Research News

Research Blog: Traumatic childhoods and later life outcomes

15 Mar 2019

Research psychologists from the School of Applied Psychology in UCC and affiliated researchers (Graham Gil

Sharon Lambert showcase some of the work in this area.

A contagion effect?

One study which is currently on-going, forms the basis of a final year project student's work. This is a study investigating the possible contagion effect of trauma-related experiences suffered firstly by front-line service users and then transmitted to professional service employees. To what extent are professionals suffering from secondary traumatic stress? To help shed some light on this question, just over 540 (age 19+ [67% aged 30-49]; 195 males) professional front-line service employees completed an online survey. Respondents completed the Professional Quality of Life (ProQOL, 5th Ed.) survey in addition to answering the 10-item Adverse Childhood Experiences (ACE) survey. They were also asked about how emotionally difficult they found completing the ACE questions. Just over 60% of professional front-line service employees had been in their current line of work for up to 10 years and just under 40% had been in their current position for longer than 10 years. Contrary to what many consider to be a challenging questionnaire to answer, 83% of professionals stated that they found answering the ACE questionnaire 'very easy to moderately easy' to answer. Professionals hailed from a variety of service sectors and most were situated within social care/work and therapy (50%); emergency medicine and health (29%) and education/justice (21%). Just over 77% of our sample of professionals scored at or below the ACE cut-off score of 3 which indicates none to a little trauma suffered before the age of 18. In fact, 37% of the professionals surveyed stated that they had never suffered any of the trauma listed in the ACE questionnaire at all. However, those who did record a score of 4 or more (considered the point at which trauma suffered during childhood is severe) found completing the ACE questionnaire a bit more distressing (ranking this question on average as 3 out 10 as opposed to an average score of 2 out of 10 for those with low ACE scores) and this relationship was statistically significant.

Unsurprisingly, the higher the ACE score for our sample of professionals, the more difficult they found completing these questions. This significant relationship also held regarding burnout and secondary traumatic stress experienced on the job with those scoring higher levels of burnout almost twice as likely to have higher ACE scores (4+) than those with lower ACE scores and those scoring higher levels of secondary traumatic stress almost four times as likely to have higher ACE scores. A very robust positive relationship was found between burnout and secondary traumatic stress which was partly reflected in the significantly lower compassion satisfaction scores. The longer professionals had spent in their current roles, the higher their burnout and secondary traumatic stress scores. However, this trend was abated when professionals had been working in these roles for over 20 years leading us to speculate whether a form of resilience had developed over time. A significantly higher number of high-ACE scoring professionals stated experiencing very high levels of secondary traumatic stress. When the different occupational groups are looked at in more detail, those working within education and justice experience comparatively higher levels of secondary traumatic stress than those in social care work occupations. Psychologists and therapists reported comparatively lower levels of secondary traumatic stress.

Experiencing homelessness

Another study, based on a past MA student's work with Cork Simon, investigated individuals experiencing homelessness who presented at an emergency homeless shelter in the south of Ireland over a period of 6 months. A routine part of the screening procedure includes an initial assessment of these accommodation-seeking individuals. Several questions are asked of everyone accessing this homeless service and psychological variables of interest include among others, time spent in prison, presence of substance use in family, time spent in residential care, children lost to care, first drug taken, if drugs were ever injected, age at which first drug was taken, past and present drug-of-choice, age at which cannabis, heroin and alcohol was first used, number of visits to the accidents and emergency ward, number of visits to the intensive care unit, history of sexually transmitted infections, history of sharing needles, history of unprotected risks, whether there is currently a charge against the person, history of assault, history of treatment for substance use/gambling, history of overdoses, history of self-harm, history of domestic violence, history of suicidal thoughts as well as adverse childhood experiences (ACE) questions. Fifty individuals experiencing homelessness (80% male; 83% Irish) who presented at a local homeless shelter in Ireland were invited to complete an initial screening questionnaire. There was a significant positive correlation between total ACE scores and the age at which homeless individuals first injected with heroin, with those scoring higher ACEs also injecting at earlier ages. Several statistically significant differences were uncovered for this sample when ACE scores were looked at across a number of variables of interest. Those who scored higher than 4 on the ACE took significantly more unprotected risks; received treatment for substance use and/or gambling and evidenced higher frequencies of these treatments; overdosed more frequently; self-harmed more and suffered more domestic violence. This may have implications for policy and practice, services who screen for ACEs may want to consider the elevated risks for Service Users and tailor care plans accordingly.

Recognising dual diagnosis

A third study based on a past student's work with Tabor Lodge, investigated the dual diagnosis (DD) of addiction and mental health which is a complex issue. Responses in policy and practice to DD in Ireland have been poor. A report published in 2004 highlighted an urgent need to establish prevalence of DD in Ireland and to develop an appropriate national strategy. This has yet to be achieved. The aim of this exploratory study is to establish the levels of DD and adverse childhood experiences in an adult residential addiction service. Fifty clients (thirty-two male) presenting at an Irish residential treatment programme were screened upon initial assessment and intake during 2016-2017. Data were collected in the form of a questionnaire and completed together by frontline staff and clients. This cross-sectional survey design targeted clients who self-presented for treatment and those who had been referred onward from general practitioners. Several socio-demographic, mental health and addition variables were recorded and included among others, client age, sex, employment status and Adverse Childhood Experiences (ACE) score. Participants identified alcohol as the primary drug of choice (n=46) while poly substance use was the norm rather than the exception. Analysis revealed an objective mental health diagnosis in 44% of cases, which increased to 92 % for self-reported mental health disorders, primarily anxiety and depression. High ACE scores (≥ 4), were associated with higher reports of mental health disorders, suicidal

ideation and higher levels of imprisonment. As noted with the previous study these findings are relevant for service design and delivery.

Health among those experiencing homelessness

Lastly, a study that is still underway concerns a sample of 90 rough sleepers in Cork city who were surveyed during 2017. This study is investigating the physical and mental health status of rough sleepers in the city. There were an extensive range of variables collected using a previous survey that collected data in Limerick and Dublin (O'Reilly et al., 2015. Homelessness: An Unhealthy State. Health status, risk behaviours and service utilisation among homeless people in two Irish cities. Dublin: The Partnership for Health Equity). The variables fall broadly under the headings of demographics, addiction, health and use of health services. This data is currently being analysed and we hope for results to be published later on this year.

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