

Adverse childhood experiences (ACE), service use, and service helpfulness among homeless people, by Heather Larkin, PhD and Gina Park, PhD

Background and Purpose: Research demonstrates higher rates of co-occurring mental health and health risk behaviors, including substance abuse, and related problems among homeless people compared to the general population (Burt, 2001; Tam et al, 2003). Retrospective reports of ACEs are associated with adult health risk behaviors and health problems (Felitti et al, 1998). This study addresses four research questions: 1) How common are the ten ACE categories in this sample of homeless individuals? 2) Are there correlations among these categories? 3) Are ACEs associated with prior service utilization? 4) Were the services used considered helpful by study participants?

Methods: This cross-sectional survey of an availability sample of 224 homeless people uses 10 ACE Study questions with good test-retest reliability (Dube et al, 2004) and questions eliciting prior service use and helpfulness. ACEs include physical, emotional, and sexual abuse, domestic violence, substance abusing, mentally ill, incarcerated, or suicidal household members, loss of a parent, and emotional or physical neglect. ACE score is determined by adding “yes” responses to each category (0-10). Data were analyzed using SPSS 19.0. Descriptive statistics and correlation analysis identified total ACE scores and prevalence and interrelationship of each ACE category. Logistic regression estimates the relationship between ACE categories and service use. Descriptive statistics examine service helpfulness.

Results: Over 85% of respondents reported ≥ 1 ACE category, over half (58.5%) reported ≥ 4 ACEs. 56.7% lost a parent (death, divorce, or abandonment). Half report emotional abuse (50.8%), a lack of family support (51.7%), or a substance abusing family member (51.3%). Over a third reported physical abuse (40.6%) or living with a mentally ill family member (36.1%). Nearly a third experienced sexual abuse (32.5%) or domestic violence (31.4%). ACE categories are correlated with one another (.0449 to .9434; $p < .05$). Emotional and physical abuse are strongly correlated ($r = .943$, $p < .001$). A lack of family support is correlated with living with a mentally ill family member ($r = .678$, $p < .001$). Growing up with domestic violence is correlated with physical abuse ($r = .744$, $p < .001$). Among homeless people who used services for emotional or substance abuse issues prior to becoming homeless, ACE categories predicted use of interpersonal prevention, clinical, and criminal justice services. Respondents reporting the ACE category predicting a service were about twice as likely to use that service than other respondents ($1.715 < OR < 2.408$, $p < .05$). Among respondents who used services, more than half reporting the ACE category and the service use predicted by that ACE category also reported that the service was helpful.

Conclusions and Implications: Findings confirm the view that homeless people have experienced an accumulation of adversity (Green, 2005). ACE categories predicted types of services used prior to becoming homeless. Despite perceived helpfulness, services did not prevent homelessness. This study provides data for policy and program leaders to ensure access to responsive services. Limitations could be addressed by a larger random sample of homeless people that includes ACE questions and explores access to needed helpful services. Next steps include program evaluation, intervention and services research on ACE response within service settings.