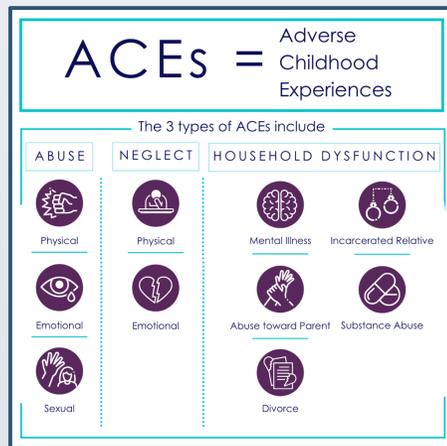


# The Relationship Between Childhood Trauma and Occupational Choice as an Adult

Kaylin Soper  
Department of Social Work

## ABSTRACT

There is a direct correlation between higher rates of adverse childhood experiences (ACEs) and increased physical and mental health issues, substance use, and incarceration, as well as decreased education, quality of life, and socioeconomic status. Experiencing ACE's makes it more challenging to thrive as an adult due to the lasting impact that trauma has on the developing brain. There have been countless studies that examine the direct effect of ACE's on heart disease, diabetes, anxiety, depression, substance use, involvement in the criminal justice system, teen pregnancy, poverty, the list goes on. There have not, however, been any studies to date on the correlation between the amount of trauma experienced as a child and one's occupation choice as an adult. This study analyzed secondary data collected from the MIDUS 2 study.



## INTRODUCTION

Adverse childhood experiences (ACE's) are negative events someone experiences before the age of 18 that can greatly negatively impact them later in life. There are seven qualifying categories of abuse and family dysfunction including physical, emotional, and sexual abuse, parental divorce, substance use, intimate partner violence, and incarceration (Middlebrooks & Audage, 2008).

ACE's cost billions of dollars as the result of the mental and physical health complications they impose on those who experience them. This places high strain on the mental and medical healthcare system, in addition to the fact that most of it is reactive post crisis/ illness care and not preventative (Middlebrooks & Audage, 2008). Approximately 62% of people have experienced at least one ACE and 25% of people have experienced more than one ACE, so it affects most people in the general population (Felitti et al., 1998)

The purpose of this study is to increase knowledge related to the life experiences of adults who have experienced adverse childhood experiences.

The hypothesis of this study is that, within social work and mental health professions, there will be higher rates of ACEs, as one's childhood experiences would serve as exposure to the system as well as fuel to want to make a difference for those suffering the same negative experiences they did.

The results of this study can inform recruiting, hiring, and training practices for individual fields, as well as add to the body of knowledge concentrated on the effect ACEs has on an individual's life.

## LITERATURE REVIEW

### Theoretical Framework

The specific social learning theory that will be applied in this study is Albert Bandura's social learning theory. Bandura's introduction of individual cognitive abilities was the first social learning theory that integrated individual characteristics and drive into what was previously an "if-then" prediction, if a person experienced trauma, then they were doomed to negative outcomes associated with experiencing ACEs. These predictions had a tendency to pigeon-hole people into a glass ceiling prediction of success based on their environments which, particularly as a child, one does not have control over. Bandura's integration gives hope to those who grew up in an environment that was not ideal and resulted in ACE's.

### Adverse Childhood Experiences

People who have experienced ACE's have higher costs of healthcare as adults and experience an increased need for seeking healthcare services. alcoholism, heart disease, diabetes, cancer, respiratory diseases, sexually transmitted diseases, autoimmune diseases, and gastrointestinal diseases (Loxton, 2019). With these elevated levels of healthcare concerns comes elevated levels of healthcare costs.

### Choice of Profession

In discussing the factors that contribute to people's choice of profession, it is important to fundamentally understand why people do what they do. Barnett, 2007, found that many therapists had experienced severe loss early in life (typically of a family member) and therefore were unlikely to respond well if they felt that a client was mad at them or would be upset by something they said or did. Barnett, 2007, also found that most therapists had experienced at least one ACE and/or symptoms of anxiety and depression. The 2007 study also found that therapists often had, what Barnett referred to as, narcissistic injury. A study among female nurses found that the majority of surveyed nurses were drawn to the profession as a result of intrinsic motivation (McCabe et al., 2005). This study did not, however, discuss how many surveyed nurses had experienced ACE's. Another study examines why people became teachers, finding that more often than not it was for altruistic reasons. The study did not examine how much, if any, ACE rates were in the studied population (Krečić & Grmek, 2005).

### Gaps in the Literature

There were substantial gaps in the literature, specifically pertaining to the amount of ACEs workers in specific fields had experienced. The gaps were also in the kinds of professions studied. The studies often focused on human service occupations but neglected vocational occupations such as electricians, construction workers, etc.

## RESULTS

There was no statistical significance in sexual abuse, emotional abuse, emotional neglect, or physical neglect among the five occupational categories. Physical abuse was shown to be statistically significantly higher in the technology, agriculture, and construction occupational group. There were substantial limitations in this study, the most significant being the occupational groupings. The self-reported occupations were organized into five groups with as many similarities as possible, but there were such a wide variety of occupations that there are groups with substantial differences. It is, therefore, difficult to determine exactly which profession has higher or lower rates of abuse. The occupational group with the highest rate of physical abuse, for example, was technology, construction, and agriculture. There are obviously very significant differences between the technology field, the construction field, and the agriculture field. The reason for this grouping was the sample size. The sample size was not large enough to accommodate more specific occupational groupings. The sample was also unevenly distributed among occupational groups.

## MATERIALS AND METHODS

The Biomarker Project randomly sampled respondents who had originally participated in the MIDUS II study and Milwaukee study; Americans of varying demographics between the ages of 25 and 74. All respondents were English speaking and not institutionalized, originally selected randomly from working phone banks in the United States (Radler, 2014). This resulted in a final sample size for the Biomarker Project of 1,255 respondents; 1,054 from the MIDUS II study and 201 from the Milwaukee sample. The study sample of the current research was further selected from the Biomarker Project data by utilizing respondents who had fully answered all of the childhood maltreatment and occupational questions without omitting any data. The proposed research will utilize the full sample, excluding incomplete surveys (Ryff et al., 2019). The final sample size for his study is 730 adults. The Biomarker Project was a mixed mode data collection. The instruments, therefore, varied. The data was collected through face-to-face interviews and self-administered questionnaires, utilizing common scales (Ryff et al., 2019).

### Independent Variable

The independent variable in the current study was childhood trauma. In the original data set, childhood trauma was defined by 25 categorical childhood experiences that include physical, emotional, and sexual abuse and neglect as well as living conditions and safety in the childhood home. Participants self-reported their experience in each of the 25 childhood experiences utilizing a Likert scale.

### Dependent Variable

The dependent variable in the proposed study was the occupational choice of respondents as adults. In the Biomarker Project, participants self-selected their occupation from 998 categorical occupational title options. The occupational titles were then categorized into 9 major occupation groups and 12 industry groups by the data set (Ryff et al., 2019). The occupational title options were further categorized into five occupation groups for the purpose of this study in order to categorize occupational titles into human and non-human occupational groupings. These five categories are law enforcement/military, social work/teaching, vocational occupations, medical occupations, and administrative occupations.

### Demographic Variables

The demographic variables utilized in the current study are age, gender, marital status, occupation, race, employment status, and education level.

*Physical Abuse and Type of Occupation*

	Post Hoc Comparisons: Mean Difference (SE)				
	Professional Specialty	Executive and Administrative	Sales, Service, and Clerical	Tech, Construction, and Agriculture	Fire and Police
Professional Specialty	-----	-.024 (.297)	-.749 (.298)	-1.198 (.318)**	-.158 (.521)
Executive and Administrative	.024 (.297)	-----	-.724 (.304)	-1.174 (.323)**	-.133 (.525)
Sales, Service, and Clerical	.749 (.298)	.724 (.304)	-----	-.450 (.324)	.591 (.525)
Tech, Construction, and Agriculture	1.198 (.318)**	1.174 (.323)**	.450 (.324)	-----	1.041 (.537)
Fire and Police	.158 (.521)	-1.526 (.106)*	-.591 (.525)	-1.041 (.537)	-----

\*\*\* p < .001; \*\*p < .01; \*p < .05

## CONCLUSIONS

The purpose of the current study was to find the correlation between abuse experienced as a child and occupational choice as an adult. The study hypothesized that the occupational choice of fire and police would have experienced less trauma compared to the other occupational groups due to stringent requirements within the hiring process (no criminal justice system involvement, little to no substance use, connections to incarcerated family, etc.). Fire and police did not show a statistically significant difference in their rates of abuse compared to the other occupational groupings. This study revealed that the technology, construction, and agriculture group had the highest rate of physical abuse. Physical abuse was the only subtype of abuse that had any statistical significance. The other subtypes of abuse (emotional abuse, emotional neglect, physical neglect, and sexual abuse) were not statistically significantly different among any of the occupational categories.

The finding of this research adds to the existing literature regarding ACEs by expanding on life trajectories that accompany experiencing childhood trauma. Future research would be improved by a larger sample size that allowed for larger, specific occupational groupings and focused on ACE trauma. If employers were able to predict to an accurate degree whether or not a large population of their employees or position applicants were prone to having experienced childhood trauma, that could affect how they interact with potential and current employees. A trauma informed employer offers different approaches in training, what kind of trainings are offered, and arguably most important, how corrective and disciplinary actions are approached.



## REFERENCES

- Barnett, M. (2007). What brings you here? An exploration of the unconscious motivations of those who choose to train and work as psychotherapists and counsellors. *Psychodynamic Practice*, 13(3), 257-274. <https://doi.org/10.1080/14753630701455796>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & 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)
- Krečić, M. J., & Grmek, M. I. (2005). The reasons students choose teaching professions. *Educational Studies*, 31(3), 265-274. <https://doi.org/10.1080/03055690500236449>
- Loxton, D., Townsend, N., Dolja-Gore, X., Forder, P., & Coles, J. (2019). Adverse childhood experiences and healthcare costs in adult life. *Journal of Child Sexual Abuse*, 28(5), 511-525. <https://doi.org/10.1080/10538712.2018.1523814>
- McCabe, R., Nowak, M., & Mullen, S. (2005). Nursing careers: What motivated nurses to choose their profession? *Australian Bulletin of Labour*, 31(4), 380-402. <https://ideas.repec.org/a/fli/journl/27715.html>
- Middlebrooks, J. S., & Audage N. C. (2008). *The effects of childhood stress on health across the lifespan*. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. <https://stacks.cdc.gov/view/cdc/6978>
- Radler, B. T., & Ryff, C. D. (2010). Who participates? Longitudinal retention in the MIDUS national study of health and well-being. *Journal of Aging and Health*, 22(3), 307-331. <https://doi.org/10.1177/0898264309358617>
- Ryff, C. D., Seeman, T., & Weinstein, M. (2019). *Midlife in the United States (MIDUS 2): Biomarker Project, 2004-2009*. Inter-university Consortium for Political and Social Research [distributor], 10. <https://doi.org/10.3886/ICPSR29282.v9>