the age of 18. Each question was answered with a yes or no. Table 5 shows the descriptive statistics of the ACEs questionnaire on the number of ACEs that they may have experienced. When asked about verbal harm in their household, 44.9% of the participants reported that they had experienced verbal harm while 55.1% reported that they did not experience verbal harm. In the instance of experiencing physical harm, 29.2% of the participants reported that they had indeed experienced physical harm while 70.8% reported that they did not experience physical harm. For the matter of sexual harm, 30.3% reported experiencing sexual harm, 66.3% reported not experiencing sexual harm and 3.4% preferred not to say. In the area of emotional

neglect, while 38.2% of respondents felt emotionally neglected, 58.4% did not feel that way and 3.4% elected not to say. Physical neglect was measured, and 15.7% felt that they were physically neglected, 83.1% did not report feeling physically neglected and 1.1% preferred not to say. A small majority of the participants came from a home where the parents were divorced or separated (50.6%) while 49.4% had parents who were not separated or divorced. Maternal physical harm was measured and 24.7% of the participants indicated that they witnessed physical harm to their mother or stepmother. On the other hand, 75.3% reported not witnessing physical harm to their mother or stepmother. 46.1% of the respondents reported living with someone who had a problem with alcohol or drugs, 52.8% reported not living with someone with alcohol or drug issues and 1.1% chose not to say. Having a family member who was depressed, mentally ill, or having attempted suicide was reported by 44.9% of the participants as opposed to 55.1% who reported not having a household member with these challenges. Finally, having a household member who was incarcerated was reported by 19.1% of the participants while 80.9% of the participants did not report having a household member who went to prison.

Table 5. ACEs Questionnaire: Prior to your 18th birthday:

Variable	Frequency (N)	Percentage (%)
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?		
Yes	40	44.9
No	49	55.1
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?		
Yes	26	29.2
No	63	70.8
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?		
Yes	27	30.3
No	59	66.3
Prefer not to say	3	3.4
Did you often feel that…No one in your family loved you or thought you weren't important or special? or Your family didn't look out for each other, feel close to each other, or support each other?		
Yes	34	38.2
No	52	58.4
Prefer not to say	3	3.4

Variable	Frequency (N)	Percentage (%)
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?		
Yes	14	15.7
No	74	83.1
Prefer not to say	1	1.1
Were your parents ever separated or divorced?		
Yes	45	50.6
No	44	49.4

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?		
Yes	22	24.7
No	67	75.3
Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?		
Yes	41	46.1
No	47	52.8
Prefer not to say	1	1.1
Was a household member depressed or mentally ill or did a household member attempt suicide?		
Yes	40	44.9
No	49	55.1
Did a household member go to prison?		
Yes	17	19.1
No	72	80.9

The results showed that the most common adverse childhood experience (ACE) was separation/divorce with 45 participants who answered that they had parents who had separated or divorced. The results also showed that the least common adverse childhood experience (ACE) was general neglect with 14 participants who answered that they had experienced parental neglect.

According to bar graph 1, 11.2 % (10 of 89) of the participants had an ACE score of zero. The average ACE score was 3.5, with a standard deviation of 2.62. The scores ranged from zero to ten, with 28% (25 of 89) of those surveyed reporting experiencing six or more ACEs as a child.

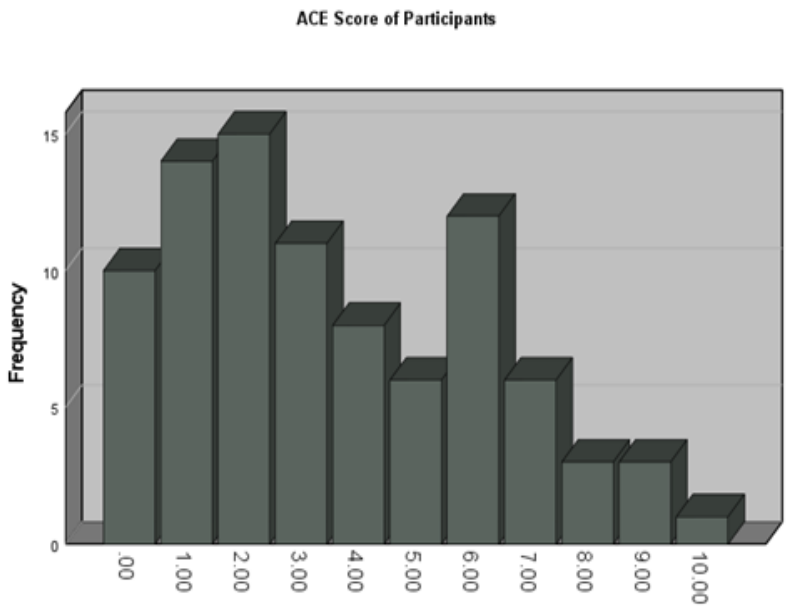

Figure 1. Adverse Childhood Experience Score of Participants

The WEMWBS was developed to enable the measuring of mental well-being in the general population and to aid in the evaluation of projects, programs, and policies that strive to improve well-being. Table 6 shows the WEMWBS survey which consisted of 14 positively worded statements about feelings and thoughts regarding the student's experiences and aspects of their mental well-being over the preceding 2 weeks. Each statement was answered on a scale of 1-5, with 1 indicating "None of the time", 2 indicating "Rarely", 3 indicating "Some of the time", 4 indicating "Often", and 5 indicating "All of the time." Optimism about the future was measured and overall, students reported a high level of

optimism about the future with over 70% of participants reporting feeling optimistic “often or all of the time.” Feeling that they had been useful was also reported by respondents a majority of the time, with over 58% of participants feeling that way at least often. The feeling of being relaxed was not so positive, however, with a large majority of participants (77.5%) feeling relaxed only “some of the time, rarely, or none of the time.” Being interested in other people was more of a neutral feeling for our participants, with about an even split between the affirmative and negative. Another category of well-being, that of having energy to spare, was clearly skewed toward the negative, with an overwhelming majority (87.6%) of participants reported having energy to spare “some of the time, rarely, or none of the time.” Similarly, but not with such large numbers, the participants reported feeling that they were not dealing with problems well, as over 60% reported that they dealt with problems well only “some of the time, rarely, or none of the time.” Clear thinking that was happening “often or all of the time” was reported by about 46% of participants. Only 39.4% of participants reported feeling good about themselves “often or all of the time” which had a similar response (38.2%) to the question about if respondents had been feeling close to people “often or all of the time”. A comparable number of participants (39.3%) reported feeling confident “often or all of the time.” Questions regarding respondents being able to make up their own mind of things scaled toward the positive with over 60% of participants feeling able to make up their own mind “often or all of the time.” An overwhelming majority of the participants (70.8%)

indicated that they had been feeling loved “often or all of the time.” As far as being interested in new things, participants tended to not be interested in new things, with 57.4% indicating that they were interested “some of the time, rarely, or none of the time.” Finally, a feeling of cheerfulness also tended to be on the negative side with only 38.2% feeling cheerful “often or all of the time.”

Table 6. Warwick-Edinburgh Mental Well-Being scale (WEMWBS)

Variable	Frequency (N)	Percentage (%)
I’ve been feeling optimistic about the future.		
None of the time	0	0.0
Rarely	2	2.2
Some of the time	24	27.0
Often	48	53.9
All of the time	15	16.9
I’ve been feeling useful.		
None of the time	1	1.1
Rarely	7	7.9
Some of the time	29	32.6
Often	44	49.4
All of the time	8	9.0
I’ve been feeling relaxed.		
None of the time	3	3.4
Rarely	26	29.2
Some of the time	40	44.9
Often	17	19.1
All of the time	3	3.4
I’ve been feeling interested in other people.		
None of the time	0	0.0
Rarely	13	14.6
Some of the time	32	36.0
Often	37	41.6
All of the time	7	7.9
I’ve had energy to spare.		
None of the time	12	13.5
Rarely	36	40.4
Some of the time	30	33.7
Often	8	9.0
All of the time	3	3.4

Variable	Frequency (N)	Percentage (%)
I've been dealing with problems well.		
None of the time	1	1.1
Rarely	9	10.1
Some of the time	44	49.4
Often	28	31.5
All of the time	6	6.7
Missing	1	1.1
I've been thinking clearly.		
None of the time	0	0.0
Rarely	9	10.1
Some of the time	39	43.8
Often	38	42.7
All of the time	3	3.4
I've been feeling good about myself.		
None of the time	1	1.1
Rarely	19	21.3
Some of the time	34	38.2
Often	24	27.0
All of the time	11	12.4
I've been feeling close to other people.		
None of the time	2	2.2
Rarely	21	23.6
Some of the time	32	36.0
Often	28	31.5
All of the time	6	6.7
I've been feeling confident.		
None of the time	4	4.5
Rarely	13	14.6
Some of the time	37	41.6
Often	29	32.6
All of the time	6	6.7
I've been able to make up my own mind about things.		
None of the time	1	1.1
Rarely	5	5.6
Some of the time	29	32.6
Often	40	44.9
All of the time	14	15.7
I've been feeling loved.		
None of the time	0	0.0
Rarely	7	7.9
Some of the time	19	21.3
Often	38	42.7
All of the time	25	28.1

I've been interested in new things.		
None of the time	3	3.4
Rarely	15	16.9
Some of the time	33	37.1
Often	30	33.7
All of the time	8	9.0
I've been feeling cheerful.		
None of the time	1	1.1
Rarely	17	19.1
Some of the time	37	41.6
Often	30	33.7
All of the time	4	4.5

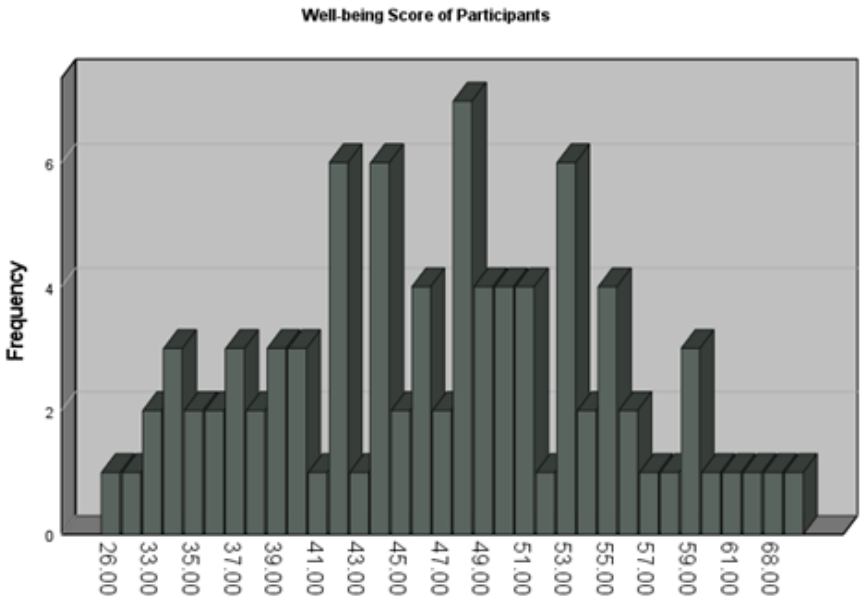

Figure 2. Well-Being Score of Participants

The results showed that the most common well-being responses were, "I've been feeling optimistic about the future" and "I've been feeling loved," both with 63 participants who answered, "Often" or "All of the time," to the aforementioned statements. The results also showed that the least common well-

being response was, “I have the energy to spare,” with 48 participants who answered, “None of the time” or “Rarely.”

According to bar graph 2, the average well-being score of the participants who answered the 14 WEMWBS well-being questions was 46.8, with a standard deviation of 8.56. The well-being scores of those surveyed ranged from 26 to 68.

Presentation of the Findings

Four parametric tests were performed on the data: Pearson Correlation, Analysis of Variance (ANOVA), T-Test, and Levene’s Test for Equality of Variances. The following are significant findings from the data collection.

A Pearson Correlation was performed to test whether there is a statistically significant linear relationship between the number of ACEs in childhood and the level of well-being in social work students and to determine the strength and direction of any possible association. The test showed that there was no significant relationship between the variables. This shows that the number of ACEs in childhood did not affect levels of well-being in college-level social work students.

A one-way ANOVA test was conducted to determine whether there is a statistically significant difference between the number of ACEs and the level of well-being in college-level social work students. The findings indicated no statistically significant difference between the two variables.

A T-Test is a type of inferential statistic that was used to determine if there is a significant difference in ACE scores and well-being scores between the BSW students and the MSW students. The findings indicated that there was no significant difference between BSW students and MSW students.

Levene’s test was run to check the equality of variances. A non-significant p-value of Levene's test was found and shows that the variances are equal between the number of ACEs experienced as a child and levels of well-being as an adult and there is no difference in variances of both groups.

Conclusion

This chapter reported the demographic characteristics of the participants and the findings from the data collection. The findings show that regardless of gender, ethnicity, age, and social work program, no significant findings was found in relation to the adverse childhood experiences of the social work students and the levels of well-being.

CHAPTER FIVE

DISCUSSION

Introduction

The following chapter will present an overview of the data collected from the ACE scores and the WEMWBS well-being survey. This chapter will also discuss its implications for the social work profession, specifically social work students in the undergraduate and postgraduate programs. This section will further explain the study's findings and how they might relate to the existing literature on the relationship between ACE scores and well-being scores. Additionally, this chapter will discuss the limitations of the study, recommendations for future studies, and how the findings can be used to improve social work policies and practices in relation to ACE scores and well-being.

Discussion

The purpose of the study was to explore the implication of ACEs on social work students and how ACEs might affect well-being in their college years. The researchers examined the number of adverse childhood experiences that social work students had. The study also analyzed the areas of well-being among social work students. We will discuss the average scores of the ACEs survey and the WEMWBS well-being survey. We will also discuss the impact on adults when ACEs scores are four or greater and ACEs scores are six or greater. Additionally,

drawing comparisons between the general population and social work students will be addressed.

This study found that 16.9 % of those surveyed reported experiencing at least two ACEs with the average ACE score of 3.5, which is lower than the original Felitti study of 1998 where 28% of the approximately 17,000 participants reported at least two ACEs (Felitti, 2019). 43.8% of the 89 participants in this study reported four or more ACEs as a child. 28% of the 89 participants reported six or more ACEs as a child. Surveying the participants by asking them to complete the ACEs questionnaire and the WEMWBS well-being survey, we expected to find a connection between ACEs and well-being. We were anticipating that among the participants of the study, the higher the ACEs, the lower the well-being scores would be. Conversely, we expected to find that the lower the ACEs, the higher the well-being score would be. It was interesting to find that even though the participants of the survey experienced on average over 3 ACEs, over 70% of the participants reported feeling optimistic about the future. 70.8% of the participants also reported feeling loved. In this study, there did not seem to be a connection between the number of ACEs and well-being. The only question in the WEMWBS scale that scored on the lower end with 32% answering often or all of the time was the answer to the statement of how often the individual feels cheerful.

Based on the original ACEs study (Felitti et al., 1998), we believed that there would be a correlation between ACEs scores and the well-being of

students. The original study of approximately 17,000 participants found that the higher the ACEs that a participant experienced in the three categories of neglect, abuse, and family circumstances, the higher the risk for them to fall under categories that could cause harm to their bodies and to their mental health (Felitti et al., 1998). When the individuals experienced four or more ACEs, the risk of engaging in unhealthy behaviors went up. Individuals were at risk for health problems like obesity, diabetes, heart disease, and early death. They were also at risk for behaviors such as high-risk sexual behaviors, divorce, depression, anxiety, alcohol, or substance abuse, or intimate partner violence (CDC, 2020). They are twelve times more likely to engage in suicidal behavior. They are seven times more likely to use alcohol and nine times more likely to use illegal substances (CDC, 2020). The study also found that people with six or more ACEs on average die twenty years earlier. The reasons are still unclear, but it may be due to participants using self-soothing behaviors such as drugs, alcohol, and sexual behaviors because of the trauma they experienced as children (Felitti et al., 1998).

In a Welsh study (2015), participants were part of an ACEs study that was replicated from the original ACEs study. The participants who reported having four or more ACEs, were four times more likely to use alcohol and sixteen times more likely to use illegal substances such as crack or heroin. They were also twenty times more likely to be arrested at least once (Bellis et al., 2015). This

study, like the original ACEs study, also seemed to indicate a strong link between ACEs and high-risk health behavior.

Limitations

As with the majority of studies, the design of the current study is subject to limitations. One limitation in the study is that it included a relatively small sample size of 89 social work students from a university in Southern California. The participants in the study may not be wholly representative of students from other universities or geographical areas. Including social work students from other areas, other universities, and increasing the sample size would have yielded results that could have been generalized to a larger population. Another limitation of the study is the reported ethnic makeup and gender of our participants. A large majority of the participants were of Hispanic or Latino descent and an even larger proportion of the participants were females. The limited diversity and representation of race and gender in the participants in the study limits the ability to generalize the results across these continuums and may provide a lack of insight into underrepresented groups, such as Caucasians, African Americans, Asians, and males.

Another limitation for the study included a relatively small sample size of BSW students as compared to MSW students. A large majority of the participants were in the MSW program at the undisclosed university. A t-test was performed to determine if there was a significant difference between mean ACEs scores

and mean well-being scores in college-level social work students and to discern if the mean scores of the BSW and MSW students differed. It was found that there was no significant difference in the mean scores of the BSW and MSW students. This is likely due to the relatively small number of BSW versus MSW students and the relatively small sample size of participants.

Implications

The results indicate that a larger study of the connection between ACEs scores and college students' levels of well-being may yield more precise and reputable results if performed with a larger sample size, with students from multiple universities in different parts of the country, and with a broader diversity of race and gender identities. A larger and more representative sample would allow for the research to more legitimately identify relationships or connections between ACEs and well-being in social work students and ensure generalizability across the population.

There are implications from this study across social work policy and practice. The study found that 88.8% of participants experienced at least one incident of adverse childhood experience relating to issues of neglect, abuse, and household dysfunction. Across the general population, almost 61% reported experiencing at least one ACE (CDC, 2019). Furthermore, the study found that among social work students, 43.8% had experienced four or more types of ACEs while in the general population, 16% had experienced four or more ACEs (CDC,

2019). This greater prevalence of ACEs in social work students from a frequency and severity standpoint suggests that schools of social work and employers of social workers may need to address the long term consequences of social workers' negative physical and mental health outcomes as a result of ACEs in childhood. Social work programs at colleges may want to screen incoming students for ACEs and offer support and resources for those students who have ACEs scores above four, which is generally correlated with a greater likelihood of adverse health habits like smoking as well as adverse health conditions such as depression and suicide (Felitti, 2002). Support for students such as promoting social connections, building college communities that support health, a focus on the processing of childhood trauma, and even offering professional therapeutic services to college students could help facilitate success in addressing health issues during students' education years. Working on, addressing, and treating childhood trauma during students' college years could serve in helping them healthfully and successfully transition into social work employment after graduation.

Organizations that hire and employ social workers may also consider screening employees for ACEs and offer support in the workplace such as self-care awareness and policies, training on skills to cope with life's challenges and stressors, and even therapeutic interventions that can improve health outcomes. A study published in 2016 found that Cognitive Behavioral Therapy improved mental health and reduced health-risk behaviors in adults with a history of ACEs.

The study also reported that mindfulness-based therapies and expressive writing therapies were shown to have positive effects on health outcomes (Korotana, et al., 2016).

Future Studies

It has been established that future studies conducted on ACEs and the correlation between ACEs and well-being in college students would benefit from having a larger and more diverse set of participants. In addition, there would be great benefit in surveying and gathering ACEs and well-being survey data from a control group of non-social work students. This would provide a benchmark of ACEs and well-being scores for an independent group of college students who are not in the social work field and allow the researchers to compare and contrast the scores of the social work group to the independent group to see what impact ACEs have on each of the two groups and explore why these differences occur.

A study which takes into account the ACEs and well-being scores of currently employed social workers might also be helpful in establishing social work policy in the workplace. It has been established that college students in social work programs experienced a higher number of ACEs as compared to the general population. We may surmise that these findings will also carry over into the professional field of social work. Thus, it is important to consider the ramifications of these higher ACEs numbers on the health and well-being of employed social workers. A study with a focus on issues such as mental

wellness, physical health and wellness, and employee well-being while looking through the lens of childhood ACEs could provide valuable insight on helping organizations offer support and resources for achieving optimal health and wellness for frontline social workers. Social workers who are mentally, emotionally, and physically healthy would be in the best position to help their clients in the workplace.

Conclusion

In conclusion, this study explored the connection between ACEs and well-being in social work students. The findings suggest that social work students may experience higher ACE scores compared to the general population. The results of the WEMWBS well-being score revealed that there were no significant differences in the connection between ACE scores and well-being. The findings suggest social work students seem to be able to manage the trauma that they have experienced in the past. Due to the nature of the field of social work, perhaps the students were more likely to be exposed to coping strategies to manage their childhood trauma. As college students, they may also have more opportunities to join support groups and counseling services through the university. Supporting college students through screenings for ACEs can help them recognize the possible impact of childhood trauma in their lives and open up opportunities to seek out support. By adopting healthy, self-care methods to increase well-being in their lives, the mental health of the students in their future

careers as well as their future clients will benefit from the support in their college years.

APPENDIX A

INSTITUTIONAL REVIEW BOARD LETTER

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2021-172

Carolyn McAllister Delacey Sarah Kim, Geraldine Lin Mclean
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Carolyn McAllister Delacey Sarah Kim, Geraldine Lin Mclean:

Your application to use human subjects, titled “THE IMPACT OF ADVERSE CHILDHOOD EXPERIENCES IN SOCIAL WORK STUDENTS ” has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at https://www.csusb.edu/academic-research.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

Important Notice: For all in-person research following IRB approval all research activites must be approved through the Office of Academic Research by filling out the Project Restart and Continuity Plan.

- **Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.**
- **Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.**
- **Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.**
- **Submit a study closure through the Cayuse IRB submission system once your study has ended.**

APPENDIX B

ADVERSE CHILDHOOD EXPERIENCES QUESTIONNAIRE

Adverse Childhood Experiences Questionnaire

Adverse Childhood Experiences (ACEs) Questionnaire

While you were growing up, prior to your 18th birthday:

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? ____Yes ____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?
____Yes ____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? ____Yes ____No

4) Did you often feel that … No one in your family loved you or thought you weren't important or special? or Your family didn't look out for each other, feel close to each other, or support each other?
____Yes ____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?
____Yes ____No

6) Were your parents ever separated or divorced?
____Yes ____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?
____Yes ____No

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

9) Was a household member depressed or mentally ill or did a household member attempt suicide?
____Yes ____No

10) Did a household member go to prison?
____Yes ____No

Adverse Childhood Experience (ACE) questionnaire retrieved from: Centers for Disease Control and Prevention, 2020; Felitti, 1998

APPENDIX C

WARWICK EDINBURGH MENTAL WELL-BEING SCALE

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) Below are some statements about feelings and thoughts. Please tick the box that best describes you experience of each over the last 2 weeks.					
STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

APPENDIX D

DEMOGRAPHIC SURVEY

Demographics:

Demographics Age: ___18-25 ___26-35 ___36-45 ___46-55 ___56-65
___65 and older

Gender: ___Male ___Female ___Non-binary gender ___Prefer not to say

Ethnicity: ___Caucasian/White ___Hispanic/Latino ___African American

___American Indian or Alaska Native ___Asian/Asian American

___Native Hawaiian or Pacific Islander ___Bicultural or more than one ethnicity

___Other Ethnicity ___Prefer not to say

Current Social Work Program:

___BSW program ___MSW program

APPENDIX E

DEBRIEFING STATEMENT

The Impact of Adverse Childhood Experiences on Social Work Students Debriefing Statement

This study you have just completed was designed to investigate the impact of Adverse Childhood Experiences (ACEs) on social work students.

The reason for conducting the research is to address if there is a connection between ACEs and well-being among social work students. Participation in this research is voluntary. You can obtain the results of the study by contacting the researchers through the provided email. You may also contact the researchers if you have any questions or need additional information. If you have experienced any distress recalling past instances of psychological or physical trauma as you participate in the research, additional information for emergency hotline numbers and counseling services are available below.

- Crisis Text Line: Text HOME to 741741 to connect with a crisis counselor 24 hours a day, seven days a week.

- 6 HELPline, a free confidential crisis/suicide intervention service. Please contact: (951) 686- HELP (4357).

- CSUSB Counseling & Psychological Services. Please contact: (909) 537-5040. M-F 8:00-4:30pm. Phone support is available after hours.

Thank you for your participation and for not discussing the contents of the decision question with other students. If you have any questions about the study, please feel free to contact Delacey Kim, Gerry McLean, or Professor Carolyn McAllister at 909-537-5559. If you would like to obtain a copy of the group results of this study, please contact Professor Carolyn McAllister at 909-537-5559 at the end of the Fall Semester of 2022.

APPENDIX F

INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the effect of Adverse Childhood Experiences (ACEs) on students' health and well-being. The study is being conducted by Gerry McLean and Delacey Kim, both graduate students, under the supervision of Dr. Carolyn McAllister, Associate Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of the study is to examine the effect of ACEs on students' health and well-being.

DESCRIPTION: Participants will be asked ten questions about common adverse experiences that occur in early life, some questions on their levels of well-being, and some demographic questions.

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 5 to 10 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.

CONTACT: If you have any questions about this study, please feel free to contact Dr. McAllister at cmcallis@csusb.edu

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (http://scholarworks.lib.csusb.edu/) at California State University, San Bernardino after July 2022.
****

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document, and agree to participate in your study.

_____ _____

Place an x mark here Date

REFERENCES

Anda, R. R., Felitti, V.J., Bremner, J.D., Walker, J.D., Whitfield, C.H., Perry, B. D., Dube, S.R., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European archives of psychiatry and clinical neuroscience, 256*(3), 174-186.

Bellis, M. A., Ashton, K., Hughes, K., Ford, K., Bishop, J., and Paranjothy, S. (2015). *Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population.* Cardiff: Public Health Wales. doi:10.13140/RG.2.1.4719.1122

Black, P. N., Jeffreys, D., & Hartley, E. K. (1993). Personal history of psychosocial trauma in the early life of social work and business students. *Journal of Social Work Education*, *29*(2), 171.

Boynton Health Service. (2015). Health and health-related behaviors, University of Minnesota Twin Cities students. Regents of the University of Minnesota. Retrieved from http://www.bhs.umn.edu/surveys/surveyresults/2015/UofMTwinCities_CSHSReport_2015.pdf

Centers for Disease Control and Prevention. (2018). Well-being concepts. https://www.cdc.gov/hrqol/wellbeing.htm

Centers for Disease Control and Prevention. (2020). Adverse childhood experiences (ACEs).

https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

Clarkson Freeman, P. A. (2014). Prevalence and relationship between adverse childhood experiences and child behavior among young children. *Infant Mental Health Journal*, *35*(6), 544–554. https://doi.org/10.1002/imhj.21460

Collins, S., Coffey, M., & Morris, L. (2010). Social work students: Stress, support and well-being. *British Journal of Social Work, 40*(3), 963-982.

Council on Social Work Education. (2020). Social work education at a glance. Retrieved December 07, 2020, from https://www.cswe.org/Students/Prepare-for-Your-Career/Social-Work-At-A-Glance

Felitti V. (2002). The relation between adverse childhood experiences and adult health: Turning gold into lead. *The Permanente journal*, *6*(1), 44–47.

Felitti, V. (2019). Origins of the ACE study. *American Journal of Preventive Medicine, 56*(6), 787-789.

Felitti, V., Anda., R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M., & Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences study. *American Journal of Preventive Medicine, 14*(4), 246-258. https://doi.org/10.1016/s0749-3797(98)00017-8

Hemy, M., Boddy, J., Chee, P., & Sauvage, D. (2016). Social work students 'juggling' field placement. *Social Work Education*, *35*(2), 215–228. https://doi-org.libproxy.lib.csusb.edu/10.1080/02615479.2015.1125878

Karatekin, C, Ahluwalia, R. (2020). Effects of adverse childhood experiences, stress, and social support on the health of college students. *The Journal of Interpersonal Violence*. *Vol. 35*(1-2):150-172. doi: 10.1177/0886260516681880

Korotana, L. M., Dobson, K. S., Pusch, D., & Josephson, T. (2016). A review of primary care interventions to improve health outcomes in adult survivors of adverse childhood experiences. *Clinical psychology review*, *46*, 59–90. https://doi.org/10.1016/j.cpr.2016.04.007

McGavock, L., & Spratt, T. (2012). Prevalence of adverse childhood experiences in a university population: Associations with use of social services. *British Journal of Social Work, 44*(3), 657-674

National Association of Social Workers. (2017). NASW code of ethics. Retrieved May 1, 2020, from https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

Perry, B.D. (1999). Bonding and attachment in maltreated children: Consequences of emotional neglect in childhood. *CTA Parent and Caregiver Education Series. Volume 1*(3), 1-10. Child Trauma Academy Press.

Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States. *Child Abuse & Neglect*, *86*, 178–183. https://doi.org/10.1016/j.chiabu.2018.09.018

Rompf, E.L. & Royse, D. (1994). Choice of social work as a career: Possible influences. *Journal of Social Work Education, 30*(2), 163-171. https://doi-org.libproxy.lib.csusb.edu/10.1080/10437797.1994.10672227

Russel, R., Gill, P., Coyne, A., & Woody, J. (1993). Dysfunction in the family of origin of MSW and other graduate students*. Journal of Social Work Education, 29*(1), 121-129.

Smyth J. M., Hockemeyer, J. R., Heron, K. E., Wonderlich, S. A., Pennebaker, J. W. (2008). Prevalence, type, disclosure, and severity of adverse life events in college students. *Journal of American College Health. Jul-Aug;57*(1):69-76. doi: 10.3200/JACH.57.1.69-76

Thomas, J. (2016). Adverse childhood experiences among MSW students. *Journal of Teaching in Social Work, 36*(3), 235-255.

Turner, F. J. (2017). *Social work treatment: Interlocking theoretical approaches* (Sixth ed). Oxford University Press.

U.S. Bureau of Labor Statistics. (2020). College enrollment and work activity of recent high school and college graduates' summary. Retrieved from https://www.bls.gov/news.release/hsgec.nr0.htm

U.S. Department of Health and Human Services. (2020). Adverse childhood experiences. Retrieved from

https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/ace/

Windle, M., Haardörfer, R., Getachew, B., Shah, J., Payne, J., Pillai, D., & Berg, C. J. (2018). A multivariate analysis of adverse childhood experiences and health behaviors and outcomes among college students. *Journal of American College Health*. *66*(4), 246–251. https://doi.org/10.1080/07448481.2018.1431892

ASSIGNED RESPONSIBILITIES

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Joint effort: Delacey Kim and Geraldine McLean

2. Data Entry and Analysis:

Joint effort: Delacey Kim and Geraldine McLean

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Joint effort: Delacey Kim and Geraldine McLean

b. Methods

Joint effort: Delacey Kim and Geraldine McLean

c. Results

Joint effort: Delacey Kim and Geraldine McLean

d. Discussion

Joint effort: Delacey Kim and Geraldine McLean