

THE EFFECT OF ACEs ON RELATIONSHIP WELLBEING AMONG ADULTS

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ABSTRACT

Research has shown that trauma in childhood, called adverse childhood events (ACEs), leads to significant negative impacts on the physical and mental wellbeing of those children later in life as adults. This trauma results in neurotic personality traits, anxious or avoidant attachment styles and creates a vulnerability which makes those children and later adults, less able to cope with the next traumatic experience and serves as a route for re-victimization. The current study is a secondary analysis of the data from the Health and Relationships Project (HARP) completed in the United States. The purpose of this study was to determine if adults who experienced more trauma in their childhood had less relationship wellbeing than those adults who experienced less trauma in childhood. It is hypothesized that those individuals who have a higher value of ACEs will have fewer positive attributes in their relationship and more negative attributes in their relationship leading to reduced relationship wellbeing. The results indicated those adults with a higher ACE score were more likely to be less happy in their relationship than those adults with a lower ACE score and that those adults with a higher ACE score were more likely to be in a relationship with a partner who exhibited controlling behavior. Findings from this study will affect the way service providers approach those children who are experiencing trauma or those adults who have experienced trauma to better understand and heal those served.

INTRODUCTION

Significance of the Study

- Adverse Childhood Events (ACEs) including the experience during one's childhood of emotional, physical and sexual abuse, or having a family member with suicidal intent, mental illness or a history of incarceration has traumatic effects that resonate throughout the rest of a person's life course including leading to poor mental wellbeing.
- The more ACEs a person has the more vulnerable they are to the next traumatic experience which may serve as a route for re-victimization as adults, especially when entering a relationship.

Purpose of the Research

- This study is meant to increase the knowledge of how ACEs affect the mental and social well-being of adults through their relationship quality with their marital partner.

Research Question

- What is the effect of ACEs on the relationship quality of adults?

Hypothesis

- The hypothesis for this study is that as the number of ACEs increase, relationship quality declines.

LITERATURE REVIEW

Relationship Wellbeing

- Relationship wellbeing is defined by the daily functioning of both partners including both negative and positive behaviors and patterns of communication.
 - Positive behavior patterns include agreeing, laughing, using humor and smiling, while negative behavior patterns include displays of anger and contempt, disagreement, blame and invalidation. More negative behavior towards partners during a conflict discussion is linked to poorer relationship wellbeing.

How Trauma Effects People

- The timing of the trauma is very critical and can leave a greater impact on children than adults. Those who experience trauma, particularly in childhood, are more likely to experience more trauma later in life, likely in the same area in which they first experienced trauma.

How Trauma Effects Relationships

- Those who experience trauma as a child or adolescent demonstrate more neurotic traits than their non-traumatized peers which leads to them becoming adults that are easily stressed and anxious, less buffered against negative life events and tend to exhibit more aggressive behavior.

Research Gaps

- There has been much research on the effects of high ACE scores of children across the physical and mental health spectrum but the research is greatly lacking when discussing social, relationship or marital wellbeing.

METHODS

Research Design

- The current study is a secondary analysis of the data from the Health and Relationships Project (HARP) completed in the United States. This cross-sectional study collected initial baseline data along with daily survey data from married couples during 2014 to 2015.
- The baseline survey included questions centered on issues around marriage and health such as stress, healthy behaviors, the quality of their relationship and how they handled previous health problems. The current study utilized the baseline survey data collected through HARP. From the baseline survey data the present study focused on nine variables related to childhood trauma and relationship health, and four demographic variables.

Sample and Sampling Method

- Participants of this research included 756 individuals broken up into 378 couples. Of these couples, 106 were male-male pairings, 157 were female-female pairings and 115 were heterosexual pairings. Participants ranged in age from 35 to 65 years old and had been married for at least three years.
- Approximately 70% of homosexual couples were recruited randomly via the Massachusetts Registry of Vital Records and the other 30% were recruited via referral. Approximately 40% of heterosexual couples were recruited via public city demographic lists and the other 60% were recruited via referrals.

Measures

- Total Adverse Childhood Events
 - Total Adverse Childhood Events is a total of the number events that a participant experienced before the age of 18.
 - Events included: family economic hardship, parents divorced, never knew father, death of a parent, at least one parent had mental health problems, at least one parent had an alcohol or drug problem, violence in the family, physical or sexual abuse, bullied in school, suicidal thoughts or attempt, kicked out of parent's or guardian's home, drug and/or alcohol problems, rape and life-threatening illness or injury.
- Relationship Wellbeing
 - Relationship wellbeing, a variable defined in this study, is a combination of both the positive relationship and negative relationship variables that were ranked using a Likert scale system.
 - Positive variables included: 1) relationship happiness, 2) warmth and comfortability with a spouse, 3) how much a spouse makes their partner feel loved and cared for, and 4) how much a spouse is willing to listen when they need to talk about worries
 - Negative variables included: 1) how often a spouse does not treat their partner well, 2) how often a spouse is too controlling, 3) how often a spouse hits their partner and 4) how often a spouse is critical of their partner.

RESULTS

Demographics

- Participants were mostly middle-aged or older with a mean age of 48.6 ($SD = 8.4$) years and were almost equally split between females and males with 55.6% female participants. Most of the study participants identified their relationship type as lesbian (40.8%) with 29.6% identifying as gay and 29.6% identifying as straight.

Chi-Square Analyses

- Positive Relationship Factors
 - A **significant** relationship was found ($\chi^2(24) = 38.0, p = 0.04$) when comparing relationship happiness to a person's ACE score, while a Cramer's V statistic suggested a weak correlation (0.04). Those individuals with higher ACE scores were significantly more likely to be less happy in their current relationship.

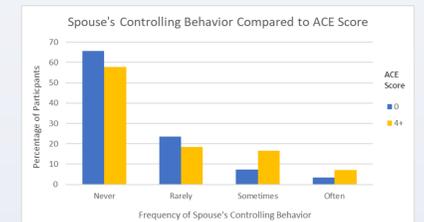


- There was **no significant** relationship between:
 - how warm and comfortable one's relationship is with one's spouse to a person's ACE score
 - how much one's spouse made them feel loved and cared for to their ACE score
 - how much one's spouse is willing to listen when they need to talk to a person's ACE score

Characteristic	f(%)	Characteristic	f(%)
Gender		Relationship Type	
Female	466 (55.6)	Lesbian	342 (40.8)
Male	372 (44.4)	Gay	248 (29.6)
Race/Ethnicity		Straight	248 (29.6)
NonHispanic-White	724 (86.4)	Education Level	
Hispanic	36 (4.3)	Post-grad/Prof	429 (51.2)
NonHispanic-Black	28 (3.3)	College Grad	243 (29.0)
NonHispanic-Asian	23 (2.7)	Some College	121 (14.4)
Religion		High School/GED	37 (4.4)
None	348 (41.5)	Household Income	
Catholic	170 (20.3)	\$150,000 or more	282 (34.1)
Protestant	145 (17.3)	\$100,000 - \$149,000	215 (26.0)
Jewish	58 (6.9)	\$75,000 - \$99,999	153 (18.5)
		\$50,000 - \$74,999	107 (12.9)
Scale	Mean (SD)		
Age in Years	48.6 (8.4)		
Total Years Married	8.7 (6.8)		

Negative Relationship Factors

- A **significant** relationship was found ($\chi^2(12) = 27.0, p = 0.01$), when comparing how controlling one's spouse is over daily decisions to a person's ACE score while a Cramer's V statistic suggested a weak correlation (0.01).



- There was **no significant** relationship between:
 - one's spouse not treating them well and their ACE score
 - how often their spouse pushes, slaps, or hits them and their ACE score
 - how much one's spouse is critical of them and their ACE score

DISCUSSION

Summary of Findings

- This study found two statistically significant relationships:
 - those adults with a higher ACE score were more likely to be less happy in their relationship than those adults with a lower ACE score
 - those adults with a higher ACE score were more likely to be in a relationship with a partner who exhibited controlling behavior

Relation to Existing Research Literature

- This study's findings that were consistent with current research include:
 - those who experienced childhood trauma were more likely to focus on the negative aspects of their relationship and feel less satisfied
 - trauma experiences are cyclical and those traumatized in childhood are likely to be re-victimized as adults
- This study's findings on the occurrence of intimate partner violence (only 2% of participants) is not consistent with current research.

Strengths and Limitations

- The current study's strength is that it does a great job of capturing a wide variety of relationship detail such as the actions carried out between partners, their feelings about each other and even the including of ACE score which helps to study relational aspects.
- The current study's limitation is that the population studied did not reflect a true snapshot of the national population in gender pairing, income level or education.

Implications and Future Research

- Future study on the relationship between ACEs and relationship wellbeing will need to be mindful about the population studied and how the information is collected including the use of a more diverse population and the need when collecting relationship data to ensure the safety and honesty of those reporting about potential partner violence.
- Those work with the trauma survivors in the roles of social worker, counselor, mentor or even case manager need to be aware of the long-term effects of trauma and how it affects not just the physical and mental health of a person but also their social health and wellbeing within a relationship.

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