



Adverse Childhood Experiences and Religious Coping in Urban Youth Workers

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Abstract

Urban ministry workers are exposed to violence and stress and may have a history of adverse childhood experiences (ACEs) linked to various health concerns. Positive and negative religious coping strategies have been respectively linked to beneficial and harmful mental health outcomes. Yet, few studies have examined ACEs in relation to religious coping. In this study, Urban workers (N = 284) completed a survey assessing trauma, coping, and adjustment. Contrary to the study's hypotheses, no significant correlations were found between ACEs and negative religious coping, ACEs and positive religious coping, or child sexual abuse and religious coping. While a high percentage of workers reported ACEs, variability in religious coping responses were limited in this religious sample.

Introduction

- Urban workers often live in the inner city, being exposed to these same chronic stressors (Horowitz, McKay, & Marshall, 2005).
- Religious coping is a common way of dealing with extreme stressors and is valuable in understanding recovery from traumas (Fallot & Heckman, 2005; Ryan, 1998).
- ACEs are also a common phenomenon that has been linked with a wide range of behavioral and mental health outcomes. Yet, research examining ACEs in relation to religious and spiritual variables is scarce (Dong, Anda, & Felitti, 2004).
- In one study, women who experienced childhood sexual abuse had higher levels of negative religious coping than women who experienced only emotional or physical abuse (Fallot & Heckman, 2005).

Study Hypotheses

- Frequency of exposure to ACEs will be positively correlated with negative religious coping.
- Frequency of exposure to ACEs will be inversely correlated with positive religious coping.
- Female urban workers who have experienced child sexual abuse will report higher levels of negative religious coping. However, it is hypothesized that men with a history of child sexual abuse will not demonstrate this pattern.

Method

Measures

Adverse Childhood Experiences (Dube et al., 2002)

- 28 dichotomous items across 10 categories of adverse childhood experiences

A Brief Version of RCOPE (John E. Fetzer Institute, 1999)

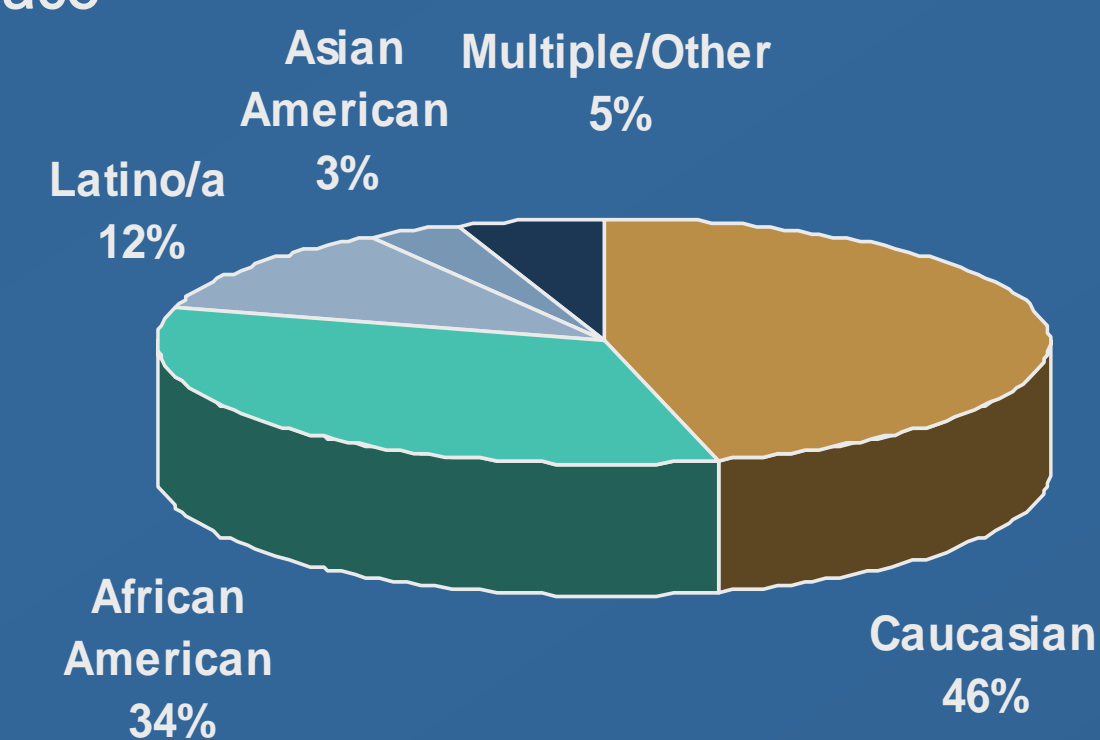
- 6-item scale measuring positive and negative religious coping
- Response ranging from 1 (not at all) to 4 (a great deal).
- Sum of items was used as a total indicating positive or negative religious coping

Participants

Participants were 284 US-based urban ministry workers (M age = 35.5, SD = 12, range = 18-70 years) from five US cities (Memphis, Phoenix, Los Angeles, Chicago, & Philadelphia)

Variable	Percentage By Category		
Gender	Female = 65%		Male = 34%
Organization Affiliation Status	Paid Staff = 62%		Volunteer = 34%
Current Residence	Outside of Neighborhood = 65%		In Neighborhood of Service = 34%
Marital Status	Married = 53%	Single = 39%	Divorced = 8%

Race



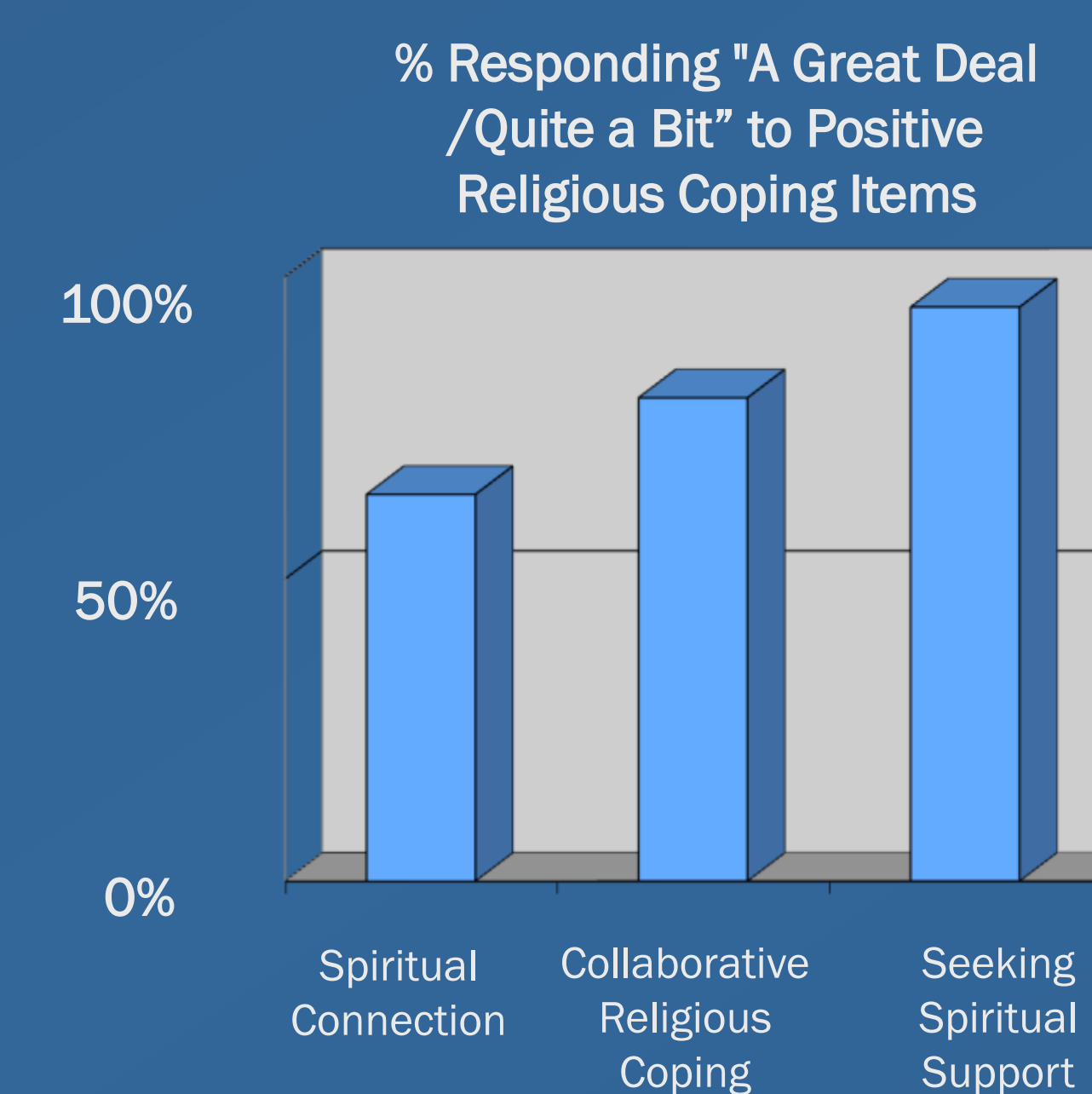
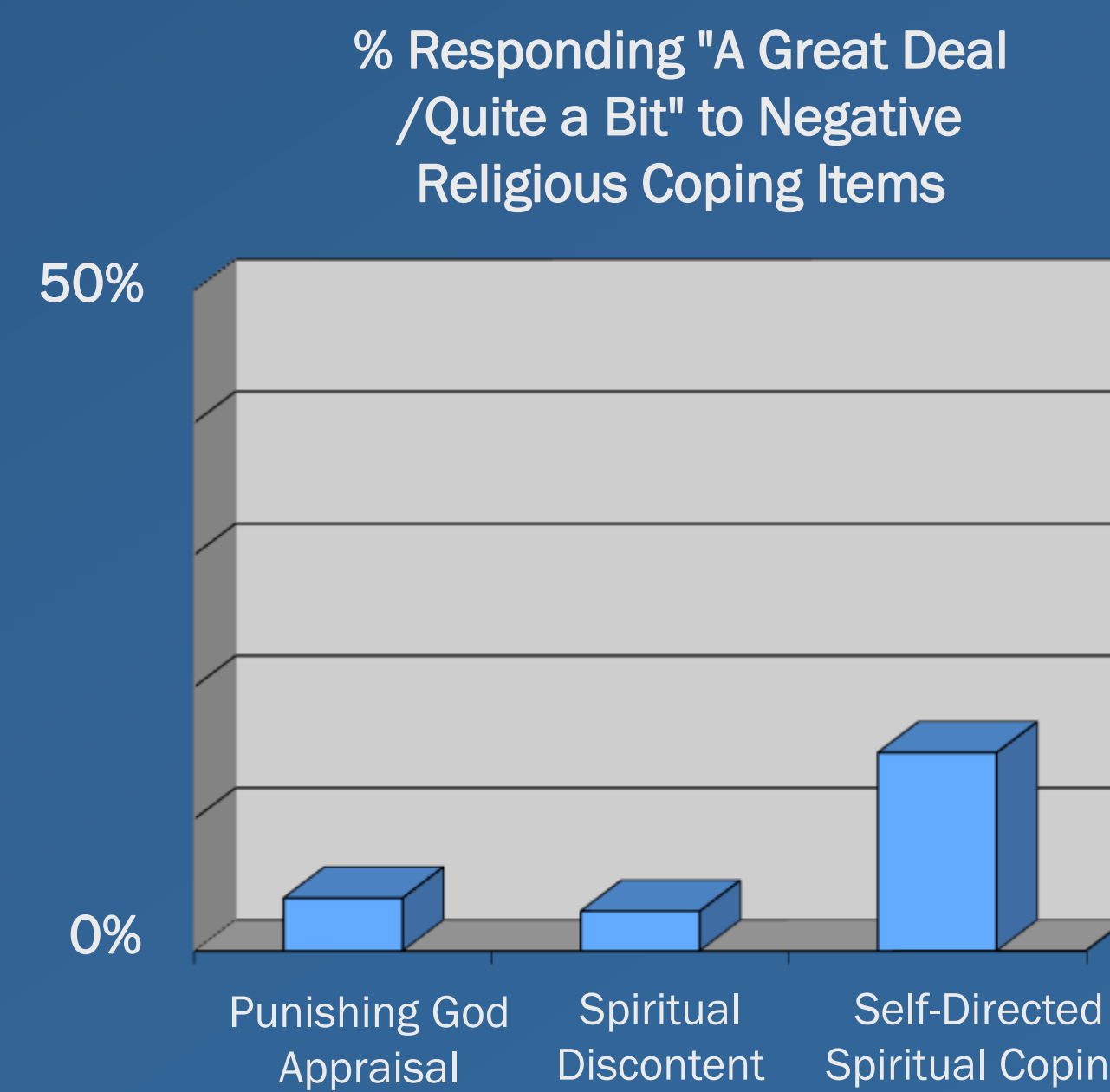
Primary Ministry Activity	% Endorsed
Relational & Mentoring Ministry	42%
Education	40%
Spiritual & Pastoral Care	39%
After School Activities	33%
Support & Administrative	28%
Organizational Leadership	22%
Community Development	12%

Results

ACE Total: M = 2.03, SD = 2.09, range = 0 - 10

Total ACE Reported	% Endorsed
0	28.0%
1	23.1%
2	17.8%
3	9.1%
4 or more	22.0%

4 Highest ACE Categories	% Endorsed
Parental Divorce or Separation	37%
Household Substance Abuse	34%
Mental Illness in Household	28%
Childhood sexual abuse	27%



Hypothesis 1: Adverse Childhood Experiences & Negative Coping (Hierarchical Linear Regression)

- Due to low internal consistency ($\alpha = .43$), effects on negative religious coping were analyzed by item, rather than as a scale.

First negative religious coping item: punishing God reappraisal

- ACE scores did not explain a significant portion of variance ($R^2 = .04$, $F(6, 263) = 1.88$, $p > .05$).
- Males reported higher negative religious coping scores for this item than females ($\beta = 0.13$, $p < .05$).

Second negative religious coping item: spiritual discontent

- ACE scores did not explain a significant portion of variance in the second negative religious coping item ($R^2 = .05$, $F(6, 271) = 1.88$, $p > .05$).
- Participants who were Latino/a reported higher levels of negative religious coping for this item than participants who were Caucasian ($\beta = 0.14$, $p < .05$).

Third negative religious coping item: self-directed religious coping

- ACE scores did not explain a significant portion of variance in the third negative religious coping item ($R^2 = .15$, $F(9, 255) = 4.81$, $p > .05$).
- Participants without children also had higher levels of self-directed religious coping than participants with children ($\beta = 0.18$, $p < .05$).
- Participants with lower levels of education reported higher self directed religious coping scores than participants with higher levels of education ($\beta = 0.22$, $p < .05$).
- Latino/a participants reported higher negative religious coping scores than Caucasian participants ($\beta = 0.15$, $p < .05$).

Hypothesis 2: Adverse Childhood Experiences & Positive Coping (Hierarchical Linear Regression)

- Positive religious coping scale ($\alpha = .62$)
- ACE scores did not explain a significant portion of variance in total positive religious coping ($R^2 = .08$, $F(6, 264) = 3.94$, $p > .05$).
- However, older participants reported higher positive religious coping levels than younger participants ($\beta = 0.19$, $p < .05$).
- Asian ($\beta = 0.16$, $p < .05$) and African American ($\beta = 0.15$, $p < .05$) participants had higher positive religious coping levels than Caucasian participants.

Hypothesis 3: Sexual Abuse and Gender (ANOVA)

- There were no significant main effects for CSA for any of the three negative religious coping items.
- There were no significant main effects for gender for any of the three negative religious coping items.
- There were no significant interaction effects for CSA and gender for any of the three negative religious coping items.

Discussion

Hypotheses

1 & 2: Contrary to the first and second hypotheses, higher ACE scores were not positively related to negative religious coping scores or inversely related to positive religious coping scores.

- These findings suggest that childhood adversity does not always lead to negative religious outcomes, and that childhood adversity does not necessarily hinder positive religious outcomes. This finding does not suggest that childhood adversity has a positive effect on religiosity. Rather, it adds to previous studies that suggest that the effects of childhood adversity on religiosity are complex and difficult to compartmentalize.

3: Contrary to the third hypothesis, women with a history of CSA did not have significantly higher negative religious coping means than those without a history of CSA.

- The specific population of urban ministry workers may contribute to the lack of findings. However, this result supports the idea that the relationship between early trauma exposure and religious variables is complex.

Many demographic variables were linked to higher and lower levels of religious coping.

- These findings suggest that there may be cultural factors that influence how one perceives God and religion during stressors.
- Men reported slightly higher levels of negative religious coping than women.
- Latino/as and African Americans reported higher levels of both positive and negative religious coping than Caucasians.

Limitations

- Generalizability: Urban ministry workers are a very specific population who intentionally work in an urban setting and in a religious context.
- Brief religious coping measure: The full RCOPE could provide a more nuanced picture of religious coping than the Brief RCOPE. Also, biases in self-report should be considered, including response, social desirability, and recall.
- Limited amount of variables addressed: Many variables likely contribute to the relationship between childhood adversity and adult spirituality. Future research might also consider religious upbringing, PTSD, and burnout.

Implications for Practice (Urban Ministry Organizations, Mental Health Service Providers)

- Increase awareness of prevalence of ACEs in urban ministry workers
- Facilitate urban ministry workers' engagement in mental health services: normalization of receiving services, financially appropriate rates
- Address potential bias against those with a history of ACEs, particularly since these do not necessarily lead to negative spirituality
- Remain conscious of the high degree of positive religious coping among urban ministry workers and impact on the type of support sought
- Mental health professionals should be educated about various methods of religious coping and explore differential consequences of such methods with their clients.

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