

Prevalence of Adverse Childhood Experiences (ACEs) among Homeless People

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The Adverse Childhood Experiences Study

The largest study of its kind ever done to examine the health and social effects of adverse childhood experiences over the lifespan (Felitti & Anda)



- Experiences while growing up that deeply impact a young person and profoundly affect emotional and physical health later in life.



Categories of Adverse Childhood Experiences

Abuse, by Category	Category Prevalence (%)
• Psychological (by parents)	11%
• Physical (by parents)	11%
• Sexual (anyone)	22%
Household Dysfunction, by Category	
• Substance Abuse in family	26%
• Mental Illness in family	19%
• Domestic Violence	13%
• Imprisoned Household Member	3%
• Loss of parent	23%

Adverse Childhood Experiences Score

Number of categories of childhood experiences are summed

ACE Score	Prevalence
0	48%
1	25%
2	13%
3	7%
4	7%



- More than *half* have at least one ACE
- Slightly more than one quarter have experienced 2 – 4 ACE categories

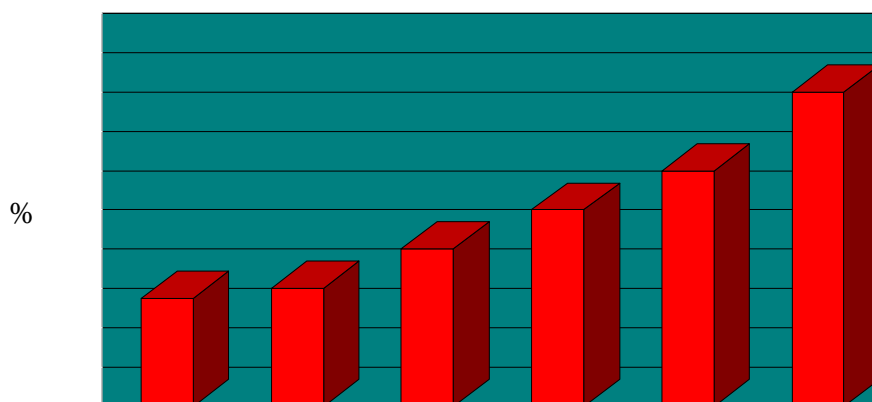
The Adverse Childhood Experiences (ACE) Study

Summary of Findings:

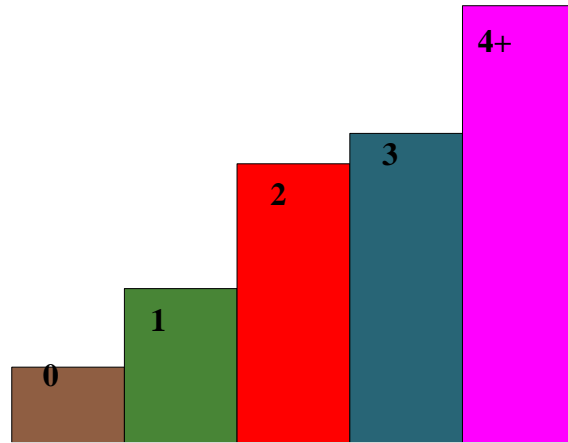
- **Adverse Childhood Experiences (ACEs) are very common**
- **ACEs are strong predictors of adult health risks and disease**
- **ACEs are implicated in *the 10 leading causes of death in the U.S.!***
- **“I was actually stunned and I wept over what I saw.” ACEs researcher Rob Anda, M.D.**
- **Virtually every study shows that ACEs are strong predictors of homelessness (Burt, 2001)**



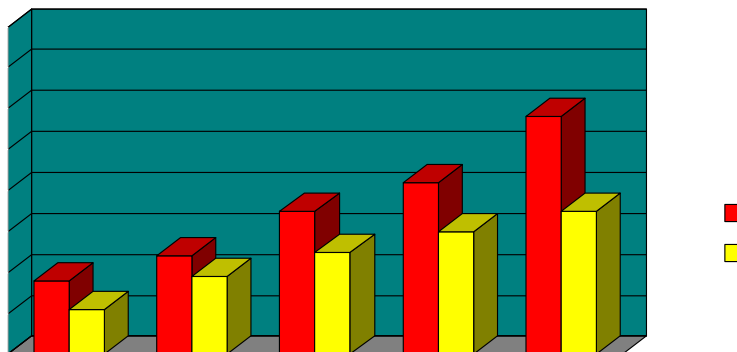
Adverse Childhood Experiences and Current Smoking

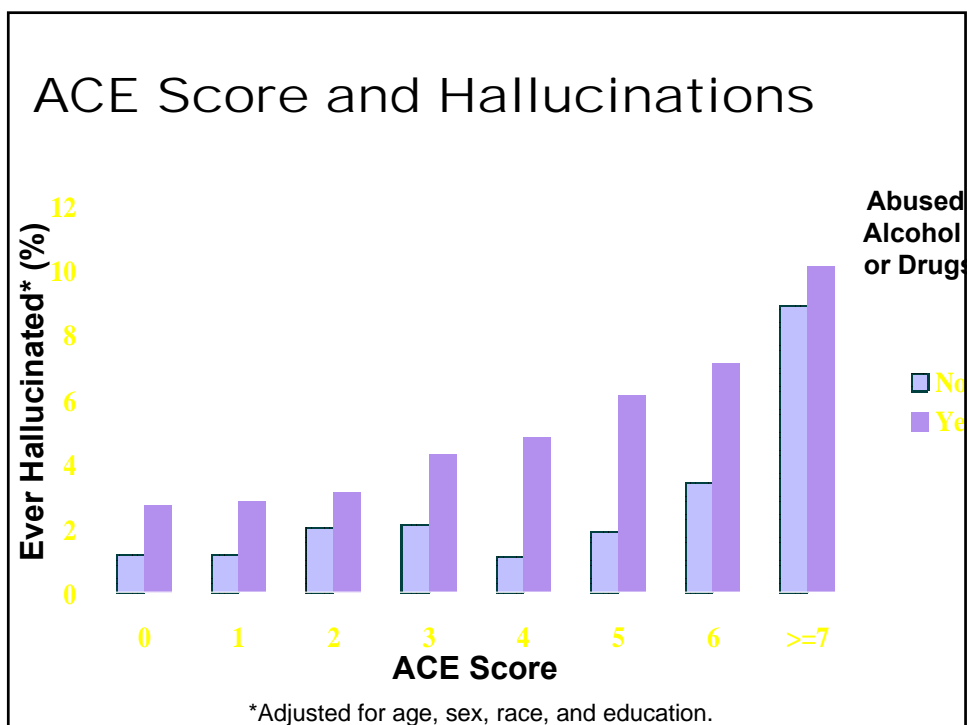
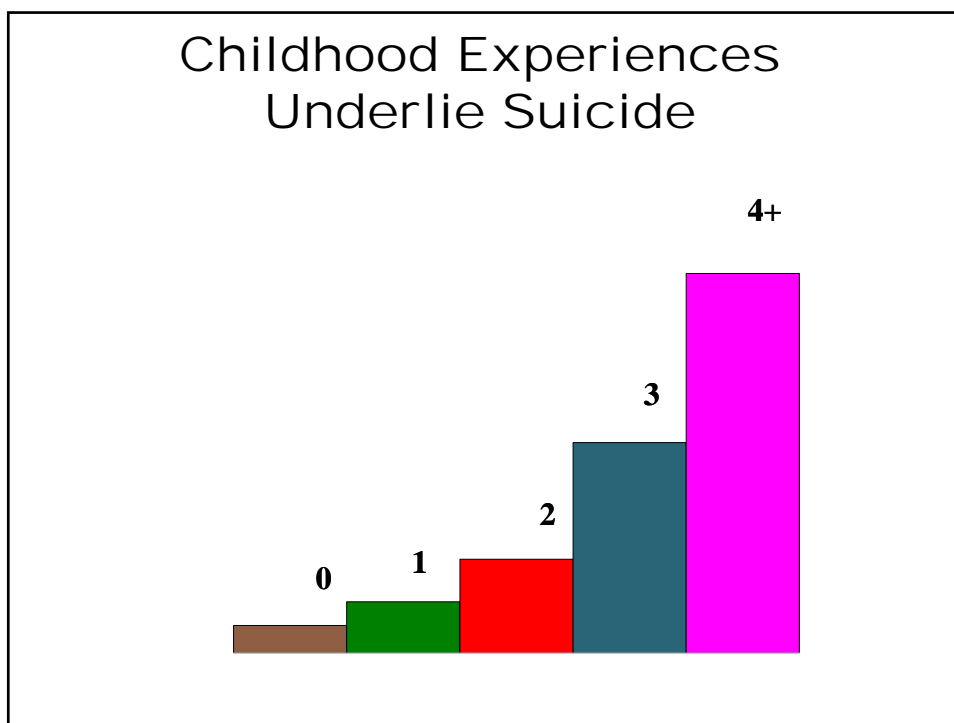


Childhood Experiences and Adult Alcoholism

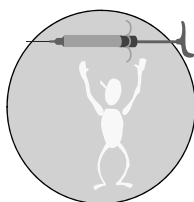
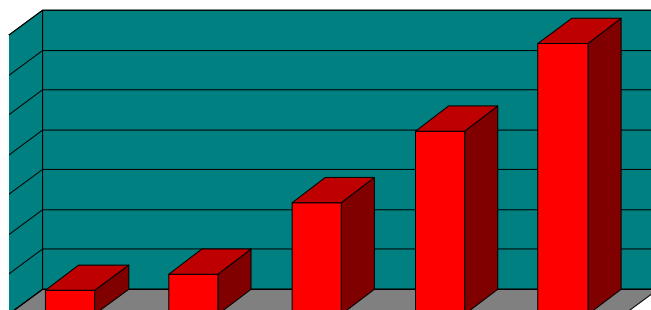


Childhood Experiences Underlie Chronic Depression



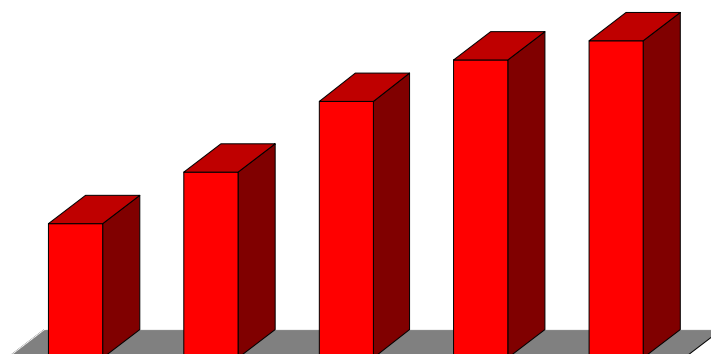


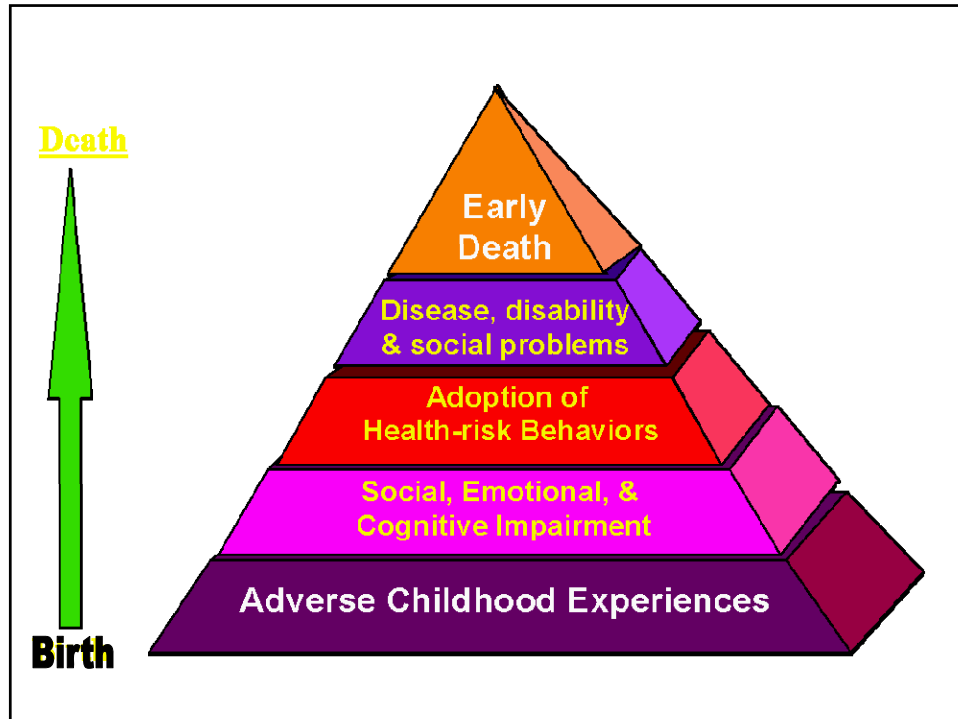
ACE Score and Intravenous Drug Use



N = 8,022 p < 0.001

ACE Score and Serious Job Problems





A Connection with Homelessness

- Mental illness and substance abuse problems are more common among homeless people
- ACEs connection to substance abuse and mental illness
- Even non-homeless people with either substance abuse problems or mental illness are less likely to hold a job

UAlbany SSW: ACEs & Homeless People

- The problem addressed in this proposal concerns the difficult nature of homelessness, its human and economic costs, and its uncertain origins
- Importance of the social work perspective

ACE & Homelessness

- Clarify the role of ACEs among homeless people
 - Future intervention research
- Service utilization history
 - Prevention of homelessness

Person-in-Environment: A complex interplay of risk and resources

ACE impact on developing self (overwhelming feelings, activation of defense mechanisms, etc.)	Health Risk Behaviors (substance abuse, sexual and other risk-taking, etc.) Medical problems (both short & long-term) Changes in developing brain
INDIVIDUAL	
Family meanings Cultural values Social taboos Victim blaming "rugged individualism"	Family relational system/ACEs Social violence Health, Mental health, & Substance abuse services Social service, school, & criminal justice systems Public health policy responses
COLLECTIVE	

Development, behavior, health, culture, and systems

- Developmental theorists (Piaget, Kohlberg, Gilligan, Loevinger, Freud, and others)
- Impact of ACEs and health risk behaviors on development
- The role of culture and social systems
- Service interventions that prevent or effectively treat ACEs sooner might prevent homelessness (& other serious health and social outcomes) later in life

Methodology

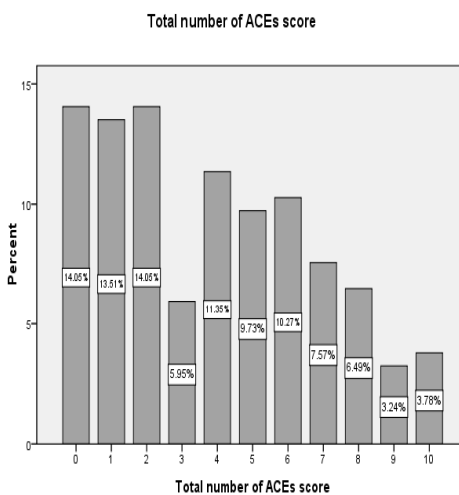
- Design: cross-sectional study
- Sample: 185 homeless people from 2 comprehensive homeless service agencies
 - The Committee on the Shelterless (COTS) in Petaluma, CA
 - Interfaith Partnership for the Homeless (IPH) in Albany, NY.
- Purpose: reveal prevalence and some common characteristics of homeless people in terms of ACEs categories and service utilization

Preliminary Findings

- More than 85% reported experiencing at least one of the 10 categories of adverse childhood experiences
- Slightly more than one half of respondents (58.9%, 109 out of 185) have experienced more than 4 ACE categories.
- ACE categories provide information about the types of abuse, neglect, and household dysfunction that homeless people have experienced.
- Many of the respondents in this sample of 185 homeless individuals had been abused psychologically, physically and sexually.

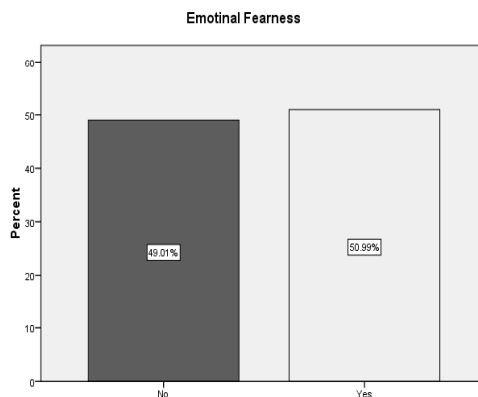
Total ACEs Score

Total number of ACEs score			
	Frequency	Percent (%)	Cumulative Percent(%)
0	26	14.1	14.1
1	25	13.5	27.6
2	26	14.1	41.6
3	11	5.9	47.6
4	21	11.4	58.9
5	18	9.7	68.6
6	19	10.3	78.9
7	14	7.6	86.5
8	12	6.5	93.0
9	6	3.2	96.2
10	7	3.8	100.0



Preliminary Findings- Q1)Emotional Fearfulness

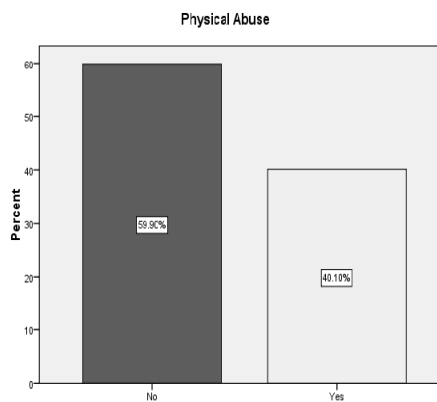
Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you or act in a way that made you afraid that you might be physically hurt?		
	Frequency	Percent(%)
NO	90	49.01%
YES	95	50.99%
TOTAL	185	100%



Preliminary Findings- Q2) Physical Abuse

Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you or ever hit you so hard that you had marks or were injured?

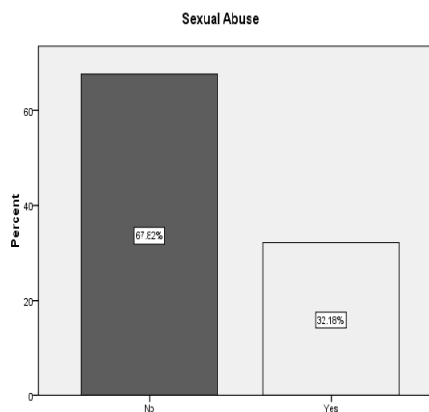
	Frequency	Percent (%)
NO	110	59.90%
YES	75	40.10%
TOTAL	185	100%



Q3) Sexual Abuse

Did anyone older than you ever touch or fondle you or have you touch their body in a sexual way or attempt or actually have oral, anal, or vaginal intercourse with you?

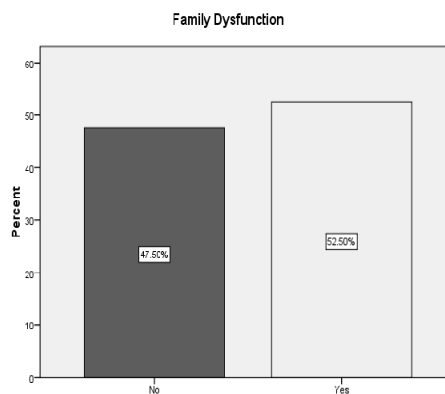
	Frequency	Percent (%)
NO	130	67.82%
YES	55	32.18%
TOTAL	185	100.0



Q4) Family Dysfunction

Did you often or very often feel that no one in your family loved you or thought you were important or special or your family didn't look out for each other, feel close to each other, or support each other?

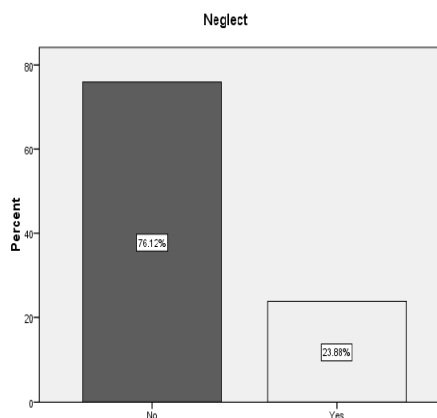
	Frequency	Percent (%)
NO	87	47.50%
YES	96	52.50%
TOTAL	183	98.9
Missing	2	



Q5) Neglect

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

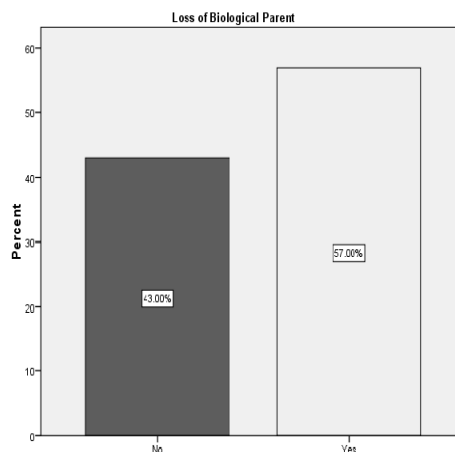
	Frequency	Percent (%)
NO	143	76.12%
YES	41	23.88%
TOTAL	184	99.5
Missing	1	.5



Q6) Loss of Biological Parent

Was a biological parent ever lost to you through divorce, abandonment, or other reason?

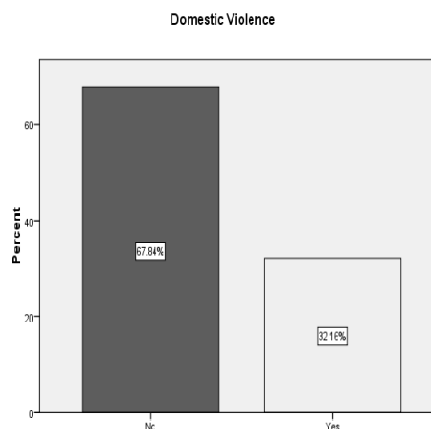
	Frequency	Percent (%)
NO	82	43.00%
YES	102	57.00%
TOTAL	184	99.5%
Missing	1	



Q7) Domestic Violence

Was any parent, step-parent, or parent figure: often or very often pushed, grabbed, slapped, or had something thrown at them or kicked bitten, hit with a fist, or hit with something hard or repeatedly hit over a few minutes or threatened with a gun or knife?

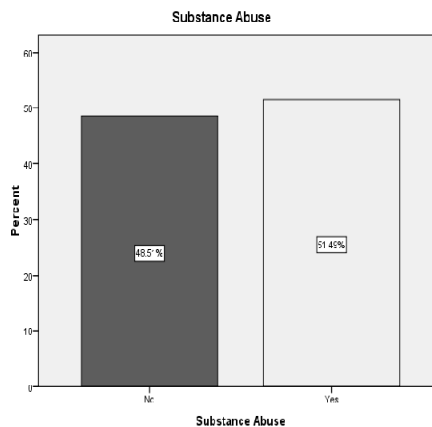
	Frequency	Percent (%)
NO	125	67.84%
YES	58	32.16%
TOTAL	183	98.9%
Missing	2	



Q8) Substance Abuse

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

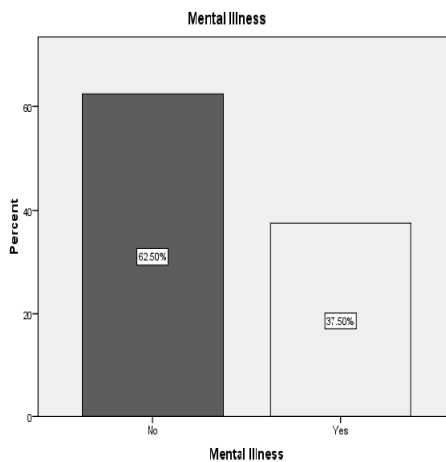
	Frequency	Percent(%)
NO	92	49.7%
YES	93	50.3%
TOTAL	185	100%



Q9) Mental Illness

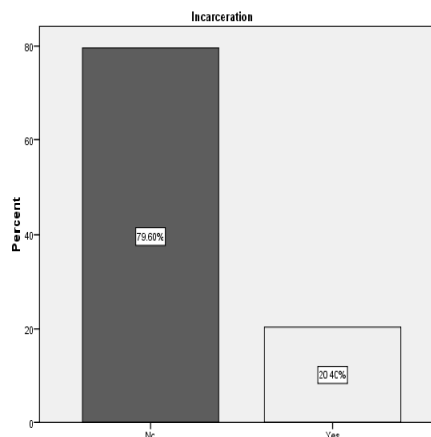
Was a household member depressed or mentally ill or did a household member attempt suicide?

	Frequency	Percent
NO	125	62.50%
YES	58	37.50%
TOTAL	183	98.9
Missing	2	



Q10) Incarceration

Did a household member go to prison?		
	Frequency	Percent (%)
NO	147	79.60%
YES	37	20.40%
TOTAL	184	99.5
Missing	1	



Correlation among the 10 ACE categories

- The 10 ACE categories are highly correlated with each other.
- The correlations among 10 items range from .04 to .94.
- Verbal abuse is strongly correlated with suffering physical abuse by a parental figure ($r=.943$, $p<.001$).
- A lack of family support growing up is moderately correlated with living with household member who suffered from mental illness ($r=.678$, $p<.001$).
- Growing up with domestic violence is moderately correlated with having experienced physical abuse ($r=.744$, $p<.001$), and verbal abuse ($r=.745$, $p<.001$).

Correlation among the 10 ACE categories

- Emotional Fear is strongly correlated with other categories (ranging from .54 to .94), except incarceration (.0829).
- Physical Abuse and Sexual Abuse are moderately correlated with other categories (ranging from .37 to .74, from .35 to .53 relatively), except incarceration (.1816, .1676 relatively)

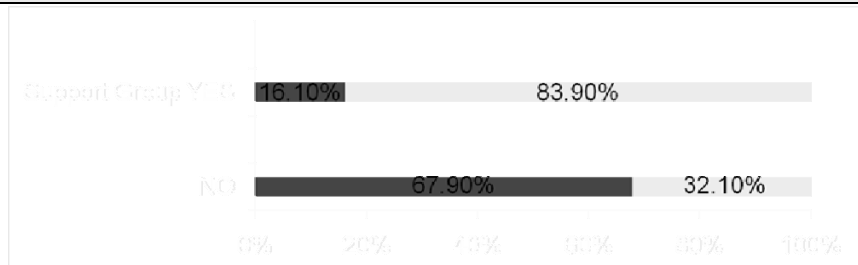
Satisfaction Survey: Service Utilization History

- There is association between service utilization history and their satisfaction towards different service programs
- Participants indicated that each service for problems with emotions, nerves or substance use was helpful.
- Support group / Drop-in-Center program, Outpatient Treatment Program, Health-care center or Seeing a doctor, Religious program and Jail program are moderately associated with satisfaction toward each service program among homeless people.

Support Group/Drop-in-Center

Support Group /Drop-IN-Center				
Satisfaction with utilization of support group or drop-in center				
		Helpfulness		Total
		NO	YES	
SUPPORT GROUP or Drop-in-Center	No	19	9	28
		67.9%	32.1%	100.0%
	Yes	18	94	112
		16.1%	83.9%	100.0%
Total		37	103	140
		26.4%	73.6%	100.0%

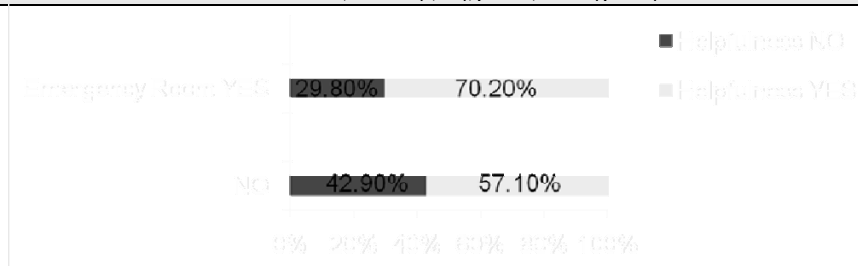
Odds ratio: 11.04, $\chi^2=30.895$ (1,139), $p<.001$, $\Phi=.470$ ($p=.087$)



Hospital Emergency Room

Hospital emergency room				
Satisfaction with utilization of Hospital emergency room				
		Helpfulness		Total
		NO	YES	
Hospital emergency room	No	12	16	28
		42.9%	57.1%	100.0%
	Yes	28	66	94
		29.8%	70.2%	100.0%
Total		40	82	122
		32.8%	67.2%	100.0%

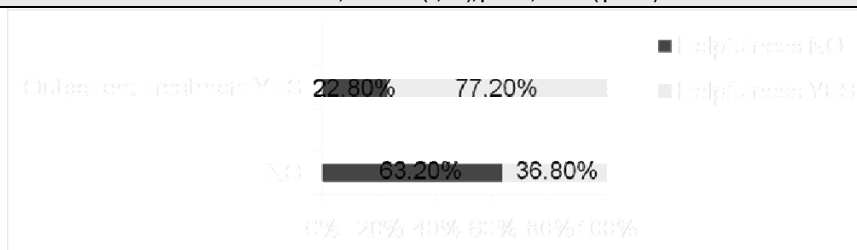
Odds ratio: 1.768, $\chi^2=1.672$ (1,121), $p= .196$, $\Phi=.117$ ($p=.094$)



Outpatient Treatment Program

Outpatient Treatment Program				
Satisfaction with utilization of Outpatient Treatment Program				
		Helpfulness		Total
		NO	YES	
Outpatient Treatment Program	No	12	7	19
		63.2%	36.8%	100.0%
	Yes	21	71	92
		22.8%	77.2%	100.0%
Total		33	78	111
		29.7%	70.3%	100.0%

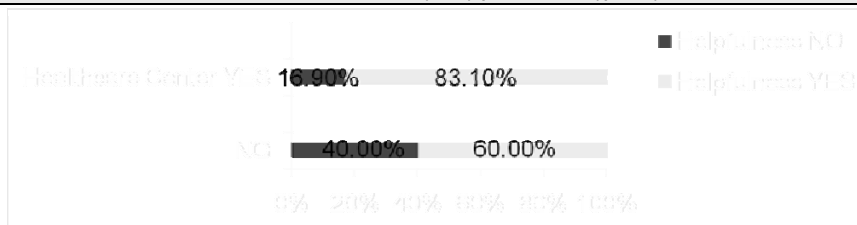
Odds Ratio: 5.797, $X^2=12.262(1,110)$, $p<.001$, $\Phi=.332$ ($p<.001$)



Health Care Center/ Seeing a Doctor

Health-care center or Seeing a doctor				
Satisfaction with utilization of Health-care center or Seeing a doctor				
		Helpfulness		Total
		NO	YES	
Health-care center or Seeing a doctor	No	12	18	30
		40.0%	60.0%	100.0%
	Yes	15	74	89
		16.9%	83.1%	100.0%
Total		27	92	119
		22.7%	77.3%	100.0%

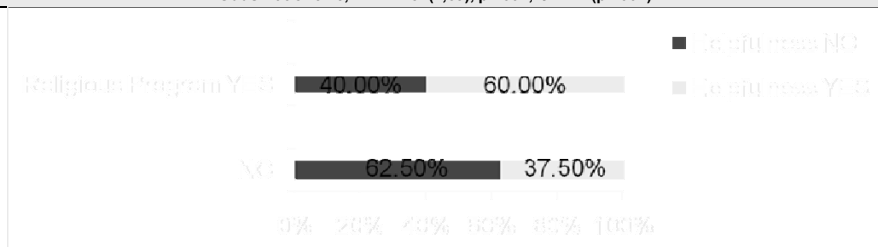
Odds ratio: 7.406, $X^2=6.853(1,118)$, $p=.009$, $\Phi=.240$ ($p=.009$)



Religious Program

Religious Program				
Satisfaction with utilization of Religious Program				
		Helpfulness		Total
		NO	YES	
Religious Program	No	20	12	32
		62.5%	37.5%	100.0%
	Yes	8	30	38
		21.1%	78.9%	100.0%
Total		28	42	70
		40.0%	60.0%	100.0%

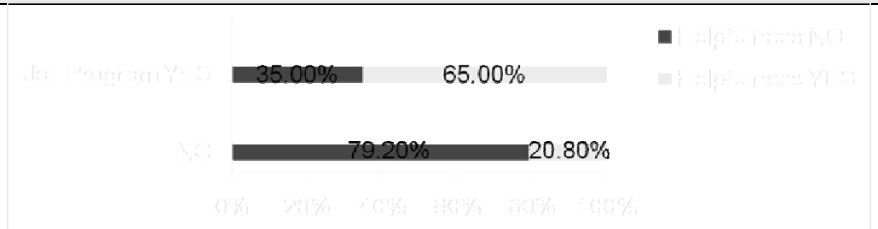
Odds Ratio: 6.25, $X^2=12.434(1,69)$, $p<.001$, $\Phi=.421(p<.001)$



Jail Program

Jail Program				
Satisfaction with utilization of Jail Program				
		Helpfulness		Total
		NO	YES	
Jail Program	No	19	5	24
		79.2%	20.8%	100.0%
	Yes	14	26	40
		35.0%	65.0%	100.0%
Total		33	31	64
		51.6%	48.4%	100.0%

Odds Ratio: 7.06, $X^2=11.716(1,63)$, $p=.001$, $\Phi=.428(p<.001)$



Implications & Conclusion

- There is a high ACE prevalence among the homeless people in this study.
- This study found that traumatic childhood experiences resulted in poor physical and emotional health in adulthood.
- The study concluded that adverse childhood experiences were at the root of leading causes of homelessness.
- Individuals with high ACE scores may be more vulnerable to economic downturns and cultural oppression, a person-environment interaction increasing the likelihood of homelessness.
- Service responses focused on identifying and addressing childhood traumas hold an opportunity for addressing ACEs before they contribute to homelessness.
- The need for increasingly integrated service systems that support comprehensive post-disciplinary responses to these social problems.