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ADVERSE CHILDHOOD EXPERIENCES AND LIFE OUTCOMES AMONG SOCIAL WORKERS

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SOCIAL WORKERS

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

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In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

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by

Kazandra Dominique Farrell

May 2022

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ABSTRACT

Adverse Childhood Experiences (ACEs) constitute a public health threat by increasing the risk of chronic health conditions in adulthood. This study asked two relevant questions: 1) How do social workers with a history of adverse childhood experiences deal with ACEs-related trauma? 2) What are factors influencing social workers' response to adverse childhood experiences-related trauma? Embracing a mixed-methods research approach, this study recruited a sample of 35 social work professionals (N = 36). Spearman Rho Correlation and Mann-Whitney U Test results show no statistically significant relationships between age, gender, ethnicity, education, social work experience and impact of social work on personal life. Meanwhile, qualitative results indicate that the social work profession has helped people cope with and overcome ACE-related traumas. Five subthemes—a desire to help others, a sense of belonging in social work, positive experiences with social work, discovery of new coping strategies, a finding a new purpose in life—support this claim. Implications of these findings for theory, research, and social work practice are discussed.

Keywords: adverse childhood experiences, mixed-methods research, Erikson's Theory of Psychosocial Development, John Bowlby's Attachment Theory, social work

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER ONE:

PROBLEM FORMULATION

The Scope of the Problem

Adverse childhood experiences (ACEs) contribute to future violence victimization and perpetration. ACEs are a threat to individuals by causing chronic health conditions, mental illnesses, and substance use in adulthood, in addition to influencing educational and employment opportunities in the United States. ACEs being defined as child maltreatment, household dysfunction, (Centers for Disease Control & Prevention [CDC], 2020), poverty, grief, and neighborhood crime (Sacks et al., 2014). According to the Centers for Disease Control & Prevention, ACEs serve as a graded dose-response relationship with negative outcomes associated with health and well-being, further, as the amount of ACEs one has experienced so does the negative effects of ACEs (CDC, 2020).

Approximately sixty-one percent of adults who were surveyed across twenty-five states confirmed experiencing at least one ACE, with every one out six individuals experiencing at least four or more ACEs (CDC, 2020). Across the United States approximately half of the children have experienced one or more ACEs (Sacks & Murphey, 2018). One in ten children across the United States have experienced three or more ACEs, further presenting as high risk experience (Sacks & Murphey, 2018). Children continue to have adverse experiences as children are experiencing one or more ACEs with sixty-one percent being among

non-Hispanic Black children, fifty-one percent being among Hispanic children, forty percent being among non-Hispanic white children, and twenty-three percent being among non-Hispanic Asian children. In all regions, the ACE is the lowest among Asian non-Hispanic children and, in a majority of regions, is highest among black non-Hispanic children (Sacks & Murphey, 2018).

<p style="text-align:center">Interventions</p>

There have been many interventions to address Adverse Childhood Experiences (ACEs). These interventions entail programs that enhance the community, including Head Start and early Head Start, the Child and Adolescent Health Measurement Initiative (CAHMI), the HOPE Framework, the Robert Wood Johnson Foundation (RWJF), the Building Community Resilience (BCR), the Self-Healing Community Model, the Philadelphia ACE Task Force (PATF), and the Community and Public Well-Being Model. A synthesis of each of the interventions is provided below.

<u>Child and Adolescent Health Measurement Initiative</u>

Child and Adolescent Health Measurement Initiative (CAHMI) is a program that advocates for early and lifelong health through the utilization of data that focuses on children/families. CAHMI emphasizes the importance of health, monitoring through monitoring performance and improvements. This is done through defining, assessing and improving the quality of health care and

advancing policies and practices that are consumer/data centered. CAHMI emphasizes the importance of child health and seeks advancement for child health through developing tests and distributing data associated with child health/health care quality. CAHMI promotes maintaining efficient measurement, communication and improvements (2021).

The Robert Wood Johnson Foundation

The Robert Wood Johnson Foundation (RWJF) aims to reduce how trauma affects children's health and assist children in thriving through adverse experiences. The RWJF works collectively and supports CAHMI. In addition, the RWJF supports a variety of policies that aid in preventing ACEs, and contributes to helping families respond to these experiences. These policies consist of: paid family leave, guided home visits that assist in ensuring caregivers have the time, knowledge, and resources needed to support the children, improving the access and quality of early education, and establishing more impactful communities. RWJF's overall goal is to see that individuals live longer, healthier lives by improving the health and health care of those individuals (2017).

Head Start and Early Head Start

Head Start and Early Head Start are strategic interventions that aid in improving children's lives. With these programs in place, children are provided comprehensive services that improve skills associated with school readiness,

cognitive functioning, and health. These programs also aid in social and

emotional development within children. Head Start and Early Head Start

programs emphasize the enhancement of children's lives and seek to build

uplifting and long lasting change within families, potentially establishing

community well-being and social cohesion (Beckmann, 2017).

The Health Outcomes from Positive Experiences Framework

The Health Outcomes From Positive Experiences (HOPE) Framework

concentrates on promoting positive childhood experiences that fall within four

categories. These categories being: supportive relationships, thriving

environments, opportunities for social engagement, and learning social/emotional

competencies. Positive childhood experiences lead to healthy development. Key

components in regards to child development are categorized biological, social,

and environmental factors which affect health trajectories and vulnerabilities.

Further, the HOPE Framework also works towards mitigating the outcomes

related to ACEs. The HOPE framework's overall goal is to achieve positive

physical, cognitive, social, and emotional child health outcomes through positive

experiences (Sege & Browne, 2017).

The Building Community Resilience

The Building Community Resilience (BCR) model focuses on building

community resilience. This is done through the exploration of issues and

facilitating collaborative systems to assist in creating a more resilient community. In addition, the BCR Model aims to reduce damage caused by the health care systems (Ellis & Dietz, 2017).

The Self-Healing Community Model

The Self-Healing Community Model worked towards developing strong networks that enhanced communities in Washington. This model utilized data to determine how to best focus efforts and learn from said efforts to determine what was working well within the community. The Self-Healing Community Model assisted in reducing health and social problems within the community. The Self-Healing Community Model empowered leadership to consider the standpoint of all individuals, further establishing hope for the children in this society (Porter et al., 2016; Porter et al., 2017).

The Philadelphia ACE Task Force

The Philadelphia ACE Task Force (PATF) is a community based team centered in Philadelphia that is composed of health care providers, researchers, community-based organizations and public sector representatives. PATF is a platform for professionals to voice concerns pertaining to childhood adversity and the effects of childhood adversity in Philadelphia. The PATF devised a research agenda based on ACEs further developing knowledge working with individuals who have endured ACEs. The PATF hoped to exemplify the ACEs framework to

create productive new relationships which potentially resulted in positive outcomes in relation to ACEs. The Task Force will continue to reflect on how the task force is capitalizing on the ACE framework to establish a more healthy and resilient community (Pachter et al., 2017).

The Community and Public Well-being Model

The Community and Public Well-being Model was centered on the overall well-being and resilience of the community. The Community and Public Well-being Model impacts the cause and effects of ACEs through community efforts, and trauma-informed care. This model promotes the creation of individual and community resilience despite interference of brain development and behaviors as a result of trauma (Ford, 2017).

Purpose, Rationale, and Significance of Study

The purpose of this study is to explore the impact of ACEs among social workers in efforts of establishing what allows their trajectories to shift into a more positive dynamic. This study will attempt to address the following related questions:

1. How do social workers with a history of adverse childhood experiences deal with ACEs-related trauma?

2. What are factors that influence social workers' response to adverse childhood experiences-related trauma?

This paper serves as an ethical obligation to address a social problem as there is not yet a study that proposes a counter ACEs test. Per the National Association of Social Workers,

> The primary mission of the social work profession is to enhance human well- being and help meet basic human needs of all people, with particular attention to the needs and empowerment of people who are vulnerable, oppressed, and living in poverty. A historic and defining feature of social work is the profession's dual focus on individual well-being in a social context and the well-being of society. Fundamental to social work is attention to the environmental forces that create, contribute to, and address problems in living. (National Association of Social Workers [NASW], 2017)

With that being said, there are environmental forces that need observing within this study in order to create social change. Further, the overall objective of this study is to provide a guide that aids in the development of such tests by observing how social workers have endured ACEs and shifted trauma into growth.

This study has the potential of aiding individuals on a micro level as the study has the capability of providing insight on how to best work with clients regarding self-perceptions or experiences. In addition, this study has the potential of aiding individuals on a mezzo level as the study has the capability of implementing preventative measures into the school systems and communities.

Further, this study has the potential of aiding individuals on a macro level as the study has the capability of aiding in the development of a counter ACE study in efforts of gaining more knowledge on how to prevent the impacts of trauma.

CHAPTER TWO:

LITERATURE REVIEW

Introduction

In this chapter, there is an overview and examination of prior research

conducted on Adverse Childhood Experiences. This chapter will include a

synthesis of related literature, limitations of existing studies, and a synthesis of

theoretical perspectives guiding this research, inclusive of *Erikson's Theory of*

Psychosocial Development and John Bowlby's Attachment Theory. The final

section serves as a critical analysis of these theoretical perspectives guiding this

research utilizing Rigaud Joseph and Mark J. Macgowan's Theory Evaluation

Scale (TES).

Synthesis of the Literature

There has been a limited amount of literature that has analyzed the effects

of Adverse Childhood Experiences through a critical lens. With that being said,

there is not a significant amount of research pertaining to ACEs and those in the

helping profession. This paper seeks to elaborate on current and future studies to

enhance the overall service of social workers.

Esaki and Larkin (2013) explored the influences of trauma among Child

Service Providers. This was done so through quantitative methods via email

survey within the age ranges of twenty-two to sixty-eight. Ninety-four of three

hundred and sixty employees were participants in this study. Esaki and Larkin

(2013) do not utilize specified theorists in this observation, however; examine secondary traumatic stress, vicarious trauma, and compassion fatigue. In Esaki and Larkin's findings, Esaki and Larkin established a high prevalence of ACEs among a portion of individuals employed through child services.

Steen et al. (2021) assessed the prevalence and scope of ACEs among Social Worker. This was done so through quantitative methods via a survey of 5,540 licensed social workers among 13 states. The key findings consisted of discovering that a social workers' mean ACE score is a 2.1, following that 23.6% of social workers report exposure to more than four or more ACEs. Steen et al. (2021) do not utilize specified theorists in this observation, however; examine in depth the establishment of the ACEs Study.

Howard et al. (2015) observed the relationship between ACEs, resilience, work environment and professional quality of life among child welfare professionals. This was done so through quantitative methods via a questionnaire distributed among 192 professionals among 48 organizations that provide a variety of services for children who are in the foster care system. The key findings consisted of high prevalence of ACEs among child welfare professionals. This study also emphasizes that the traumatic events individuals endure induce feelings of helplessness and lack of control. In addition, this study suggested that child welfare workers who may have experienced ACEs enter the helping profession given the development of authority and control over situations similar to the ones these individuals endured in childhood. Further, this study

suggests that a position of strength as these individuals may have a greater sense of empathy and concern for children. Howard et al. (2015) do not utilize specified theorists in this observation, however; examine secondary traumatic stress, secondary trauma effects on work environment, resilience and its importance to the field, and compassion fatigue.

Ashley-Binge and Cousins (2020) observed individual and organizational practices that address social workers' experiences of vicarious trauma. This was done so through systematic review of literature that was peer-reviewed. Articles from 2008-2018 with the terms vicarious trauma, compassion fatigue, and organizational response/interventions were used for the purposes of practice relevance. Ashley-Binge and Cousins (2020) do not utilize specified theorists in this observation, however; examine vicarious trauma, compassion fatigue, organizational response, and organizational interventions. In Ashley-Binge and Cousins' findings, Ashley-Binge and Cousins established that the organizational contribution has a strong impact on vicarious trauma and individual responsibilities.

Newcomb et al. (2017) explored childhood adversity in regard to self-care education for undergraduate social work and human services students. This was done so through mixed methods, qualitative and quantitative methods via an interview with 20 undergraduate students. Newcomb et al. (2017) do not utilize specified theorists in this observation, however; examine childhood adversity and self-care in practice, education and as an assessment. Newcomb et al.'s findings

suggested that students who experienced childhood adversity had a reduced ability to incorporate self-care strategies. Given the reduced ability to incorporate self-care strategies and association to childhood adversity, these students had a considerable disadvantage above those who had appropriate self-care regimens and lacked childhood adversity.

Lee et al. (2017) explored the child welfare profession in regard to adverse childhood experiences, coping techniques, work stress, and self-care. This was done so through mixed methods, qualitative and quantitative methods via separate email surveys. The quantitative data was obtained from a survey sent to 254 child welfare professionals 30 days subsequent to attending a self-care training. The qualitative data was obtained through an additional follow-up survey sent to the same participants. Lee et al. (2017) do not utilize specified theorists in this observation, however; examine adverse childhood experiences, work stress, self-care and coping strategies. Lee et al.'s findings suggested that child welfare professionals have high levels of work-related stress and tend to have negative coping strategies. In addition, there was a correlation among child welfare professionals and adverse childhood experiences. Further, high levels of stress can result in a decline in the service quality. Lee et al. (2017)'s findings emphasize the importance of the workplace needing to find ways to support employees' stress.

Limitations of Existing Studies

The findings in this study have implications for research. In effect, the existing literature is limited in terms of the contribution of social work as a coping mechanism. Most research on ACEs are quantitative (Ashley-Binge & Cousins, 2020; Esaki & Larkin, 2013; Howard et al., 2015; Steen, et al., 2021). That is, there is a lack of studies that explore the experiences of social work professionals regarding their ability to overcome negative events that occurred in their childhood. With few exceptions (e.g., Lee et al., 2017; Newcomb et al., 2017), there is also a lack of focus on mixed-methods research design in the literature. By taking a mixed-methods approach toward understanding coping and recovery from ACE-related traumas, this study extends the literature. The qualitative results are expected to show on how social work values helped study participants cope and overcome past traumatic experiences.

Synthesis of Theoretical Perspectives Guiding this Research

Erikson's Theory of Psychosocial Development and John Bowlby's Attachment Theory were both developed to help understand child development. Erikson and Bowlby's theories potentially offer insight into positive development when faced with traumatic experiences. Further, these theories aid in the development and understanding of Adverse Childhood Experience as the theories explore how childhood trauma impacts the development of an individual.

Erikson's Theory of Psychosocial Development

  In 1959, psychologist and psychoanalyst, Erik Erikson developed a theory of psychosocial development. This theory consisted of eight stages that proposed environmental factors contribute to self-awareness, adjustment, development and self-identity. With that being said, Erikson argued that ego is achieved by encountering goals and challenges within eight stages of development within the cycle of life. Erikson's stages are categorized as two contrary dispositions that need resolving. If resolution is not achieved an individual's mental health development is affected. The eight stages are Trust vs. Mistrust, Autonomy vs. Shame and Doubt, Initiative vs. Guilt, Industry vs. Inferiority, Identity vs. Role Confusion, Intimacy vs. Isolation, Generativity vs. Stagnation, and Integrity vs. Despair. In the stages of Trust vs. Mistrust infants are beginning to develop a sense of trust through the caregiver being able to respond to the infant's needs. In the stages of Autonomy vs. Shame and Doubt, children begin to develop a sense of autonomy, however; if this is hindered in anInitiative vs. Guilt, children are given the opportunity to develop a sense of initiative through social interaction, however; if not successful in doing so the child may experience guilt or self-doubt. In the stages of Industry vs. Inferiority, children begin comparing themselves to one another. In this stage, the child decides to become a productive individual or begins to feel inferior to peers. In the stages of Identity vs. Role Confusion, shame or doubt may be experienced

by the child. In the stages of self-identity is established through experimentation of social roles or confusion may be developed as a result of being pressured to pick an identity or a lack of search for said identity. In the stages of Intimacy vs. Isolation, individuals sustain a strong sense of self to formulate intimate relationships. Those with a lack of self-identity tend to experience loneliness and isolation. In the stages of Generativity vs. Stagnation, individuals develop a positive perspective of generativity or have a strong interest within the self. In the stages of Integrity vs. Despair, self reflection is strong. This is where individuals have a sense of satisfaction for life or dwell on missed opportunities (Batra, 2013).

John Bowlby's Attachment Theory

In 1958, psychoanalyst John Bowlby coined the Attachment Theory. In this theory, Bowlby focused on the bonds developed between individuals possessing long-term relationships. Initially the Attachment Theory was devised in regards to relationships between a child and parent however later transgressed to romantic relationships. This theory possesses several key tenets. With that being said, behaviors associated to bonding are considered adaptive, these behaviors are developed within the early stages in life, these bonds are not inherent as children seek a primary attachment figure, infants tend to form a hierarchy of bonds based on those infants seek proximity and support to those they do not prefer, this attachment is formed based on the amount of

support an infant feels, this level of support serves as a guide to future social interactions, and consistent separation from those individuals are bonded with can prevent the development of adaptive relationship behaviors (Bowlby & Ainsworth, 2013).

Critical Analysis of Theoretical Perspectives Guiding this Research

Utilizing Rigaud Joseph and Mark J. Macgowan's Theory Evaluation Scale (TES), a critical analysis of the Attachment Theory and Erik Erikson's Psychosocial Development Theory can be completed in an objective manner. This scale is devised of a total of nine criterias, inclusive of coherence, conceptual clarity, philosophical assumptions, historical roots, testability, empirical support, boundaries, client context, and human agency within the environment. Cohesion is best defined in this theory as the smoothness and integration of ideas that are categorized and defined. Conceptual clarity is best defined in this theory as the overall understanding of the theory, further ensuring the theory's argument and direction of practice are clear and concise. Philosophical assumptions are best defined in this theory as clear explanation in regards to its axiological (branch of philosophy in which the study of principles and values are taken into consideration), ontological (branch of philosophy in which the study of existence is taken into consideration), epistemological (branch of philosophy in which the limits of human knowledge are explored), and methodological (branch of philosophy in which the study of philosophy is

observed) connections. Historical roots are best defined in this theory as the development and history of the theory. Testability is best defined in this theory as having a testable hypothesis that can potentially contribute to future research. Empirical support is best defined in this theory as theories being able to be tested and proven false through empirical evidence. Boundaries are best defined in this theory as disclosure of the theories' limitations and competencies. Client context is best defined in this theory as how the theory takes into consideration the theory in comparison to how individuals interact with those within an individual's environment. Human agency within the environment is best defined in this theory as recognition of individuals as active agents within the environment. With there being nine criterias for this theory, each criteria is scored by a maximum of five points, meaning the highest possible score for a theory is forty-five and the lowest possible score being nine. Scores ranging from 1-10 are poor, 10-19 are fair, 20–29 are good, and 30–45 are excellent (Joseph & Macgowan, 2019).

Under the TES, Attachment Theory scored highest in coherence, conceptual clarity, and historical roots. The theory remained above average in testability and empirical support. Further, this theory reaches the score of three in philosophical assumptions. However, the theory scored below average with a score of two in boundaries, human agency within the environment and client context. Overall, the theory generated a score of 32, which means the theory is of excellent quality (see Table 1 below). Similarly, Erik Erikson's Psychosocial Development Theory scored highest in coherence, conceptual clarity, and

historical roots. However, this theory reached the score of three for philosophical

assumptions, testability, and boundaries, and scored below average with a score

of two in empirical support, client context, and human agency. Overall, the theory

generated a score of 30, indicating an excellent quality (see Table 1).

Table 1.

Critical Analysis of the Attachment Theory and Erik Erikson's Psychosocial Development Theory with Joseph & Macgowan's Theory Evaluation Scale

Criteria	Description	Score	
		AT*	*EPDT***
1	The theory has coherence.	5	5
2	The theory has conceptual clarity.	5	5
3	The theory clearly outlines and explains its 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.	4	3
6	The theory has been critically tested and validated through empirical evidence.	4	2
7	The theory explains its boundaries or limitations.	2	3
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		32	30

Theory quality based on overall TES score: Excellent for AT
Theory quality based on overall TES score: Excellent for EPDT

*Attachment Theory
** Erikson's Psychosocial Development Theory

CHAPTER THREE:

METHODS

Introduction

In this section, an account of the methods and procedures made throughout this study were made to support how this study was conducted. Further, this chapter seeks to explain protection of human subjects, research design, sampling, data collection instruments and procedures, study variables, and data analysis.

Protection of Human Subjects

Subjects of this study remained unknown throughout the study. The researcher of this study made the protection of human subjects a priority. Participants were informed that denying consent would terminate qualifications of the completion of the survey. In addition, participants were informed of the extent of the research study, the purpose of the research study and reasons for conducting the specific research before participation. Further, surveys containing confidential information were deleted or had answers omitted and redacted prior to publication. Appropriate measures were taken aligned with COVID-19 precautions for any face to face communication for this study, inclusive of social distancing, abiding by mask and CDC guideline limiting further spread of the pandemic. In addition, this study attempted to limit in-person contact through the use of an online survey utilizing Qualtrics. The California State University San

Bernardino Institutional Review Board approved this study during the academic year of 2021-2022.

Research Design

The researcher used a mixed methods approach, inclusive of quantitative and qualitative methods, in assessing ACEs in relation to those who are within the field of social work. Further, the mixed methods approach within this design allowed for open-ended and close-ended responses, allowing participants to contribute individual thoughts, versus limiting individuals' answers especially pertaining to childhood trauma. The qualitative methods approach was descriptive in design. With the limited research regarding social worker's response to ACEs, the qualitative design allowed individuals to identify barriers, provide insight, and future feedback for individuals addressing ACEs. Hence, the design in this study is also exploratory. Limitations of the qualitative research approach include subjectivity and lack of generalization (Grinnell & Unrau, 2013; Royse, 2017), as participants may be reluctant to include as much information as possible within the open-ended questions. A disclaimer requesting as much related and relevant information as possible was requested within the surveys.

Sampling

This study used non-probability sampling, inclusive of purposive sampling and snowball sampling, of individuals who have a social work background and a

history of adverse childhood experiences. The researcher reached out to social

workers within the practice, who then reached out to other social workers within

the practice. Further, the selection criteria included area of expertise, populations

served, level of education, and age. With that being said, participants must be 18

years or older. The researcher recruited social workers within the United States

through social media sites such as social work Facebook, Twitter, Instagram, and

TikTok groups, and through snowball techniques. Prospective respondents within

the researcher's network were contacted by email, phone and through the use of

a flier. In addition, the final sample comprised of 36 participants (N = 36).

Data Collection Instruments and Procedures

Responses from participants were collected through the use of Qualtrics

Surveys, which consisted of demographic, open-ended questions, and closed-

ended questions. The demographic questions consisted of several variables:

gender, race/ethnicity, education level, and current employment. The survey

questions aligned with the nature of the study. The questions in the survey

focused on ACEs, using appropriate wording and scaling tactics. The survey

questions were developed specifically for the purposes of this study and were

modified under the direct supervision of the research supervisor. The researcher

advertised this study through reaching out to those within the present social work

profession and allowing those individuals to assist in the recruitment process.

The surveys were targeted to reach the specific population of social workers who

have ACEs to better understand the impact that ACEs have on social workers in efforts of establishing what allows these individual's trajectories to shift into a more positive dynamic. The researcher were also connected to professional contacts through known networks and through current employment within the field of social work. In addition, the researcher requested that the participants of the study recruit other individuals in the field of social work to also participate in the survey in attempts of gathering more data.

Sensitizing Concepts

- Adverse childhood experience: Any incident taking place during childhood and which negatively impacts the life of a person.
- Social workers: In this study, social workers refer to people with or without a degree in social work who are employed by a social service organization and embrace the values of the social work profession by providing direct service to vulnerable populations.

Study Variables

The quantitative portion of this study has one dependent variable: the influence of social work on participants' ability to cope with or overcome ACE-related traumas. The dependent variable carried a scale level of measurement, with possible values between 1 and 10. There were two independent variables measured at the scale level as well: overall satisfaction with childhood and

number of ACEs during childhood. The demographic characteristics served as control variables. All of these variables were binary, with values of 1 = Under 40 and 2 = 40 or more for age; 1 = Female and 2 = Male for gender; 1 = Hispanic and 2 = Non-Hispanic for Hispanicity; 1 = Master's Degree in Social Work or Related Field and 2- Less than Master's Degree in Social Work or Related Field for education level; 1 = 1- 10 years or more and 2 = Less than 10 years for years of social work experience; and 1 = Not so good and 2 = Good Childhood for overall satisfaction with childhood.

Data Analysis

Considering the mixed-methods nature of this study, the researcher ran two separate analyses: one for the quantitative and one for the qualitative data. Given the small sample size (N =36), normal distribution was not guaranteed. Therefore, the researcher took the non-parametric route to determine with the quantitative data. In particular, the researcher performed Spearman Rho Correlation to assess for possible association between the independent variables (number of ACEs and satisfaction with childhood) and the dependent variable (impact of social work on personal life). In addition, the researcher ran Mann-Whitney U Test to determine possible relationships between the binary control variables and the continuous dependent variable. The analysis was done through the Statistical Package for the Social Sciences (SPSS, Version 28.0).

24

CHAPTER FOUR:

RESULTS

Frequency Distributions

Table 2 displays the demographic characteristics of the study participants. Almost half of the participants (44.4%) reported being Hispanic, and the other half being Non-Hispanic (55.6%). In terms age, nearly half (41.7%) of the respondents were 40 years of age or older, and the other half (58.3%) of the respondents were younger than the age of 40. The vast majority of the participants (94.4%) identified as female. As for education level a little over half (55.6%) of the participants reported having less than a master's degree in social work or a related field, while the remainder (44.4%) of the participants reported having a Master's Degree in Social Work or a related field. In regards to years of experience in the field of social work a majority (69.4%) of respondents had less than 10 years of experience in social work whereas the remainder (30.6%) of respondents had 10 years of experience or more in the field of social work.

Table 2.

Demographic Characteristics of the Sample (N = 36)

Variables	N	%
Hispanicity		
Hispanic	16	44.4
Non-Hispanic	20	55.6
Age		
Under 40	21	58.3
40 and Over	15	41.7
Gender		
Male	2	5.6
Female	34	94.4
Education Level		
MSW or related graduate degrees	16	44.4
Less than MSW or related graduate degrees	20	55.6
Years of Experience in Social Work		
10 Years or More	11	30.6
Less than 10 Years	25	69.4
* Master of Social Work		

Results

Quantitative Results

Table 3 presents asymptotic significance results for the relationship

between the demographic variables and the dependent variable in Mann-Whitney

U Test. As exhibited in the table, age, Hispanic ethnicity, gender, education, and

social work experience did not correlate with impact of social work on personal

life at the statistical significance level. With alpha (α) values exceeding 0.05,

none of these predictors was associated with the dependent variable.

26

Table 3.

Relationship Between Demographic Variables and Impact of Social Work on Personal Life in Mann-Whitney U Test (N = 36)

Variables	2-tailed α*	Z-Score
Age	.920	-.100
Hispanicity	.268	-1.107
Gender	.099	-1.649
Education	.817	-.231
Social work experience	.845	-.196
*Alpha level (p < .05)		

Table 4 displays the Spearman Correlation Test results for impact of social work on personal life in relation to overall satisfaction with childhood and number of ACEs during childhood. In both cases, there was no statistically significant correlation between the variables. In fact, there was not enough evidence to suggest a correlation between overall satisfaction with childhood and impact of social work on personal life r_s (36) = .132, *p* = .442. Neither was there evidence of a correlation between numbers of ACEs during childhood and impact of social work on personal life r_s (36) = .144, *p* = .403.

Table 4.

*Spearman Correlation Test Results for Impact of Social
Work on Personal Life (N = 36)*

Variables	2-tailed α*	r_s
Overall satisfaction with childhood	.442	.132
Number of ACEs** during childhood	.403	-.144

*Alpha level (p < .05)
**Adverse Childhood Experiences

Elsewhere, an important correlation was found between number of ACEs during childhood and overall satisfaction with childhood r_s (36) = .615, *p* < .001. Considering the strength of the correlation between these two variables, the researcher believes that it is important to report this finding. However, readers must understand that the finding about number of ACEs during childhood and overall satisfaction with childhood is beyond the purview of this study and thus reported for future research purposes only.

Qualitative Results

The qualitative portion of the study attempted to answer the following question: How do social workers with a history of adverse childhood experiences deal with ACEs-related trauma? Thematic analysis of the data yielded one major theme (the impact of social work) and five sub-themes: desire to help others, sense of belonging in social work, positive experience with social work, discovery

of new coping strategies, and new purpose in life. Table 3 presents the themes

that emerged from the data, each of which is described below.

Table 5.

Study Themes

Themes	Description
Major Theme	The social work profession has helped people cope with and overcome ACE-related traumas
Sub-Theme 1	A desire to help others helps cope with and overcomes ACE-related traumas
Sub-Theme 2	A sense of belonging in social work helps cope with and overcome ACE-related traumas
Sub-Theme 3	Positive experiences with social work help cope with and overcome ACE-related traumas
Sub-Theme 4	Discovery of new coping strategies helps cope with and overcome ACE-related traumas
Sub-Theme 5	Finding a new purpose in life helps cope with and overcome ACE-related traumas

Major Theme: The impact of social work. The social work profession has

helped people cope with and overcome ACE-related traumas. Various factors

have contributed to a social workers process of coping with and overcoming

ACE-related traumas. Participating social workers commonly cope through

establishing a desire to help others, finding a sense of belong, positive

experiences with social work, discovering new coping strategies, and finding a

new purpose in life.

Sub-theme 1: A desire to help others. A desire to help others helps cope with and overcomes ACE-related traumas. Social work is a helping profession. In helping others, social workers are able to process their own traumas utilizing learned coping mechanisms. Given those in the social work profession are inclined to help others, it is common for social workers to attempt to resolve their ACE-related trauma through assisting others in resolving their ACE-related traumas. Participants expressed this feeling as follows:

> The innate desire to want to help people in similar situations has motivated me through my own negative experiences. My perspective of my own trauma really shifted.
>
> Love to help people and be successful achieving improvements in their lives.
>
> Being able to help others brings great satisfaction in my life.
>
> It helps to know I can help others in difficult situations.

Sub-theme 2: A sense of belonging. A sense of belonging in social work helps cope with and overcome ACE-related traumas. Some professions create a sense of pride. Based on the data, social work is one of them. Participants have found a niche in social work. Participants reported:

> It has put my personal values and ethics into a career and given me a sense of belonging.
>
> It feels like I belong in the field.

It's been life changing. I get so much satisfaction from my job.

Sub-theme 3: Positive experiences with social work. Positive experiences with social work helps cope with and overcome ACE-related traumas. Social workers who are uplifting have positive effects on clients. Based on the data, these positive effects can allow clients to cope with and overcome their ACE-related traumas. Respondents stated:

I had my son taken away from me at 19 years old; he turned 5 years old in foster care. The consequences devastated our family, but my social worker at that time treated me with dignity and allowed me to get things done. He advocated for me. His ability to be that simple and kind allowed me to do what was needed without impediment or additional shame. I am a social worker giving back in the same way, for the same reason, and to impede severe trauma if it is unnecessary.

Social work has been an impact personally in my life and changed my view of what social work was.

Social workers were always a part of my life, whether it was CPS, medical, jail, or mental health social workers. My life has been touched by every field in social work.

Sub-theme 4: Discovery of new coping strategies. Discovery of new coping strategies helps cope with and overcome ACE-related traumas. Prior to being involved and engaged in the social work profession coping strategies are not always obvious. Being in the social work profession has assisted workers in learning to develop new coping strategies. These strategies have been able to alleviate ACE-related traumas: According to participants:

>I love social work! I feel like it has impacted my emotional and mental wellbeing. I am able to apply self-care to help me manage my wellbeing and attending therapy for myself.

>The knowledge and insight social work provides showed me the signs and factors in a family dynamic that can affect a person. It's helped me reflect on my life and help others.

>Social work has helped me heal past traumas & learn additional coping skills.

>I have gained knowledge and education working in this field and I am able to help and educate families.

Sub-theme 5: Finding a new purpose in life. Finding a new purpose in life helps cope with and overcome ACE-related traumas. Given social work embodies a set of specified values, the social work profession has provided individuals with a different approach to life. Per data, this approach creates a new meaning to these individuals' lives. Respondents stated:

It has given me purpose and it has also exposed me to a diverse

population with varying needs.

My life's mission is to reduce the suffering of individuals and

families attempting to navigate this enormous system.

I think through the lens of social work and my life revolves around

it.

Being a social worker has changed my views on everyday life.

CHAPTER FIVE:

DISCUSSION

This mixed methods research attempted to determine how social workers deal with ACE-related trauma. This study is significant because ACEs constitute a public health threat by increasing the risk of chronic health conditions in adulthood. This study asked two relevant questions: 1) How do social workers with a history of adverse childhood experiences deal with ACEs-related trauma? 2) What are factors influencing social workers' response to adverse childhood experiences-related trauma? Spearman Rho Correlation and Mann-Whitney U Test results show no statistically significant relationships between age, gender, ethnicity, education, social work experience and impact of social work on personal life. Meanwhile, qualitative results indicate that the social work profession has helped people cope with and overcome ACE-related traumas. Five subthemes—a desire to help others, a sense of belonging in social work, positive experiences with social work, discovery of new coping strategies, a finding a new purpose in life—support this claim.

Implication of Findings for Theory

Qualitative findings support that social work has helped with coping and overcoming ACEs-related trauma. The qualitative findings go against the assumptions of Erikson's Theory of Psychosocial Development and John Bowlby's Attachment Theory. In essence, these theories assume that a

disruptive childhood is a recipe for a troubled adulthood. A history of ACEs should therefore be associated will difficulties later in life. The findings in this study, however, demonstrate that social work has help people cope well with past traumatic experiences. This is consistent with the person-in-environment approach so cherished in social work. That is, positive environmental factors can help people turn their lives around after a troubled childhood.

Implication of Findings for Research

The findings in this study have implications for research. In effect, the existing literature is limited in terms of the contribution of social work as a coping mechanism. Most research on ACEs are quantitative (Ashley-Binge & Cousins, 2020; Esaki & Larkin, 2013; Howard et al., 2015; Steen, et al., 2021). That is, there is a lack of studies that explore the experiences of social work professionals regarding their ability to overcome negative events that occurred in their childhood. With few exceptions (e.g., Lee et al., 2017; Newcomb et al., 2017), there is also a lack of focus on mixed-methods research design in the literature. By taking a mixed-methods approach toward understanding coping and recovery from ACE-related traumas, this study extends the literature. The qualitative result on how social work values helped study participants cope and overcome past traumatic experiences is arguably new knowledge.

Implication of Findings for Social Work Practice

Social work is a helping profession that provides people with purpose and a sense of belonging due to their desire to help. On a micro level, some social workers may use positive experiences they had in the field of social work to guide their practice within the profession. Others may develop new found coping strategies that assist them in processing past traumas. Social workers can use this study's findings to help them cope with their own trauma. These findings can be utilized by social workers to help clients understand their own traumas as well. In addition, this study's findings may encourage others to join the field of social work. Meanwhile, the findings in this study raise awareness about the detrimental consequences of trauma throughout the lifespan. Child maltreatment (abuse and neglect) and other forms of ACEs can have lasting effects on individuals well into their adulthood. Therefore, this study call on child welfare stakeholders to keep working toward combating all forms of maltreatment against innocent children.

Limitations

This study has several limitations. The first one is related to sample size. In fact, 36 participant was too small for the Quantitative portion of this study. The sample is even more limited considering that the researcher targeted participants from across the country. In addition, face to face interviews were not conducted. Further, the researcher has no control for bias over the responses. Another limitation being diversity within the study as the participants were primarily

female. In addition, this study did not limit the population to social workers with a

degree specifically in social work. The study is a cross-sectional design

conducted at one point in time, meaning responses may differ over time. The

quantitative findings are for descriptive purposes only. Therefore, the findings in

this study are not generalized to the whole population.

Recommendations for Future Research

Future research on ACEs should address the aforementioned limitations.

Researchers should make an effort to recruit a bigger sample size and more

participants from various backgrounds. More specifically, researchers should

focus on bringing in more male participants. Face to face interviews would be

desirable, especially with the lifting of COVID-19 restrictions. The researcher to

focus on finding the relationship with the number of ACEs in childhood and

overall satisfaction of childhood. Future researchers may also seek why the

social work profession serve as a buffer against trauma. That would mean a

focus on participants with a social degree only.

APPENDIX A:

IRB APPROVAL

October 18, 2021

CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2022-101

Rigaud Joseph Kazandra Farrell
CSBS - Social Work, Users loaded with unmatched Organization affiliation.
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Rigaud Joseph Kazandra Farrell:

Your application to use human subjects, titled "Adverse Childhood Experiences and Life Outcomes among Social Workers " 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 weighed the risks and benefits of the study to ensure the protection of human participants.

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. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's COVID-19 Prevention Plan for more information regarding campus requirements.

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.

- **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.**

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2022-101 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

APPENDIX B:

INFORMED CONSENT

CSUSB

WE DEFINE THE *Future*

School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407
909.537.5501 | fax: 909.537.7029
http://socialwork.csusb.edu

INFORMED CONSENT

The study in which you are asked to participate is designed to explore the impact of Adverse Childhood Experiences (ACEs) among social workers in efforts of establishing what allows these social work professionals' trajectories to shift into a more positive dynamic. The study is being conducted by Kazandra Farrell, graduate student, under the supervision of Dr. Rigaud Joseph, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). This study has been approved by the Institutional Review Board, California State University, San Bernardino.

PURPOSE: The purpose of the study is to explore the impact of Adverse Childhood Experiences (ACEs) among social workers in efforts of establishing what allows these social work professionals' trajectories to shift into a more positive dynamic.

DESCRIPTION: Participants will be asked a few questions about their childhood experiences and questions pertaining to how that impacted their choice to be a part of the social work profession.

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

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

DURATION: It will take about 10 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 contribute to gaining more knowledge on how to prevent the impacts of trauma within youth.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Rigaud Joseph via (909) 537- 5507 (office number), (954) 773-6347 (cellphone), or rigaud.joseph@cussb.edu (e-mail).

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.

_____   _____
Place an X mark here   Date

APPENDIX C:

SAMPLE SURVEY

Age

Gender

Ethnicity/Race:

Education Level/Specified Degree:

How many years have you been in the field of Social Work?

What is your Area of Specialization?

Please check all boxes that are applicable prior to the age of 18. As this is a test devised by Kaiser Permanente and the Centers for Disease Control and Prevention to observe the effects of Adverse Childhood Experiences. This test is scored out of 10 as each box represents 1 point.
If you checked 3 or more of the below boxes, please continue the survey.

Emotional abuse or had someone in your home belittle you or put you down often

Physical abuse, resulting in marks and/or bruises

Sexual Abuse

Often feel insignificant/lonely

Neglect/Poverty

Parents Separate/Divorced

Witness to Domestic Violence

Live with an alcoholic or drug addict

Reside with someone mentally ill or suicidal

Have an Incarcerated Household Member

None of the above

On a scale of 1 (lowest) through 10 (highest), how would rate your overall satisfaction with your childhood?

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1 being the lowest and 10 being the highest level of satisfaction

What was your reason for the above score? What would increase this score?

On a scale of 1 (lowest) through 10 (highest), how much has social work impacted your life?

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

1 being the lowest and 10 being the highest level of satisfaction

What was your reason for the above score? What would increase this score?

How does your childhood impact life today in terms of education, family relationships, professionally, mental health, divorce, etc. ?

Lastly, how has your ACE score contributed to you being a social worker?

→

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