

Trauma:  
The Effects on Children  
Nicole Denver  
Anna Maria College

Author's Note

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### Abstract

This thesis paper explores the three major types of trauma: homelessness and poverty, abuse and neglect, and substance abuse in diverse family households. Several major article and books were used to gain knowledge and understanding about the effects those traumas have on children directly after, in years to come, and later in life. Trauma can affect a person academically, socially, medically, and emotionally. A questionnaire was created to collect data from a small group of students at Anna Maria College. The questionnaire asked questions about any trauma the participants have endured and how they are being affected. Demographic information was gathered as well to analyze any patterns or trends correlated to trauma and race, gender, and economic status. Intervention strategies for those whom struggle from the effects of trauma are also discussed in this thesis.

*Keywords:* trauma, homelessness, poverty, emotional abuse, physical abuse, sexual abuse, neglect, alcoholism, substance abuse

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## Trauma:

### The Effects on Children

#### **Chapter 1 - Introduction**

There are so many different types of problems in the world today. Often times our only focus is on our personal problems, and we are blinded by the bigger problems. A lot of people only deal with the “noise” of the problem. The “noise” is the only part of the issue that gets people’s attention the most. Many times, however, dealing with only the noise of the problem will not help solve the problem. We need to go deeper.

We notice problems because of how it affects people. Problems that affect families are usually the ones most looked at by social workers, law enforcement, and other professionals and members of the society. Some big problems in our world today that affect families and children the most include homelessness and poverty, abuse in the home, and substance abuse addictions within the household. These are common problems that a lot of people in not only our country, but around the world deal with currently.

Dealing with such big problems cause trauma for all ages. Trauma has negative effects on people in many different ways. All different types of traumas have different type of effects on people. Trauma shows the effects in different ages in unique ways. Some typical ways people are affected are academically, socially, medically, and emotionally.

When trauma happens early in life, it can affect a child academic, social, medical, and emotional ways, as mentioned before. For example, some concerns are with regulating emotions, erotic or inappropriate behavior, poor financial situation, mental illnesses such as depression or anxiety, violent or toxic relationships, and much more.

When a child goes through a traumatic event at young age, it can cause toxic stress and can even lead to Post Traumatic Stress Disorder (PTSD).

### **Adverse Childhood Experiences**

Traumas are types of adverse childhood experiences (ACEs). A website elaborating what ACE's are explain it as being harmful to "children's developing brains and lead to changing how they respond to stress and damaging their immune systems so profoundly that the effects show up decades later. ACEs cause much of our burden of chronic disease, most mental illness, and are at the root of most violence" (ACEs, 2018). The types of adverse childhood experiences they focus on include physical, sexual and verbal abuse, physical and emotional neglect, witnessing a mother being abused, losing a parent to separation, divorce or other reason, and a family member who is: depressed or diagnosed with a mental illness, addicted to alcohol or another substance, or in prison (ACEs 2018).

ACE's picked some of the biggest problems facing our society for children. The three chosen for this thesis included homelessness and poverty, abuse and neglect, and substance abuse in the household. Each type of problem can cause a different type of outcome compared to the other traumas. I will discuss each one in this paper.

### **Types of Trauma**

Homelessness and poverty is a large worldwide problem. The rate of homelessness in our country alone continues to rise as well as the rate of homelessness in children. Between the 2013-2014 school year, over 1.4 million school-aged children were homeless (Homeless Children and Youth, n.d.). Not having a place to live, living on the streets, bouncing around from shelter to shelter, or having to stay on couches of families

and friends can be a very real and harmful trauma on children. Living in poverty, from paycheck to paycheck, living off welfare, housing assistance, and other government assistance can also have an affect on all members of the family, especially the child.

Abuse and neglect are unacceptable and unlawful things in our society. However, those are two are real and common horrors in our world today. Physical, emotional, and sexual abuse are all horrible traumas, but seem to have different effects on children. Neglect is also illegal because it is inhuman to keep your children from eating, bathing, and basic care. Neglect also has its own effects on children.

Being raised by a parent or caregiver who is addicted to drugs or alcohol could have lasting affects on children. Having a caregiver struggling with substance abuse often leaves the child with the responsibilities of the adult. Not only do the children have to take over, they are also in danger and worry about their caregiver. Also, a sibling with substance abuse issues can cause toxic stress in the home.

### **Homelessness.**

The amount of families dealing with problems such as homelessness and poverty, abuse, and substance abuse is high. It is affecting their children in ways they do not see! The children may not show signs of effects now, but they will later in life. We need to bring more awareness to these concerns, specifically on how they affect our children.

Homelessness is extremely common. Homelessness happens for many reasons, some examples including: unemployment, divorces, incarceration, and children aging out of foster care and DCF. However, the biggest reason is poverty. “About 15 million children in the United States – 21% of all children – live in families with incomes below the federal poverty threshold, a measurement that has been shown to underestimate the

needs of families. Research shows that, on average, families need an income of about twice that level to cover basic expenses. Using this standard, 43% of children live in low-income families” (Child Poverty, n.d.).

### **Abuse and neglect.**

Abuse of any kind is cruel. Violence in general never leads to anything productive. When we bring violence and children together, it is even more apparent that it is not a good mix. Physical abuse is not the only problem though. Sexual abuse can also be very violent and violating, causing long term effects. Emotional abuse can also be extremely hurtful and can cause a lot of trust issues, self-esteem issues, relationship issues, and other psychological problems. Neglect is another type of abuse in which the child’s needs are not being fulfilled. All four types can cause an array of different problems for the child both at the time, and later in the future.

### **Substance abuse.**

Substance abuse is a common problem in our society. Most of the “noise” of the problem is solely about the person struggling with the substance abuse. Although the individual that has the addiction is a concern, their children should be too. For children of alcoholics, not only is it likely that the child will have psychological damage, but genetically they are at risk for being an alcoholic when they grow up too. A book called *Characteristics of Children of Alcoholics: Putative Risk Factors, Substance Use and Abuse, and Psychopathology* says, “an extensive literature strongly indicates that offspring of alcoholics are at elevated risk for alcoholism” (Sher, 1991).



**Thesis Purpose**

These three general problems are unfortunately very common and well-known problems in our society currently. However, the “noise” of the problem never involves how they affect children. Children are being exposed to these problems, getting traumatized, and can develop negative behaviors and have difficulty with emotions. There is a need to bring awareness to these issues and figure out exactly what these traumas do to children and how to prevent it.

The purpose of this study was to see how different types of trauma affect children differently, even later in life. I will be studying some traumas individually and their direct effects rather than trauma in general. I will be doing studies and research using a questionnaire on young adults and how they are dealing with their childhood traumas.

Many young adults trying to be successful are haunted by a rough childhood. According to the Mental Health Connection of Tarrant County in Fort Worth, Texas, “People who have experienced trauma are:

- 15 times more likely to attempt suicide
- 4 times more likely to become an alcoholic
- 4 times more likely to develop a sexually transmitted disease
- 4 times more likely to inject drugs
- 3 times more likely to use antidepressant medication
- 3 times more likely to be absent from work
- 3 times more likely to experience depression
- 3 times more likely to have serious job problems
- 2.5 times more likely to smoke

- 2 times more likely to develop chronic obstructive pulmonary disease
- 2 times more likely to have a serious financial problem” (Recognize Trauma, n.d.).

### **Individual research.**

College students of any age are the primary focus for this study. Anna Maria College provides the perfect age group of this research. The study consists of fourteen Anna Maria students, of all different ethnic and socioeconomically backgrounds. An anonymous questionnaire was distributed to a Family and Community class taught by Professor Ugalde.

The expectations from the questionnaire are to be able to see how students, whom go to the same college, come from different backgrounds and endure different traumatic events from their childhood. The study will collect data in which conclusions can be drawn about how race, gender, and economic status affect various types of trauma.

The questionnaire, along with the articles chosen will help answer the main thesis questions. The following three important research questions will be answered in this thesis:

- How do the effects of homelessness and poverty differ from the effects of abuse and neglect and substance abuse in children?
- Do race, gender, and economic status have any type of effect?
- What type of intervention is most successful?

Each student who participated in filling out the questionnaire in this study is helping find a more clear way of understanding trauma in children. It is an opportunity to find out the differences in each type of trauma from real people so that prevention plans

can be detailed to the type of trauma and problem specifically. The data collected from each participant will also help find any patterns or trends between types of trauma and a certain race, gender, or economic background.

The biggest limitation in the study is the small control group. There is limited access for the researcher to reach a wider variety of students. Although the age range is large, the class is not equally diverse in both race and gender.

The questionnaire given out is completely anonymous. Personal information is asked regarding their experiences and race, gender, household, age, types of traumas endured (if any), and any intervention steps taken. All students were given background information on trauma and adverse childhood experiences before completing the questionnaire. They were given a consent form, which can be found in Appendix A, where they gave their signature. The professor gave her permission before using her class time as well.

## **Chapter 2 – Literature Review**

There are so many flaws in our society that can cause many negative effects on people. Child trauma is an unfortunate situation, however it is a reality in our world today. Trauma has negative effects on people in many different ways, especially children. Research says that children carry that trauma with them through life and can be seen in many different ways: attachment and relationships, psychical and psychological development, emotional responses, dissociation, behavior, thinking and learning, self-concept and future orientation, long-term health consequences, and economic impact (Peterson, 2018).

The literature review will address three areas related to childhood trauma. The first section will address research related to homelessness and poverty and how they affect child development. The second section will focus on research studies about abuse and neglect. The third section will discuss research related to substance abuse and addictions and how they could propose problems for children later in life.

### **Homelessness and Poverty**

Homelessness and poverty is a very different lifestyle. Not only can it be caused by problems such as unemployment, incarceration, dropping out of school, teen pregnancy, mental illnesses, and more, but it can also cause those types of things as well. Evidence-based research from the book *The Impact of Homelessness on Children* tells us that homelessness and poverty can cause real trauma for children and effects from it can be carried with them their entire life.

That book tells us about the effects of homelessness. “Homeless children confront serious threats to their ability to succeed and their future well-being. Of particular concern are health problems, hunger, poor nutrition, developmental delays, anxiety, depression, behavioral problems, and educational underachievement” (Rafferty, 1991).

#### **Health consequences.**

One of the biggest dangers with homelessness is the fact that it can cause some serious acute and chronic health problems. There was a study done in New Jersey in 1991 at sixteen of the Robert Wood Johnson Health Care for the Homeless locations. The medical records of 1,028 homeless children under the age of 15 were examined. Those medical records were compared to the National Ambulatory Medical Care Survey for U.S.. “All of the disorders studied were more common among homeless children, often

occurring at double the rate observed in the general pediatric caseload. The most common disorders among homeless children were upper respiratory infections, minor skin ailments, ear disorders, chronic physical disorders, and gastrointestinal disorders” (Rafferty, 1991). Below is a table of results:

Table 1

*Rate of Medical Conditions in Homeless Children vs. All Children*

Condition	Robert Wood Johnson Heath Care results for <b>homeless</b> children	National Ambulatory Medical Care Survey results for <b>all</b> children
Respiratory infections	42%	22%
Minor skin ailments	20%	5%
Ear disorders	18%	12%
Chronic physical disorders	15%	9%
Gastrointestinal disorders	15%	4%

Within those results, it is clear to see that homeless children are having almost twice as many health problems compared to other children their age. Homeless families often have more trouble getting appropriate health care, so the amount of children whom

are sick and are not being seen or treated would add to that statistic as well. ““Among the many good reasons to do something about homelessness is...that homelessness makes people ill; in the extreme case, it is a fatal condition” (Wright, 1991).

Children living in poverty are also at risk for some serious health problems. They have similar medical problems as homeless children and may also find it difficult to receive care. Health care can be a serious issue for families struggling with poverty. Not only are these children at risk for health problems right away, but also, as they get older. “As adolescents, poor youth are more likely to suffer from mental health problems, such as personality disorders and depression. Moreover, in comparison to all adolescents, those raised in poverty engage in higher rates of risky health-related behaviors, including smoking and early initiation of sexual activity” (Bradley, 2002).

#### **Mental health / cognitive consequences.**

In a study done by Molnar in 1988, teachers' anecdotal accounts of distressing behaviors of homeless preschoolers aged 2½ to 5 years were observed and analyzed. “The behaviors most frequently mentioned include short attention span, withdrawal, aggression, speech delays, sleep disorders, “regressive” toddlerlike behaviors, inappropriate social interaction with adults, immature peer interaction contrasted with strong sibling relationships, and immature motor behavior” (Molnar, 1998). Seventy-six children living in poverty from the age 3 to 5 were also observed and analyzed and had very similar results.

The biggest psychological problems for homeless children include depression, anxiety, and behavioral problems (Rafferty, 1991). Those could be possible reasons for the developmental delays these children whom are living in poverty or homeless. Those

developmental delays continued as the students get older as well. Rafferty examined the school records of 3,805 homeless children in Grades 3 through 10 from three different school districts through the New York City Board of Education. The results reviewed were from the Degrees of Reading Power test in the spring of 1988. “The percentages of homeless children scoring at or above grade level were 36%, 40%, and 41%, compared with 57%, 74%, and 68% for all children” (Rafferty, 1991).

Children who grow up in poverty also have similar issues in the classroom as homeless children. “...poverty in childhood and adolescence is associated with a higher risk for poorer cognitive and academic outcomes, lower school attendance, lower reading and math test scores, increased distractibility, and higher rates of grade failure and early high school dropout” (Bradley, 2002). Children of poverty also have trouble with working memory. All of those factors combine lead to difficulties in finding and keeping a job and end up having lower wages than others their age.

Students that are homeless and students living in poverty are more likely to repeat grades. The top two reasons are because of their developmental delays and struggles within the classroom and because of lack of attendance. Lack of attendance is common in those two groups of students because of reasons such as lack of transportation, illness, or problems within the family.

### **Abuse and Neglect**

There are three different types of abuse and there is also neglect. Physical abuse is the physical act of hitting a child. That could also mean kicking, pushing, and any other physical act to hurt the child. Emotional/verbal abuse is not actually physically harming a child but using words and actions that will negatively affect their self-esteem and

severely hurt their feelings. Examples would be telling a child they are worthless, stupid, a mistake, and other insults such as that. Sexual abuse is the act of forcing a child to touch their own or the perpetrator's private parts. It is forcing oral, vaginal, or anal intercourse. Neglect is not supplying a child with basic needs such as food, water, and hygiene. Some examples would be sending the child to school hungry or with the same dirty clothes.

Abuse and neglect are very detrimental to a child's development. Unfortunately, there are many cases of abuse and neglect in our country, and even more go unreported. In the year 2011, 676,569 children were victims of child abuse or neglect (U.S. Department of Health and Human Services, 2012). Abuse and neglect can affect a child physically, psychologically, and behaviorally.

#### **Physical health consequences.**

When it comes to physical abuse, and sometimes sexual abuse, physical marks are often left. Some physical health concerns could be a broken bone, bruises, cuts, or any other physical mark left behind by an act of abuse. Although most of those injuries are temporary, they can leave lasting effects. "NSCAW researchers found that, at some point during the 3 years following a maltreatment investigation, 28 percent of children had a chronic health condition" (Administration for Children and Families, Office of Planning, Research and Evaluation [ACF/OPRE], 2007). Some other lasting physical effects include a higher chance and rate of cardiovascular disease, lung and liver disease, hypertension, diabetes, asthma, and obesity.



Physical abuse can also cause impact on the brain. Certain physical impacts can lead to parts of the brain not developing properly. A brain that was not fully developed can cause delays in many different areas. “These alterations in brain maturation have long-term consequences for cognitive, language, and academic abilities and are connected with mental health disorders” (Tarullo, 2012).

### **Psychological consequences.**

When a child gets verbally and emotionally abused, there are immediate effects, just like with physical abuse. Emotions such as fear, sadness, and feeling alone are immediate reactions but can cause lasting effects as well. Emotional abuse and all other types of abuse and neglect have been linked to causing poor mental and emotional health, cognitive difficulties, and social difficulties (Child Welfare Information Gateway, 2013).

The top three mental health disorders caused from abuse and neglect are borderline personality disorder, depression, and anxiety. “One study using ACE data found that roughly 54 percent of cases of depression and 58 percent of suicide attempts in women were connected to adverse childhood experiences,” such as abuse and neglect (Child Welfare Information Gateway, 2013). Also, abuse can cause children to grow up having trouble regulating and expressing their emotions.

Abuse and neglect can also cause problems for children in the classroom as well. As discussed earlier, abuse can cause irregular brain development and developmental delays. Due to those, cognitive delays are common, which often lead to children whom have endured abuse to repeat grades. “In its final report on the second NSCAW study (NSCAW II), more than 10 percent of school-aged children and youth showed some risk

of cognitive problems or low academic achievement, 43 percent had emotional or behavioral problems, and 13 percent had both” (ACF/OPRE, 2011).

Neglect can cause a lot of problems for children when they try to socialize. When a child grows up with getting little to no support, affection, or even interaction, they are unsure of how to act with other adults and peers. The child often does same thing with other adults and peers as their parents do to them, they do not make any connections with others and is very antisocial. The other thing children do is get too attached to other adults or peers. “Parental neglect is associated with borderline personality disorders, attachment issues or affectionate behaviors with unknown/little-known people, inappropriate modeling of adult behavior, and aggression” (Perry, 2012).

### **Behavioral consequences.**

Emotional problems or disturbances, impaired brain damage, and cognitive delays can lead to behavioral problems. “According to NSCAW, more than half of youth reported for maltreatment are at risk for an emotional or behavioral problem” (ACF/OPRE, 2012). Those problems can occur both at school and at home and can lead to bigger problems and risky behaviors in which will be discussed.

Abuse and neglect cause a higher chance and rate of grade repetition, dropping out of school, alcohol and substance abuse, juvenile delinquency and adult criminality, abusive behavior towards loved ones in the future, and pregnancy. Children who endure the trauma of abuse and neglect are more likely to partake in risky behavior later in life. Those risky behaviors often lead to unprotected sex, which can lead to sexually transmitted diseases and pregnancy. Risky behavior can also include the over use and

abuse of alcohol and other drugs. That, including other risky criminal behavior, can lead to prison. “Children who have experienced abuse are nine times more likely to become involved in criminal activities (Gold, 2011).

### **Substance Abuse**

Alcohol and drugs are very easy to abuse and addicted to, even for parents. In fact, one in five children live in homes with parental substance abuse in the United States (Bergland, 2016). Parents and other members in the household that are alcoholics or drug addicts have an impact on the child’s well being too. Children are genetically predisposed to substance abuse if their parent was a user. In fact, “Children of alcoholics are nearly 4 times more likely to have an alcohol use disorder, with rates of hazardous use starting in the adolescent years and continuing into adulthood” (Smith, 2016). Not only are those children genetically affected, but psychologically as well. This is because not only do the children deal with the effects of their parent being a substance abuser, but also the lack of care they receive because of their parents being a substance abuser.

### **Family dynamic impact.**

When a parent or member of the household is under the influence, they are more likely to act in a way that is harmful for the child. “The new clinical report "Families Affected by Parental Substance Use... reports that children whose parents use drugs and misuse alcohol are three times more likely to be physically, sexually, or emotionally abused and four times more likely to be neglected than their peers” (Bergland, 2016). With any of those factors involved, organizations such as the Department of Children and Family (DCF) could get involved. When alcohol and drugs are in the mix, it is easy for

other types of traumatic and adverse childhood events to occur for all other members of the household.

Children whom are exposed to substance abuse in the household are also exposed to those actual substances, not just the effects. Bottles, drugs, dirty needles, and more are at the child's fingertip. "The home environment may lack appropriate childproofing safety measures because of transience of housing and parents being distracted by substance use or alcohol misuse. The use of open flames or lighters for the consumption or production of drugs may increase the dangers of accidental burns, fires, and explosions where children live. Children are at increased risk of acquiring infectious diseases because of exposure to needles and drug paraphernalia" (Smith, 2016).

Even if a child does not get abused or neglected, they could be in the position where they are forced to act like the parent if their parent is under the influence of drugs or alcohol. It can cause a child to grow up quicker than others their age because of the situations happening in their home. This could cause issues for those children with making friends and interacting with peers their age. It can also cause extreme toxic stress, always worrying about their parent, which can cause behavioral problems, mental health issues, and academic problems.

### **Medical consequences.**

When drugs and alcohol are abused in the household, it much easier for a child to get hurt. There is usually a lack of parental supervision, which often leads to injuries. "Compared with their peers whose parents do not have SUDs [substance use disorder], they are twice as likely to sustain serious injuries, increasing the risks of missed time from school, hospitalization, or surgical treatment" (Smith, 2016). With the possible lack

of supervision and care, a child is more likely to get ill and stay ill without doctor visits.

### **Mental health consequences.**

Being constantly exposed to such toxic behavior can be very harmful for children. Some common mental health problems that children whom experience substance abuse in the home include anxiety disorders, attention-deficit/hyperactivity disorder, depression, oppositional defiant disorder, conduct disorder, truancy, and trauma and stress-related disorders (Kendall, 2013). There may be problems with the child's coping mechanism, making it hard to regulate and express emotions.

### **Intervention**

Trauma has results on children, either right away, later in life, or both. We have learned all about the different types of traumas and what each of them does to children. Is there a way to fix it though? There are a lot of different intervention strategies, some more effective than others, but all unique and helpful in their own way.

### **Acute trauma.**

Acute trauma is trauma that occurs immediately after or during a trauma. When working with a child who is a victim of trauma, giving and showing support is a necessity. Having an adult figure that is there for the child for anything and can be trusted is very important. Once everything is figured out, whether it be a social worker, counselor, or another professional, needs to be an advocate for that child. If steps need to be taken to get the child out of a dangerous environment, then they need to fight for that to happen.

Getting a child, one struggling with trauma or not, on a daily routine is very helpful for their success. A child of trauma may not have consistency in his or her life so

creating a daily schedule for that child to keep to can help. Creating goals developmentally, psychically, academically, and socially and making plans to reach those goals is going to help the child focus on getting better.

A child who endured trauma may not want to talk about the trauma. However, the professional needs to facilitate open but not forced communication with the child about his/her reactions to the traumatic event (Effective Treatments For Child Traumatic Stress, n.d.). The event needs to be talked about before the child is able to get past it. However, the professional needs to take it at the child's pace.

### **Psychotherapy, behavioral therapy, counseling.**

Counseling can also be very beneficial for children and adults. Simple counseling such as talking to a therapist can be very helpful. However, if the case is more severe, there are a lot of different types of psychotherapies and behavioral therapies.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment for children who are victims of trauma. TF-CBT is one of the best types of behavioral therapies. It is a 16-20 session treatment who focused on children ages 4-21. It is also available for the child's parent as well if they are showing symptoms from the trauma too. "There has been strong evidence to support its ability in reducing symptoms of Post-Traumatic Stress Disorder (PTSD) and depression in both children and their caregivers. The intervention is a manualized, phased intervention that helps the child develop and enhance their ability to cope with and regulate their responses to troubling memories, sensations and experiences" (Effective Treatments For Child Traumatic Stress, n.d.).

There are also a lot of other difficult kinds of behavioral therapy. There is a kind

for every type of trauma and it is specified to the type of trauma and the exposure the child had. Each child gets analyzed and assessed so that professionals can make sure the child is getting the help he or she needs.

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC) is another popular type of counseling. It is another evidence-based treatment, similar to TF-CBT but focused on children from the age of 7 to 15. Another difference is that MATCH-ADTC is for treating children with more than one symptom or disorder due to trauma. “MATCH is designed for multiple disorders and problems, including anxiety, depression and post-traumatic stress, as well as disruptive conduct such as the problems associated with ADHD (Attention Deficit Hyperactivity Disorder)” (Effective Treatments For Child Traumatic Stress, n.d.).

### **Pharmacotherapy.**

While there are a lot of different types of counseling to choose from and try, sometimes they still are not effective for certain people. Some people need pharmacotherapy, the use of medicine. “Medication use in children who have experienced acute trauma or during their exposure to trauma to prevent the development of PTSD is intended to target memory consolidation and physiologic hyper arousal” (Interventions Addressing Children Exposed to Trauma, 2012). Some popular medications used include: opioid analgesic morphine, alpha-agonist clonidine, Selective serotonin-reuptake inhibitors, and other types of antidepressants, stimulants, Antipsychotics, and Benzodiazepines.

### **Chapter 3 - Methods**

In a lot of cases, when trauma happens, people do not think that those children will have lasting effects from it. However, those effects can last a lifetime. Trauma such as homelessness or poverty, abuse or neglect, and having parents or guardians whom struggle with substance abuse have a significant impact on children.

How do homelessness and poverty, abuse and neglect, and substance abuse in the house different in their effects on children? Does race, gender, or economic status have any type of effect? What type of intervention can be done? These are the questions that this thesis will attempt to answer.

#### **Questionnaire Information**

A questionnaire was created to collect data. It contains questions asking background information of their life. Questions focus on if they have gone through traumas such as homelessness and poverty, abuse and neglect, and substance abuse in the home. The participants are also asked if they have experienced any effects from the trauma they endured. The questionnaire is answered anonymously by the students and then gathered and put into groups based on similar answers. Last, the results will be analyzed for patterns and trends within the demographic data gathered and the answers to the questions.

This study took place on campus of Anna Maria College in Paxton, Massachusetts. A small group of fifteen students were given the questionnaire. Fourteen females made up ninety-three percent of the participants while one male filled the remaining seven percent.



The study took place in Foundress Hall, on the second floor. The Human Development and Human Services class is called “Family and Community” and is taught by Professor Ugalde. The participants were aware this study taking place and were given consent forms, which can be found in Appendix A. The questionnaire, also found in Appendix A, was given with full assurance that these would be anonymous and they were given ample time to complete the questionnaire during the class period.

The participants were students in a class that a good sample for the study. It is a class in which they talk about family dynamics and contemporary problems of families. The class was taught about risk factors and protective factors, which was helpful background information for this questionnaire.

Being at a college in Paxton, Massachusetts, diversity is sometimes hard to find. That being said, sixty percent of the participants are Caucasian. The next biggest population was Hispanic/Latinos, who took up thirty-three percent of the students. African Americans only made up thirteen percent of the class. Some students identified with more than one race or ethnicity, creating the percentages to add up to higher than 100%.

The questionnaire itself is the independent variable. The questionnaire is a straightforward paper of questions to answer, not necessarily a study. The dependent variable would be the answers. The goal is to receive honest and valid answers.

The researcher and author of this thesis created the questionnaire. Some questions and ideas were taken from the Adverse Childhood Experiences (ACE) test. All questions were developed to learn the demographic information of each participant as well as

information of any past traumas they experienced as a child and any effects they struggle with now because of it.

Researcher-made questionnaire instrument was used for this study. It was used to collect demographic data on participants as well as collect information about the thesis topic. It was given to collect data on how common childhood trauma were in the selected focus group chosen and how those students were affected by the trauma. The students were given prior information of the questionnaire and were asked for permission before it was administered. The students were given each test individually during class with ample time to complete without any rushing or pressure. The questionnaire started with a consent form that was unattached once completed. Followed by that, the questionnaire was three pages long. The first page asked for demographic information, asking their age, gender, ethnic background, and home life. The following two pages included seven questions asking about seven different types of trauma: homelessness, poverty, emotional abuse, physical abuse, sexual abuse, neglect, and substance abuse. If any of those seven were answered with a yes, there were a few follow up questions. Those follow up questions asked if and how the trauma has affected them, if they received counseling in the past or currently, and if the counseling is beneficial and why.

The answers will be grouped into the three main groups of each trauma (homelessness and poverty, abuse and neglect, and substance abuse in the household) and made into percentages. The total number of participants divided by the amount of people who checked off a certain race created the percentage used. The demographic data and answers of the questions will be analyzed together to search for any connections.

The questionnaire was reviewed and approved by the Professor of the class whom is the Head of the Human Development and Human Services Department at Anna Maria College. Professor Ugalde is also the subject advisor of this thesis. All information is reviewed by both the researcher and Professor Ugalde and put into the three groups. Percentages and groups are made from factual and straightforward answers that came directly from the participants.

The researcher gave the questionnaire during the pre-assigned class time. The researcher and Professor Ugalde observed the participants to ensure everyone was given proper privacy and time. The students received a mini-lesson on Adverse Childhood Experiences and the types of traumas reviewed in this thesis. The video called “ACES Primer HD” was shown. When the participants were finished with their questionnaire, they were prompted to put it in a designated folder at the front of the room to ensure it was anonymous. Once all participants were complete, the observer left with the folder and the results were reviewed with Professor Ugalde during a separate date.

In the pretest phase, the researcher created the questionnaire with help from Professor Ugalde. There were meetings and emails back and forth until the final copy was created. The day was chosen based off when Professor Ugalde thought would best fit with the curriculum of her class.

During the intervention phase, the questionnaire was administered on Thursday, April 12<sup>h</sup>, 2018 during the Family and Community at Anna Maria College. It was a one time administered questionnaire. The researcher was given written permission from each participant and then administered the questionnaire.

In the post-test phase, the researcher and Professor Ugalde reviewed the demographic information received from the questionnaire by the participants and put into percentages. The answers were also reviewed and put into groups based on the type of trauma they endured. The effects the participants shared will be written down and compared to others within that group, outside that group, and to results of other known studies.

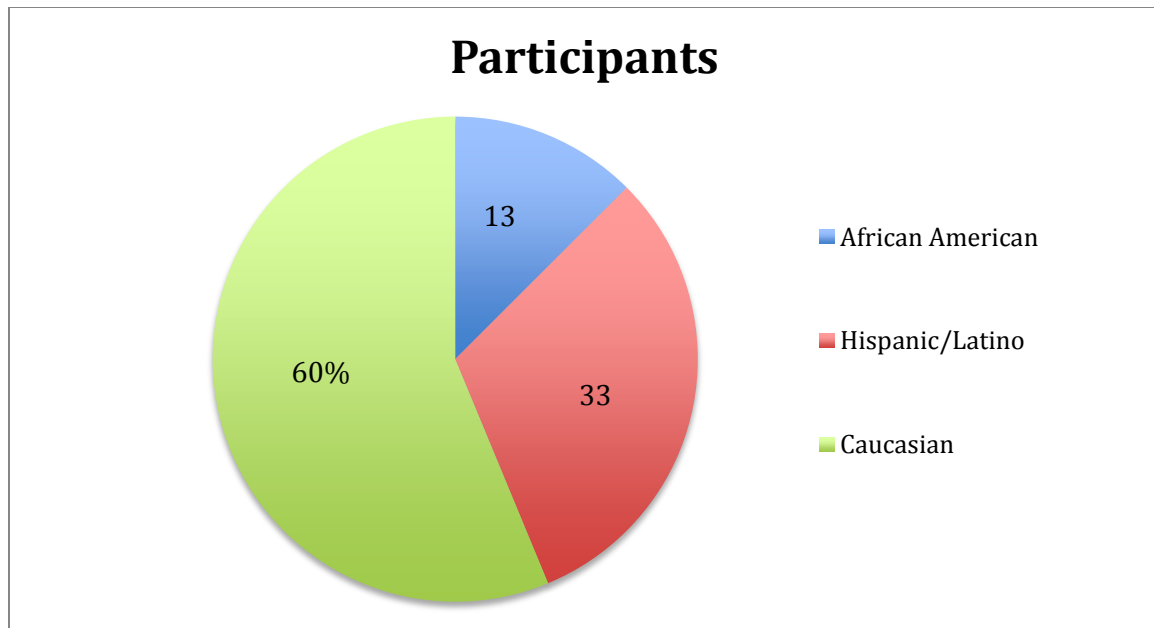
The data was analyzed based on the research questions. The data collected by one trauma group will be compared to the data collected for the other two trauma groups. The demographic information gathered will be analyzed in comparison to the results of different races, genders, and economic status to see if there are any patterns between race, gender, economic status, and the types of trauma.

#### **Chapter 4 - Results**

There have been plenty of studies and articles printed about the effects trauma has on children. However, rarely any of them focus on the differences between race, gender, and economic status.. The questionnaire was created to see if there were any trends between those factors, focusing on mostly homelessness and poverty, abuse and neglect, and substance abuse in the home. The questionnaire is self-created and small but the results are still very telling and interesting.

##### **Race**

The demographic information will be shared and analyzed for connections and trends. The first thing looked for was any trends or patterns between trauma and race. A visual representation of the ethnicities of the participants can be found below in the pie chart below.



*Figure 1.* Ethnicities of participants in individual study.

More than half of the participants, fifty-seven percent, admitted to enduring some type of trauma in their childhood. Although African Americans only made up eleven percent of the participants, the entire eleven percent resulted in no traumas in their childhood. This group did not document any situations of homelessness and poverty, abuse and neglect, or substance abuse in the house.

Hispanics and Latinos were the next race analyzed. They made up thirty-three percent of the participants and had the highest percent of traumas. Eighty percent of Hispanic/Latinos were exposed to some type of trauma in their childhood. The biggest reported trauma between them was emotional abuse, followed by a three-way tie of homelessness, poverty, and substance abuse.

Caucasians made up the majority of the participants with a percent of sixty percent. More than half, fifty-five percent, of Caucasians were exposed to trauma in their childhood. In total, only two participants checked off six out of seven traumas and they

were both in the Caucasian category. The majority of the traumas checked off for this group was substance abuse in the home. Poverty and emotional abuse were tied for next, followed by a tie for physical and sexual abuse, and for last, a finishing tie for homelessness and neglect.

### **Gender**

When it comes to gender, there was a strong female domination with a 14:1 ratio. Fifty-seven percent of females were exposed to trauma as a child opposed to the zero percent of males. Of that fifty-seven percent, thirty-six percent of it is from one to two traumas reported. That is followed by fourteen percent of it being from five to six traumas reported, ending with seven percent of it being from three to four traumas reported.

### **Economic Status**

Poor economic status can be a type of trauma. As discussed early, homeless children and children living in poverty are affected medically, mentally, and academically. Five participants, equaling thirty-six percent, said that their household were struggling with poverty and received any of the following: food stamps, free school lunch, low-income housing, or Temporary Assistance for Needy Families (TANF). Only one student had only poverty as their trauma. Another student reported poverty and another trauma, while another one reported poverty and two more traumas. The last two students reported poverty and five other traumas.

### **Intervention**

The entire fifty-seven percent of participants whom have experienced trauma in their childhood said that they are currently affected academically, socially, medically,

emotionally, or a combination of them. Fifty-percent of them received counseling in the past, and sixty-three percent of them are receiving counseling currently. Out of all of those who have received counseling in the past or are receiving it now, one hundred percent of them said that counseling was beneficial for them.

### **Chapter 5 – Discussion of Results**

There is tragedy and trauma everywhere, especially situations affecting children and families. Although it affects everybody, people tend to brush off the fact that children are enduring the trauma as well. People often think they are too young to remember; however, trauma always stays with them. What people do not realize is the long lasting effect trauma on children can have.

Some of the biggest traumas affecting our children today include homelessness and poverty, abuse and neglect, and substance abuse in the household. The questionnaire created for this thesis was to answer a few questions. Data involving race, gender, and economic status were collected to assess and analyze if they have an impact on trauma.

#### **Race**

African Americans seem to have a higher percentage or likelihood to have trauma in their life. A lot of people assume out of all races, it would be African Americans whom have the worst home life and the most traumas. However, the results from this questionnaire prove that to be false. African Americans were the only race in this class who did not experience any traumas. They were the race with the least amount of people in the class, but still proved the stereotypes to be false. In this questionnaire study, the African American participants were not exposed to homelessness and poverty, abuse and neglect, or substance abuse in the home.

The Hispanic/Latino ethnic group was the middle group, containing neither the least nor most participants. They made up thirty-three percent of students. However, they had the largest amount of participants whom endured trauma in their childhood. Eighty percent of Hispanic/Latinos reported trauma, the highest being emotional abuse. This could be a trend within Hispanic and Latino families that needs to be looked further into.

The Caucasian group has the largest amount of participants, taking up sixty percent of the class. More than half of Caucasians, fifty-six percent, had substance abuse in their home. Substance abuse issues could be with a parent, guardian, brother, sister, aunt uncle, or anyone living within the household. It can affect every person in the house. Caucasians have the lowest conviction rate for drugs, resulting in those abusing drugs to still be at their house, affecting the rest of the family. Incarcerated parents or family members are definitely a trauma as well, but that could be a reason why substance abuse in the household statistic is so high in Caucasians.

### **Gender**

The ninety-three percent female population was very overpowering to the seven percent male population in the class. The only male participant reported zero traumas. However, fifty-seven percent of females reported one or more traumas in their childhood. In fact, two females checked off six out of the seven traumas listed. The higher population of females led to the higher percent of traumas recorded.

“Trauma is common in women; five out of ten women experience a traumatic event. Women tend to experience different traumas than men” (PTSD, 2007). The highest trauma recorded for women in this questionnaire was emotional abuse. This is often because women are looked at as weak and easily controllable. Women also tend to



carry the effects of trauma more than men do. “Women are more than twice as likely to develop PTSD than men” (PTSD, 2007).

### **Economic Status**

From the data collected, economic status does have somewhat of an impact on trauma. Eighty percent, four out of five participants, had poverty and at least one other trauma checked off. In fact, two students reported poverty and five other traumas. Being financially challenged can cause a lot of stress within the household. Sometimes stressed parents take it out on their children or relieve their stress with alcohol or drugs and then end up abusing them. Emotional abuse and substance abuse were the two most popular traumas to be linked with poverty based on the results from this thesis questionnaire.

### **Intervention**

The data collected about the effects of trauma with these participants was groundbreaking. One hundred percent of the students whom reported going through one or more traumas said that it currently affects their life academically, socially, medically, emotionally, or a combination of them. Most answers included anxiety, especially when expressing feelings. This is acknowledging that life events are carried with us throughout our lifetime. Participants at the age of eighteen all the way through fifty-four are affected in many ways.

After asking for that information, the participants were also asked if they had ever received counseling in the past or if they are currently receiving counseling now. Out of all of those who said yes in either, one hundred percent of them said the counseling was beneficial. Some people automatically go right to medicine to help with anxiety,

depression, and other negative effects from trauma. However, counseling has proven to be an affective form of intervention for these participants.

### **Limitations**

The lack of diversity in both race and gender put limitations on the study. The small group size also made it hard to see if this was a trend or coincidence. For this study to be more effective in the future, I will need to complete it using multiple classes with more diversity. Larger numbers would also help make the percentages more accurate to a real life situation.

### **Conclusion**

No trauma is worse than the other. All trauma, whether it happened once or everyday, will affect the child. There are slight differences in each trauma; however, it ultimately comes down to each individual situation and person. There are some important trends that were spotted during this research, though. Those who grew up in poverty were most likely to have another trauma as well. Knowing this risk factor, professionals can keep an eye out for those who are financially struggling.

Homelessness and poverty, abuse and neglect, and substance abuse in the home were the three main types of trauma focused on for this study and thesis. According to the questionnaire results, abuse and neglect was the most common trauma. Within the different types of abuse and neglect, emotional abuse had the highest percent at forty percent of the entire class. Emotional abuse is the hardest to see because no physical marks are ever made. However, it is the one we need to look out for most in children because it can cause so much harm.

More important lessons learned from this study are that counseling therapy is extremely helpful. One hundred percent of participants who have received it said it was beneficial. Counseling is an intervention but can also be a prevention strategy from these traumatic affects getting any worse. However, each child has a different story so other types of more intense psychotherapy and behavioral therapies may be necessary. If those do not work or are not wanted by the client, then medication is always an alternative. It is not a one size fits all type of intervention.

With trauma such as homelessness and poverty, abuse and neglect, and substance abuse happening daily, there are always going to be children struggling from these effects. More awareness needs to be out there about these harmful effects and about the amazing interventions available. We need to protect our youth so they can grow up and help change the world into a better place.

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## Appendix A

- Questionnaire Consent Form
- Questionnaire

### Questionnaire Consent Form

The following questionnaire could be triggering and emotional. Please answer honestly as much as you are comfortable with. Feel free to take your time and leave anything blank.

This information will be used for an Honors Senior Seminar Thesis Paper called “How Trauma Affects Children Later in Life”.

The questionnaire is anonymous; no names are used on the questionnaire and in the thesis in general. The only data being used is the information you chose to share. These forms are stored with Nicole Denver only.

I, \_\_\_\_\_, agree to participate in Nicole Denver’s Honors Senior Thesis project.

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Signature

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Date

Questionnaire

**Please fill out as much as you are comfortable with. This questionnaire is completely anonymous.**

Age: \_\_\_\_\_

Gender: M: \_\_\_\_ F: \_\_\_\_

Ethnic Background (Check all that apply):

\_\_\_\_ American Indian or Alaska Native

\_\_\_\_ Asian

\_\_\_\_ Black or African American

\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_ Caucasian

\_\_\_\_ Hispanic or Latino

Only child? Yes: \_\_\_\_ No: \_\_\_\_

If no, how many siblings? Brothers: \_\_\_\_\_ Sisters: \_\_\_\_\_

Who lived in your house while growing up? (birth to age 18):

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Who do you live with now? (Past year):

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Prior to your 18<sup>th</sup> birthday:

Were you with or without your family ever homeless living on the streets, in shelters, or staying with friends or family? Yes: \_\_\_\_ No: \_\_\_\_

Did you and your family ever receive food stamps, free school lunch, low-income housing, or Temporary Assistance for Needy Families (TANF)? Yes: \_\_\_\_ No: \_\_\_\_

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? Yes: \_\_\_\_ No: \_\_\_\_

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? Yes: \_\_\_\_ No: \_\_\_\_

Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you? Yes: \_\_\_\_ No: \_\_\_\_

Did you often or very often feel that you did not have enough to eat, was not listened to, had to wear dirty clothes, were not taken to the doctors, and had no one to protect you? Yes: \_\_\_\_ No: \_\_\_\_

Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs significantly in which it affected the household? Yes: \_\_\_\_ No: \_\_\_\_

If any of the following questions above were answered with ‘Yes’:

Do you feel as though these problems affect you currently academically, socially, medically, or emotionally? Yes: \_\_\_\_ No: \_\_\_\_

If yes, how? Please explain.

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Have you ever received counseling in the past? Yes: \_\_\_\_ No: \_\_\_\_

Are you currently receiving counseling? Yes: \_\_\_\_ No: \_\_\_\_

Was/is it beneficial? Yes: \_\_\_\_ No: \_\_\_\_

Why? \_\_\_\_\_

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\*\*\* Some questions were taken from the Adverse Childhood Experiences (ACE) website to help this study.

You can find more information at: <https://acestoohigh.com>