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The Relationship Between Adverse Childhood Experiences and Resilience in Social Work

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THE RELATIONSHIP BETWEEN ADVERSE CHILDHOOD EXPERIENCES AND
RESILIENCE IN SOCIAL WORK

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Jazmine Salazar
Margeaux Wilkins

May 2023

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ABSTRACT

High turnover rates continue to plague the field of social work highlighting the need for a new approach. This mixed-method study explores the relationship between the adverse childhood experiences (ACEs) of social workers and their resilience in the field. Quantitative data was gathered from an online survey including demographic information and social workers' ACEs scores. Qualitative data was gathered from interviews relating to social workers' resilience and coping mechanisms employed in the field. The quantitative data was analyzed for any correlations and patterns based on demographic information. A thematic analysis was completed to identify common themes and points of discussion in the collected qualitative data. Significant relationships between participants' gender and their ACE and resilience scores were found. The study also identified a significant relationship between participant's education level and their ACE scores. This study hopes to bring light to a potential area of focus for future research and intervention development aimed at curbing high turnover rates in the social work field and encouraging a supportive work environment for social workers everywhere.

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I want to thank my siblings for the late phone calls and terrible jokes offered to me when needed. Quiero dar las gracias a mis padres por sus sacrificios y todo el apoyo que me han dado. To my roommates and close friends, thank you for the fun distractions and much needed reality checks. To my research partner and one of my closest friends, Margeaux I can't imagine going through this with anyone else, I could not have gotten through these last 3 years without you. To everyone who has offered me a lending hand, a listening ear, or a warm embrace along the way, I thank you. – Jazmine

DEDICATION

Mama, this is for you. You are the strongest, most humble, supportive, and caring person I know. You are my role model and were a big inspiration for me to pursue this path. I hope I make you proud. Thank you for everything you've done for us. Love you. - Margeaux

This is for my family; I hope to inspire you the way each of you inspires me to keep reaching for my dreams. And to all the children of immigrant parents with big dreams for a better life. We're doing it. – Jazmine

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CHAPTER ONE

INTRODUCTION

Problem Formulation

The field of social work is expansive in its reach, and limitless in its value. Social work addresses issues across all ages, populations, situations, and plays a major role in maintaining and enhancing the functioning of society by providing support and assistance to individuals, children, and families. Unfortunately, the field of social work is not immune to internal issues that affect its efficacy. One of the major issues plaguing the field is the lack of successful interventions to combat the high rates of turnover among social workers.

Turnover in the workforce is the rate at which employees leave, or plan to leave, their place of employment, and are then replaced by new employees. Although this may not appear to be a significant issue since existing employees are being replaced, the effects of turnover are costly in more ways than just monetarily. When turnover is high, clients experience significant negative consequences such as loss of emotional connections, delays and/or disruptions in services, continuity of care, and decreases in quality of services; other social workers are given heavier caseloads, impacting their quality of work and service, and creating a toxic, unproductive cycle (Griffiths et al., 2017). According to Casey Family Programs [CFP] (2017), the estimated average national turnover rate in child welfare social work alone is approximately 30%, with the number rising to 46-54% among trainees.

When turnover rates are high, the whole system is negatively impacted. A few contributing factors, both personal and organizational, have been identified in the high turnover rates within the social work field such as insufficient funding, unmanageable caseloads, high levels of stress, peer and management support, organizational culture and climate, and more (McFadden et al., 2015). Collectively, high turnover creates a system that is unable to provide clients with the optimal level of services needed in order to help them achieve the goals set for them (CFP, 2017). Money and time are wasted on hiring and rehiring new social workers as overworked ones leave, rendering the system inefficient and ineffective (United States General Accounting Office [USGAO], 2003). Social work is an essential field that cannot afford to continue functioning at a lowered level of productivity.

Previous studies have primarily focused on the cyclical nature of turnover in the social work field and the systemic issues that contribute to and stem from the cycle (CFP, 2017; Griffiths et al., 2017; Morazes et al., 2010; USGAO, 2003;). Despite the vast amount of literature on the subject, there has been little progress made in finding a successful intervention that significantly impacts the turnover rates. Perhaps a new approach is needed to address this issue, one that shifts the focus from what is wrong, to what is working well and helping social workers succeed in the field.

Recently, adverse childhood experiences (ACEs) have started to gain attention among researchers in the social work arena as their negative effects

have shown to be significant in the adult outcomes of the general population (Felitti et al., 1998). ACEs are negative experiences that occurred in childhood that can have lasting impacts on one's overall health and wellbeing (Felitti et al., 1998). Preliminary findings have shown that social workers, on average, score higher on ACE scales than the general population (Esaki & Larkin, 2013; Steen et al., 2021). Despite the prevalence of ACEs among social workers and the traumatic situations they deal with on a daily basis in the field, there is still a significant number of practitioners that exhibit resilience and remain in the field.

The definition of resilience has been reexamined and revised a multitude of times throughout the years across various fields of work and contexts. Despite the difficulties of coming to an agreement upon one universal definition, two common defining core concepts are found throughout the literature, adversity and positive adaptation (Adamson et al., 2014; Fletcher & Sarkar, 2013). The adversity that social workers face in their everyday work environment can range from high caseloads and unsupportive supervision to threats, violence, public scrutiny, vicarious trauma, emotional exhaustion, and more (Adamson et al., 2014). For the purpose of this study, resilience is defined as "the ability to bounce back or recover from stress (Smith et al., 2008)."

Purpose of the Study

The purpose of this study is to examine the relationship between adverse childhood experiences (ACEs) of social workers and their effects on social

workers' resilience in the field. A major problem in the field is the high turnover rates, which cause disruptions in productivity, impact the quality of services that clients receive, and ultimately weaken the entire system. Although many of the factors impacting turnover are known, including the never-ending cycle created by understaffed facilities, overworked employees, and high turnover rates, the need for interventions that foster, support, and retain resilient social workers is rapidly increasing. The field of social work requires more resilient social workers. Meaning, the social work field needs to foster and support resilient social workers. To support resilient social workers, we must first understand their experience of ACEs and their level of perceived resilience to best support them.

A mixed-methods approach will be utilized to conduct this study involving interviews and surveys for data collection. The study will be focused on collecting data regarding social workers' ACEs and their resiliency. A quantitative survey will be used to collect demographic data, calculate the total number of ACEs that the social workers experienced in their childhood, and calculate their resiliency score based on the Brief Resilience Scale (BRS). A quantitative scale will be modified to create qualitative interview questions to explore social workers' resilience in the field and the coping mechanisms they utilize. A more personal understanding of social workers' resilience and coping mechanisms in the field will better inform intervention development by researchers, employers, and educators to support and empower resilient social workers.

Significance of the Project for Social Work

Limited studies have already been conducted exploring factors that affect social workers' resilience, but no study has yet explored the relationship between social workers' ACEs and their resilience in the field using a mixed-methods approach. This study will explore the ACEs that social workers experienced in their childhood and how those factors affect their resiliency in the field. The study approaches the issue of high turnover in social work through a strengths-based approach that focuses on why social workers remain in the field.

The results from this study can potentially help the field in a multitude of ways. The results will potentially help to identify an area of focus that can be considered in social work education, recruitment, and ongoing support to help increase social workers' success and longevity in the field. This focus is significant because the information collected could potentially impact the way employers encourage and support resilient social workers. The results of this study could also influence necessary changes and interventions that could support and foster more resilient social workers in the field. Ultimately, the goal in conducting this study is to help decrease turnover rates, as well as the quality of services and accessibility provided to the clientele, by learning how to retain more social workers.

The questions this study will address are: What is the relationship between the adverse childhood experiences of social workers and their resilience

in the field? What coping mechanisms do social workers employ once in the field?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of an analysis of research relevant to the field of social work including adverse childhood experiences, resilience, negative consequences of high turnover in social work, and methodological weaknesses. The final section will address Contemporary Trauma Theory, Adult Personal Resilience Theory, and Resilience Theory.

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are experiences, such as emotional, physical, and sexual abuse in childhood, that have been identified as playing a significant role in adult health outcomes (Felitti et al., 1998). More recent studies have explored some benefits that have come from addressing ACEs in the social work field through intervention and prevention strategies for individuals, families, and communities (Larkin et al., 2012; Larkin et al., 2014). Although research has highlighted the benefits gained from addressing clients' ACEs, there is limited research focused on addressing the ACEs of social workers.

Some studies have examined the prevalence of ACEs in social workers and found that the population tends to have higher scores than the general population (Esaki & Larkin, 2013; Steen et al., 2021). Social workers' ACEs have been found to increase their vulnerability to burnout, vicarious trauma, traumatic

stress, and compassion fatigue (Esaki & Larkin, 2013; Newell & MacNeil, 2010). Despite the years of research attempting to curb social work turnover, the high numbers remain the same, which will continue to ring true without a new approach. More attention needs to be placed on addressing social workers' ACEs to help counteract their negative effects in addition to other occupational stressors and ultimately promote success in the field.

Resilience

Due to the increasing high levels of adversity and stress typically found in the social work field, it is imperative that social workers have the ability to cope, respond, and adapt positively to the challenges they face (Grant & Kinman, 2013). According to Grant & Kinman (2013), resilience is not a static characteristic that remains unchanged, rather it is a characteristic that can be developed and enhanced and is generally influenced by personality/individual differences, the environment, and the interaction between the person and environment.

Differences in individual protective factors, such as hardiness, positive emotions, positive affect, self-esteem, emotional intelligence, social competence, and more, have been identified as contributing factors to the varying levels of resilience on the individual level (Fletcher & Sarker, 2013; Kinman & Grant, 2011). At the environmental level, poor organizational structure and culture, level of support from supervisors and colleagues, high caseloads, and more have

been identified as factors that impact social workers' resilience (Adamson et al., 2014; Collins, 2007).

Negative Consequences of High Turnover in Social Work

High turnover generates significant negative consequences for clients, social workers, agencies, and the field of social work overall. Social work clients are possibly the most affected group from high turnover rates as they are in need of assistance and rely on the effectiveness and efficiency of their social worker(s) for important matters, such as children's safety and reunifying families (CFP, 2017; Griffiths, et al., 2017; USGAO, 2003).

Notable studies over the years have identified and tracked the high rates of turnover in social work that have progressed from varying ranges of 30 to 60 percent (Jayaratne & Chess, 1983) to more recent estimates of 20 to 40 percent annually (CFP, 2017; USGAO, 2003). Turnover rates in child welfare social work alone are highest within the first few years after hire, with a range from 20-50% during the first three years and with the average length of employment being less than two years (Chenot, et al., 2009; USGAO, 2003). Although there has been a slight reduction in these numbers, the rates are still remarkably higher than the 10 to 12 percent rate that is considered optimal or healthy for organizational turnover (CFP, 2017). Countless studies have identified various contributing factors that when targeted, help curb turnover in social work however, it is obvious that there is still a need for further research.

Social workers commonly experience high levels of stress and burnout due to the constant turnover, coupled with the already high demands of the job and the associated individual and organizational factors (e.g., workload, coworker and supervisor support, job satisfaction etc.) (e.g., see CFP, 2017 and De Guzman, et al., 2020). Although high turnover may seem to be just an inconvenience to the employing agencies, the implications are greater than that, such as negotiating budget crises, increased costs due to overtime, hiring, and training new staff, and other indirect costs like processing changes, cost of investigation, etc. (CFP, 2017; Child Welfare Information Gateway [CWIG], 2016). Overall, the social service system as a whole is negatively impacted by high turnover as workers are unable to efficiently and effectively meet the needs of their clients, damaging the integrity of the system and its purpose (CWIG, 2016; USGAO, 2013).

Methodological Weaknesses

Despite the plethora of studies that have been conducted on social work retention, the turnover rates remain high. De Guzman et al. (2020), recently published a two-study paper in which they highlighted two common methodological weaknesses used in retention studies throughout the years, the sole focus on employee intent to leave and reflective turnover data. Continuing to focus studies on utilizing these two factors alone to guide retention building intervention strategies is severely limiting and ineffective, as seen by the ceaselessly high turnover rates in the social work field (De Guzman et al., 2020).

Thus, it is pertinent to begin shifting the focus of studies on other factors that may be impacting social workers' retention, to better tailor prevention and intervention strategies. Gathering information as to what makes a social worker more resilient in this field, and why they continue to stay in the field can help researchers better understand where the changes need to be made to encourage social workers to stay in the field. This would shift the focus from what makes social workers leave the field to what allows them to stay.

From the reviewed literature, a damaging cycle can be observed in the relationship between the rate of turnover in social work and the negative factors associated with it. As turnover increases, the associated negative factors increase, and as the negative factors increase, turnover further increases. More research is needed that approaches the subject of turnover in the social work field in a new light if effective interventions are desired. Few studies have focused on other factors that may influence social workers' motivation to join and remain in the field, such as their ACEs and resilience. This study will explore the relationship between social workers' ACEs and their resilience in the field.

Theories Guiding Conceptualization

A few theories used to guide the conceptualization of the ideas in this study are the Contemporary Trauma Theory, Resilience Theory, and Adult Personal Resilience Theory.

The roots of Trauma Theory can be traced back to the late 19th century with Jean Martin Charcot's study of "hysteria" in women and has continued to

grow and expand into the multifaceted field of study that it is today (Ringel, 2012). Although there has not been one agreed upon, specific definition for trauma, as it varies based on the context, focus, and understanding of its impact, there have been three common elements that are found among the various definitions in the literature: an identified event(s), experienced by an individual(s) to be physically or emotionally harmful, and which has lasting effects on the person's functioning (Goodman, 2017). Contemporary Trauma Theory (CTT) provides a theoretical framework that has shifted the perception and treatment of trauma survivors as needing help and healing from the harm that was done to them physically and/or psychologically (Goodman, 2017). One of the central principles of CTT focuses on the long-term effects of trauma on later adulthood. This principle emphasizes the potential for negative long-term consequences of unresolved trauma that can be exhibited in adulthood in various forms such as physical and mental health issues, destruction of intra- and interpersonal capacities, as well as substance use disorders (Banducci et al., 2014; Dye, 2018; Goodman, 2017).

 Garmezy (1987) founded the origins of Resilience Theory by referencing other published works mentioning the invulnerable or invincible child. Resilience theory was adapted from observing and measuring children and adolescents' ability to cope with and overcome trauma. This theory has developed with time and research and now offers various definitions of resilience in different environments and fields of study (Ledesma, 2014). Available research mainly

focuses on child and adolescent development and resilience (Shean, 2015).

Adult Personal Resilience Theory attempts to address the gaps in adult resilience research that the original Resilience Theory does not (Taormina, 2015). Adult Personal Resilience Theory focuses on adult resilience whereas other resilience theories have based their research on adolescent resilience in the face of adversity.

Adult Personal Resilience Theory considers internal factors of resilience, such as a person's determination to survive, ability to endure hardships, ability to adapt, and ability to recover from difficulties (Taormina, 2015). The difference between Adult Personal Resilience Theory and Resilience Theory is instead of just focusing on how people are able to cope with trauma, it also identifies the characteristics of a person that impact their ability to prevent personal problems from transpiring (Taormina, 2015). This theory helps determine internal factors that influence resilience by expanding on previous research and offering a new measure of resilience by introducing a scale based on four components of resilience: determination, endurance, adaptability, and recuperability (Taormina, 2015).

Summary

Ultimately, there is still an obvious need for further research that can inform the development of different approaches to curbing the high turnover rates in the social work field. Existing research has identified the negative contributing factors to, the consequences of, and the longstanding effects of high turnover

rates in the social work field. However, an effective solution has yet to be identified. Studies have demonstrated the long-lasting negative impacts that ACEs can have through adulthood and overall functioning, which may impact social workers at a higher level. To ensure their success and longevity in the field, it is important that social workers' resilience is nurtured on the individual, environmental, and person and environment interaction levels. This study will address the present methodological weaknesses and explore the relationship between social workers' ACEs, and their resilience in the field.

CHAPTER THREE

METHODS

Introduction

This study explored the relationship between social workers' ACEs and their resilience in the field. In addition, the different coping mechanisms that social workers employ to thwart the impact of their ACEs was also explored. This chapter will detail how this study was conducted. The sections included in this chapter are the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study was to expand on existing research by focusing on the relationship between ACEs and a social worker's resilience in the field. This was an exploratory study, considering the limited amount of research focusing on this topic, and the lack of qualitative research to support it. This study aimed to establish the correlation between a number of adverse childhood experiences and resilience in the social work field. This research used a mixed methods approach to obtain quantitative and qualitative data. Existing research in this area focuses on quantitative methods and data. This study introduced a new approach by adding a qualitative interview to obtain detailed responses from participants.

Sampling

This study used purposive sampling because it was only accessible to those in the social work field. A survey was posted on social media sites including Reddit, Instagram, Facebook, and Twitter. The link was shared consistently, a minimum of once a week in order to increase accessibility and increase potential responses. There was a maximum of 150 responses for this study. This research was mixed methods, meaning that those who responded to the initial survey were offered an opportunity to participate in interviews for qualitative data.

Data Collection and Instruments

The data for this mixed-methods study was collected through an online survey instrument and live audio-recorded interviews. The survey included the description of the study, its purpose, and the consent form; it collected the data for the quantitative portion of the study. The quantitative data consisted of participant demographic information (age, gender, ethnicity, level of education attainment, and current field of work within social work), participant ACE score, and participant resilience score. The ACE questions for the survey were derived from the CDC- Kaiser ACE scale questionnaire that was developed for the seminal ACEs study (Felitti et. al., 1998). Resilience was measured as a construct using the Brief Resilience Scale (BRS) (Smith et al., 2008).

According to Petrucelli et al. (2019), a systematic review of 96 articles examining the outcomes associated with the CDC-Kaiser ACE scale provided

evidence of the scale's validity and reliability, as demonstrated by the correlation of ACE scores with poor health outcomes. Although the original study was limited in diversity, with most respondents being White with college-level education (Felitti et al., 1998), the scale has shown to be reproducible in various populations (Petrucceli et al., 2019).

Smith et al. (2008) developed a new resilience scale to assess one's ability to bounce back or recover from stress. The BRS was examined through four different sample groups and identified different positive resiliency resources such as optimism, social support, and active coping. Although the study was limited in that the samples only included women, the BRS demonstrated overall good internal consistency and test-retest reliability (Smith et al., 2008).

The dependent variable measured in the quantitative portion of the study was the participants' resilience scores. The level of measurement for this variable was the ratio. The main independent variable that was measured was the participants ACE scores. The level of measurement for this variable was the ratio. Other variables were also measured utilizing the demographic responses. The level of measurement for these variables was nominal categorical.

The qualitative portion of this study consisted of live audio-recorded interviews. This portion was offered via Zoom and was conducted by the researchers as outlined in the procedures section following the interview guide. The interview guide was created to gain social worker's perspective on ACE scores and their own experience with resilience in the field. The questions were

created to gain more detailed responses and provide a better understanding of the perceived relationship between adverse childhood experiences and the participants perceived resilience, which could not be highlighted with the survey and scales alone. The interview guide was modified for qualitative exploration. The purpose of the interview portion was to gain a deeper understanding of social workers' perceptions of the effect their ACEs have had on their resilience in the field and what coping strategies they utilized to curb those affects.

Procedures

A social media advertisement and flyer were created for participant recruitment that explain the purpose and goals of the study and the potential for an interview with the ability to opt out. A QR code and URL were provided on both the advertisement and flyer so potential participants could either scan the QR code or type in the URL to be directed to the survey. The social media advertisement was posted on the social media sites Instagram, Facebook, Reddit, and Twitter.

When participants scanned the QR code or typed in the URL, they were directed to the introduction page of the study which included the description of the study, its purpose, and informed consent. If respondents consented to participating, they were prompted to the survey questions. At the end of the survey, participants were given the contact information of the researchers to contact if they were willing to further participate in a live interview. Overall, the

survey was estimated to have taken approximately 5-10 minutes to complete, and the interviews lasted about 30 minutes.

As participants complete the survey, participants that were willing to participate in the interview portion of this study contacted researchers via email. Once potential participants were identified, the researchers responded to the potential interviewees with a pre-drafted email requesting to schedule for an interview. Interviews were held via zoom calls.

Each interview lasted approximately thirty minutes. Once participants arrived at the interview the researcher greeted them, discussed confidentiality and discussed trigger warnings. Then the interviewer requested verbal consent to audio-record the interview. Once obtaining verbal consent the interviewer began recording the audio until the end of the interview. At the end of the interview, a debriefing statement was read to the participant and a list of resources were provided.

Protection of Human Subjects

In conducting this study, the researchers wanted to ensure that all necessary measures were taken to protect the confidentiality and anonymity of the participants. The identity of all participants was kept confidential and was securely stored electronically. All participant information was de-identified and pseudonyms were assigned to each participant. All study information was stored within the CSUSB Google Drive storage space of which only the researchers and research advisors had access to.

Interviews were held via zoom, therefore researchers asked interviewees if they were in a safe confidential area where they felt comfortable completing the interview. Participants were prompted to read the informed consent and provide consent prior to completing both the online survey and the interview. A debriefing statement and resources were provided to participants at the end of both the survey and interview portions of this study. One year after the completion of the study, the audio recordings and documentation will be deleted from the CSUSB Google Drive storage.

Data Analysis

Since this was a mixed-methods study, the quantitative and qualitative data were analyzed separately. Being that this is an exploratory study, much of the analysis was looking for patterns. The quantitative data gathered from the surveys was analyzed and grouped based on demographic data, to determine any correlation and acknowledge any patterns within the data. The dependent variable was the participant's resilience score, making the independent variable participant's ACE scores and other demographic variables.

The qualitative data was analyzed and grouped based on common themes and points of discussion. The goal was to acknowledge coping mechanisms used by resilient social workers and determine if there were common methods present. A thematic analysis was conducted, which included analyzing the interview transcripts to identify the themes across the data. Some examples of constructs that were likely to emerge would be, coping with triggers

in the field, and ability to work through hardships, and challenges in meeting goals.

Summary

This study explored the relationship between childhood adverse experiences and a social worker's resilience in the field, as well as potential coping strategies. Interviews allowed social workers to give detailed responses on the relationship between resilience and ACE's. A mixed methods approach was used for best results to best support this process of obtaining qualitative data to expand on previous research.

CHAPTER FOUR

RESULTS

Introduction

This chapter provides an analysis of the data for the purpose of determining whether there is a correlation between adverse childhood experiences (ACEs) and resiliency in the social work profession. There was a total of 131 participants that anonymously completed the survey corresponding to this study. Participants were all current or past social workers from various fields. The data collection period was from late July 2022 to mid-September 2022. This chapter includes descriptive statistics, presentation of findings and summary of results.

Descriptive Statistics

Participant Demographics

A total of 131 people participated in this study. The demographics of the participants, collected through the survey, include age, gender, ethnicity, the field of social work, and highest level of education. When looking at the age of participants, ages ranged from 22 to 62 years old with a standard deviation of 7.346 and a mean of 32.19, meaning the average age was 32 years old. In this sample, about 10% of participants identified as male, 90% identified as female, and 1% identified as non-binary or third gender. The fields of social work reflected in this data include healthcare (46.6%), mental health and substance

abuse (23.7%), school (8.4%), child and family (8.4%), community (2.3%), criminal justice & corrections (2.3%), and gerontology (1.5%). The ethnicity of participants in this sample are 0.8% American Indian or Alaska Native, 9.2% Asian, 2.3% Black or African American, 6.9% Hispanic or Latino, 78.6% White, and 2.3% Other, this is all reflected below in Figure 1. Participants self-reported their highest level of education and 92.4% of participants reported having a Master's degree, 6.1% had a Bachelor's degree, and 0.8% had a Ph.D or higher.

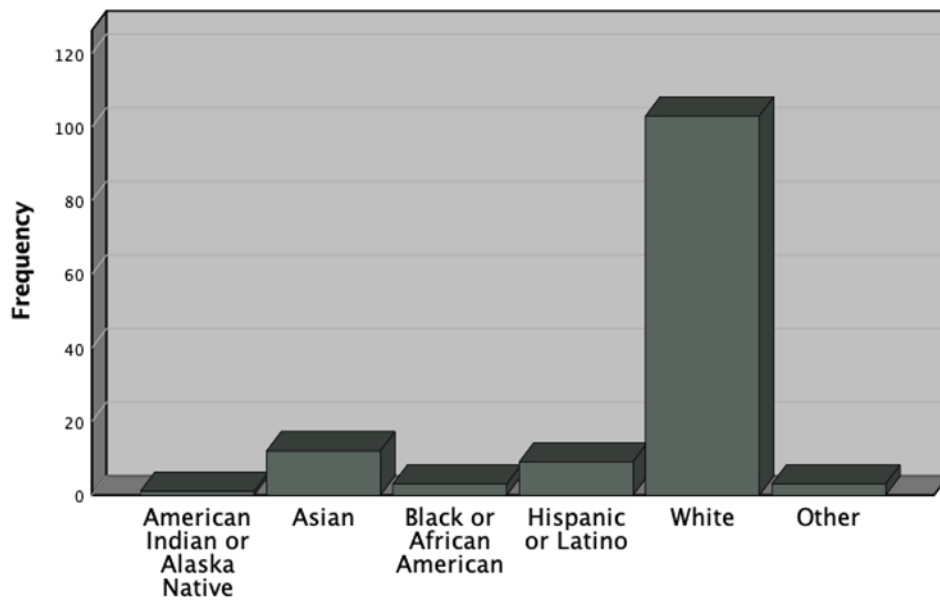


Figure 1. Participant Ethnicity

ACE Scores

The survey included ten “yes” or “no” questions to calculate participants ACE scores. Questions 8-17 in the survey were derived from the original Adverse Childhood Experiences study created by Kaiser and the CDC published in 1998. Question 8 in the survey asked “Did you feel that you didn’t have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?” 16% of participants answered “yes” and 84% of participants answered “no.” Question 9 asked “Did you lose a parent through divorce, abandonment, death, or other reason?” 30.5% of participants answered “yes” and 69.5% of participants answered “no.” Question 10 in the survey asked “Did you live with anyone who was depressed, mentally ill, or attempted suicide?” 58.8 % of participants answered “yes” and 41.2% of participants answered “no.” Question 11 in the survey asked “Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?” 31.3% of participants answered “yes” and 68.7% of participants answered “no.” Question 12 asked “Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?” 22.9% of participants answered “yes” and 77.1% of participants answered “no.” Question 13 asked “Did you live with anyone who went to jail or prison?” 8.4% of participants answered “yes” and 91.6% of participants answered “no.” Question 14 asked “Did a parent or adult in your home ever swear at you, insult you, or put you down?” 55.7% of participants answered “yes” and 44.3% of participants answered “no.” Question 15 asked “Did a parent or adult in your home ever hit,

beat, kick, or physically hurt you in any way?" 34.4% of participants answered "yes" and 65.6% of participants answered "no." Question 16 asked "Did you feel that no one in your family loved you or thought you were special?" 27.5% of participants answered "yes" and 72.5% of participants answered "no." Question 17 asked "Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?" 23.7% of participants answered "yes" and 76.3% of participants answered "no."

Brief Resilience Scale (BRS)

The survey posed six questions that were derived from the Brief Resilience Scale (BRS) that asked participants to rank their present feelings of resilience (see Table 1). The scale was created with the purpose of assessing resilience in its most basic and original form and meaning (Smith et al., 2008). The answer choices that were provided for each question were as follows; Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, and Strongly Agree. Each question is assigned a number (1-5) with questions 1, 3, and 5 being positively worded and coded (1-5) and questions 2, 4, and 6 being negatively worded and reverse coded (5-1). To calculate one's resiliency score using the scale, the sum of the total number derived from the questions answered is divided by 6 (the number of questions). According to Smith et al. (2013), total scores ranging between 1.00-2.99 are considered low resilience, scores 3.00-4.30 are considered normal resilience, and scores 4.31-5.00 are considered high resilience (p. 177).

Feelings of Resilience

When asked if they feel that they tend to bounce back quickly after hard times, 9.2% strongly agreed, 31.8% agreed, 15.3% neither agreed nor disagreed, and 10.7% disagreed. Participants were then asked to rate if they have a hard time making it through stressful events, for which 1.5% strongly agreed, 23.7% agreed, 11.5% neither agreed nor disagreed, and 55.7% disagreed, and 4.6% strongly disagreed. When asked to report if it takes them a long time to recover from stressful events, 3.1% strongly agreed, 50.4% agreed, 19.1% neither agreed nor disagreed, 21.4% disagreed, and 3.1% strongly disagreed. Participants were then asked to report if they feel that it is hard for them to snap back when something bad happens, for which 2.3% strongly agreed, 19.8% agreed, 12.2% neither agreed nor disagreed, 57.3% disagreed, and 5.3% strongly disagreed. Regarding feelings of coming through difficult times with little trouble, 3.1% of participants strongly agreed, 50.4% agreed, 21.4% neither agreed nor disagreed, 20.6% disagreed, and 1.5% strongly disagreed. Finally, when asked if they feel that they take a long time to get over setbacks in their lives, 1.5% strongly agreed, 16.8% agreed, 14.5% neither agreed nor disagreed, 58.8% disagreed, and 5.3% strongly disagreed.

Table 1. Present Feelings of Resilience (BRS)

VARIABLE		FREQUENCY (N)	PERCENTAGE (%)
I tend to bounce back quickly after hard times.	Strongly Disagree	0	0%
	Disagree	14	10.7%
	Neither Agree nor Disagree	20	15.3%
	Agree	81	61.8%
	Strongly Agree	12	9.2%
I have a hard time making it through stressful events.	Strongly Disagree	6	4.6%
	Disagree	73	55.7%
	Neither Agree Nor	15	11.5%
	Agree	31	23.7%
	Strongly Agree	2	1.5%
It does not take me long to recover from a stressful event.	Strongly Disagree	4	3.1%
	Disagree	28	21.4%
	Neither Agree Nor	25	19.1%
	Agree	66	50.4%
	Strongly Agree	4	3.1%
It is hard for me to snap back when something bad happens.	Strongly Disagree	7	5.3%
	Disagree	75	57.3%
	Neither Agree Nor	16	12.2%
	Agree	26	19.8%
	Strongly Agree	3	2.3%
I usually come through difficult times with little trouble.	Strongly Disagree	2	1.5%
	Disagree	27	20.6%
	Neither Agree Nor	28	21.4%
	Agree	66	50.4%
	Strongly Agree	4	3.1%
I tend to take a long time to get over setbacks in my life.	Strongly Disagree	7	5.3%
	Disagree	77	58.8%
	Neither Agree Nor	19	14.5%
	Agree	22	16.8%
	Strongly Agree	2	1.5%

Presentation of Findings

The researchers utilized t-tests, an ANOVA test, and a correlation analysis to interpret the data. T-tests were performed to assess the relationship between the demographic categories of gender, education level, age, and employment status, and ACE and resiliency scores. The researchers hypothesized that there would be a difference in ACE scores based on the gender of the participant. The t-test comparing genders in relation to ACE scores was significant [$t(128)=-2.36$, $p=.01$]. Females reported higher ACE scores than males on average (Female average = 3.22, Male average=1.58) (see Figures 2 and 4). Similarly, the t-test comparing genders in correlation with resiliency scores was also significant [$t(124)=2.26$, $p=.013$]. Males reported higher resilience scores than females on average (Male average = 3.92, Female average = 3.41). (See Figures 3 and 5).

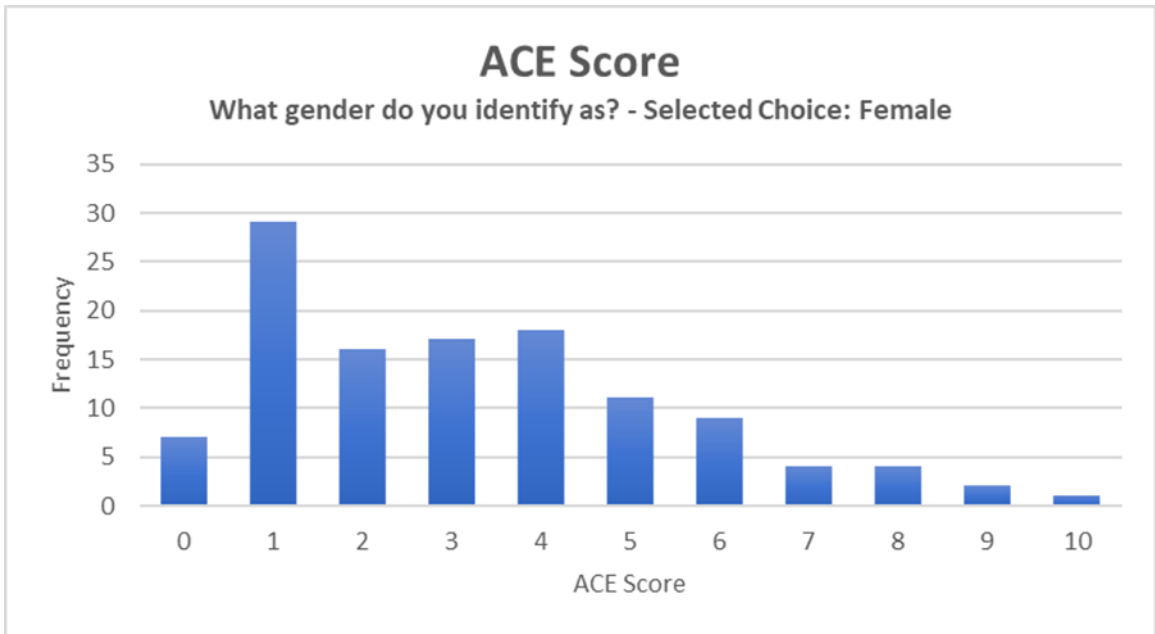


Figure 2. ACE Scores (Female)

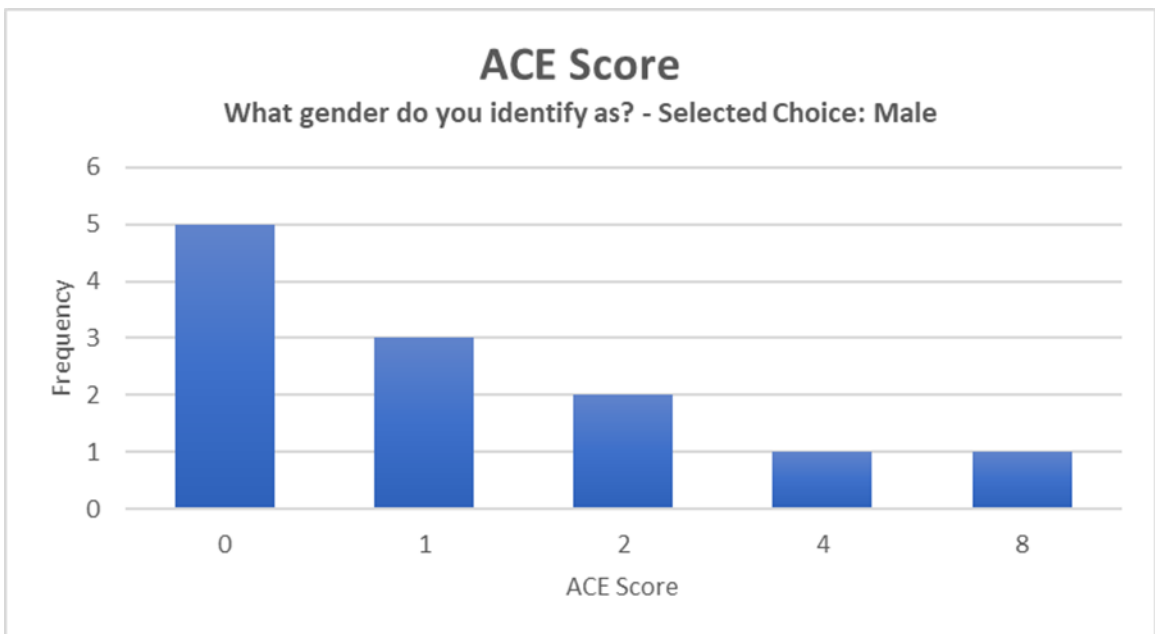


Figure 3. ACE Scores (Male)

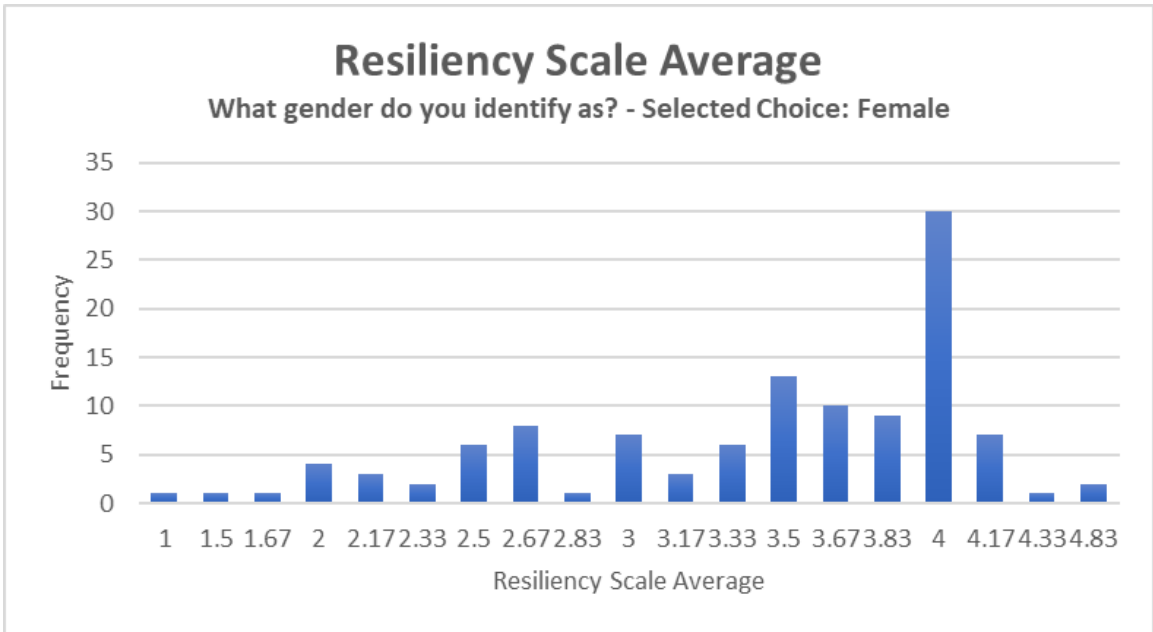


Figure 4. Average Resilience Scores (Female)

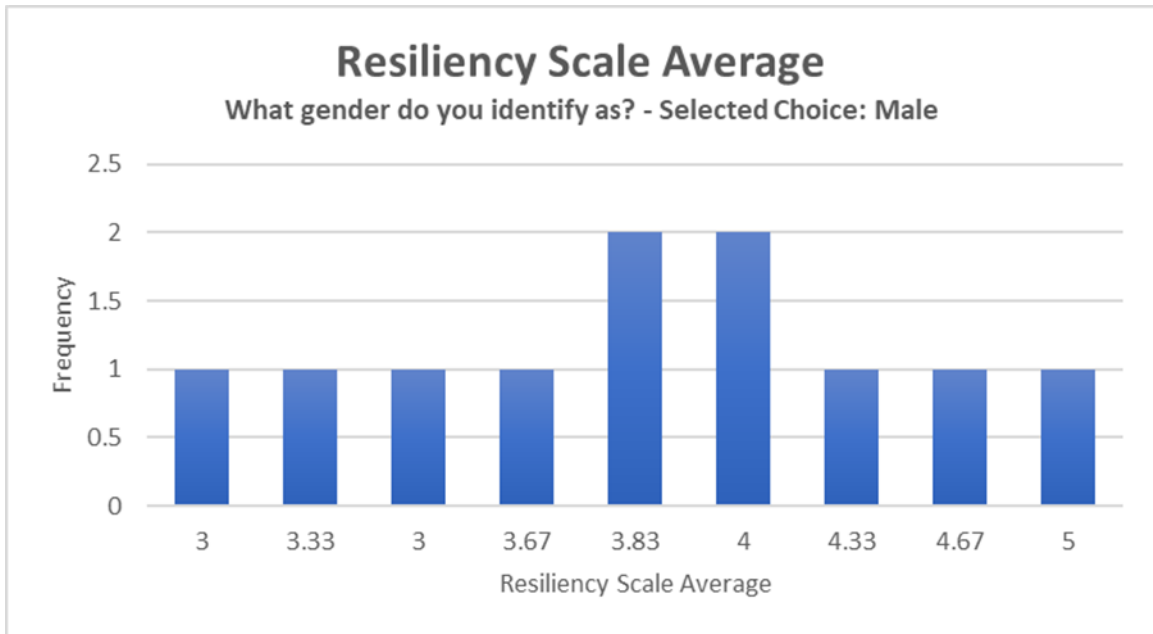


Figure 5. Average Resilience Scores (Male)

Another t-test was performed to analyze the relationship between the participants' current level of education and their ACE and resilience scores. This test revealed a significant relationship between education level and ACE scores [t(127)=2.13, p=.018]. Participants with a Bachelor's degree reported higher ACE scores on average than participants with a Masters degree (Bachelors average= 4.6, Masters average=2.9) (see Table 2). Conversely, the t-test revealed that there was no significant relationship between education level and resilience scores.

Table 2. Education Level and ACE and Resilience Scores

Group Statistics					
	What is the highest degree or level of education you have completed? - Selected Choice	N	Mean	Std. Deviation	Std. Error Mean
ACE_Score	Bachelor's degree	8	4.6250	2.55999	.90509
	Master's degree	121	2.9008	2.19623	.19966
Resiliency Scale Average	Bachelor's degree	8	3.5208	.88388	.31250
	Master's degree	117	3.4444	.72648	.06716

An additional t-test was performed to assess the relationship between age and ACE and resilience scores, which was not significant. A final t-test was performed to examine the relationship between the employment status of participants and their ACE and resilience scores, which also showed no significance. The researchers utilized an ANOVA test to examine the relationship between the participants' field of work and their ACE and resilience scores. The ANOVA test determined there was no significance. Finally, the researchers hypothesized that there would be a significant relationship between participants' ACE and resilience scores. However, after performing a correlation analysis between the two key variables, it was determined that there was no significant relationship.

Interview Findings

Two interviews were completed to gather qualitative data to further analyze a social worker's ACEs and their resilience in the social work field. Both interviews were assessed for common elements, a few being access to therapy, access to resources in the workplace, and the use of coping mechanisms. It was mentioned during these interviews that spending more time in supervision with licensed clinical social workers helped the processing of the difficult cases. Both interviewees stated that cases that reminded them of their own experiences were especially hard to deal with, however debriefing during supervision hours allowed the interviewees to process these cases, reducing the chances of impacting the client with the social worker's emotions. Both stated that consultation and access

to support in the workplace directly increased their ability to manage emotionally difficult cases. Access to resources in the workplace was also a common theme discussed during both interviews. Both interviewees stated that attending therapy regularly increased their resilience in the field. One interviewee stated that not many resources were offered in their workplace for support with emotionally impactful cases. This interviewee also stated that a client's crisis can sometimes become their own crisis if too similar to their own experiences. Both interviewees stated that their adverse childhood experiences impacted their resilience because they feel more inclined to provide services and support others through their hardships. Both interviewees stated that they were able to develop supportive coping skills because of their own experiences and are able to apply them to their work.

Summary

This chapter presented the data collected and analyzed from the study. The survey tool that was utilized for the study collected participant demographic data and their overall ACE and resiliency scores. The demographic data collected included a variety of variables including age, gender, ethnicity, the field of social work, and highest level of education. T-tests, an ANOVA test, and a correlation analysis were utilized to interpret the data. Significant relationships were found between gender and both ACE and resilience scores. Women reported higher ACE scores on average and lower resilience scores on average than their male counterparts. A significant relationship was also found between

education level and ACE scores. Participants with a Bachelor's degree reported higher ACE scores on average than participants with a Masters degree. A correlation analysis ultimately revealed that there is no significant relationship between participants' ACE scores and their resilience scores.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will include an in-depth discussion of the findings from the data collected as depicted in the seven tables and graphs in chapter four. This in-depth discussion will include a comparison of the data collected and the existing literature on the topic as well as a comparison to the researchers' hypotheses. Implications and recommendations for future research, practice, policy, and education will also be discussed in the second section.

Discussion

The purpose of this study was to explore the relationship between social workers' ACEs and their resilience in the field. This study utilized the BRS in order to capture participants' resilience scores (Smith et al., 2008). The 10-item ACE questionnaire developed from the CDC- Kaiser study was also utilized to capture participants' ACE scores (Felitti et. al., 1998). Relationships between the participants' demographic factors and resilience were also explored through various statistical analyses.

Significant relationships were found between participants' gender and their ACE and resilience scores. Women reported higher ACE scores, while men reported higher resilience scores than their counterparts. It was expected that women would report higher ACE scores, as previous studies have demonstrated

similar results with women reporting higher ACE scores than men (Petruccelli et al., 2019; Steen et al., 2020). Additionally, it was expected that there would be significant differences between gender and resilience scores due to the societal view of gender and resiliency factors, through which women have historically been viewed as less resilient than men (Hirani et al., 2016).

The researchers hypothesized that the average ACE scores would be at or above two for both men and women. However, the average ACE scores for female participants surpassed that estimate at 3.22, whereas the average for the male participants was 1.58. Through their study of licensed social workers, Steen et al. (2020), found that social workers' average ACE score was higher than those of most populations, at 2.1.

Another significant relationship was found between participants' education level and their ACE scores. Those with a Bachelor's degree reported higher ACE scores on average than participants with a Masters degree. This was an expected finding as studies have shown an association between ACE scores and lower educational attainment overall (Felitti et al., 1998; Houtpen et a., 2020).

Further analyses were conducted to assess the relationship between age, employment status, and participants' field of work with ACE and resilience scores, however, there were no significant findings. The researchers hypothesized that there would be a significant relationship between participants' ACE and resilience scores; however, a correlation analysis found no significance between the two key variables.

Strengths and Limitations of the Study

Limitations

This study did have limitations. Reaching a level of validity by obtaining generalizable results was a challenge in this study. Another limitation was the length of interviews and acquiring participants willing to donate up to 30 minutes of their time. It was extremely difficult to encourage participation in the interview portion of this study because it required the participant to reach out to the researcher. There may be many reasons why this was a challenge. One reason could be that some participants may not have thoroughly read the survey and did not know there was an interview portion to this study. Another reason could have been that people did not feel inclined to share 30 minutes of their time. Finally, there may have been weariness associated with speaking about adverse childhood experiences with a researcher. The number of completed interviews was a limitation in itself, there were only 2 interviews completed, whereas the goal was 10. Lastly, social desirability bias was a limitation due to the interview forum, as participants might have felt obligated to minimize experiences or under report responses that may be perceived as undesirable.

Strengths

This study had several strengths that facilitated in examining the need and utilization of this study for future research. The first strength was the demographic variation of participants. The demographics of participants varied in ethnicity, age, gender, social work field, and highest level of education. This

allowed for the analysis of social worker's, from various backgrounds and lived experiences, ACE scores and BRS scores. Another strength in this study was the use of two well established scales, such as the ACE Scale and Brief Resilience Scale, which provided reliable information for the analysis of participants' scores. The process of acquiring data using an online survey and relying on the use of the internet to obtain participants from social media sites and the use of Zoom.us made this study cost effective and adaptable.

Recommendations for Social Work Practice and Research

The purpose of this study was to determine a correlation between a social worker's adverse childhood experiences and their resilience in the field. While survey participation was high, interview participation was low. Although the data had low reliability, a recommendation can still be made to expand current research to better understand a social worker's needs. Although the direct correlation between ACE scores and resilience in the social work field has not been supported in this study, it can be used to guide future research. A recommendation for an increase in sample size in order to support validity of collected data, as well as provide more qualitative data for analysis.

There is not sufficient research on a social worker's ability to cope in the field and capacity to recover quickly from difficulty, employers need more information to know how to best support their social workers. Research is needed to know what policies and resources employers may implement to best support social workers through the difficult and traumatic cases they face on a daily

basis. Educators should support future social workers in their ability to cope with difficulties. Social work programs should encourage students to obtain counseling services. This would allow for social workers to experience services on the other end of the spectrum, as well as processing of their own experiences. Social work programs should also teach students how to apply coping skills themselves. Social workers are not immune to mental health disorders and stressors, by supporting social workers in their ability to cope they are better able to provide services to clients.

Conclusion

In conclusion this study aimed to obtain proof of correlation between a social worker's ACE scores and resilience in the social work field. This was measured through the use of online surveys and interviews. While the quantitative data determined there was not a correlation between a social worker's adverse experiences and their resilience in the field, the qualitative data determined there was a perceived relationship of the factors by some social workers. There are many other factors that may impact resilience that were not measured in this study. Some factors being genetic factors, mental health treatment, supportive mentors, etc. With further research and policy expansion, social work employers will be able to broaden their resources to meet the needs of their social workers, in order to better support social workers in their efforts to provide services to clients.

APPENDIX A
DATA COLLECTION INSTRUMENT

Data Collection Instrument

Online Survey Portion

1. Are you a social worker?
 1. Yes
 2. No (If participants make this selection, they will be thanked for their time and survey will close)
2. What is your current age?
_____ years (participants enter their age)
3. What gender do you identify as?
 - a. Male
 - b. Female
 - c. Nonbinary
 - d. Transgender
 - e. Other: (participants can write in answer)
4. Please specify your ethnicity:
 - a. White
 - b. Black/ African American
 - c. American Indian or Alaska Native
 - d. Asian
 - e. Native Hawaiian or other Pacific Islander
 - f. Hispanic or Latino
 - g. Other: (participants can write in answer)
5. What is your highest degree or level of education you have completed?
 - h. High school
 - i. Some high school
 - j. Bachelor's degree
 - k. Master's degree

- l. Ph.D. or higher
 - m. Associates degree
 - n. Trade school
 - o. Other: (participants can write in answer)
6. Which of the following best describes your current employment status?
- a. Full-time employment
 - b. Part-time employment
 - c. On-call
7. What field of social work do you currently work in?
- a. Child & Family
 - b. Community
 - c. Criminal Justice & Corrections
 - d. Gerontological
 - e. Health Care
 - f. International
 - g. Mental Health & Substance Abuse
 - h. Military
 - i. School
 - j. Other (participants can write in answer)

The following questions only apply to experiences that took place before your 18th birthday.

8. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?
- a. Yes
 - b. No
9. Did you lose a parent through divorce, abandonment, death, or other reason?
- a. Yes

- b. No
- 10. Did you live with anyone who was depressed, mentally ill, or attempted suicide?
 - a. Yes
 - b. No
- 11. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?
 - a. Yes
 - b. No
- 12. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?
 - a. Yes
 - b. No
- 13. Did you live with anyone who went to jail or prison?
 - a. Yes
 - b. No
- 14. Did a parent or adult in your home ever swear at you, insult you, or put you down?
 - a. Yes
 - b. No
- 15. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?
 - a. Yes
 - b. No
- 16. Did you feel that no one in your family loved you or thought you were special?
 - a. Yes
 - b. No
- 17. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?

- a. Yes
- b. No

Felitti, V. J., Anda, R. F., Nerdenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. American Journal of Preventive Medicine, 14(4), 245-258.

[https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

The following questions apply to your present day behavior:

18. I tend to bounce back quickly after hard times.

- a. Strongly Disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly Agree

19. I have a hard time making it through stressful events.

- a. Strongly Disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly Agree

20. It does not take me long to recover from a stressful event.

- a. Strongly Disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly Agree

21. It is hard for me to snap back when something bad happens.

- a. Strongly Disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly Agree

22. I usually come through difficult times with little trouble.

- a. Strongly Disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly Agree

23. I tend to take a long time to get over set-backs in my life.

- a. Strongly Disagree
- b. Disagree
- c. Neither agree nor disagree
- d. Agree
- e. Strongly Agree

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J.

(2008). The brief resilience scale: Assessing the ability to bounce back.

International Journal of Behavioral Medicine, 15, 194-200. DOI:

10.1080/10705500802222972

Interview Guide

1. How satisfied are you with your current position as a social worker?
2. What helps you get through the difficulties in this field?
3. Do you feel like your childhood experiences impacted your resilience in the field? If so, please explain.
4. Do you attribute your childhood experiences to your desire to do social work?
5. What keeps you motivated to stay in this field?
6. Our findings suggest that there is not much of a correlation between childhood adverse experiences and resiliency, what do you think about that? Has that been your experience?

Developed by: Carolyn McAllister, Jazmine Salazar, & Margeaux Wilkins

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine adverse childhood experiences (ACEs) among social workers and their resilience in the field. The study is being conducted by graduate students Jazmine Salazar and Margeaux Wilkins, under the supervision of Carolyn McAllister, 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 adverse childhood experiences (ACEs) among social workers and their resilience in the field.

DESCRIPTION: Participants will be asked ten questions that will calculate the number of ACEs they have had in addition to a few demographic questions. If participants agree to the interview portion of the study, they will be asked questions regarding their determination, endurance, adaptability, and recuperability in the field.

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 approximately 5 to 10 minutes to complete the online survey. If you agree to participate in the interview portion, it will take approximately 30 min.

RISKS: 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. However, findings from the study will contribute to the knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. McAllister at (909) 537-5501.

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 2023.

I agree to have this interview be audio recorded: _____ YES _____ NO

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

IRB-FY2022-80 - Initial: IRB Admin./Exempt Review Determination Letter

do-not-reply@cayuse.com <do-not-reply@cayuse.com>

Tue, Jan 11, 2022 at 11:22 AM

To: jazmine.salazar4515@coyote.csusb.edu, margeauw@coyote.csusb.edu, tomdavis@csusb.edu



January 11, 2022

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2022-80

Thomas Davis Jazmine Salazar, Margeaux Wilkins
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Thomas Davis Jazmine Salazar, Margeaux Wilkins:

Your application to use human subjects, titled "The Relationship Between ACEs and Resilience in Social Work" 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.**

tps://mail.google.com/mail/u/0/?ik=a2afa044a7&view=pt&search=all&permmsgid=msg-f:1721687278138217496&siml=msg-f:1721687278138217496 1/2

- **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-FY2022-80 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

IRB-FY2022-80 - Modification: IRB Approval Protocol Change/Modification Letter

1 message

do-not-reply@cayuse.com <do-not-reply@cayuse.com>

Tue, Jun 21, 2022 at 1:15 PM

To: cmcallis@csusb.edu, jazmine.salazar4515@coyote.csusb.edu, margeauw@coyote.csusb.edu



June 21, 2022

CSUSB INSTITUTIONAL REVIEW BOARD

Protocol Change/Modification

IRB-FY2022-80

Status: Exempt

Thomas Davis Jazmine Salazar, Margeaux Wilkins
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
[San Bernardino, California 92407](#)

Dear Thomas Davis Jazmine Salazar, Margeaux Wilkins:

The protocol change/modification to your application to use human subjects, titled "The Relationship Between ACEs and Resilience in Social Work" has been reviewed and approved by the Chair of the Institutional Review Board (IRB). A change in your informed consent requires resubmission of your protocol as amended. Please ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study. A lapse in your approval may result in your not being able to use the data collected during the lapse in your approval.

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 by submitting the appropriate form (modification, unanticipated/adverse event, renewal, study closure) through the online Cayuse IRB Submission System.

- 1. If you need to make any changes/modifications to your protocol submit a modification form as the IRB must review all changes before implementing them in your study to ensure the degree of risk has not changed.**
- 2. If any unanticipated adverse events are experienced by subjects during your research study or project.**
- 3. If your study has not been completed submit a renewal to the IRB.**
- 4. If you are no longer conducting the study or project submit a study closure.**

You are required to keep copies of the informed consent forms and data for at least three years.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, Research Compliance Officer. Mr. 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-FY2022-80 in all correspondence.

Best of luck with your research.

Sincerely,

Nicole Dabbs

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

ND/MG

APPENDIX C
DEBRIEFING STATEMENT

Study of Adverse Childhood Experiences and Social Workers' Resilience

Debriefing Statement

This study you have just completed was designed to explore the relationship between adverse childhood experiences and social workers' resilience in the field. The study included some personal questions about adverse childhood experiences that could have caused some emotional distress. Participants are encouraged to seek mental health support if participation in this study causes significant distress. Please contact your medical provider for available mental health services or see below for references.

Thank you for your participation. If you have any questions about the study, please feel free to contact Margeaux Wilkins, Jazmine Salazar, or Professor Carolyn McAllister at (909) 537-5501. If you would like to obtain a copy of the group results of this study, please contact Professor Carolyn McAllister at (909) 537-5501 at the end of Spring Semester of 2023.

Mental health support reference:

SAMHSA's National Helpline, 1-800-662-HELP (4357)

- A confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local

treatment facilities, support groups, and community-based organizations.

Callers can also order free publications and other information.

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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:

Assigned Leader: _____

Assisted by: _____

OR

Joint Effort: Jazmine Salazar and Margeaux Wilkins

2. Data Entry and Analysis:

Assigned Leader: Jazmine Salazar

Assisted by: Margeaux Wilkins

OR

Joint Effort: _____

3. Writing Report and Presentation of Findings

a. Introduction and Literature:

Assigned Leader: Margeaux Wilkins

Assisted by: Jazmine Salazar

OR

Joint Effort: _____

b. Methods

Assigned Leader: Jazmine Salazar

Assisted by: Margeaux Wilkins

OR

Joint Effort: _____

c. Results:

Assigned Leader: Jazmine Salazar

Assisted by: Margeaux Wilkins

OR

Joint Effort: _____

d. Discussion

Assigned Leader: Margeaux Wilkins

Assisted by: Jazmine Salazar

OR

Joint Effort: _____