TRAUMA AND RESILIENCE

PART ONE

Adverse Childhood Experiences (ACEs) and Today's Careforce

Understanding the Impacts and Influence of Trauma on the Careforce

KARE

How Well Do You Know the Careforce Working within Your Community?

Has your trusted Registered Nurse (RN) ever had a sudden outburst directed at a fellow coworker over something seemingly minor? Has your reliable Licensed Practical Nurse (LPN) ever suddendly missed work due to a chronic illnesses? Has your devoted Certified Nursing Assistant/Aide (CNA) ever left work after a particularly difficult shift and never returned?

Working day in and day out together, you get to know your careforce at an individual level. You may know the names of their significant others or their children or their pets. You may know which residents they resonate with or which tasks they find most meaningful. You may even know which parking spot they like to park in each day.

But then something happens, such as job abandonment or workplace hostility, and you begin to wonder if you really know your careforce at all.

It is important to know there are often deeply rooted factors, which can go back to childhood, that impact and shape such situations. This is critical to consider when seeking to understand why the careforce responds in such ways, or why the post-acute care industry has a significantly high turnover rate.[1]

When a child experiences an adverse event, or multiple adverse events, over a prolonged period, it can trigger an excessive stress response, known as toxic stress. This is often exacerbated for children who do not have a caring parent or guardian to mitigate some of the stress. Exposure to toxic stress can alter the way a child's brain develops, along with increasing heart rate, creating elevated hormonal levels in the body, and causing higher blood pressure.

Toxic stress can be carried into adulthood through:

- Unstable work histories and struggles with finances and jobs. (CDC: Centers for Disease Control and Prevention, 2023)
- Increased risk of hypertension, heart attack, and stroke. (Cudney, 2022)
- Difficulty paying attention, making decisions, and learning. (CDC: Centers for Disease Control and Prevention, 2023)
- Difficulty forming healthy and stable relationships. (CDC: Centers for Disease Control and Prevention, 2023)

[1] According to The National Investment Center for Senior Housing and Care (NIC), the average annual turnover rate of the is about 85% (Life Care Services, 2023). This is 4 times higher than the average annual turnover rate (20.6%) for the broader healthcare industry (Andre, 2024).

It is time for the industry to shift its perspective to better understand how toxic stress and adverse events can impact the careforce. Per the regulatory requirement of providing Trauma-Informed Care[2] to residents, the model of care shifts the focus...

From "What is wrong with you?" to "What happened to you?"

While it is standard to comprehend this shift in focus about our residents, why is this not the same for the careforce providing care to those residents? Redirecting attention toward comprehending past trauma and its influence on both mental and physical well-being can foster the development and preservation of a more resilient careforce. And, as the report will show, the careforce is often disproportionally affected by trauma, toxic stress, and adverse events.

To the Source: Giving the Careforce a Voice

Does this mean that the post-acute careforce has a higher risk of suffering from adverse events compared to the general population? How do those experiences impact and shape the individual? How can understanding the origins of toxic stress shift the dynamics of the careforce? How do factors such as childhood trauma, the COVID-19 pandemic, and other social determinants of health impact the careforce?

To answer these questions, KARE, in partnership with the National Association of Health Care Assistants (NAHCA), went straight to the source of truth and conducted a survey of certified and licensed healthcare professionals specializing in the long-term care continuum.

The survey included 1,427 members of the careforce. Of those 1,427 careforce members, 1,142 completed the survey and are included in this analysis. Additional information on the methodology of this survey can be found in the appendix of this report.

Trauma and Resilience

"Trauma and Resilience" is a three-part series where results and analysis from this survey will be presented. The series consists of the following reports:

Part One: Adverse Childhood Experiences (ACEs) and Today's Careforce
Part Two: The Influence of Mental Health and Personal Wellbeing in the Workplace
Part Three: How Social Determinants of Health can Build a Better Future

[2] In 2022, Centers for Medicare and Medicaid Services (CMS) surveyors began applying Phase 3 Requirements of Participation (ROP) guidance, which covered new Tag F699 (Trauma-informed care) and revised Tag F656 (Comprehensive Care Plans). The intent behind these requirements is to ensure "that facilities provide care to trauma survivors that meet professional standards and is culturally competent" (CMS: Centers for Medicare & Medicaid Services).

Throughout this series, you will gain a better understanding of:

- How ACEs of the post-acute careforce compare to the general population.
- The impact of ACEs and the COVID-19 pandemic on frontline staff's physical and mental health.
- Which factors of toxic stress, ACEs, and social determinants of health have the greatest impact on workplace wellbeing.
- The current state of the workforce's social determinants of health.

These topics and results within the series may cause discomfort. Additional information, resources, and support options can be found by visiting: co.doyoukare.com/trauma-resources. If you feel that you are in immediate danger or require immediate assistance, dial 911.

Let's get started.

What are ACEs?

ACEs are traumatic events that occur during childhood (0-17 years of age). The ACEs survey has 10 questions that are categorized in three domains: **abuse, neglect, and household challenges.**

Types of ACEs

Abuse

- Emotional
- Physical
- Sexual

Neglect

- Emotional
- Physical

Household Challenges

- Substance misuse
- Mental illness
- Suicidal thoughts and behavior
- Divorce or separation
- Incarceration
- Intimate partner violence or domestic violence

This is not a new area of study. In 1995, the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente, an American integrated managed care consortium, launched the ACEs study — one of the largest population-based studies on childhood abuse, neglect, and household challenges. The study collected data on over 17,000 Kaiser Permanente members from Southern California over a two years period. (National Center for Injury Prevention and Control, 2021).

The study found that ACEs are strongly associated with some of the most common, serious, and costly health conditions facing our society today. Knowing one's ACEs score can also help one to understand their health and well-being from a unique perspective. There is strong evidence to show that early life adversity, indicated by high ACEs scores, are strongly linked to the onset of health conditions in adults and children, such as:

- Chronic disease (Gilbert, et al., 2015)
- Cancer (Brown, et al., 2010),
- Sexually transmitted diseases (Felitti, et al., 1998)
- Frequent mental distress (Gilbert, et al., 2015)
- Depression (Chapman, et al., 2004).

Individuals who have experienced adversities early in life are also more likely to participate in risky health behaviors such as:

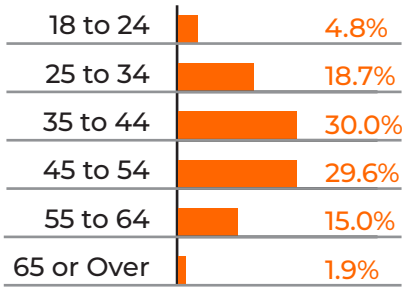
- Smoking (Felitti, et al., 1998)
- Alcohol abuse (Dube, Anda, Felitti, Edwards, & Croft, 2002)
- Substance abuse (Dube, et al., 2003)
- Adolescent aggression (Fox, Perez, Cass, Baglivio, & Epps, 2015)

An individual's ACEs score has a direct impact on their risk of toxic stress. According to ACEs Aware literature, a score of:

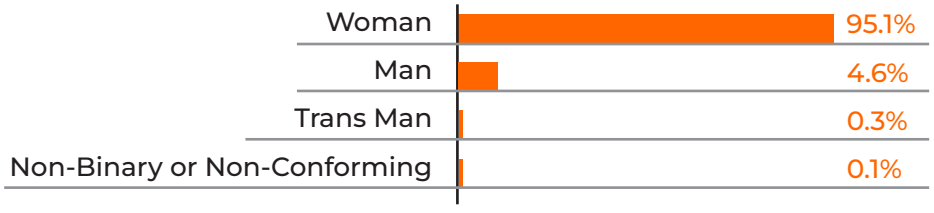
- **0** indicates a low risk of toxic stress
- **1-3** indicates an intermediate risk of toxic stress
- **4 or higher** indicates a high risk of toxic stress and dramatically increases the chance of having health complications and emotional distress as an adult
- **6 or higher** has been associated with a reduced life expectancy by 19 years (Brown, et al., 2009)

Survey Respondent Demographics

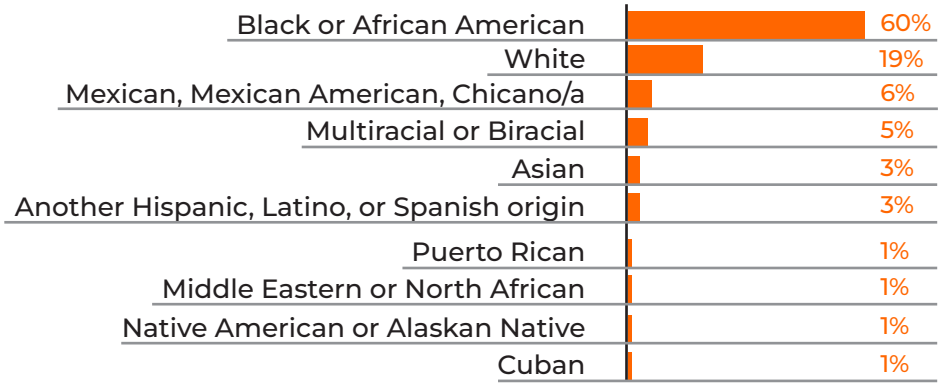
Age



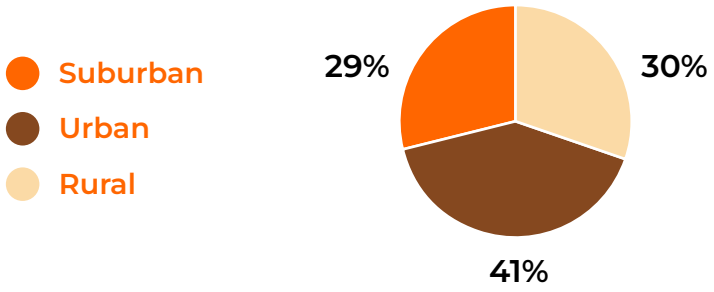
Gender Identity



Which of the following best describes you?

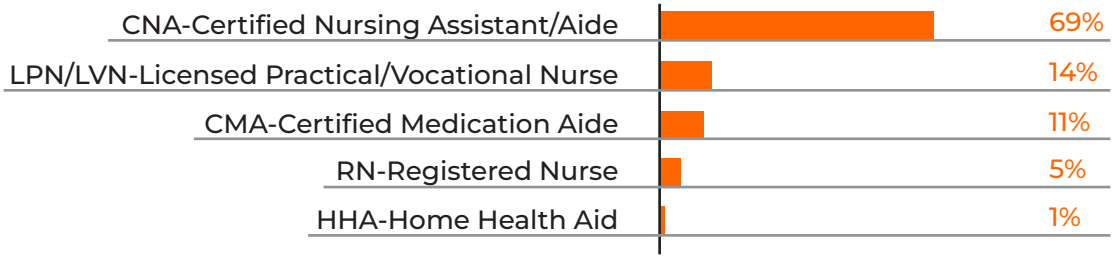


In what environment did you grow up?

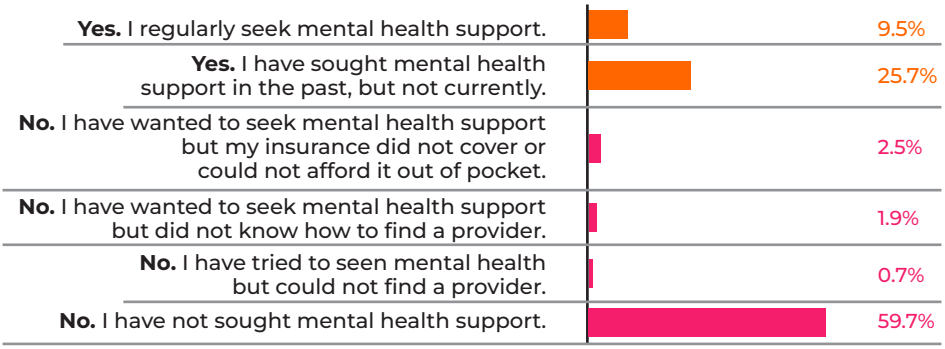


Urban: *Within a major city (ex: city center, downtown, etc.)*
Suburban: *Outside of a major city (ex: within commuting distance of a major city or urban area.)*
Rural: *Outside of a major city and suburbs (ex: countryside, small towns, agricultural areas.)*

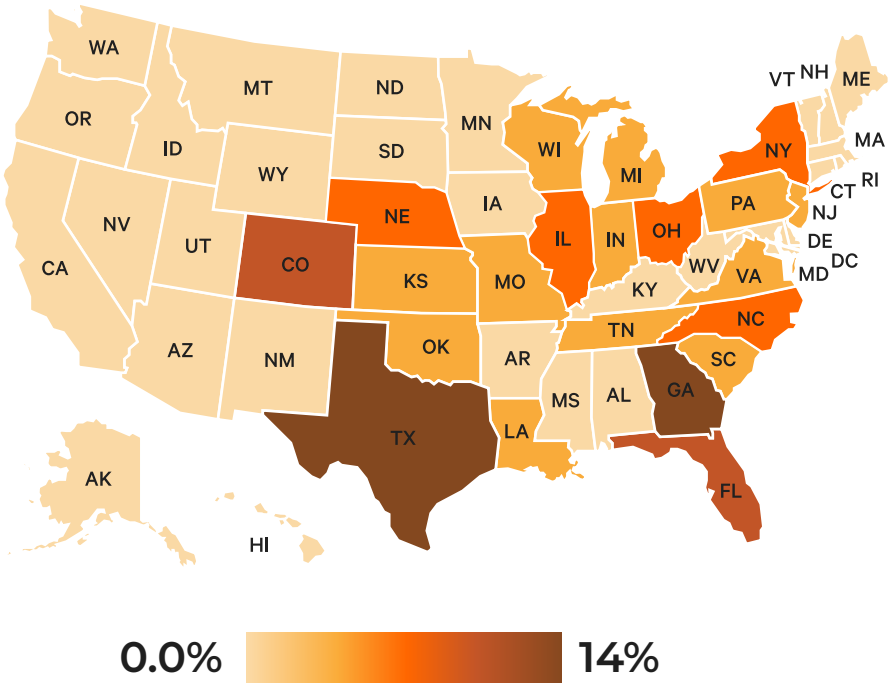
What is your certification or license type?



Have you ever sought mental health support from a therapist, MSW, LCSW, psychologist, psychiatrist, or mental health institution?



Where do you currently live?



Texas	14.0%
Georgia	12.9%
Florida	8.8%
Colorado	7.1%
North Carolina	5.3%
Nebraska	4.9%
Illinois	4.5%
New York	3.8%
South Carolina	3.8%
Ohio	3.7%
Virginia	3.0%
Tennessee	2.9%
Pennsylvania	2.6%
Michigan	2.5%
Indiana	2.3%
Wisconsin	2.2%
New Jersey	2.1%
Missouri	1.8%
Connecticut	1.4%
Louisiana	1.4%
Kansas	1.3%
Oklahoma	1.2%
Arizona	1.1%
Washington	1.1%
Alabama	0.8%
Maryland	0.8%
Kentucky	0.5%
Massachusetts	0.4%
California	0.4%
Iowa	0.4%
Mississippi	0.4%
Arkansas	0.3%
Maine	0.1%
New Hampshire	0.1%
New Mexico	0.1%
Oregon	0.1%
Vermont	0.1%
Wyoming	0.1%

ACEs Questionnaire

The 10 questions from the original ACEs questionnaire participants answered regarding adverse childhood events are organized into three domains: Abuse, Neglect, and Household Challenges.

Abuse

1. Emotional Abuse: Did a parent or other adult in the household 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 or No**

2. Physical Abuse: Did a parent or other adult in the household often … Push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured? **Yes or No**

3. Sexual Abuse: Did an adult or person at least five years older than you ever… Touch or fondle you or have you touch their body in a sexual way? Or, try to, or actually have, oral, anal, or vaginal sex with you? **Yes or No**

Neglect

4. Emotional Neglect: Did you often feel that…. No one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other? **Yes or No**

5. Physical Neglect: Did you often feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it? **Yes or No**

Household Challenges

6. Parental Separation or Divorce: Were your parents ever separated or divorced? **Yes or No**

7. Intimate Partner Violence: Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? Or, sometimes, or often, kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit over at least a few minutes or threatened with a gun or knife? **Yes or No**

8. Substance Abuse: Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? **Yes or No**

9. Mental Illness: Was a household member depressed or mentally ill or did a household member attempt suicide? **Yes or No**

10. Incarceration: Did a household member go to prison? **Yes or No**

The Voice of the Careforce

Survey respondents answered the set of 10 ACEs questions through an online survey. As the survey respondents answer "Yes," they receive 1 point towards their total ACEs score (0-10). After the survey was completed, respondents were directed to a resources page to help and support if responding to the survey made them feel triggered or uncomfortable.

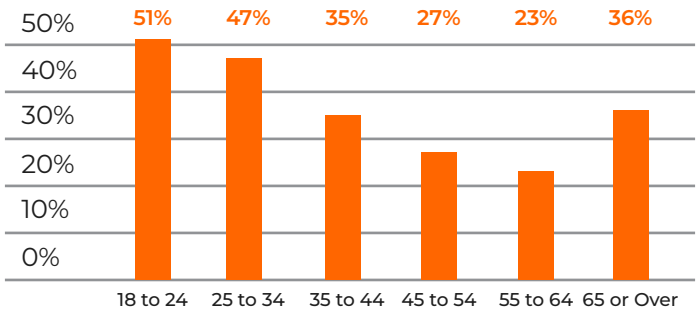
For some of the analysis in this report, ACEs scores for the general population were included to examine where differences and similarities with the careforce occurred. The CDC collects this general population data through the Behavioral Risk Factor Surveillance System (BRFSS), which has occurred annually since 2009. It is a "state-based, random-digital-dial telephone survey" that "collects data from non-institutionalized U.S. adults regarding health conditions and risk factors" (BRFSS ACE Data, 2023). All 50 states and the District of Columbia have participated in BRFSS at least once since 2009.

ABUSE

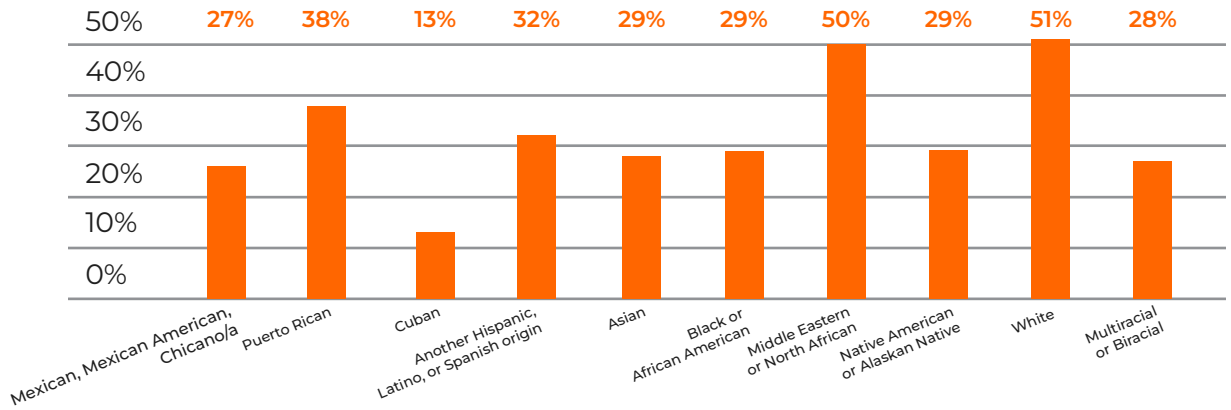
1. **Did a parent or other adult in the household often … Swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?**

Thirty-four percent (34%) of the careforce answered "Yes" to experiencing emotional abuse in childhood which matches the 34% of the general population who answered "Yes" in the 2011-2020 BRFSS data.

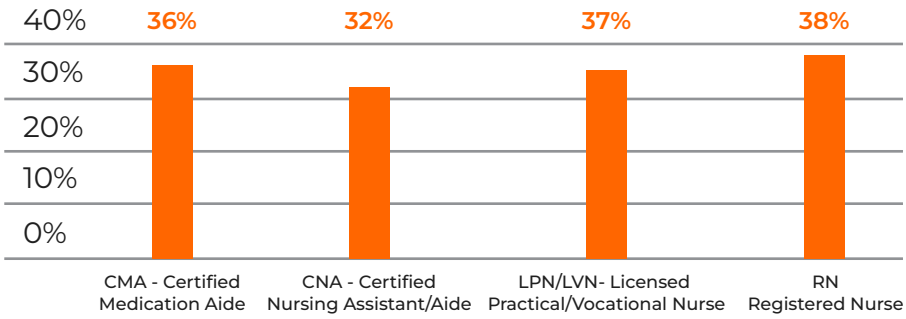
Healthcare professionals aged 18 to 34 were 14 points higher than the rest of the careforce with 49% of respondents in this group reporting emotional abuse in childhood.



With 51% responding "Yes," to this question, White participants reported a higher rate of emotional abuse than the general careforce population.



Emotional abuse had the second highest rate across all ACEs questions among three of the four license and certification types surveyed.

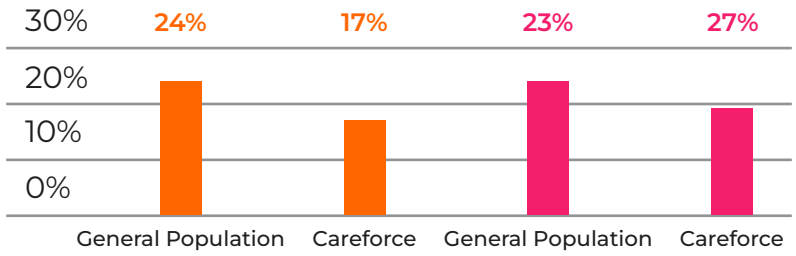


2. Did a parent or other adult in the household often … Push, grab, slap, or throw something at you? Or ever hit you so hard that you had marks or were injured?

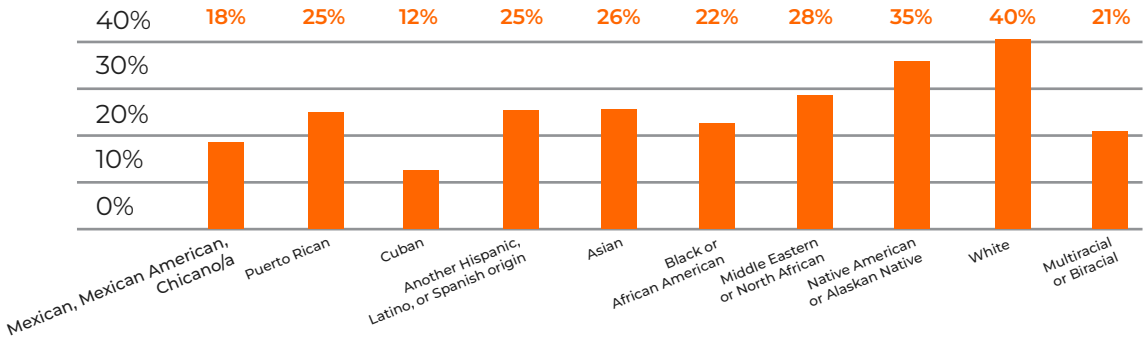
The responses from the careforce for this question presented interesting data across gender identity. Seventeen percent (17%) of careforce members identifying as men, answered "Yes" to experiencing physical abuse in childhood. This is 10% lower than the women in our sample population (27%).

Interestingly, in the CDC data set, men skewed higher (24%) on this adverse childhood event than women (23%).

According to the BRFSS data from 2011-2020, 23% of the general population answered "Yes" to experiencing physical abuse in childhood – 3 points lower than the overall careforce population.



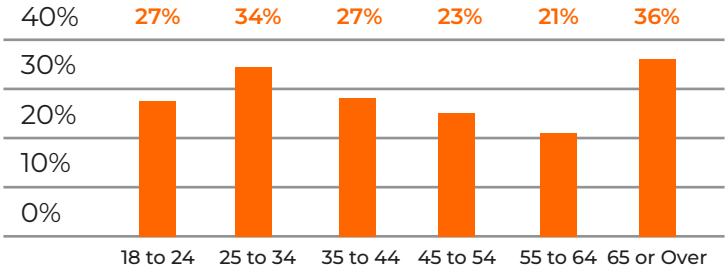
Careforce members who identify as White or Native American or Alaskan Native[3] reported a higher rate of physical abuse.



3. 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 Try to or actually have oral, anal, or vaginal sex with you?

More than 1-in-4 members of the careforce (27%) reported experience these forms of sexual abuse during childhood.

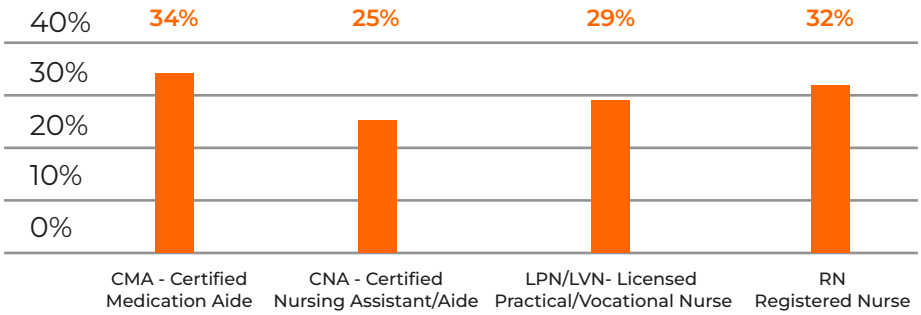
Thirty-six percent (36%) of the careforce aged 65 or over responded "Yes" to experiencing sexual abuse in childhood. This is more than double the rate of the general population (13%) based on the BRFSS data from 2011-2020.



Half of the careforce (50%) who identify as Native American or Alaskan Native[3] responded "Yes" to experiencing sexual abuse in childhood. This is 23% higher than the average rate for the sample population.

[3] Despite the relatively small sample size (n=14) of participants who identified as Native American or Alaskan Native, we included the results of this ethnic group in our research to ensure comprehensive representation and mitigate potential biases in our findings.

This adverse experience had the third highest rate among CMAs (35%) in the careforce population.



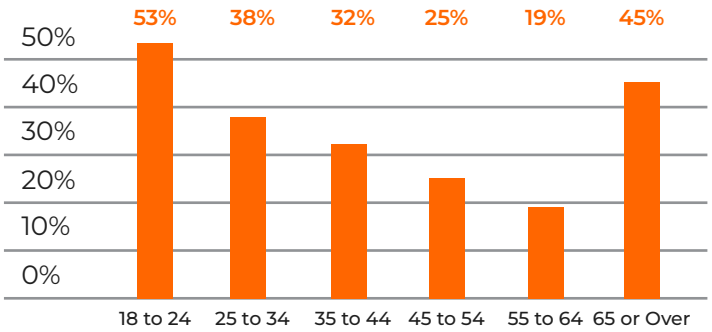
However, women, in the general population, did respond "Yes" 18% of the time, which is almost 3 times higher than men in the general population.

NEGLECT

4. Did you often feel that.... No one in your family loved you or thought you were important or special? Or your family didn't look out for each other, feel close to each other, or support each other?

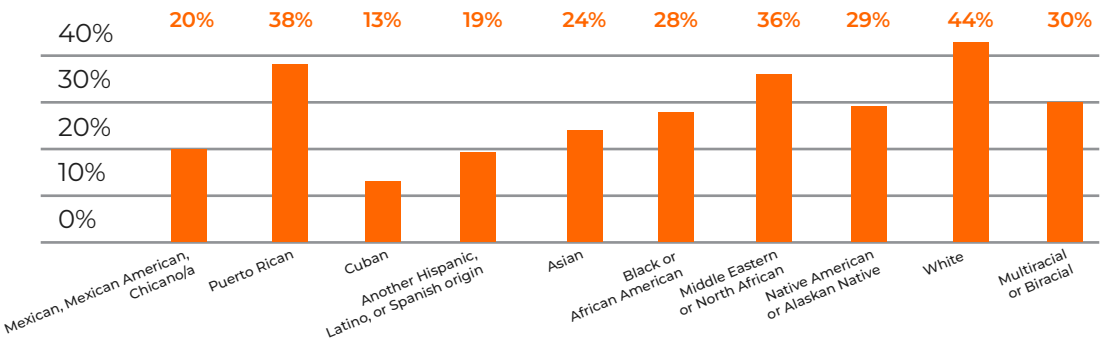
Nearly one-third of the careforce (31%) reported experiencing emotional neglect in childhood. Data for the general population from the BRFSS study was not available for this question.

Members of the careforce 18 to 24 years old as well as those 65 years old or over had higher rates of emotional neglect compared to the rest of the careforce population.

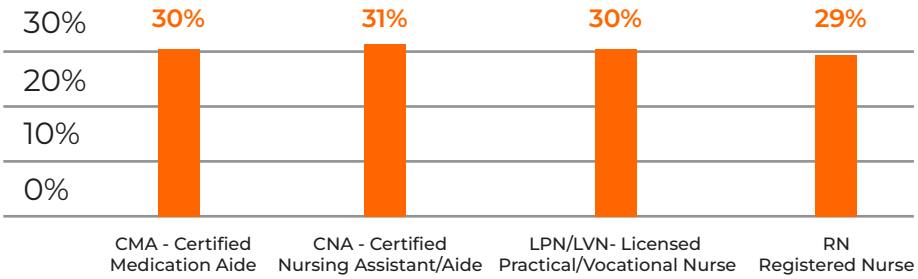


Careforce members who identified as White (44%) or Puerto Rican[4] (38%) reported a higher rate of emotional neglect.

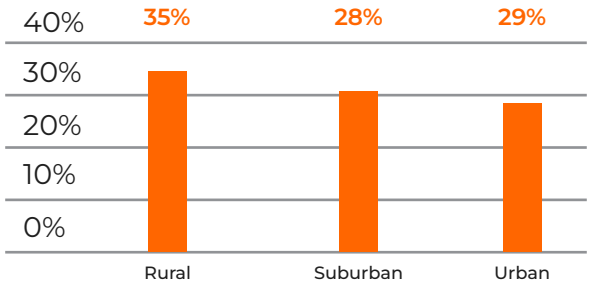
[4] Despite the relatively small sample size (n=16) of participants who identified as Puerto Rican, we included the results of this particular ethnic group in our research to ensure comprehensive representation and mitigate potential biases in our findings.



This adverse experience had the third highest rate among our sample population of CNAs. Roughly one-third of all CNAs (31%) reported experiences of emotional neglect in childhood.



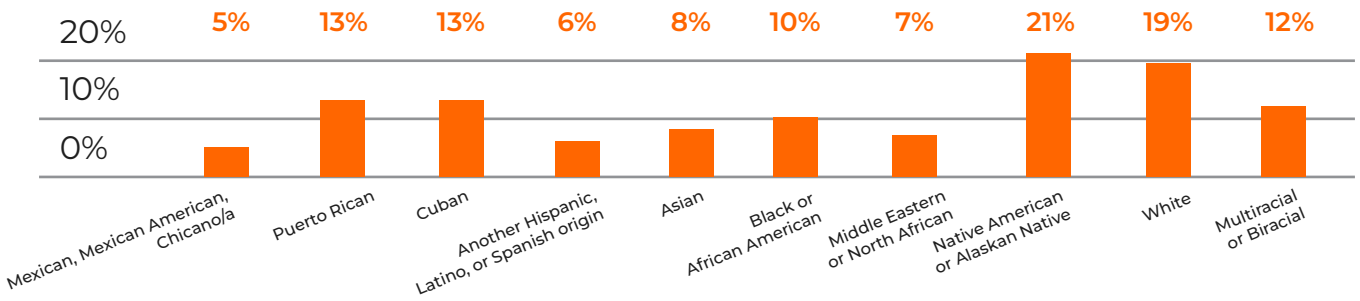
The rate of emotional neglect was also highest for healthcare providers who grew up in a rural environment.



5. Did you often feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Twelve percent (12%) of the careforce reported experiencing physical neglect in childhood. Data for the general population from the BRFSS study was not available for this question.

Careforce members who identify as Native American or Alaskan Native had a higher rate of physical neglect (21%), as well as those who identified as White (19%).



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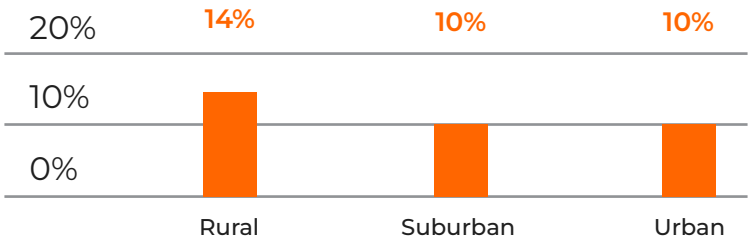
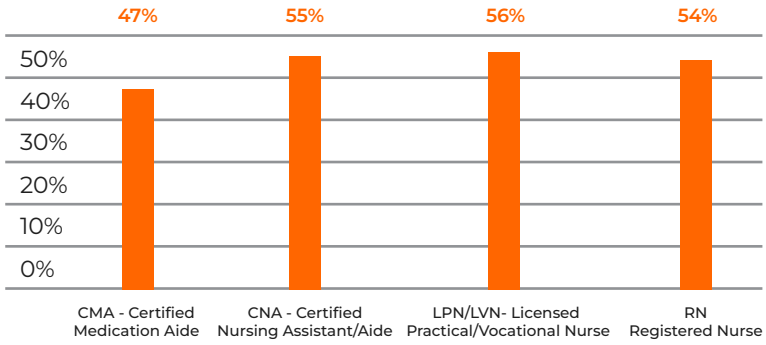


HOUSEHOLD CHALLENGES

6. Were your parents ever separated or divorced?

This adverse event had the highest rate among all role types surveyed. The careforce reporting divorced or separated parents is also around two times higher than what is experienced in the general population.

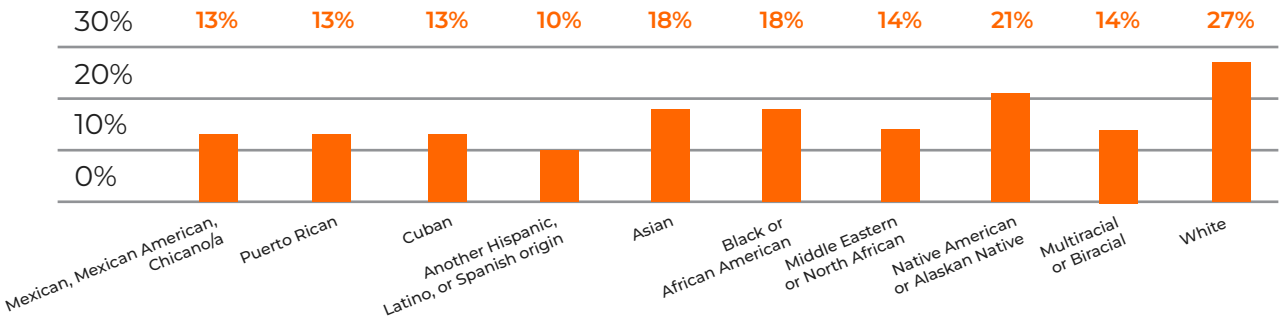
According to the BRFSS data from 2011-2020, 28% of the general population answered "Yes" to experiencing parental separation or divorce in childhood.



7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? Or sometimes or often kicked, bitten, hit with a fist, or hit with something hard? Or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Nearly 1-in-5 members of the careforce (19%) reported exposure to intimate partner violence in childhood. This is slightly higher than the 17% of the general population answering "Yes" in the BRFSS data from 2011-2020,

Careforce members who identified as White had higher rates of exposure to intimate partner violence (27%).

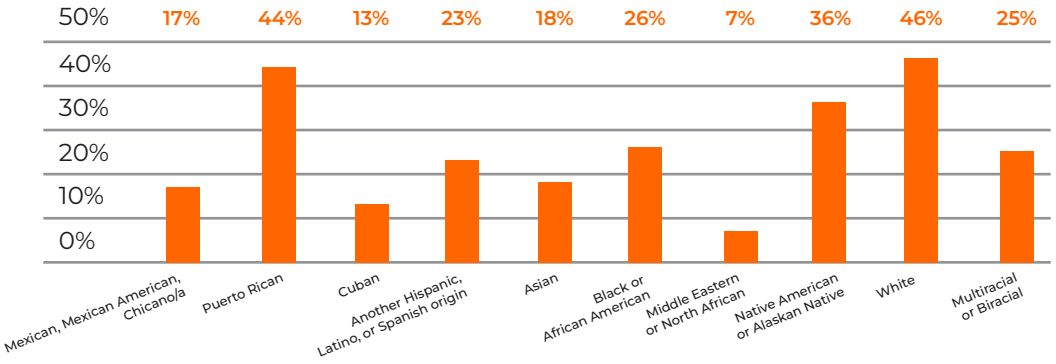


8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

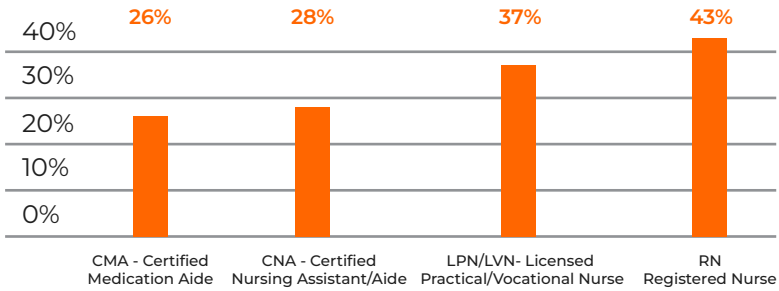
Careforce members reported a similar rate (29%) of exposure to substance abuse in childhood compared to 27% of the general population in the BRFSS data from 2011-2020.

Careforce members aged 65 years old or over had a higher rate (41%) of experiencing substance abuse than the sample population.

A higher rate of experiencing substance abuse was reported by careforce members who identify as White (46%) and Puerto Rican (44%) compared to other races and ethnicities.



This adverse experience has the second highest rate among RNs (43%) and LPN/LVNs (37%).

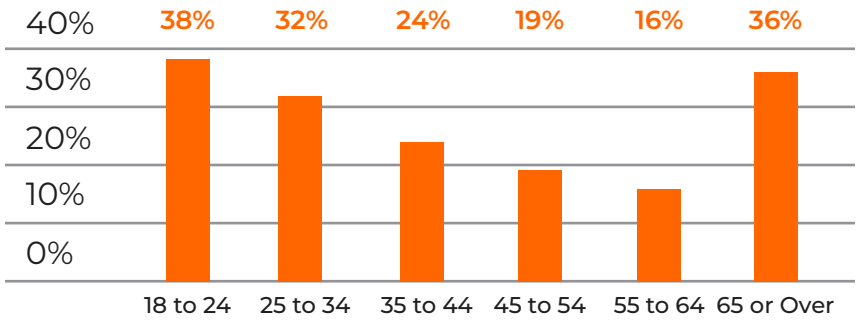


9. Was a household member depressed or mentally ill or did a household member attempt suicide?

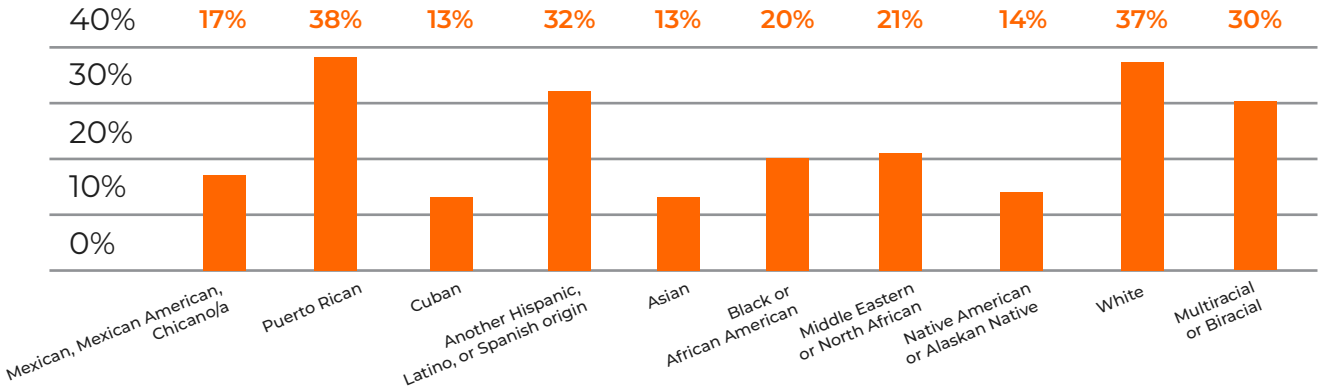
The careforce reported a significantly higher rate of mental illness (24%) compared to the general population (17%) in the BRFSS data from 2011-2020.

In the general population, a higher percentage of women reported having a household member that experienced mental illness compared to men. This holds true for our sample population, with participants who identified as women reporting experiences with mental illness in childhood 24% of the time, which is 5% higher than men.

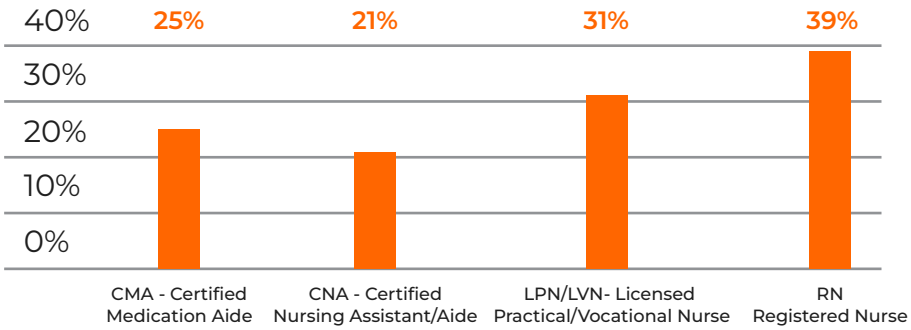
Careforce members who are 18 to 24 years old (38%) or 65 years old or over (36%) had higher rates of mental illness compared to their peers.



Careforce members who identify as Puerto Rican (38%) or White (37%) reported a higher rate of mental illness compared to their peers.



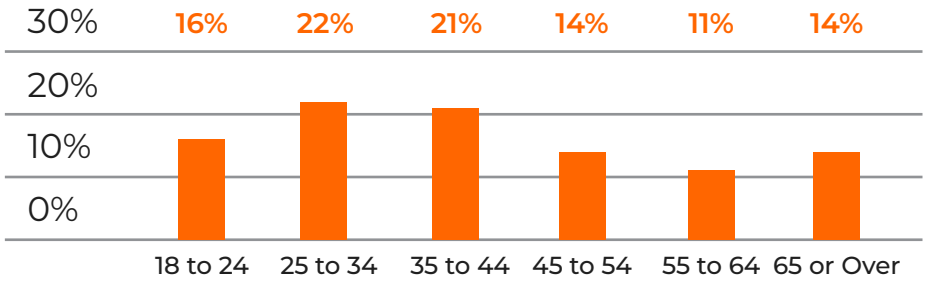
This adverse experience had the third highest rate among RNs (39%).



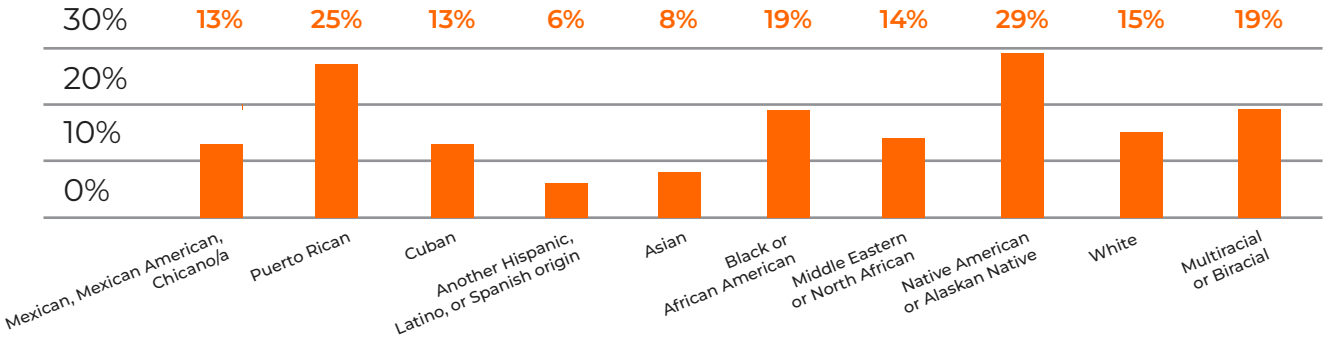
10. Did a household member go to prison?

Members of the careforce who have experienced having an incarcerated household member (17%) were nearly double to that of the general population (9%) in the BRFSS data from 2011-2020.

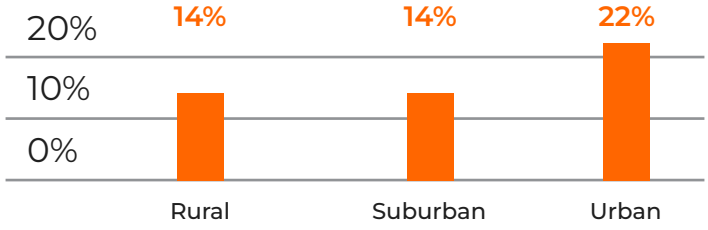
Careforce members ages 25 to 34 had a higher rate (22%) of experiencing incarceration in the household as a child.



Careforce members identifying as Native American or Alaskan Native reported higher rates of having an incarcerated household member (29%), as well as those who identified as Puerto Rican (25%).



The rate of having an incarcerated household member was also highest for careforce members who grew up in an urban environment.



Results: Total ACEs Scores for the Careforce

Now that the results for each ACEs question has been examined, it is vital to understand the total ACEs scores for the careforce. As a reminder, an individual's ACEs score has a direct impact on his or her risk of toxic stress. According to ACEs Aware literature, a score of:

- **0** puts an individual at a **low risk** of toxic stress
- **1-3** puts an individual at an **intermediate risk** of toxic stress
- **4 or more** puts an individual at **high risk** of toxic stress and dramatically increases the chance of having health complications and emotional distress as an adult

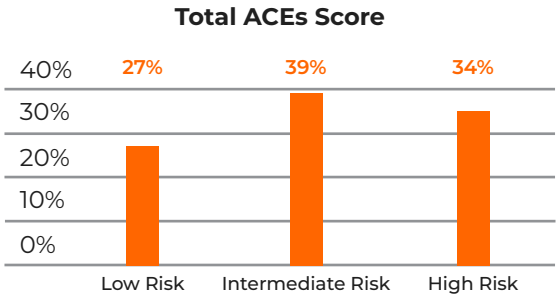
Overall ACEs Scores

This results of this study reveal that the careforce population:

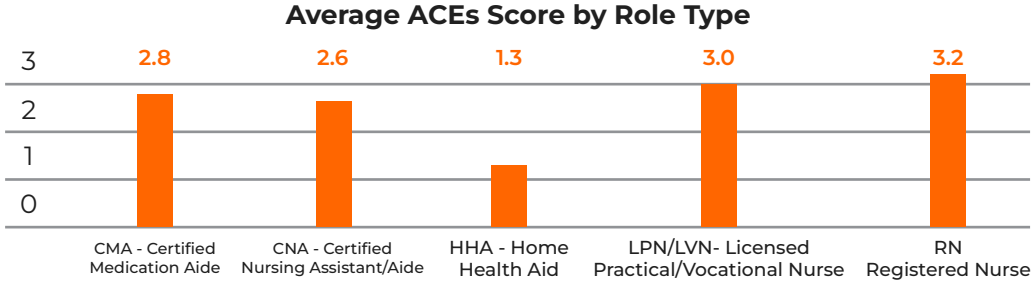
- 27% of the careforce are at **low risk** of toxic stress (ACEs score of 0)
- 39% of the careforce are at **intermediate risk** of toxic stress (ACEs score of 1-3)
- 34% of the careforce are at **high risk** of toxic stress (ACEs score of 4 or more)

Other studies have been conducted to ascertain the prevalence of ACEs in health and social care workers. Overwhelmingly, indviduals working in healthcare have a higher average ACEs score than the general population.

The general population's ACEs score is referenced in other parts of this report. The classifications of risk are part of the ACEs methodology and not an editoral decision by us.



One study found that physicians had an average ACEs score of 1 (Stork, Akselber, Qin, & Miller, 2020). Another found that mental health professionals had an average ACEs score of 2.71 (La Mott & Martin, 2019). The average ACEs score for the careforce was 2.70 and varied most drastically across different certification and license types with the highest average ACEs score being 3.2 for RNs.



Conclusion

Research has continued to show that experiencing adverse events such as neglect or abuse as a child has lasting effects. ACEs are not destiny. The negative impacts of ACEs can be prevented through methods such as building nurturing relationships and safe, stable environments. The CDC's Prevention Resources for Action provides additional information on strategies to reduce risks and outcomes associated to ACEs.[5]

Reducing the Negative Impacts of ACEs.

GENERAL POPULATION

UP TO
21 MILLION
Cases of Depression

UP TO
1.9 MILLION
Cases of Heart Disease

UP TO
2.5 MILLION
Cases of Overweight/Obesity

The careforce that dedicates their lives to seniors reports a higher number of average ACEs compared to the general population, and even the larger health care professional community. As Trauma-Informed Care and Cultural Competency are incorporated into your practices, it is important that the same compassion and outreach extends to the careforce. It is likely that members of your careforce are resilient survivors of trauma, and as part of the strong post-acute care community, everyone has a duty to recognize and address this impact of trauma and the potential for resilience.

The careforce is increasingly vulnerable to job pressures and organizational stressors, leading to higher risks of emotional exhaustion, burnout, and compassion fatigue. The Bureau of Labor Statistics frequently publishes research on the most stressful jobs. Nursing, as well as healthcare, are overwhelmingly represented on these lists.

When it comes to workplace stress, some common factors can be:

- Overloading workloads
- Lack of control of one's working environment
- Co-worker, or manager, conflict
- Frequent changes to schedule
- Harassment
- Lack of autonomy

[5] CDC, Violence Prevention. Prevention Strategies: Adverse Childhood Experiences Prevention Resource for Action. 2019. https://www.cdc.gov/violenceprevention/aces/prevention.html#:~:text=ACEs%20and%20their%20associated%20harms,full%20health%20and%20life%20potential

Even though the careforce is resilient and dedicated, they may be more susceptible to the stresses that come with working with seniors. Leaders could mitigate some of this workplace stress by creating awareness around trauma and survivorship among teams.

Leaders can create a thriving workplace environment in their communities by prioritizing mental health and wellbeing initiatives as well as providing team members with community services and programs tailored to their cultural identities. By embracing these principles, leaders can not only enhance the quality of care provided, but also cultivate a supportive and fulfilling workplace for healthcare workers. Investing in employee assistance programs and promoting positive workplace wellbeing not only boosts morale and productivity, but also contributes to the overall success of the organization.

It is through such concerted efforts that leaders can truly make a difference, ensuring that healthcare workers feel valued, supported, and empowered in their roles, ultimately leading to better outcomes for both staff and residents alike.

Part Two of the "Trauma and Resilience" series will explore how the mental and physical health impacts from ACEs, trauma from the COVID-19 pandemic, and more impact workplace wellbeing.

Ready to learn more? To find additional information and resources, as well as access the other reports in this series, please visit: kare.work/trauma-resources

Have a story to share? We would love to hear from you! You can submit your story or share your comments by visiting: kare.work/trauma-resources

Acknowledgments

KARE would also like to acknowledge all the frontline healthcare providers who contributed to this remarkable research. We also extend our deepest gratitude to Jean Hartnett, Lindsay Schwartz, Katie Rhone, Jim Davidson, and Julia Glaser for their invaluable insight and guidance during this study. Their dedication to healthcare excellence and willingness to participate in the survey significantly enriched the depth and quality of the findings. We are profoundly appreciative of their time, insights, and unwavering commitment to advancing our knowledge of the modern day careforce. Their partnership underscores the collaborative spirit essential for impactful research in the post-acute care community and larger healthcare network.

Appendix

Participant Sampling and Data Collection

This study utilized a cross-sectional research design to examine the experiences, challenges, and needs of healthcare professionals in the post-acute care industry as it relates to childhood trauma, impacts from COVID-19, and social determinants of health. A survey was developed to collect data from a large sample of CNAs, CMAs, Home Health Aides (HHAs), LVN/LPNs, and RNs. The survey was sent to users qualified to work on the KARE platform along with members of National Association of Health Care Assistants (NAHCA).

The target population for this study comprised of licensed healthcare professionals across diverse settings, including various employment types (full time, part time, etc.), post-acute care settings (assisted living, skilled nursing, home health, etc.), and geographies across the United States. Participation in the survey was completely voluntary and participants were not compensated for their participation.

A total of 1,427 participants started the survey with 1,142 completing the survey. Careforce members of different ages, genders, ethnicities, and socioeconomic backgrounds were included to ensure diversity in the sample. Of the 1,427 surveys submitted, 270 had incomplete responses and 15 were duplicative. These 285 partial or duplicate responses were removed from the analysis.

Measures

The survey consisted of multiple-choice questions and Likert scale items to gather data on various aspects of the post-acute careforce, including demographics, ACEs, challenges faced, support needs, workplace satisfaction, and social determinants of health.

Ethical Considerations and Limitations

This study was conducted in accordance with ethical guidelines for research involving human participants. Using the exemption review process, an independent institutional review board accepted the study in accordance with 45 CFR 46.104(d)(2(d)). Participants' privacy and confidentiality were strictly maintained throughout the research process, and no identifying information was collected to ensure anonymity.

While efforts were made to recruit a diverse sample of the careforce, the study may be limited by self-selection bias inherent in convenience sampling. Additionally, the reliance on self-reported data may introduce response bias. Despite these limitations, the findings provide valuable insights into the experiences and needs of the careforce, which can inform the development of targeted interventions and support services.

This study utilized the original ACEs survey design, which does exclude forms of adversity that are currently being studied, such as bullying, community violence, natural disaster, refugee or wartime experiences, and witnessing or experiencing acts of terrorism.

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TRAUMA AND RESILIENCE

PART ONE

Adverse Childhood Experiences (ACEs) and Today's Careforce

Understanding the Impacts and Influence of Trauma on the Careforce

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