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Off to a Poor Start: The Role of Childhood Adversity in Employee Burnout, Turnover, Commitment, and Counterproductive Behavior

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OFF TO A POOR START:  
THE ROLE OF CHILDHOOD ADVERSITY IN EMPLOYEE BURNOUT,  
TURNOVER, COMMITMENT, AND COUNTERPRODUCTIVE BEHAVIOR  

A Thesis  
Presented to  
the Graduate School of  
Clemson University  

In Partial Fulfillment  
of the Requirements for the Degree  
Master of Science  
Applied Psychology  

by  
Baylor Graham  
May 2021  

Approved by:  
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ABSTRACT

Despite the abundance of interdisciplinary research on childhood adversity, the topic has been largely neglected as it relates to occupational health. However, this understudied area has important implications for both research and practice. Using the Matthew Effect and Conservation of Resources Theory as a foundation, the present study investigated the relationship between childhood adversity and adult work-related outcomes. The literature on childhood adversity suggests that adverse experiences as a child such as abuse, or poverty accumulate and result in adults who are at a disadvantage in many ways such as in their interpersonal relationships, occupational and educational success, and mental and physical health. These individuals have fewer resources as they enter the workforce and are often unable to cope with the demands of life. Therefore, the present study hypothesized that because of this cumulative disadvantage, these individuals may be more likely to experience poor health-related work outcomes. In general, the results of this study indicate that individuals who have experienced childhood adversity are more likely to burnout, have intentions to turnover, and engage in counterproductive work behavior. Further, childhood poverty, emotional neglect, being in an unsafe home, household substance abuse, household depression, and being bullied were all associated with lower levels of both affective organizational and occupational commitment. The findings of this study provide valuable insight into the long-term implications of an employees’ past on their present employment situation and provide a foundation for future research to build.
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TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>TITLE PAGE ................................................................................................................... i.</td>
</tr>
<tr>
<td>ABSTRACT .................................................................................................................... ii.</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS ........................................................................................... iii.</td>
</tr>
<tr>
<td>LIST OF TABLES ......................................................................................................... vi.</td>
</tr>
<tr>
<td>LIST OF FIGURES ...................................................................................................... vii.</td>
</tr>
</tbody>
</table>

CHAPTERS

I. INTRODUCTION ................................................................................................. 1
   Cumulative Disadvantage Theory (or Matthew Effect) ........................................ 2
   Conservation of Resources Theory ..................................................................... 9

II. CHILDHOOD ADVERSITY .............................................................................. 12
   ACEs .................................................................................................................. 12
   Poverty .............................................................................................................. 19

III. OUTCOMES ................................................................................................... 25
   Burnout .............................................................................................................. 25
   Turnover Intentions ............................................................................................. 27
   Counterproductive Work Behavior .................................................................... 29
   Employee Commitment ....................................................................................... 31

IV. MODERATORS ................................................................................................ 36
    Workplace Social Support ................................................................................. 36

V. HYPOTHESES .................................................................................................. 41

VI. METHOD ........................................................................................................... 48
    Participants and Procedure .............................................................................. 48
    Measures .......................................................................................................... 49
    Data Analysis .................................................................................................. 55

VII. Results ............................................................................................................ 57
    Descriptive Statistics and Bivariate Correlations .............................................. 57
    Burnout Analyses ............................................................................................. 58
    Turnover Intentions Analyses ........................................................................... 61
    Counterproductive Work Behavior Analyses ................................................... 64
    Affective Organizational Commitment Analyses .............................................. 67
Affective Occupational Commitment Analyses ............................................. 69
Subsequent Analyses ....................................................................................... 71

VIII. DISCUSSION ........................................................................................... 80
Discussion of Findings .................................................................................. 80
Implications ...................................................................................................... 85
Limitations and Directions for Future Research ........................................... 89
Conclusion ...................................................................................................... 94

REFERENCES ................................................................................................. 95

APPENDICES .................................................................................................. 129
A: Measure of Childhood Perceived Income Adequacy .......................... 130
B: Measure of Childhood Subjective Socioeconomic Status ............ 131
C: Measure of Aversive Childhood Experiences .................................. 132
D: Measure of Burnout .................................................................................. 133
E: Measure of Turnover Intentions ............................................................... 134
F: Measure of Occupational Commitment .............................................. 135
G: Measure of Organizational Commitment ............................................ 136
H: Measure of Counterproductive Work Behavior .................................. 137
I: Measure of Perceived Organizational Support ................................. 138
J: Measure of Perceived Manager Support ............................................. 139
K: Measure of Perceived Coworker Support .......................................... 140
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: Means, Standard Deviations, and Reliabilities of Measures</td>
<td>141</td>
</tr>
<tr>
<td>2: Correlations with Confidence Intervals</td>
<td>142</td>
</tr>
<tr>
<td>3: Regression Results Using Burnout as the Criterion</td>
<td>143</td>
</tr>
<tr>
<td>4: Regression Results Using Turnover Intentions as the Criterion</td>
<td>144</td>
</tr>
<tr>
<td>5: Regression Results Using Counterproductive Work Behavior as the Criterion</td>
<td>145</td>
</tr>
<tr>
<td>6: Regression Results Using Affective Organizational Commitment as the Criterion</td>
<td>146</td>
</tr>
<tr>
<td>7: Regression Results Using Affective Occupational Commitment as the Criterion</td>
<td>147</td>
</tr>
<tr>
<td>8: Regression Interaction Results using Burnout as the Criterion</td>
<td>148</td>
</tr>
<tr>
<td>9: Regression Interaction Results using Turnover Intentions as the Criterion</td>
<td>149</td>
</tr>
<tr>
<td>10: Regression Interaction Results using Counterproductive Work Behavior as the Criterion</td>
<td>150</td>
</tr>
<tr>
<td>11: Regression Interaction Results using Affective Organizational Commitment as the Criterion</td>
<td>151</td>
</tr>
<tr>
<td>12: Regression Interaction Results using Affective Occupational Commitment as the Criterion</td>
<td>152</td>
</tr>
<tr>
<td>13: Support for Hypotheses by Individual ACE</td>
<td>153</td>
</tr>
<tr>
<td>Figure</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Hypothesized Model of the Relationship Between Predictors, Outcomes, and Moderators</td>
</tr>
<tr>
<td>2</td>
<td>Significant Effects of Each ACE on Burnout</td>
</tr>
<tr>
<td>3</td>
<td>Significant Effects of Each ACE on Turnover Intentions</td>
</tr>
<tr>
<td>4</td>
<td>Significant Effects of Each ACE on Counterproductive Work Behavior</td>
</tr>
</tbody>
</table>
CHAPTER ONE

INTRODUCTION

In the United States alone it is estimated that at least 1 out of 7 children in the past year have experienced child abuse and/or neglect with children in poverty being 5 times more likely to experience abuse (CDC, 2020). These children begin life at a disadvantage and experience long-term, negative effects on overall health, well-being, and opportunities in life. For instance, abused children have higher risks of injury, teen pregnancy, sexually transmitted infections, maternal and child health problems, and are more likely to be involved in sex trafficking (CDC, 2016). As it relates to health specifically, numerous outcomes have been identified as well such as obesity, diabetes, cancer, heart disease, respiratory disease, post-traumatic stress disorder, depression, and suicide (Brockie et al., 2015; Hughes et al., 2017) Moreover, childhood adversity such as abuse, neglect, and poverty can alter the developing brain resulting in attention deficits, difficulty making decisions, trouble learning, and dysregulation of the stress response (Evans & Kim, 2012; Shonkoff et al., 2012).

This toxic stress continues into adulthood producing relational problems, financial difficulties, and unstable work histories that further exacerbate existing problems and results in cumulative disadvantage that spills over into multiple life domains (Anda et al., 2004; Nurius et al., 2015). Consequently, the workplace is not impervious to the long-term effects of childhood adversity. Rather, the effects are likely experienced not only in the form of absenteeism and poor health (e.g., Anda et al., 2004), but as the present study found, in the form of traditionally studied work outcomes such as burnout, turnover, counterproductive work behavior, and affective organizational and occupational commitment as well. I argue that the enduring and damaging
effects that childhood adversity can have on worker health and well-being warrant attention from academics, government agencies, and practitioners alike.

To date, no other study has examined this relationship although it is widely accepted throughout the scientific community that childhood plays an important role in adult outcomes (Shonkoff et al., 2009). This consensus exists in relation to outcomes such as disease, mental health, and unemployment, but is severely lacking as it relates to commonly studied job outcomes in occupational health psychology. However, frameworks that prioritize the study of stress and disparities between individuals of varying backgrounds are needed to expand the current literature and to provide a basis for studying individual variability throughout the life course (Shonkoff et al., 2009). In addition, this study answers a call from Nurius et al., (2013) and others in the scientific community advocating for the integration of more interdisciplinary work that helps to facilitate a breakdown of existing silos that inhibit the advancement of knowledge. Drawing on literature from multiple disciplines such as sociology, neuroscience, molecular biology, and psychology, this study provides a basis for occupational health psychologists to expand their work by looking at the individual more holistically and taking into account factors throughout the life course.

**Cumulative Disadvantage Theory**

The theoretical focus of this study begins with the Cumulative Advantage or Disadvantage Theory. This theory originated in what is known as the “Matthew Effect”, a term coined in 1968, by sociologist Robert Merton in his classic essay. Merton (1968) described a trend in science in which distinguished scientists receive more acknowledgement from the scientific community and the public than comparatively less esteemed scientists. Importantly, this effect was present regardless of who contributed more to the research or made the initial
discovery. In addition, not only did the more distinguished researcher receive greater reward, but they were also presented with more opportunities for advancement (e.g., additional funding) due to their increased visibility in the scientific community. Thus, the more esteemed scientist is capable of being more productive as the process continues, and they move up in standing within the scientific community. This process is advantageous for a few scientists while simultaneously placing many at a disadvantage. This idea often resonates with laypeople and popular sayings such as “the rich get richer; the poor get poorer” and “success breeds success” align with this idea. In fact, the term “Matthew Effect” was based on the following parable from Jesus in the Bible:

“For to everyone who has, more will be given, and he will have abundance; but from him who does not have, even what he has will be taken away” (Matthew 25:29, NKJV).

However, the “Matthew Effect” adds to these notions by suggesting that this process occurs despite one’s merit.

After this initial essay, the “Matthew Effect” gained popularity and was applied to other areas of study such as fairness in the scientific community regarding women and Nobel prize winners (Cole, 1979; Zuckerman, 1977). Additionally, Dannefer (1987) extended the idea into the study of aging and life course patterns, noting several instances in which the “Matthew Effect” seemed to be present. For example, although he did not test this, he speculated that the “Matthew Effect” could be present for employees who were fast-tracked and moved from one organization to another. This would, he suggested, increase the individual’s desirability to both organizations. The following year, Merton (1988) published an essay in which he introduced the idea of cumulative advantage as it pertains to scientific research. He defined cumulative advantage as:
In other words, cumulative advantage is a social process through which opportunities and subsequent symbolic and material rewards accumulate for those who were at a previous advantage. However, as Dannefer (2003) pointed out, this definition lacks the specificity needed to further the study of cumulative advantage. As a result, he proposed a new definition of cumulative advantage that included the disadvantage aspect as well. It was defined as a systematic tendency for interindividual divergence in a particular characteristic (e.g., money) as time passes. He highlighted that:

“Two terms in this definition warrant special attention. ‘‘Systemic tendency’’ indicates that divergence is not a simple extrapolation from the members’ respective positions at the point of origin; it results from the interaction of a complex of forces. ‘‘Interindividual divergence’’ implies that cumulative advantage/disadvantage is a not a property of individuals but of populations or other collectivities (such as cohorts), for which an identifiable set of members can be ranked.” (p. 327)

This new definition served as a catalyst for additional research. For instance, subsequent studies on health outcomes related to this theory began to emerge. One of these studies, reported three distinct findings (Walsemann et al., 2008). First, youth with fewer educational advantages (e.g., access to quality materials, tutoring, or extracurricular activities) are more likely to experience health-induced work limitations in adulthood and these limitations are frequently experienced earlier. This is largely due to family, school, and neighborhood factors that inhibit disadvantaged children from accessing many of the educational and health-related benefits that more affluent
children tend to enjoy. Second, due to the disadvantage increasing throughout the life course, the health gaps between those with and without educational advantages widen significantly with age. Lastly, the magnitude of racial health disparities is greatest among those who have the least educational advantages and attainment. In addition, while all racial groups experienced disparities related to fewer educational advantages as a child, Blacks experienced the greatest burden.

As the research increased, the definition evolved to include resources and deficits at the individual and group level (Thoits, 2010). These resources and deficits accumulate over time and produce disparities in health, wealth, longevity, and well-being. In addition, not only do these deficits or early adversities compound, one form of disadvantage tends to be related to a heightened vulnerability to other forms of disadvantages (Kennedy et al., 2014). The processes through which these disadvantages occur are referred to in the literature as early adversity stress proliferation and stress sensitization (Nurius et al., 2013; Pearl et al., 2005; Thoits, 2010). More recent studies (e.g., Kennedy et al., 2014) have now theoretically integrated both stress proliferation and stress sensitization into the cumulative advantage or disadvantage theory, and as such, a discussion of each is necessitated.

**Stress Sensitization**

According to Nurius et al., (2013) early adversity stress sensitization theory posits that dysregulation in the stress response system occurs when stress accumulates in early life. This dysregulation impacts both reactivity and adaptive responding (Heim & Nemeroff, 2001). For example, this heightened sensitivity can result in adults who are more emotionally reactive and who are more likely to develop anxiety and mood disorders (Heim & Nemeroff, 2001; McLaughlin et al., 2010). Moreover, childhood adversity may permanently alter the stress
response system, and individuals will become more vulnerable to subsequent stress (Dienes et al., 2006).

Models of this relationship have revealed the adverse implications of childhood stress on brain structures and functioning that lead to increased vulnerability. For instance, both abuse and neglect can result in impairments in the corpus callosum (Teicher et al., 2004), diminished left hemisphere and left hippocampal development (Bremner et al., 1997, Ito et al., 1998), decreased right/left cortical integration (Schiffer et al., 1995), abnormal brain connectivity (Eluvathingal et al., 2006), decreased white matter, and increased occurrence of electroencephalogram abnormalities (Sheridan et al., 2012). This toxic stress goes beyond disrupting brain structure as well. Childhood adversity affects other organ systems and results in stress-management systems that have comparatively lower thresholds for responsiveness (Shonkoff et al., 2009). This effect lasts a lifetime, decreasing the individual’s ability to cope and producing an elevated risk of stress related disease and cognitive impairment (Shonkoff et al., 2009).

However, despite the established increase in sensitivity to stress that persists well into the adult years, childhood adversity has received little attention in organizational science. As opposed to other forms of stress, early adversity stress sensitization involves distal stress as the initial stimulus (Dienes et al., 2006) and organizational scientists have often focused more attention to trauma that occurs on the job rather than prior (e.g., McFarlane et al., 2009). However, this increased sensitivity to stress is important to attend to due to its potential to result in poor work-related health outcomes. These outcomes would compound with the existing association between ACEs (see Dong et al., 2004) as well as with the severe and costly chronic physical conditions, such as heart disease (Anda et al., 2008) and serve to exacerbate the issues that these vulnerable individuals face.
Stress Proliferation

Pearlin et al., (2005) developed the term stress proliferation to simply refer to stressors that stem from other stressors. They were primarily concerned with identifying the mechanisms and processes that could serve as a bridge between early life conditions and later disparities in overall rates of mortality and morbidity. Stress proliferation was one of the proposed processes. Since then, Thoits (2010), developed this definition further by stating that stress proliferation is one of the mechanisms in which early adversities result in increasingly adverse health outcomes for individuals as they age. She suggested that childhood stressors can have negative effects on adult mental health both directly and indirectly via stress accumulation and by amplifying the effects of adversity that emerge in adulthood.

Stress proliferation originated with the observation that in general, stressors have a tendency to give rise to additional stressors, especially in the case of traumatic life events. Consistent with the literature, adults who have gone through one or more traumatic events as a child often tend to report higher instances of both lifetime and recent stressful events (Turner et al. 1995; Wheaton, 1999). Pearlin et al., (2005) proposed that the proliferation of stressors following a traumatic event could aid in accounting for the associations between these events and health and well-being. Trauma can then lead to secondary stressors or other traumatic events that are accompanied by additional adverse health consequences. While stress proliferation can apply in a variety of contexts such as proliferation of stress across generations (e.g., intergenerational continuity of poverty) or proliferation across life domains (e.g., spillover from work to home), (Thoits, 2010) the present study focused specifically on proliferation across the individual’s life course.
Consistent with this proposed model, existing research reports a variety of findings. For instance, the impact of chronic strain on mental health was found to be stronger than the impact of a negative event or trauma alone (Turner et al. 1995; Wheaton, 1999). Further, childhood and adult trauma serve to increase the amount of successive stressful events or strains that are experienced. Finally, when measured as cumulative adversity (i.e., negative events, strains, and lifetime traumas combined) a dramatic improvement was made in the amount of variance that the model explained. Thus, these findings provided support for the stress proliferation theory and promoted a more wholistic examination of childhood adversity.

Thoits (2010) was one of the first proponents of theoretically integrating the cumulative advantage/disadvantage theory and stress proliferation. As previously discussed, existing scholarship has provided support for the notion that disadvantages compound over the life course (e.g., Turner et al. 1995) and thus adds additional scientific backing to the cumulative disadvantage theory. However, it is important to acknowledge that stressful events along with coping resources have a critical role in this snowballing process as well (Thoits, 2010). As such, stress sensitization and proliferation are both important to consider in the cumulative disadvantage process.

Overall, the scholarship on cumulative disadvantage suggests that disadvantages in one area can proliferate, resulting in vulnerabilities that further perpetuate the cycle and elicit disadvantages in other areas of life as well. For that reason, it is important that researchers examine the consequences of cumulative disadvantage in multiple domains of life, the workplace being one of them. The present study aimed to do just that, extending the research to occupational health by examining the effects of childhood adversity on commonly studied workplace outcomes.
**Conservation of Resources Theory**

The cumulative disadvantage theory provides a gateway into the discussion of resources and demands as it pertains to childhood adversities. According to Conservation of Resources Theory (COR; Hobfoll, 1989), resources include objects, conditions, personal characteristics, or energies that are highly valued and can be used to acquire other important resources. Object resources are defined as items that have a physical presence (e.g., clothing) or that are indicative of an individual’s status (e.g., jewelry). Condition resources (e.g., marriage) are states that facilitate access to other resources and personal characteristics are resources such as learned skills or traits (e.g., self-esteem). Finally, energies (e.g., money, time, knowledge) are resources that are able to be exchanged or utilized to obtain other resources.

COR theory states that people are motivated to obtain, maintain, protect, and foster these resources. Furthermore, according to this theory, individuals experience an evolutionary-based tendency to overweight resource loss and underweight resource gain and this tendency often results in stress. COR theory emphasizes the objectively stressful nature of events and posits that stress ensues when vital resources are either threatened with loss, are lost, or when significant effort fails to gain resources. Due to resource loss being more salient than resource gain, the positives that occur in childhood do not balance out the consistent resource losses or threat of losses that result from childhood adversity and leave a lifelong impression on the individual (Hobfoll, 1989).

Childhood adversities such as poverty or abuse can result in resource loss, the threat of loss, or failure to gain additional resources despite the effort. For example, poor children often lack basic object resources such as clothing that fits. Aside from the functionality of clothing, wearing poor fitting or tattered clothing is also socially indicative of lower status and
consequently results in stress for the child (e.g., from the associated stigma) (Quint, et al., 2018). In fact, research shows that cues regarding socioeconomic status from clothing impact perceptions of competence and often lead to disrespect (Oh et al., 2020). As a result, children may receive differential treatment from those around them simply based on their apparel.

In addition, children who grow up in poverty frequently lack condition resources such as access to a quality education in a well-funded school (Barbarin & Aikens, 2015). This is largely because schools are a reflection of the economic state of the neighborhoods that they are located in (Darling-Hammond & Post, 2000). Consequently, schools that are located in disadvantaged neighborhoods often lack many resources such as advanced placement courses, quality computer and science laboratories, up to date textbooks, and basic school supplies (Kane, 2010; Lucas 1999). In addition, these schools often hire teachers with less experience and training to manage overcrowded classrooms and thus contributing to a decreased opportunity to learn for the students (Darling-Hammond, 2004). This has an important impact on the poor student’s chances to get into a reputable college or to learn skills that are helpful in acquiring a job as an adult (DeParle, 2012).

A child experiencing adversity may also have low self-esteem resulting from the stigma associated with poverty or from childhood abuse (Fujiwara et al., 2019). Abused children also tend to perceive the events in their lives as happening because of unrelated and random external factors rather than due to their own attitudes and behaviors (Ellis & Milner, 1981). Additionally, because they tend to be deficient in this condition resource, their future success and acquisition of resources such as educational or employment success may be inhibited as well (Gifford et al., 2006; Judge & Bono, 2001). Vranceanu, Hobfoll, and Johnson (2007) contend that these early adversities may also hamper the individuals’ ability to build adequate social support structures.
As a result, they are more likely to experience deficits in personal and material resources. This process can begin to inhibit their ability to cope making it even more difficult to accrue social support. Finally, money can also be seen as an obvious energy resource that poor children lack and thus are also unable to exchange in order to acquire additional resources.

Although the discussion of resource loss in the present study is not an exhaustive list of possible losses and disadvantages, it is clear that children from disadvantaged backgrounds tend to have less resources overall. This resource deficit produces stress in the developing child and these losses proliferate over the life course exacerbating the problem and leading to poor adult outcomes (Thoits, 2010). In COR theory, losses that result in future losses, resource deficiencies, and additional stress that are known as loss spirals. Trauma elicits loss spirals that lead to chronic future resource loss and psychological distress, both of which exacerbate the other over time (Heath et al., 2012). Hence, childhood adversity can lead to difficulties in acquiring, protecting, and recovering resources as an adult while this process continues. When this consistent exposure to stress inhibits the acquisition of emotional, cognitive, and behavioral resources and skills that are required to successfully cope and to be effective in educational, workplace, interpersonal, and related contexts, negative outcomes follow (Jones et al., 2018; Turner et al., 1995). These workplace outcomes are discussed in detail in subsequent sections.
Aversive Childhood Experiences

Current research increasingly recognizes the impact of early life experiences on an individual’s health and overall well-being throughout their life (Hughes et al., 2017). Aversive childhood experiences can produce lasting effects and impact a variety of aspects of an individual’s life including their work. These aversive experiences are widely measured by questionnaires that include questions that were adapted from the original ACE study (e.g., BRFFS ACE; Felitti et al., 1998). Aversive childhood experiences (ACEs) can be defined as traumatic events and significant disruptions within an individual’s family during childhood (0-17 years) (Felitti et al., 1998). These childhood experiences generally include three types of childhood abuse: psychological abuse, physical abuse, and contact sexual abuse as well as four types of exposure to household dysfunction in childhood: exposure to substance abuse, domestic abuse, mental illness, and criminal behavior in the household. According to the Centers for Disease Control and Prevention (2016), not only are these experiences potentially traumatizing but they can also undermine a child’s sense of stability, safety, and bonding. Furthermore, these experiences can have lasting effects into adulthood.

The pervasiveness of ACEs in the United States is dismaying. According to the National Survey of Children’s Health conducted in 2016, a little less than half (45 percent) of children have underwent at least one type of aversive childhood experience, with rates in high-risk states such as Arkansas, being as high as 56 percent (Bethell et al., 2016). In addition, one out of ten children have experienced at least three or more ACEs, which is categorized as especially high.
risk for negative outcomes. In the most prevalent states—Arizona, Montana, Arkansas, New Mexico, and Ohio—the cases are even higher with one out of seven children experiencing three ACEs or more. Racial differences in children who experience ACEs are also present. Nationwide, 61 percent of children who are black non-Hispanic and 51 percent of children who are Hispanic have gone through at least one ACE, as opposed to 40 percent of children who are white non-Hispanic and 23 percent of children who are Asian non-Hispanic. The pervasiveness of ACEs in every region, is lowest among Asian non-Hispanic children and, often highest among black non-Hispanic children (Sacks & Murphey, 2018). Differences in prevalence based on family income have been found as well. On average, compared to their more affluent peers, children who are living in low-income households are more prone to experiencing a larger number of ACEs (Wade et al., 2014).

The established relationships among adverse childhood experiences and successive negative outcomes are substantial (Metzler et al., 2017). For instance, numerous studies have established that ACEs predict an array of poor mental health outcomes such as post-traumatic stress disorder (PTSD) symptoms, poly-drug use, depression, as well as attempted suicide (Brockie et al., 2015). In addition, a recent meta-analysis revealed that individuals who have least four ACEs are at an elevated risk of many health impairments when compared to individuals who have no ACEs (Hughes et al., 2017). These outcomes include physical inactivity, obesity, and diabetes, an increase in heavy alcohol use, heart disease, respiratory disease, smoking, cancer, and poor self-rated health overall. Furthermore, there were strong associations with risky sexual behaviors, mental illness, self-directed and interpersonal violence, and problematic drug and alcohol use. Not surprisingly, the more adverse experiences a child
had, the greater the effect was on mental health, physical health, and behavioral problems (Kalmakis & Chandler, 2015).

ACEs also appear to significantly enhance the risk and impact of numerous stressors as an adult through various mechanisms such as the presence diathesis (a consequence of early exposure to adversity) that decreases the threshold for stress prior to a depressive reaction (Hammen et al., 2000). Other research has shown that the persistent sensitization of the developing child’s central nervous system (CNS) circuits is a result of early stress (Heim & Nemeroff, 2001). As previously discussed, this involves the regulation of emotion and stress and represents an underlying biological substrate of this heightened vulnerability to future stress and to the development of mental illness. The effects of traumatic experiences in childhood may also initiate toxic stress either during ACE exposure or after, interrupting the normal development of the brain (Shonkoff et al., 2012). For example, it has consistently been shown that when the stress response systems are excessively activated, there are disruptive effects to the amygdala, hippocampus, and prefrontal cortex (PFC) that begins as early as in the prenatal period and, for the PFC, continues far into adulthood (Shonkoff, 2012). Further evidence from Danese and McEwen (2012), links ACEs to negative effects on the nervous, endocrine, and immune system as well. In maltreated children and adults, these systems were abnormally active and while this increased activation can be temporarily adaptive, when it is prolonged, it can become detrimental and is related to an increased risk of disease.

In addition to their negative health outcomes, ACEs also influence an individual’s socio-economic well-being as they reach adulthood. There is an increasing body of literature that indicates that childhood adversity such as neglect and abuse is connected to later income, education, and employment (Metzler et al., 2017). For example, Currie and Widom (2010) found
that those who report a history of child neglect and abuse have reduced educational attainment, fewer assets and lower earnings when compared to matched controls. Additional research supports this finding and suggests that childhood adversity such as witnessing parental violence, physical abuse, and perceived neighborhood violence is related to a decreased probability of being married and reduced income and net worth as well (Covey et al., 2013).

Specific forms of childhood adversity may also disproportionately affect women. Robst, (2008) found that women have a higher incidences of childhood sexual abuse and experience a greater financial impact from the sexual abuse. As a result, Robst argued that childhood sexual abuse contributes to the gender wage gap and that if women continue to face such adversity in their childhood, workplace equality efforts will be insufficient. Moreover, these negative effects compile when additional ACEs are present. Metzler et al., (2017) found that individuals who reported four or more ACEs were less likely to complete high school and more likely to experience household poverty. Likewise, additional research by Zielinski (2009), used socioeconomic measures such as questions regarding participants’ employment status, income, and health insurance coverage. The results of this study link childhood maltreatment to a reduced likelihood of having health care coverage and an increased reliance on Medicaid. Additionally, this study revealed that individuals who were maltreated as children were approximately twice as likely as non-victims for their family income to lie within the lowest quartile of the income distribution and to fall below the federal poverty line. This outcome was exacerbated when adults had experienced multiple kinds of maltreatment. These individuals experienced greater income deficits and were three times as likely to find themselves in poverty. Despite these studies, the literature on childhood adversity and financial outcomes is still insufficient. The vast majority of existing literature focuses primarily on socioeconomic status as a determinant of
childhood adversity as opposed to investigating the effects of adversity on financial outcomes in adulthood (Covey et al., 2013).

As it pertains to an individual’s employment specifically, ACEs have important implications as well. For example, childhood adversity, poor health, and poverty are associated with increased work disability (Laditka & Laditka, 2019; Shuey & Willson, 2017). This association is important due to the negative outcomes that work disability elicits. For instance, according to Shuey and Willson (2017), these individuals are twice as likely to experience subsequent poverty and less likely to be homeowners or to have a pension. Furthermore, even if they recover from work disability, they may be permanently limited in their career advancement (Breslin et al., 2007).

ACEs also predict an individual’s likelihood of maintaining and obtaining employment. For example, Liu et al., (2013) suggested that childhood household dysfunction and child abuse have a lasting effect on adult employment such that individuals with high ACE scores are more likely to be unemployed. They explain this relationship by stating that ACEs impair the cognitive ability of children, leading to decreased educational attainment and social isolation, which in often results in unemployment as they become adults. Moreover, they suggest that ACEs also lead to victims who are less resilient to future adversity. Metzler et al., (2017) confirmed these findings and revealed that both those who had three ACEs and those who had at least four ACEs were more prone to experiencing periods of unemployment. Similar findings were described in another study by Zielinski (2009) as well. They found that adults who were maltreated as children were at twice as likely as non-victims to experience unemployment. They suggested that these individuals would benefit from increased access to programs such as job training and vocational counseling. Sansone et al. (2012), built upon Zielinski’s work and found that various
types of childhood adversity were also associated with a higher number of full-time jobs as well with being fired. In a subsequent study by Topitzes et al. (2016), similar issues in job retention were also reported.

Anda et al., (2004) found that each one of the eight measured adverse childhood experiences contributed to decreased job performance, increased financial problems, and absenteeism. These findings also suggest that this relationship between ACEs and employee performance is mediated by four areas of health and well-being: interpersonal relationship problems, somatic symptoms, emotional distress, and substance abuse. In another study examining associations between cardiovascular disease and workplace factors such as job control, job demands, night shifts, and long hours, researchers found that childhood adversity can explain a significant portion of the relationship (Thomas & Power, 2010). Similar findings were reported regarding the relationship between coronary heart disease and job control. In fact, researchers found that childhood adversity served as an explanation of the relationship between lower levels of job control and increased risk of developing coronary heart disease (Hemmingsson & Lundberg, 2006). These findings demonstrate that childhood disadvantages may be more important to the study of occupational health than previously thought.

Aside from these work-related outcomes, adverse childhood experiences also appear to exacerbate the negative effects of working conditions and are associated with more risky occupations, lower levels of job control, and increased job strain (Andrews et al., 2019; Elovinio et al., 2007). For example, in one study examining working conditions, this relationship was such that ACEs, discrimination, and immigration legal status fears all increase exposure to poor working conditions and associated stress (Andrews et al., 2019). Furthermore, ACEs and discrimination also were shown to exacerbate the effects of this exposure on anxiety
and depression. Andrews et al., (2019) explained these findings using a learned helplessness hypothesis. The stress that these individuals experience may in turn increase their exposure to poor working conditions and consequently increase poor mental health outcomes. This builds upon previous work that fits the learned helplessness framework and suggests that ACEs are associated with negative perceptual biases such as hopelessness (Haatainen et al., 2003). In addition, Andrews et al., (2019) suggest that ACEs may also enhance both perceived work-related difficulties and exposure to them specifically. Previous research supports this claim by suggesting that negative stimuli (e.g., negative facial expressions) are more salient to individuals with high ACEs (Masten et al., 2008; Rauch et al., 2000).

Although the ACE measure predicts various outcomes as an adult, childhood adversity includes more than the seven categories of childhood adversity measured by the seminal ACE study (Felitti et al., 1998). In fact, the most predominant types of exposure to childhood adversity are parental divorce or separation and economic hardship (Crouch et al., 2019). In other studies, such as Braveman et. al., (2018) several other factors are considered along with the traditional ACE measure including four hardships (intimate partner violence, food insecurity, poverty, homelessness/no regular place to sleep) as well as two behaviors (binge drinking and smoking). The authors argue that it is useful to take a broader approach and extend the assessment of adversity beyond the ACE measure. For example, poverty and low socio-economic status are childhood adversities that have consistently been shown to lead to an increase in long-term negative health consequences (Finkelhor et al., 2013). In fact, existing scholarship reveals that when a child lives in poverty, they experience a higher risk and more negative consequences associated with childhood adversity compared to individuals with higher socio-economic status (Drake & Jonson-Reid, 2014; Jonson-Reid et al., 2009). The outcomes addressed in subsequent
sections further highlight the role that childhood adversity plays in adulthood as well as the need for strategies that mitigate the effects of adversity and raise awareness about early prevention.

**Childhood Poverty**

Although the United States has consistently been one of the wealthiest, most powerful, and technologically advanced countries, 34 million people in the U.S. continue to live in poverty (U.S. Census Bureau, 2020). This number reveals the pressing need for the country to utilize their resources in the alleviation of poverty. However, the United States consistently has greater economic inequality and rates of relative poverty, spends less of their budget on economic security programs, and offers less comprehensive help to their citizens when compared to other Organization for Economic Cooperation and Development (OECD) countries (Wilson & Schieder, 2018). Moreover, in 2019, aside from Social Security benefits and health care coverage, only 8% of the federal budget was allocated to safety net programs (e.g., low-income housing assistance and food assistance), a small percentage that has decreased over the years (Center on Budget and Policy Priorities, 2020). However, these programs are crucial in assisting many individuals who are faced with economic difficulties. In fact, without these programs, it is estimated that 24% of the U.S. population would be in poverty, a staggering number that sheds light on the greater problem of economic inequality. Psychological research plays a key role in developing the current understanding of these inequities as well as the antecedents and consequences to poverty. As result, there is an incredibly pressing need to generate new research in this domain. The current study aimed to fill this gap by examining childhood poverty in relation to adult employment outcomes.

Throughout the literature, there is a plethora of studies documenting poverty’s devastating effects on health, well-being, and life chances throughout life. For example, income
is positively associated with life satisfaction, happiness, and well-being overall (Sacks et al., 2012) and as a result, individuals in poverty have reduced well-being and higher negative affective states such as unhappiness and anxiety (Haushofer & Fehr, 2014). Additionally, individuals in poverty are also 1.5 to 2 times more prone to experience anxiety and depression as the wealthy (WHO, 2001). Poverty also depletes behavioral control (Spears, 2011) and is related to risk aversion (Guiso & Paiella, 2008). As it pertains to physical health, poverty is associated with numerous health problems as well such as obesity and diabetes (Everson et al., 2002). Explanations of this relationship often suggest that wealthier individuals can afford healthier food, better housing, and quality healthcare, all of which are related to overall health (Adler & Newman, 2002). However, the association between health and socioeconomic status is consistent even in high income populations where these resources are common (Macintyre, 1994). The wealthiest consistently tend to have the best health.

Although childhood poverty has received comparatively less attention (Elovainio et al., 2007), many of the same relationships exist for childhood poverty as well. For example, using longitudinal data that was gathered from the recent US Panel Study of Income Dynamics, Gariepy and colleagues (2017) found that childhood subjective well-being (SWB) is positively related to family income. In addition, individuals who grow up poor have comparatively less subjective well-being than their more affluent peers. They also found that each year a child spent in the poorest income quintiles was associated with a subsequently lower SWB score later in life and children who were poor at an early age experienced the worst effects.

In addition to the timing and duration of childhood poverty, the social and physical environment can have a vital role in development as well. For instance, in their study on the environment of poverty, Evans and English (2002) sought to provide evidence demonstrating
that children from low-income households not only grow up in homes with comparatively poorer living conditions, but they are also exposed to a greater number of psychosocial stressors (i.e., experience higher rates of family turmoil, child–family separation, and violence). They used a sample of children who were living at or below the poverty line and found that poor children encounter a broader range of cumulative stressors. These children live in more crowded, noisy, and poor-quality housing than children in more affluent households. Further, they tend to have higher resting blood pressure as well as overnight neuroendocrine indices of hypothalamic pituitary activity. These findings indicate that there could be an elevated risk of cardiovascular problems later in life as well. In addition, a subsequent study by Evans and Kim (2012), found that poverty in childhood causes elevated allostatic load in adulthood, and this seems to be at least in part, a consequence of the increased risk exposure. In other words, the longer a child spends in poverty in early life, the greater the exposure to cumulative risk and consequently, elevated allostatic load in adulthood.

According to Odgers et al., (2015), children from low-income homes may also experience poorer outcomes, and what they refer to as a 'double disadvantage,' both living and attending school alongside wealthier peers. These low-income children have an elevated risk for negative outcomes, such as antisocial behavior, depression, poor physical health, and decreased educational attainment. The impacts of growing up in poverty are seen throughout the literature as being toxic for children as they mature into adults (Odgers et al., 2015).

There are a variety of assessments and ways that childhood poverty can be measured. Some scholarship asks the parent of the child about their financial situation (e.g., Evans & English, 2002), while others ask adults to reflect on their childhood (Frederick, & Goddard, 2007). In addition, both objective and subjective measures can be used. However, while
objective measures can be useful in many instances, asking adults to report their income while they were growing up can present some challenges. First, although two adults may report a similar childhood income, the degree to which this income adequately met their needs could depend on several factors such as the geographic area in which they were raised. Equivalent incomes may not produce the same lifestyle in different areas of the nation. Furthermore, the value of money may also depend on social contexts (Adler & Stewart, 2007). People often look at their income and compare it to others around them. Therefore, the social context may play an essential role in a low-income child’s experience. As a result, for the present study, I used two subjective indicators of childhood poverty.

The first subjective measure I used is a measure of perceived income adequacy (PIA). PIA is defined as the perception that an individual holds of the extent to which basic needs and wants were, are, or will be met (Litwin & Sapir, 2009; Sears, 2008). Basic needs are required for survival and include access to food and shelter. Lifestyle wants however are items that individuals would like to have such as leisurely activities and recreation (Whelan, 1992). These needs and wants can be assessed both for childhood and adulthood.

According to Whelan (1992) when an individual is deprived of basic needs, they are experiencing primary deprivation. When they are deprived of their lifestyle desires, they are experiencing secondary deprivation. Additionally, he maintained that assessing both dimensions is crucial because although primary deprivation has a stronger effect on stress, they both are potential sources (Whelan, 1992). Furthermore, although an individual may not be experiencing primary deprivation, they still may not be satisfied with their financial situation. Whelan (1992) argues that subjectively appraised financial strain is one of the mechanisms through which income affects psychological well-being. Thus, the subjective measure of childhood PIA is
thought to go beyond the objective dollar amount and capture more of the personal experience of childhood poverty.

The second measure of childhood poverty that I used is the MacArthur Scale of Subjective Social Status (Adler & Stewart, 2007). This measurement adds to PIA by evaluating where an individual sees their childhood income in relation to others. As previously mentioned, people tend to compare themselves to those around them and view their income through that lens. Childhood is no exception, and this social comparison is one of the reasons why childhood poverty can be so detrimental (Fujiwara et al., 2019).

According to prior research, many children in poverty exhibit comparatively more problematic behaviors, have more health problems, and achieve less than children who are raised in families that are more affluent (Duncan et al., 2012). Thus, it is likely that these children also exhibit issues as they age and enter the workforce. As it pertains to childhood poverty and the workplace, Duncan et al., (2012) found a causal relationship between early childhood poverty and adult earnings and work hours. Early poverty was detrimental in these areas and when the children became adults, they were more likely to end up poor themselves. In addition to their causal findings related to employment earnings, they also found a variety of associations. For example, when compared to children who were raised in households with an income of twice the poverty line or higher during their early childhood, children in poverty completed two fewer years of school, brought home less than half the amount of money as adults, worked 451 hours less annually, received $826 more in food stamps, and were almost three times more likely to have overall poor health. There were also findings based on gender. Poor men were more than two times as likely to be arrested and women were over five times more likely to have a child out of wedlock before age 21. Their findings suggest that researchers should continue to investigate
the relationship between childhood poverty and adult employment outcomes. The present study sought to fill this need for additional research by examining the relationship between childhood poverty and burnout, turnover, counterproductive work behavior, and employee commitment.
CHAPTER THREE

OUTCOMES

Burnout

Although research on childhood adversity goes back decades and a multitude of health outcomes have been studied (Browne & Finkelhor, 1986), as it pertains to occupational health specifically, there is a paucity of work on the largely neglected topic (e.g., Anda et al., 2004). Nevertheless, understanding the role that childhood adversity plays in employee burnout and retention is important, especially for occupations in which turnover is high and stress is common (McKee-Lopez et al., 2019). Previous research has found evidence to suggest that childhood adversity leads to increased unemployment (Metzler et al., 2017; Zielinski, 2009) and difficulty maintaining a job (Topitzes et al., 2016), but there is a need for research exploring why these job-related difficulties may be occurring. The present study provided a basis for these investigations. In addition, this study answers a call from Shirom (2011) for additional research on individual differences that predispose employees to burnout. According to Shirom, not only may certain individuals be more likely to burnout in general, but it is also quite plausible that these predispositions interact with aspects of the organization that are conductive to the future development of burnout.

Burnout is defined as a long-term, negative state comprised of emotional exhaustion, cognitive weariness, and physical fatigue that results from persistent exposure to unresolvable occupational stress (Shirom & Melamed, 2006). Burnout is associated with a variety of negative health outcomes such as cardiovascular disease (Melamed et al., 1992; Melamed et al., 2006), musculoskeletal disease (Honkonen et al., 2006), hospitalization (Toppinen-Tanner et al., 2009),
Type 2 diabetes, and disinhibition of immune functions (Melamed et al., 2006, 2006a).

Moreover, burnout has also been connected to negative outcomes for the organization such as workplace violence (Kop et al., 1999), organizational deviance (Mulki et al., 2006), and poor job performance (Shirom et al., 2006). Burned out employees are less motivated and are less apt to cope effectively, creating poor outcomes for both employee and employer (Halbesleben & Bowler, 2007).

Using Conservation of Resources theory (COR; Hobfoll, 1989) as a rationale, Hobfoll and Shirom (2000) postulate that burnout is the depletion of an individual’s intrinsic energy resources (i.e., physical, emotional, and cognitive energy). Furthermore, certain individuals may be more likely to burnout than others. For instance, those with smaller pools of resources are more vulnerable to subsequent resource loss and less capable of gaining future resources. This is because individuals utilize their current resources to gain additional resources and to prevent and offset resource loss. Consequently, these individuals may become more quickly depleted. Additionally, individuals who lack strong resource pools are also more likely to experience chains of resource losses known as loss spirals. Shirom (2011) explains that chronic burnout can occur as a result of these resources being depleted and future losses occurring. As it relates to the present study, individuals who have undergone significant childhood adversity may have smaller resource pools and be at a resource deficit upon entering the workforce. The losses that they have already experienced make them more vulnerable to subsequent losses and as a result, I hypothesized that individuals who have undergone significant childhood adversity are more likely to experience burnout at work. I proposed the following:

Hypothesis 1.1: Childhood PIA (H1.1a) and Childhood Subjective Socioeconomic Status (H1.1b) will be negatively related to employee burnout.
Hypothesis 1.2: ACEs will be positively related to employee burnout.

Turnover Intentions

Early life experiences have been documented to have important implications that span into adulthood. Although the majority of this research focuses on mental and physical health outcomes, these effects spillover into employment as well. For example, employment rates in adulthood are positively related to parental income and this effect is especially prevalent among men (Chetty et al., 2016). Low-income men who were reared in single-parent households or in neighborhoods that have high levels of economic and racial inequality are less likely to work than women who were raised in similar environments. Additionally, low-income neighborhoods also have higher rates of crime. As a result, upon reaching adulthood, many of these men often switch from the formal labor market to crime or other illicit activities. Moreover, they are less likely to escape these environments due to their decreased likelihood of attending college. These disparities only increase for children in the lowest income quintiles.

As it pertains to childhood trauma and abuse, similar findings have been reported with maltreated children having lower educational attainment, income, and employment rates (Covey et al., 2013; Currie & Widom, 2010; Metzler et al., 2017). As previously mentioned, many of these individuals may also be at a double disadvantage because victims of childhood maltreatment are approximately twice as likely as non-victims to have their family income lie within the lowest quartile of the income distribution and to fall below the federal poverty line (Zielinski, 2009). Adverse childhood experiences also predict an individual’s likelihood of both obtaining and maintaining employment (Liu et al., 2013; Metzler et al., 2017; Topitzes et al., 2016; Zielinski, 2009). ACEs have been connected to impairments in children’s cognitive ability (e.g., Shonkoff et al., 2012, 2009). These impairments subsequently result in decreased
educational attainment and social isolation, leading to an increased probability of unemployment (Liu et al., 2013). Moreover, ACEs also tend to produce victims who are less resilient to adversity resulting in longer periods of unemployment (Metzler et al., 2017).

Thus, with the accumulating evidence suggesting that individuals with significant childhood adversity are more likely to be unemployed, the present study sought to investigate the relationship between childhood adversity and turnover intentions. Turnover intentions are the subjective evaluations of the likelihood that and individual will be leaving their current job or organization (Hom et al., 1984; Mobley, 1982). Not surprisingly, turnover intentions are one of the best predictors of turnover (Hom et al., 1992). However, beyond actual turnover, turnover intentions also predict other negative organizational outcomes such as organizational withdrawal behaviors (e.g., absenteeism, presenteeism, tardiness) and counterproductive work behavior (Carpenter & Berry, 2017; Cohen & Golan, 2007; Podsakoff et al., 2007; Xiong & Wen, 2020).

Regarding determinants of turnover, both organizational and individual factors can play an important role. However, for the purposes of this study, I focused on individual factors. Examples of these individual factors include job satisfaction, commitment, dispositional affect, and educational level (Lu et al., 2002; Maertz & Campion, 2004; Tzeng, 2002; Yin & Yang, 2002). Yet, the research is lacking as it relates to individual background and propensity to turnover. The present study filled this gap by providing evidence to suggest that childhood adversity increases a worker’s intentions to turnover.

The rationale for the assertion that turnover intentions increase draws on Schaubroeck et al.’s (1989) model of turnover intentions. They posit that stressors impact turnover intentions through their influence on job strain indirectly. As previously mentioned, individuals who were maltreated as children are more vulnerable to stress, often cope maladaptively, and are more
emotionally reactive (Heim & Nemeroff, 2001; Nurius et al., 2013). A few studies have established that greater instances of childhood adversity are associated with retention difficulties and a greater number of full-time jobs suggesting that voluntary turnover may be more likely for these individuals (e.g., Sansone et al., 2012; Topitzes et al., 2016) However, to date, no existing research has examined intentions to turnover specifically. Therefore, I proposed the following hypotheses:

Hypothesis 2.1: Childhood PIA (H2.1a) and Childhood Subjective Socioeconomic Status (H2.1b) will be negatively related to employee turnover intentions.

Hypothesis 2.2: ACEs will be positively related to employee turnover intentions.

Counterproductive Work Behavior

In addition to the previously proposed effects of childhood adversity, the present study also sought to examine the relationship between childhood adversity and counterproductive work behavior (CWB). Childhood adversity has been linked to an increased risk of developing antisocial personality symptoms, conduct disorder, and to becoming a violent offender as an adult. (Caspi et al., 2002; Rutter et al., 1998; Widom, 1989). Furthermore, these problems are more prone to emerge in adulthood the earlier that children experience maltreatment (Keiley et al., 2001). As suggested by the much of the extensive literature in this area, this aligns with the idea that abuse and violence can be cyclical in nature (Grogan-Kaylor & Otis, 2003). However, this connection extends beyond childhood adversity that is abusive in nature (e.g., physical or sexual abuse). In fact, individuals who were neglected as a child are the most likely to be arrested and exhibit antisocial behavior as an adult compared to other types of ACEs (Grogan-Kaylor & Otis, 2003). Thus, rather than being limited to experiences of violence as a child,
childhood adversity overall is an important contributing factor to subsequent problematic behavior.

As previously mentioned, the problematic behavior addressed in this study is counterproductive work behavior. Counterproductive work behavior is defined as voluntary behavior that is a violation of significant organizational and social norms (Spector et al., 2006). This behavior causes damage to the organization and its shareholders and stakeholders (i.e., employers, supervisors, co-workers, and clients). Additionally, CWB can include overt acts of aggression such as theft or more covert acts, like intentionally failing to adhere to instructions or incorrectly doing the work (Fox et al., 2001).

According to Spector and colleagues (2006), it is important to consider both the precipitating individual factors as well as the organizational factors that result in counterproductive work behaviors. In the present study, childhood adversity was considered as an individual factor that impacts emotion, disposition, and the stress response. The role of emotion is a critical aspect to consider when addressing CWB. In fact, researchers often discuss CWB as being an emotion-based reaction to organizational conditions that are considered stressful (e.g., Fox et al., 2001; Spector et al., 2006) emphasizing the important interplay between individual differences and work environment that induces emotion and elicits behavior. Consequently, according to the model, individuals who are higher in negative affect will also be more vulnerable to stressors and are more prone to having negative emotional reactions to the work environment, and increased CWB (Spector et al., 2006; Spector & Fox, 2002). Individuals with certain personality traits such as neuroticism may also be more likely to participate in CWB. Empirical support for this model has been found linking CWB to negative affect (Douglas &
Martinko, 2001; Hepworth & Towler, 2004) as well as neuroticism (Colbert et al., 2004; Salgado, 2002).

As it relates to the present study, existing research has demonstrated that individuals who have experienced significant childhood adversity are more prone to be neurotic and higher in negative affect (Allen & Lauterbach, 2007; Myers & Wells, 2015). Thus, in agreement with the emotion-based model of CWB, these individuals would also be more vulnerable to stressors and engage in more CWB as well. Support for this increased sensitivity to stressors is provided by the stress sensitization theory that was previously discussed. Those who have experienced early adversity exhibit dysregulated stress responses resulting in less adaptive responding and an increased vulnerability to subsequent stress (Dienes et al., 2006; Heim & Nemeroff, 2001). As a result, when a situation that provokes a negative emotion occurs, these sensitive individuals are more inclined to engage in CWB. Consequently, I proposed the following hypotheses:

Hypothesis 3.1: Childhood PIA (H3.1a) and Childhood Subjective Socioeconomic Status (H3.1b) will be negatively related to counterproductive work behavior.

Hypothesis 3.2: ACEs will be positively related to counterproductive work behavior.

Employee Commitment

Employee commitment has been demonstrated to influence organizational effectiveness and employee well-being and it is important to cultivate in the workplace (Meyer & Herscovitch, 2001). Throughout the literature there are a variety of types of workplace commitments that are discussed such as organizational commitment (e.g., Meyer & Allen, 1991), occupational commitment (e.g., Blau, 1985), commitment to specific work-related goals (e.g., Locke et al., 1988), and personal careers (e.g., Hall, 1996). Nevertheless, central to all definitions of work-
related commitment are two components. First, it is a driving force that bonds an individual to a particular course of action that is of relevance to a goal and second that it can be accompanied by different mind-sets that serve to shape the behavior of the individual (Meyer & Herscovitch, 2001). In the current study, I focused on two types of commitment: affective organizational commitment and affective occupational commitment.

Organizational Commitment

In their summary of the organizational commitment scholarship, Meyer and Allen (1991) recognized three separate themes within the existing definition of commitment. First, commitment is an emotional attachment between the individual and the organization. Second, commitment occurs due to a perceived cost that is associated with no longer remaining with the organization. Third, commitment is an obligation that the individual feels to remain with the organization. These three forms of commitment are referred to as affective, continuance, and normative commitment. Organizational commitment in general has been associated with various positive outcomes such as increases in organizational citizenship behavior, organizational effectiveness, performance, and productivity as well as negatively associated with poor outcomes such as counterproductive work behavior (Judge et al., 2017). However, each form of organizational commitment is distinct both conceptually as well as empirically and each form has different antecedents and consequences (Mathieu & Zajac, 1990). Affective organizational commitment for instance, is an emotional bond that promotes job performance and decreases absenteeism and turnover from the organization (Klein et al., 2009; Meyer & Allen, 1997). This type of commitment reflects the emotional aspects of commitment to the organization such as feeling a sense of belonging (Meyer et al., 1993).
While employee commitment or job attitudes in general have not been examined as it relates to childhood adversity, one existing study does provide insight into what this relationship might be. As one of the three indicators of work impairments, Anda et al., (2004) asked participants “Are you currently having serious problems with your job?” (p. 32). Although this question provided some insight into whether any impairments were present at work and was positively related to childhood adversity, it does not provide information regarding what these serious problems were. As a result, these problems could have been any number of things such as difficulty performing tasks, interpersonal problems, feeling overwhelmed, or a lack of purpose or meaning at work. Asking participants about whether problems at work are present is ambiguous and consequently warrants further attention. Good treatment from the organization as well as employee satisfaction are antecedents of affective organizational commitment (Angle & Perry, 1983) and would likely not be present in jobs where individuals are experiencing serious problems in general. Additionally, when a worker feels that they lack belongingness or meaning at work, this could be seen as a problem with the job itself and would likely lead to intentions to turnover as well. Therefore, to build on the work of Anda and colleagues (2004), I proposed the following hypotheses:

**Hypothesis 4.1:** Childhood PIA (H4.1a) and Childhood Subjective Socioeconomic Status (H4.1b) will be positively related to affective organizational commitment.

**Hypothesis 4.2:** ACEs will be negatively related to affective organizational commitment.

**Occupational Commitment**

Occupational commitment is a similar to organizational commitment but reflects an individual’s commitment to their occupation rather than to their organization.
commitment can be defined simply as one's attitude toward one's profession or vocation (Blau, 1985). It is related to a variety of outcomes such as turnover intentions, job satisfaction, and job performance and as a result, it is particularly important to study in occupations characterized by high turnover (Irving et al., 1997; Lee et al., 2000). Furthermore, like organizational commitment, occupational commitment can also be divided into three categories: as affective (i.e., desiring to stay in the occupation), continuance (i.e., identifying the cost of leaving the occupation), and normative commitment (i.e., feeling an obligation to stay in the occupation). The three forms and have been shown to be distinct constructs that aid researchers in identifying the nature of a person’s involvement in their occupation (Irving et al., 1997; Meyer et al., 1993).

Although all three forms of commitment may be present within the same individual, one form may be predominant. For example, person who is highly affectively committed to their occupation may be more likely to attend related conferences than an individual who is predominantly continuance committed. In addition, worker disposition or other individual differences may also impact level of commitment, particularly concerning affective occupational commitment (Irving et al., 1997). Therefore, due to the nature of the present study being concerned primarily with individual differences in childhood, I examined only affective occupational commitment. Furthermore, as with organizational commitment, I argue that lacking affective occupational commitment can be seen as a job-related problem. Feeling connected to the occupation is considered a positive aspect of the work life (Irving et al., 1997) and although existing scholarship has yet to address this, prior research has demonstrated a positive relationship between childhood adversity and job-related problems (Anda et al., 2004). Accordingly, I argue that one of the poor outcomes associated with childhood adversity is decreased affective occupational commitment. My hypotheses are as follows:
Hypothesis 5.1: Childhood PIA (H5.1a) and Childhood Subjective Socioeconomic Status (H5.1b) will be positively related to affective occupational commitment.

Hypothesis 5.2: ACEs will be negatively related to affective occupational commitment.
Workplace Social Support

Despite the magnitude of research connecting childhood adversity to poor life outcomes (e.g., Duncan et al., 2012; Hughes et al., 2017; Metzler et al., 2017), there is variability in individual outcomes. For example, Bethell and colleagues (2014) found that children with higher levels of resilience experience fewer of the poor outcomes that are associated with childhood adversity. Buffering effects of emotional stability, self-efficacy, and social support have also been found (Cohrdes & Mauz, 2020; Jones et al., 2018). However, existing research has not studied the role of the workplace in the relationship between childhood adversity and health-related outcomes. Thus, the present study sought to investigate workplace social support as a potential moderator. In this study, workplace social support is comprised of perceived supervisor support, coworker support, and organizational support, each of which is detailed below.

Perceived Organizational Support

According to social exchange theorists, when one person treats another well, there is an obligation to reciprocate the favorable treatment (Gouldner, 1960). This is known as a reciprocity norm and is one of the foundations of Perceived Organizational Support (POS). POS is developed as a result of the employees’ tendency to personify the organization and attribute the actions of the members of the organization to the organizations identity overall (Eisenberger et al., 1986; Levinson, 1965) Thus, according to Rhoades and Eisenberger (2002), workers may feel that the organization is not only legally and financially responsible for the actions of its members, but morally responsible as well. Furthermore, organizational policies, norms, culture,
and power exerted by the members all provide information regarding the degree to which the organization values employees. Consequently, if an employee is treated favorably, then they perceive that the organization itself favors them. Therefore, when the organization and the employee adhere to the reciprocity norm, there are beneficial outcomes for both parties. These outcomes often include organizational commitment and identification, job satisfaction, increased job performance, reduced stress, and decreased turnover (Rhoades & Eisenberger, 2002).

In addition, to the reciprocity for favorable treatment, employees also experience many of the positive outcomes of POS as a result of self-enhancement (Kurtessis et al., 2017). POS fulfills many socioemotional needs of employees such as approval, esteem, affiliation, and emotional support. This in turn leads the employee to identify more heavily with the organization and to experience greater affective commitment as well (Meyer et al., 2012). In addition, POS is also related to a stronger bond between supervisors and subordinates, an important factor in the employee and organization relationship.

**Perceived Supervisor Support**

While supervisor support is similar to organizational support, it can be distinguished from POS because employees base their perception of support specifically on the supervisor as a distinct employee rather than just as an agent representing the organization (Eisenberger et al., 2002). Thus, Perceived Supervisor Support (PSS) is defined as the degree to which employees feel that their supervisor sees value in their contributions, is concerned for their well-being, and is invested in their career. Similar to POS, PSS is based on reciprocity and the fulfillment of socioemotional needs that results in a positive relationship between supervisor and subordinate.
Regarding outcomes of PSS, similar relationships to POS have been found such as increased employee commitment, job satisfaction, and performance and decreased role conflict, role ambiguity, and turnover (Babin & Boles, 1996; Beehr et al., 1990; DeConinck & Johnson, 2009; Eisenberger et al., 2002). However, regarding overall employee health and wellness, research demonstrates that the strongest effects occur between employee and supervisor (Beehr et al., 2003; Viswesvaran et al., 1999). For example, as it relates to interpersonal relationships at work, supervisors have the strongest ability to alter their subordinate’s well-being (Monnot & Beehr, 2014). This can happen by inflicting role stress or by enhancing employee well-being and providing socially supportive communication that leads to an enhanced sense of meaningfulness at work. Additionally, research has also found that supervisor support is related to a decrease in emotional exhaustion, suggesting that it may minimize the occurrence of burnout and turnover intentions (Campbell et al., 2013).

**Perceived Coworker Support**

Despite having received comparatively less attention than POS or PSS, Perceived Coworker Support (PCS) is an important aspect of workplace social support (Ng & Sorensen, 2008). Coworker support is defined as an employee’s perception of the extent to which they feel that their peers are being helpful and are engaging in a quality relationship (Kim et al., 2017). Providing coworker support includes exhibiting emotional concern, supplying instrumental aid, and useful information (Carlson & Perrewe, 1999). Coworker support has been shown to urge employees to find a solution to job-related issues more efficiently, to improve job attitudes, and reduce social stressors, emotional exhaustion, and discrepancies in role perceptions (Chiaburu & Harrison, 2008; Karatepe et al., 2009; Schaufeli & Bakker, 2004).
Additionally, according to Chiaburu and Harrison (2008), coworker support can be categorized as either affective support or instrumental support and each one is associated with separate outcomes. Affective support emphasizes the social exchange relationship and may include a variety of positive actions over time such as compliments or expressing empathy. Affective coworker support is related to increased job satisfaction, job involvement, and organizational commitment. Instrumental support, however, emphasizes the informational and behavioral assistance given by coworkers. Instrumental coworker support is associated with organizational citizenship behaviors as well as task performance. These findings indicate that both affective and instrumental aspects of coworker support should be considered when conceptualizing coworker support.

While to date, no existing research has examined a moderating effect of workplace support specifically on the relationship between childhood adversity and adult health, there is literature that suggests that social support in general can buffer the negative effects of childhood adversity on health (Jones et al., 2018). According to Thoits (2010), social support is vital for protecting against mental health problems for individuals who underwent significant childhood adversity. She suggests that social support buffers stress by providing coping resources and emotional sustenance (Thoits, 2010). However, individuals who have experienced significant childhood adversity are unlikely to seek out social support for themselves and consequently, often do not experience the benefits of such support (Shonkoff et al., 2012; Turner & Butler, 2003). Moreover, early adversity may actually interfere with the individual’s ability to develop healthy social support structures, further exacerbating their tendency to lack social support (Vranceanu et al., 2007). In fact, in alignment with the stress proliferation and cumulative disadvantage theory previously discussed, research has found that lacking social support is one
of the causes of poor adult health for disadvantaged individuals (Jones et al., 2018). Put simply, lacking social support is yet another disadvantage that compiles upon the previous disadvantages and leads to poor adult health.

However, despite the disadvantaged background that many workers begin with, it is possible that their situation can be improved. As opposed to the social support that one strives to acquire from their life outside of work, workplace support is at least in part, under the influence of the organization. Thus, work could enhance the well-being of these individuals by providing the support that they need. In other words, the organization can help to compensate for the lack of social support outside of work and consequently provide a protective resource to counteract the negative outcomes of childhood adversity. Existing scholarship generally supports this claim suggesting that workplace social support is a crucial resource or coping mechanism that serves to decrease stressors and their negative effects (Carlson & Perrewé, 1999). Furthermore, the degree of social support that an employee has at work may impact the entire stress process by reducing the likelihood that individuals will even perceive work role stressors. Building on these findings, along with the view of social support as an important coping resource, the present study proposed that workplace social support moderates the relationship between childhood adversity and burnout, turnover intentions, and counterproductive work behavior. Each of the moderation hypotheses will be outlined in further detail in the following chapter.
CHAPTER FIVE

HYPOTHESES

The objective of the present study was to better understand the relationship between childhood adversity and burnout, turnover intentions, employee commitment, and counterproductive work behavior. In addition, I proposed three types of workplace social support (i.e., perceived organizational support, perceived supervisor support, and perceived coworker support) as moderators of the aforementioned relationships. The following hypotheses were tested:

Employee Burnout

- **Hypothesis 1.1:** Childhood PIA (H1.1a) and Childhood Subjective Socioeconomic Status (H1.1b) will be negatively related to employee burnout.
- **Hypothesis 1.2:** ACEs will be positively related to employee burnout.

Turnover Intentions

- **Hypothesis 2.1:** Childhood PIA (H2.1a) and Childhood Subjective Socioeconomic Status (H2.1b) will be negatively related to employee turnover intentions.
- **Hypothesis 2.2:** ACEs will be positively related to employee turnover intentions.

Counterproductive Work Behavior

- **Hypothesis 3.1:** Childhood PIA (H3.1a) and Childhood Subjective Socioeconomic Status (H3.1b) will be negatively related to counterproductive work behavior.
- **Hypothesis 3.2:** ACEs will be positively related to counterproductive work behavior.

Affective Organizational Commitment
• **Hypothesis 4.1:** Childhood PIA (H4.1a) and Childhood Subjective Socioeconomic Status (H4.1b) will be positively related to affective organizational commitment.

• **Hypothesis 4.2:** ACEs will be negatively related to affective organizational commitment.

**Affective Occupational Commitment**

• **Hypothesis 5.1:** Childhood PIA (H5.1a) and Childhood Subjective Socioeconomic Status (H5.1b) will be positively related to affective occupational commitment.

• **Hypothesis 5.2:** ACEs will be negatively related to affective occupational commitment.

**Perceived Organizational Support as a Moderator**

• **Hypothesis 6.1:** POS will moderate the relationship between both Childhood PIA (H6.1a) and Childhood Subjective Socioeconomic Status (H6.1b) and employee burnout. The negative relationship is expected to be weaker for individuals with higher POS.

• **Hypothesis 6.2:** POS will moderate the relationship between ACEs and employee burnout. The positive relationship is expected to be weaker for individuals with higher POS.

• **Hypothesis 6.3:** POS will moderate the relationship between both Childhood PIA (H6.3a) and Childhood Subjective Socioeconomic Status (H6.3b) and employee turnover intentions. The negative relationship is expected to be weaker for individuals with higher POS.

• **Hypothesis 6.4:** POS will moderate the relationship between ACEs and employee turnover intentions. The positive relationship is expected to be weaker for individuals with higher POS.
• **Hypothesis 6.5:** POS will moderate the relationship between both Childhood PIA (H6.5a) and Childhood Subjective Socioeconomic Status (H6.5b) and counterproductive work behavior. The negative relationship is expected to be weaker for individuals with higher POS.

• **Hypothesis 6.6:** POS will moderate the relationship between ACEs and counterproductive work behavior. The positive relationship is expected to be weaker for individuals with higher POS.

• **Hypothesis 6.7:** POS will moderate the relationship between both Childhood PIA (H6.7a) and Childhood Subjective Socioeconomic Status (H6.7b) and affective organizational commitment. The positive relationship is expected to be weaker for individuals with higher POS.

• **Hypothesis 6.8:** POS will moderate the relationship between ACEs and affective organizational commitment. The negative relationship is expected to be weaker for individuals with higher POS.

• **Hypothesis 6.9:** POS will moderate the relationship between both Childhood PIA (H6.9a) and Childhood Subjective Socioeconomic Status (H6.9b) and affective occupational commitment. The positive relationship is expected to be weaker for individuals with higher POS.

• **Hypothesis 6.10:** POS will moderate the relationship between ACEs and affective occupational commitment. The negative relationship is expected to be weaker for individuals with higher POS.

**Perceived Manager Support as a Moderator**
• **Hypothesis 7.1:** Perceived manager support will moderate the relationship between both Childhood PIA (H7.1a) and Childhood Subjective Socioeconomic Status (H7.1b) and employee burnout. The negative relationship is expected to be weaker for individuals with higher perceived manager support.

• **Hypothesis 7.2:** Perceived manager support will moderate the relationship between ACEs and employee burnout. The positive relationship is expected to be weaker for individuals with higher perceived manager support.

• **Hypothesis 7.3:** Perceived manager support will moderate the relationship between both Childhood PIA (H7.3a) and Childhood Subjective Socioeconomic Status (H7.3b) and employee turnover intentions. The negative relationship is expected to be weaker for individuals with higher perceived manager support.

• **Hypothesis 7.4:** Perceived manager support will moderate the relationship between ACEs and employee turnover intentions. The positive relationship is expected to be weaker for individuals with higher perceived manager support.

• **Hypothesis 7.5:** Perceived manager support will moderate the relationship between both Childhood PIA (H7.5a) and Childhood Subjective Socioeconomic Status (H7.5b) and counterproductive work behavior. The negative relationship is expected to be weaker for individuals with higher perceived manager support.

• **Hypothesis 7.6:** Perceived manager support will moderate the relationship between ACEs and counterproductive work behavior. The positive relationship is expected to be weaker for individuals with higher perceived manager support.

• **Hypothesis 7.7:** Perceived manager support will moderate the relationship between both Childhood PIA (H7.7a) and Childhood Subjective Socioeconomic Status
(H7.7b) and affective organizational commitment. The positive relationship is expected to be weaker for individuals with higher perceived manager support.

- **Hypothesis 7.8:** Perceived manager support will moderate the relationship between ACEs and affective organizational commitment. The negative relationship is expected to be weaker for individuals with higher perceived manager support.

- **Hypothesis 7.9:** Perceived manager support will moderate the relationship between both Childhood PIA (H7.9a) and Childhood Subjective Socioeconomic Status (H7.9b) and affective occupational commitment. The positive relationship is expected to be weaker for individuals with higher perceived manager support.

- **Hypothesis 7.10:** Perceived manager support will moderate the relationship between ACEs and affective occupational commitment. The negative relationship is expected to be weaker for individuals with higher perceived manager support.

**Perceived Coworker Support as a Moderator**

- **Hypothesis 8.1:** Perceived coworker support will moderate the relationship between both Childhood PIA (H8.1a) and Childhood Subjective Socioeconomic Status (H8.1b) and employee burnout. The negative relationship is expected to be weaker for individuals with higher perceived coworker support.

- **Hypothesis 8.2:** Perceived coworker support will moderate the relationship between ACEs and employee burnout. The positive relationship is expected to be weaker for individuals with higher perceived coworker support.

- **Hypothesis 8.3:** Perceived coworker support will moderate the relationship between both Childhood PIA (H8.3a) and Childhood Subjective Socioeconomic Status
(H8.3b) and employee turnover intentions. The negative relationship is expected to be weaker for individuals with higher perceived coworker support.

- **Hypothesis 8.4:** Perceived coworker support will moderate the relationship between ACEs and employee turnover intentions. The positive relationship is expected to be weaker for individuals with higher perceived coworker support.

- **Hypothesis 8.5:** Perceived coworker support will moderate the relationship between both Childhood PIA (H8.5a) and Childhood Subjective Socioeconomic Status (H8.5b) and counterproductive work behavior. The negative relationship is expected to be weaker for individuals with higher perceived coworker support.

- **Hypothesis 8.6:** Perceived coworker support will moderate the relationship between ACEs and counterproductive work behavior. The positive relationship is expected to be weaker for individuals with higher perceived coworker support.

- **Hypothesis 8.7:** Perceived coworker support will moderate the relationship between both Childhood PIA (H8.7a) and Childhood Subjective Socioeconomic Status (H8.7b) and affective organizational commitment. The positive relationship is expected to be weaker for individuals with higher perceived coworker support.

- **Hypothesis 8.8:** Perceived coworker support will moderate the relationship between ACEs and affective organizational commitment. The negative relationship is expected to be weaker for individuals with higher perceived coworker support.

- **Hypothesis 8.9:** Perceived coworker support will moderate the relationship between both Childhood PIA (H8.9a) and Childhood Subjective Socioeconomic Status (H8.9b) and affective occupational commitment. The positive relationship is expected to be weaker for individuals with higher perceived coworker support.
• *Hypothesis 8.10:* Perceived coworker support will moderate the relationship between ACEs and affective occupational commitment. The negative relationship is expected to be weaker for individuals with higher perceived coworker support.
CHAPTER SIX

METHOD

The current study was a between-subjects study using preexisting data that was collected as a part of a larger longitudinal study that focused on economic stress and occupational well-being. Although this study used a cross-sectional design, it is important to note that although this may be seen as a limitation, it would also be theoretically impossible for current job outcomes to cause childhood experiences. Thus, directionality is assumed.

The outcomes were burnout, turnover, counterproductive work behavior, occupational commitment, and organizational commitment. The predictors were aversive childhood experiences (ACEs), childhood perceived income adequacy and childhood subjective socioeconomic status. The moderators were the three types of workplace social support: perceived organizational support, supervisor support, and coworker support.

Participants and Procedure

Participants were recruited through Amazon’s Mechanical Turk (MTurk). MTurk has been growing in its popularity as a data collection platform among social scientists and is an effective recruitment strategy (Sheehan & Pittman, 2016). In addition, using MTurk allows for a diverse sample from a variety of career fields to best represent the overall working population (Buhrmester et al., 2011; Michel et al., 2017). A Qualtrics survey link was posted on MTurk, and participants were invited to complete a questionnaire for which they were compensated $4 each. Three attention check items were embedded in the survey in order to screen out careless responders. For example, one attention check item asked participants to “Please respond ‘neutral’ to this question.” If participants did not respond to the attention check item correctly, they will be
deemed careless responders and will be excluded from analyses. For this study, the preexisting data was collected at three time points, six weeks apart. However, because the childhood measures represent events that took place long before the participant began working, they are expected to remain consistent across the three time points. As such, I used data from the first time only.

A total of 712 participants completed all the surveys at the first time point and passed the required attention checks. On average, the participants were 29 years of age (SD = 9) with men making up 56%, women making up 43.6%, and 0.4% who prefer not to say. Many of the participants were fairly educated with 10.7% having an Associate’s degree, 40.4% having a Bachelor’s degree, 9.5% having a Master’s degree, and 1.8% having a doctoral degree. In addition, the retained participants were representative of all the major groups of standard occupational classification outlined by O*Net. For instance, our sample included individuals in sales and related occupations (14%), computer and mathematical occupations (13%), management (11%), business and financial operations (9%), office and administrative support (8%), and food preparation and serving-related occupations (4%). The majority of participants were employed full-time (90.9%).

**Measures**

**Adverse Childhood Experiences**

To assess aversive childhood experiences, individuals were given a modified version of the BRFSS ACE questionnaire (Ege et al., 2015) that included 12 questions that are adapted from the original ACE study (Felitti et al., 1998). A sample item is “While I was a child (under 18) I felt unprotected by my family.” The options for response are either “yes” or “no.” In
addition, it is important to note, that as with any measure of trauma, the ACE variables that were used in this study likely include some number of false negatives (i.e., individuals not reporting abuse before the before age 18 although they experienced it). These false negatives can be due to factors such as redefinitions of the past based on current views, inaccurate recall, or memory repression (Dube et al., 2004; Fergusson et al., 2000; Widom & Morris, 1997). While this can be an important limitation, the ACE questionnaire has still demonstrated its usefulness in examining childhood adversity (Felitti et al., 1998). In addition, the measure also has demonstrated test-retest reliability (Zanotti et al., 2018).

Although cumulative indices of adversity such as this measure have been criticized for combining several experiences equally (see Brumley et al., 2019), this approach has demonstrated its usefulness in a variety of contexts. In addition, while other approaches such as factor analyses have been used (e.g., Brumley et al., 2019), these approaches may have flaws theoretically. There is an ongoing debate in the literature regarding whether ACEs should be conceptualized as “formative” or “reflective” indicators. Reflective models (such as those that use a factor analysis) assume that the indicators reflect an underlying construct. However, researchers are uncertain about the causes of the scores on the factors. Approaches assuming that ACEs should be conceptualized as a formative indicator is accompanied with measurement issues as well. For instance, using a principal components analysis may be problematic due to the assumption of error-free measurement and the potential for inflated loadings and misleading results (Brumley et al., 2019). As a result, due to these limitations and the focus of the present study being on the cumulative impact of multiple types of adversity, the original measure was used as a cumulative index.

Assessments of Childhood Income
While objective assessments of income are available and useful (e.g., household income), some of these measures may not adequately capture the individual's quality of life as they experience it (Ackerman, & Paolucci, 1983). For this reason, subjective measures of income are potentially more useful in assessing income holistically. Furthermore, when assessing childhood income specifically, subjective perceptions of income are often easier to recall than objective income. As such, the present study used two measures of subjective childhood income: Childhood Perceived Income Adequacy (PIA) and Childhood Subjective Social Status.

**Childhood Perceived Income Adequacy.** Perceived income adequacy is an individual’s cognitive evaluation of their financial ability to meet their fundamental needs and lifestyle wants (Litwin & Sapir, 2009; Sears, 2008). According to Whelan (1992), basic needs are required for survival and include access to food and shelter. Lifestyle wants however, include desirable resources that are not necessary for survival. For example, these lifestyle wants may include leisurely activities or recreation. Needs and wants can be assessed for childhood as well and together demonstrate the extent to which the individual feels that they were provided for financially as a child.

Participants were given a 10-item measure of childhood perceived income adequacy that was based on the version developed by Sears (2008). As aforementioned, this measure evaluates the extent to which individuals worried about money as a child and how satisfied they were with their financial situation as a child. It included 5 questions regarding childhood needs and 5 regarding wants. However, they were combined into a single score because they are often highly correlated. A sample item is “Growing up, my family’s income allowed us to have the lifestyle we wanted.” The items were rated on a 7-point Likert scale with response options ranging from 1
(strongly disagree) to 7 (strongly agree). Higher scores on this measure indicated more adequate childhood income.

**Childhood Subjective Social Status.** Another method of assessing childhood income is the MacArthur Scale of Subjective Social Status (Adler & Stewart, 2007). This measure adds to perceived income adequacy by evaluating where an individual sees their childhood income in relation to others. Similar to PIA, this measure can be used to assess subjective social status both as a child and an adult. This measure involves one item in which individuals are asked to place an "X" on the rung on which they feel their family was on the “social ladder.” Higher scores on this measure indicate that an individual feels that their childhood income was comparatively higher.

**Workplace Social Support**

As previously mentioned, three distinct types of workplace social support were used in this study. These included perceived organizational support, perceived supervisor support, and perceived coworker support. While some scholars have argued that when examining the effects of workplace social support, the three variables can be combined into a single variable (e.g., Ducharme & Martin, 2000; Karatepe, 2010), the present study will examine them separately. Although they are similar and often related to each other, each variable evaluates a separate aspect of the worker’s support network. For instance, supervisors and coworkers have different roles in the workplace and workers may seek different types of support from each (Susskind et al., 2007).

**Manager Support.** Manager support was measured using four items taken from an adapted version of the original Survey of Perceived Organizational Support from Eisenberger et
al., (1986). These items were adjusted to reflect manager support rather than organizational support. A sample item is, “My manager strongly considers my goals and values.” The items were rated on a 7-point Likert scale with response options ranging from 1 (strongly disagree) to 7 (strongly agree). Participants with higher scores were considered to perceive greater manager support.

**Coworker Support.** Coworker support was measured using four items taken from an adapted version of the original Survey of Perceived Organizational Support from Eisenberger et al., (1986). These items were adjusted to reflect coworker support rather than organizational support. A sample item is, “My coworkers care about my opinion.” The items were rated on a 7-point Likert scale with response options ranging from 1 (strongly disagree) to 7 (strongly agree). Participants with higher scores were considered to perceive greater coworker support.

**Perceived Organizational Support.** Perceived organization support was measured using four items taken from an adapted version of the original Survey of Perceived Organizational Support from Eisenberger et al., (1986). A sample item is, “My organization really cares about my well-being.” The items were rated on a 7-point Likert scale with response options ranging from 1 (strongly disagree) to 7 (strongly agree). Participants with higher scores were considered to perceive greater organizational support.

**Burnout**

Burnout was measured using the Shirom-Melamed Burnout Measure (SMBM). This measure includes 14 items that assess the extent to which employees have felt burned out at work over the past month. A sample item is “I was not capable of investing emotionally in coworkers and customers.” The items were rated on a 7-point Likert scale with response options ranging
from 1 (strongly disagree) to 7 (strongly agree). Higher scores on this measure indicate higher levels of burnout at work.

**Turnover Intentions**

To measure turnover intentions, both job and organizational turnover intentions were assessed. This was done using a six-item measure adapted from Hom et al., (1984) that included three items pertaining to job turnover and three items pertaining to organizational turnover. A sample job turnover item is “I am planning to search for a new job outside my job during the next 12 months.” A sample organizational turnover item is, “If I have my own way, I will be working for some other organization one year from now.” The items were rated on a 7-point Likert scale with response options ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores on this measure indicate greater intentions to turnover.

**Affective Organizational Commitment**

Based on the Oregon Nurse Retention Project measure (Sinclair et al., 2009), affective organizational commitment was assessed using 4 items with the response options ranging from 1 (strongly disagree) to 7 (strongly agree). A sample item for affective organizational commitment is “I feel a strong sense of belonging to my organization.” Higher scores on this measure represent more commitment to the organization.

**Affective Occupational Commitment**

Based on the Oregon Nurse Retention Project measure (Sinclair et al., 2009), occupational commitment was assessed using 4 items with the response options ranging from 1 (strongly disagree) to 7 (strongly agree). A sample item for affective occupational commitment is
“Working in my current profession has a great deal of personal meaning for me.” Higher scores on this measure represent more commitment to the occupation.

**Counterproductive Work Behavior**

Counterproductive work behavior was measured using an 8-item scale developed by Dalal. Lam, Welch, and Hulin (2009). Participants were asked to indicate the extent to which they agree or disagree with the statements about their behavior at work in the past month. A sample statement is “I did not fully comply with a supervisor’s instructions.” The items were rated on a 7-point Likert scale with response options ranging from 1 (strongly disagree) to 7 (strongly agree). Higher scores on this measure indicate more counterproductive work behavior.

**Data Analyses**

Prior to hypothesis testing, all participants who failed to pass the attention check items were removed. I reverse scored all of the negatively worded items and confirmed that the measures had sufficient internal consistency by calculating the Cronbach’s alpha values for each. In addition, using RStudio, I screened for any outliers using Cook’s distance and checked for multicollinearity. Furthermore, I also checked the statistical assumptions of normality and homoscedasticity. I calculated means, standard deviations, and correlations between the variables.

Next, to test my hypotheses, I conducted a series of linear regressions to evaluate each of my outcomes. I began by conducting a linear regression to look at the main effects. Then, I conducted a linear regression with the moderator added to the model. I compared the change in variance between the two models. Next, I added the two-way interaction terms to test my moderation hypotheses. The reduced and full interaction models were then compared using a
partial F test and the change in $R^2$ was reported. After this, I fit another model to check for three-way interactions. Finally, I used simple slopes to determine the nature of the interactions that I found. I centered and plotted each using RStudio. Following the recommendations by Hainmueller et al., (2019), I also split the sample into three roughly equal sized groups based on the moderator: low support (first tercile), medium support (second tercile), and high support (third tercile). For each of the three groups I plotted each outcome and predictor, overlaid both the linear OLS (i.e., ordinary least squares) and LOESS (i.e., locally weighted regression) lines, and examined the extent to which the two lines diverged. These linear interaction diagnostic plots provide insight into the specific interactions and ensure that the linearity interaction effect (LIE) assumption is met.

After conducting a series of linear regressions, I investigated the relationship between each ACE and all five of my outcomes using a series of two sample Hotelling’s $T^2$ analyses. I reported Pillai’s Trace for the multivariate effect as well as the multivariate variance using Wilk’s lambda. After finding a significant multivariate effect, I conducted univariate analyses to determine which outcomes significantly differed for those who experienced the ACE compared to those who did not. Means were reported for each of the two groups.
CHAPTER SEVEN

RESULTS

Prior to conducting analyses, I ensured that each measure had sufficient internal consistency and that all of the scores were within the appropriate ranges (see Table 1). I began with 785 participants. Then, 7% of participants were removed due to missing data. An additional 0.4% of participants were then removed due to failing attention check items. Finally, an additional 2% of participants were removed due to being unemployed or under the age of 18. This left 712 participants who were included in the analyses. Although I checked the data for outliers, no additional participants were removed.

Descriptive Statistics and Bivariate Correlations

Means, standard deviations, bivariate correlations, and measure reliabilities (i.e., Cronbach’s alpha) for all study variables are presented in Table 1. Measure reliabilities ranged from $\alpha = .83$ to $\alpha = .97$. Regarding income, participants most frequently reported (33%) a household income that was between $25,000 and $50,000. However, 13% of participants fell below that range and made less than $25,000. Household income was positively related ($r = .48$, $p < .01$) to current perceived income adequacy ($M = 49.51$, $SD = 13.00$) as well.

For childhood, participants most frequently reported (31%) a household income that was between $25,000 and $50,000 and 23% had a childhood household income between $50,000 and $75,000. In addition, 16% of participants had a childhood household income was less than $25,000. Thus, the sample includes a sufficient number of participants who have experienced childhood poverty. Upon examining frequencies, childhood PIA ($M = 48.38$, $SD = 15.17$) and
subjective SES ($M = 5.09, SD = 1.97$) also reflect this (see Figure 2 and Figure 3). Furthermore, PIA and subjective SES were also positively related ($r = .68, p < .01$).

Regarding adverse childhood experiences (ACEs), 63% participants had experienced at least one ACE and 32% participants had experienced four or more ACEs. In addition, as expected, ACEs were negatively related to both PIA ($r = -.29, p < .01$) and subjective SES ($r = -15, p < .01$). For additional information on variable correlations and confidence intervals see Table 2. In the following sections, I will discuss the results of each analysis by outcome in accordance with the hypotheses.

**Burnout Analyses**

To examine Hypotheses 1.1a, 1.1b, and 1.2, I conducted a multiple regression analysis (Table 3). I regressed employee burnout on (a) childhood PIA, (b) childhood subjective SES, and (c) ACE score. Overall, the model was statistically significant, $F (3, 708) = 44.6 (p < .001)$, with 15.9% of the variance explained by my model ($R^2 = .159$). ACE score had the largest relationship to burnout ($b = 2.67; \beta = .37, p < .01$) followed by subjective SES ($b = 1.73; \beta = .15, p < .01$) and childhood PIA ($b = -0.18; \beta = -.12, p < .05$). As ACE score increased, burnout increased and as PIA increased, burnout deceased. However, note that while the estimated coefficients for ACE score and childhood PIA were in the predicted direction, I found that childhood SES was significant but in the opposite direction of my prediction. To examine the nature of this relationship further, I created three diagnostic-plots (i.e., one for each predictor) in which a linear model for each single predictor (i.e., childhood PIA, childhood subjective SES, and ACE score) was plotted against the response variable. A loess-smoothed line was added to the plot to aid in determining whether the relationship between the outcome and predictor was primarily linear or not. When SES was at its lowest, burnout was high. Then, as SES began to increase, burnout
decreased. In general, this finding would support my hypothesis. However, as SES reached 5, burnout began to increase again and peaked around 7.5. After peaking, burnout began decreasing slightly again as SES increased to the highest levels. Based on this plot and a plot of residuals against fitted values, it appears that my hypothesis was not supported due to a nonlinear relationship. As a result, I found support for Hypothesis 1.1a and 1.2, but not 1.1b.

To test my moderation hypotheses 6.1a, 6.1b, and 6.2, I began by adding perceived organizational support (POS) to my model. Compared to my original model examining the main effects, adding POS produced an 8% increase in variance explained by my model ($R^2 = .239$; see Table 8). Then, I added in the interaction terms. Overall, the model was statistically significant, $F(7, 704) = 36.18$ ($p < .001$), with 26.5% of the variance explained by my model ($R^2 = .265$).

Upon comparing my full interaction model with my reduced model, I found that there was a significant difference between the two models ($p < .01$). The interaction terms produced a 2.6% increase in variance explained by my model ($\Delta R^2 = .026$; see Table 8).

I found a significant interaction between POS and subjective SES and between POS and ACE score ($p < .01$). Then, following the recommendations by Hainmueller et al., (2019), I split the sample into three roughly equal sized groups based on the moderator: low POS (first tercile), medium POS (second tercile), and high POS (third tercile). For each of the three groups I plotted burnout and each predictor, overlaid both the linear OLS (i.e., ordinary least squares) and LOESS (i.e., locally weighted regression) lines, and examined the extent to which the two lines diverged. For ACE score and subjective SES, the LIE assumption appeared to be violated and nonlinear interactions were found. Thus, Hypotheses 6.1a, 6.1b, and 6.2 were not supported.

To test my moderation hypotheses 7.1a, 7.1b, and 7.2, I began by adding perceived supervisor support (PSS) to my model. Compared to my original model examining the main
effects, adding PSS produced an 6.9% increase in variance explained by my model ($R^2 = .228$; see Table 8). Then, I added in the interaction terms. Overall, the model was statistically significant, $F (7, 704) = 37.55 (p < .001)$, with 27.2% of the variance explained by my model ($R^2 = .272$). Upon comparing my full interaction model with my reduced model, I found that there was a significant difference between the two models ($p < .01$). This produced an 4.4% increase in variance explained by my model ($\Delta R^2 = .044$; see Table 8).

I found a significant interaction between PSS and childhood PIA, PSS and subjective SES, and between PSS and ACE score ($p < .01$). Then, I split the sample into three roughly equal sized groups based on the moderator: low PSS (first tercile), medium PSS (second tercile), and high PSS (third tercile). For each of the three groups I plotted the outcome and each predictor, overlaid both the linear OLS (i.e., ordinary least squares) and LOESS (i.e., locally weighted regression) lines, and examined the extent to which the two lines diverged. For the interaction between PSS and all three predictors, the LIE assumption appeared to be violated and nonlinear interactions were found. Thus, Hypotheses 7.1a, 7.1b, and 7.2 were not supported.

To test my moderation hypotheses 8.1a, 8.1b, and 8.2, I began by adding perceived coworker support (PCS) to my model. Compared to my original model examining the main effects, adding PCS produced an 6.5% increase in variance explained by my model ($R^2 = .224$; see Table 8). Then, I added in the interaction terms. Overall, the model was statistically significant, $F (7, 704) = 32.93 (p < .001)$, with 24.7% of the variance explained by my model ($R^2 = .247$). Upon comparing my full interaction model with my reduced model, I found that there was a significant difference between the two models ($p < .01$). This produced an 2.2% increase in variance explained by my model ($\Delta R^2 = .022$; see Table 8).
I found a significant interaction between PCS and subjective SES and between PCS and ACE score \((p < .01)\). Then, I split the sample into three roughly equal sized groups based on the moderator: low PCS (first tercile), medium PCS (second tercile), and high PCS (third tercile). For each of the three groups I plotted the outcome and each predictor, overlaid both the linear OLS (i.e., ordinary least squares) and LOESS (i.e., locally weighted regression) lines, and examined the extent to which the two lines diverged. For the interaction between PCS and both predictors, the LIE assumption appeared to be violated and nonlinear interactions were found. Thus, Hypotheses 8.1a, 8.1b, and 8.2 were not supported.

**Turnover Intentions Analyses**

To examine Hypotheses 2.1a, 2.1b, and 2.2, I conducted a multiple regression analysis (Table 4). I regressed employee turnover intentions on (a) childhood PIA, (b) childhood subjective SES, and (c) ACE score. Overall, the model was statistically significant, \(F(3, 708) = 16.96 (p < .001)\), with 6.7% of the variance explained by my model \((R^2 = .067)\). ACE score had the largest relationship to turnover intentions \((b = 0.86; \beta = .23, p < .01)\) followed by subjective SES \((b = 0.76; \beta = .13, p < .05)\). To examine the nature of these relationships further, I created three diagnostic-plots (i.e., one for each predictor) in which a linear model for each single predictor (i.e., childhood PIA, childhood subjective SES, and ACE score) was plotted against the response variable. A loess-smoothed line was added to the plot to aid in determining whether the relationship between the outcome and predictor was primarily linear or not. After examining diagnostic plots, I found that childhood PIA was nonlinear and a significant main effect was not found \((p = .05)\). Additionally, although childhood SES significantly predicted turnover intentions, it was opposite the predicted direction due to a nonlinear relationship as well. The LOESS line deviated significantly from the OLS line indicating that the linearity assumption was
violated. Consequently, both Hypotheses 2.1a and 2.1b were not supported. Despite this, I found that as ACE score increased, turnover intentions increased providing support for Hypothesis 2.2.

To test my moderation hypotheses 6.3a, 6.3b, and 6.4, I began by adding perceived organizational support (POS) to my model. Compared to my original model examining the main effects, adding POS produced an 12.9% increase in variance explained by my model ($R^2 = .196$; see Table 9). Then, I added in the interaction terms. Overall, the model was statistically significant, $F (7, 704) = 30.77$ ($p < .001$), with 23.4% of the variance explained by my model ($R^2 = .234$). Upon comparing my interaction model with my reduced model, I found that there was a significant difference between the two models ($p < .01$). This produced a 3.8% increase in variance explained by my model ($\Delta R^2 = .038$; see Table 9).

I found a significant interaction between POS and subjective SES and between POS and ACE score ($p < .01$). Then, I split the sample into three roughly equal sized groups based on the moderator: low POS (first tercile), medium POS (second tercile), and high POS (third tercile). For each of the three groups I plotted the outcome and each predictor, overlaid both the linear OLS (i.e., ordinary least squares) and LOESS (i.e., locally weighted regression) lines, and examined the extent to which the two lines diverged. For the interaction between POS and both predictors, the LIE assumption appeared to be violated and nonlinear interactions were found. Thus, Hypotheses 6.3a, 6.3b, and 6.4 were not supported.

To test my moderation hypotheses 7.3a, 7.3b, and 7.4, I began by adding perceived supervisor support (PSS) to my model. Compared to my original model examining the main effects, adding PSS produced an 10.9% increase in variance explained by my model ($R^2 = .176$; see Table 9). Then, I added in the interaction terms. Overall, the model was statistically significant, $F (7, 704) = 31.08$ ($p < .001$), with 23.6% of the variance explained by my model ($R^2 = .234$).
Upon comparing my full interaction model with my reduced model, I found that there was a significant difference between the two models ($p < .01$). This produced an 6% increase in variance explained by my model ($\Delta R^2 = .060$; see Table 9).

I found a significant interaction between PSS and childhood PIA, PSS and subjective SES, and between PSS and ACE score ($p < .01$). Then, I split the sample into three roughly equal sized groups based on the moderator: low PSS (first tercile), medium PSS (second tercile), and high PSS (third tercile). For each of the three groups I plotted the outcome and each predictor, overlaid both the linear OLS (i.e., ordinary least squares) and LOESS (i.e., locally weighted regression) lines, and examined the extent to which the two lines diverged. For the interaction between PSS and all three predictors, the LIE assumption appeared to be violated and nonlinear interactions were found. Thus, Hypotheses 7.3a, 7.3b, and 7.4 were not supported.

To test my moderation hypotheses 8.3a, 8.3b, and 8.4, I began by adding perceived coworker support (PCS) to my model. Compared to my original model examining the main effects, adding PCS produced an 9% increase in variance explained by my model ($R^2 = .157$; see Table 9). Then, I added in the interaction terms. Overall, the model was statistically significant, $F(7, 704) = 25.16$ ($p < .001$), with 20% of the variance explained by my model ($R^2 = .200$). Upon comparing my full interaction model with my reduced model, I found that there was a significant difference between the two models ($p < .01$). This produced an 4.3% increase in variance explained by my model ($\Delta R^2 = .043$; see Table 9).

I found a significant interaction between PCS and subjective SES and between PCS and ACE score ($p < .01$). Then, I split the sample into three roughly equal sized groups based on the moderator: low PCS (first tercile), medium PCS (second tercile), and high PCS (third tercile). For each of the three groups I plotted the outcome and each predictor, overlaid both the linear
OLS (i.e., ordinary least squares) and LOESS (i.e., locally weighted regression) lines, and examined the extent to which the two lines diverged. For the interaction between PCS and both of the predictors, the LIE assumption appeared to be violated and nonlinear interactions were found. Thus, Hypotheses 8.3a, 8.3b, and 8.4 were not supported.

**Counterproductive Work Behavior Analyses**

To examine Hypotheses 3.1a, 3.1b, and 3.2, I conducted a multiple regression analysis (Table 5). I regressed employee counterproductive work behavior (CWB) on (a) childhood PIA, (b) childhood subjective SES, and (c) ACE score. Overall, the model was statistically significant, $F(3, 708) = 36.84$ ($p < .001$), with 13.5% of the variance explained by my model ($R^2 = .135$).

ACE score had the largest relationship to CWB ($b = 1.04; \beta = .31, p < .01$) followed by subjective SES ($b = 1.45; \beta = .27, p < .01$) and childhood PIA ($b = -0.09; \beta = -.12, p < .05$). As ACE score increased, CWB increased and as childhood PIA increased, CWB deceased. However, note that as with previous analyses while the estimated coefficients for ACE score and childhood PIA were in the predicted direction, after examining diagnostic plots (e.g., of residuals and fitted values), I found that childhood SES was opposite the predicted direction due to a nonlinear relationship. I created three diagnostic-plots (i.e., one for each predictor) in which a linear model for each single predictor (i.e., childhood PIA, childhood subjective SES, and ACE score) was plotted against the response variable. A loess-smoothed line was added to the plot to aid in determining whether the relationship between the outcome and predictor was primarily linear or not. For subjective SES, the LOESS line deviated significantly from the OLS line indicating that the linearity assumption had been violated. As a result, I found support for 3.1a and 3.2, but not 3.1b.
To test my moderation hypotheses 6.5a, 6.5b, and 6.6, I began by adding perceived organizational support (POS) to my model. Compared to my original model examining the main effects, adding POS produced an 0.3% increase in variance explained by my model ($R^2 = .138$; see Table 10). Then, I added in the interaction terms. Overall, the model was statistically significant, $F (7, 704) = 21.09$ ($p < .001$), with 17.3% of the variance explained by my model ($R^2 = .173$). Upon comparing my full interaction model with my reduced model, I found that there was a significant difference between the two models ($p < .01$). This produced a 3.5% increase in variance explained by my model ($\Delta R^2 = .035$; see Table 10).

I found a significant interaction between POS and subjective SES and between POS and ACE score ($p < .01$). Then, I split the sample into three roughly equal sized groups based on the moderator: low POS (first tercile), medium POS (second tercile), and high POS (third tercile). For each of the three groups I plotted the outcome and each predictor, overlaid both the linear OLS (i.e., ordinary least squares) and LOESS (i.e., locally weighted regression) lines, and examined the extent to which the two lines diverged. For the interaction between POS and both predictors, the LIE assumption appeared to be violated and nonlinear interactions were found. Thus, Hypotheses 6.5a, 6.5b, and 6.6 were not supported. To test my moderation hypotheses 7.5a, 7.5b, and 7.6, I began by adding perceived supervisor support (PSS) to my model. Compared to my original model examining the main effects, adding PSS produced an 0.6% increase in variance explained by my model ($R^2 = .141$; see Table 10). Then, I added in the interaction terms. Overall, the model was statistically significant, $F (7, 704) = 23.68$ ($p < .001$), with 19.1% of the variance explained by my model ($R^2 = .191$). Upon comparing my full interaction model with my reduced model, I found that there was a significant difference
between the two models \((p < .01)\). This produced an 5\% increase in variance explained by my model \((\Delta R^2 = .050\); see Table 10).

I found a significant interaction between PSS and subjective SES and between PSS and ACE score \((p < .01)\). Then, I split the sample into three roughly equal sized groups based on the moderator: low PSS (first tercile), medium PSS (second tercile), and high PSS (third tercile). For each of the three groups I plotted the outcome and each predictor, overlaid both the linear OLS (i.e., ordinary least squares) and LOESS (i.e., locally weighted regression) lines, and examined the extent to which the two lines diverged. For the interaction between PSS and both predictors, the LIE assumption appeared to be violated and nonlinear interactions were found. Thus, Hypotheses 7.5a, 7.5b, and 7.6 were not supported. To test my moderation hypotheses 8.5a, 8.5b, and 8.6, I began by adding perceived coworker support (PCS) to my model. Compared to my original model examining the main effects, adding PCS produced an 0.3\% increase in variance explained by my model \((R^2 = .138\); see Table 10). Then, I added in the interaction terms. Overall, the model was statistically significant, \(F(7, 704) = 21.36\) \((p < .001)\), with 17.5\% of the variance explained by my model \((R^2 = .175\). Upon comparing my full interaction model with my reduced model, I found that there was a significant difference between the two models \((p < .01)\). This produced an 3.8\% increase in variance explained by my model \((\Delta R^2 = .038\); see Table 10).

I found a significant interaction between PCS and ACE score \((p < .01)\). Then, I split the sample into three roughly equal sized groups based on the moderator: low PCS (first tercile), medium PCS (second tercile), and high PCS (third tercile). For each of the three groups I plotted CWB and ACE score, overlaid both the linear OLS (i.e., ordinary least squares) and LOESS (i.e., locally weighted regression) lines, and examined the extent to which the two lines diverged. For the interaction between PCS and ACE score, the LIE assumption appeared to be violated and
nonlinear interactions were found. Thus, Hypotheses 8.5a, 8.5b, and 8.6 were not supported.

**Affective Organizational Commitment Analyses**

To examine Hypotheses 4.1a, 4.1b, and 4.2, I conducted a multiple regression analysis (Table 6). I regressed employee affective organizational commitment on (a) childhood PIA, (b) childhood subjective SES, and (c) ACE score. Overall, the model was statistically significant, \( F(3, 708) = 8.31 \ (p < .001) \), with 3.4\% of the variance explained by my model (\( R^2 = .034 \)). Childhood PIA was the only statistically significant predictor in the model (\( b = 0.08; \beta = .16, p < .01 \)). As a result, I found support for Hypothesis 4.1a but not 4.1b or 4.2. As childhood PIA increased, affective organizational commitment increased as well.

To test my moderation hypotheses 6.7a, 6.7b, and 6.8, I began by adding perceived organizational support (POS) to my model. Compared to my original model examining the main effects, adding POS produced an 47.6\% increase in variance explained by my model (\( R^2 = .510 \); see Table 11). Then, I added in the interaction terms. Overall, the model was statistically significant, \( F(7, 704) = 107.3 \ (p < .001) \), with 51.6\% of the variance explained by my model (\( R^2 = .516 \)). Upon comparing my full interaction model with my reduced model, I found that there was a significant difference between the two models (\( p < .05 \)). This produced a 0.6\% increase in variance explained by my model (\( \Delta R^2 = .006 \); see Table 11).

I found a significant interaction between POS and subjective SES and between POS and PIA (\( p < .01 \)). Then, I split the sample into three roughly equal sized groups based on the moderator: low POS (first tercile), medium POS (second tercile), and high POS (third tercile). For each of the three groups I plotted the outcome and each predictor, overlaid both the linear OLS (i.e., ordinary least squares) and LOESS (i.e., locally weighted regression) lines, and examined the extent to which the two lines diverged. For the interaction between POS and both
predictors, the LIE assumption appeared to be violated and nonlinear interactions were found. Thus, Hypotheses 6.7a, 6.7b, and 6.8 were not supported.

To test my moderation hypotheses 7.7a, 7.7b, and 7.8, I began by adding perceived supervisor support (PSS) to my model. Compared to my original model examining the main effects, adding PSS produced an 42.6% increase in variance explained by my model ($R^2 = .460$; see Table 11). Then, I added in the interaction terms. Overall, the model was statistically significant, $F(7, 704) = 89.65$ ($p < .001$), with 47.1% of the variance explained by my model ($R^2 = .471$). Upon comparing my full interaction model with my reduced model, I found that there was a significant difference between the two models ($p < .05$). This produced an 1.1% increase in variance explained by my model ($\Delta R^2 = .011$; see Table 11).

I found a significant interaction between PSS and subjective SES and between PSS and PIA ($p < .01$). Then, I split the sample into three roughly equal sized groups based on the moderator: low PSS (first tercile), medium PSS (second tercile), and high PSS (third tercile). For each of the three groups I plotted the outcome and each predictor, overlaid both the linear OLS (i.e., ordinary least squares) and LOESS (i.e., locally weighted regression) lines, and examined the extent to which the two lines diverged. For the interaction between PSS and both predictors, the LIE assumption appeared to be violated and nonlinear interactions were found. Thus, Hypotheses 7.7a, 7.7b, and 7.8 were not supported. To test my moderation hypotheses 8.7a, 8.7b, and 8.8, I began by adding perceived coworker support (PCS) to my model. Compared to my original model examining the main effects, adding PCS produced an 34.7% increase in variance explained by my model ($R^2 = .381$; see Table 11). Then, I added in the interaction terms. Overall, the model was statistically significant, $F(7, 704) = 62.86$ ($p < .001$). However, no statistically significant interactions were found. Thus, Hypotheses 8.7a, 8.7b, and 8.8 were not supported.
Worth noting however, as with previous interactions, upon further examination of diagnostic plots, nonlinear relationships were found.

Affective Occupational Commitment Analyses

To examine Hypotheses 5.1a, 5.1b, and 5.2, I conducted a multiple regression analysis (Table 7). I regressed employee affective occupational commitment on (a) childhood PIA, (b) childhood subjective SES, and (c) ACE score. Overall, the model was statistically significant, $F(3, 708) = 7.01 (p < .001)$, with 2.9% of the variance explained by my model ($R^2 = .029$). Childhood PIA was the only statistically significant predictor in the model ($b = 0.06; \beta = .13, p < .05$). As a result, I found support for Hypothesis 5.1a but not 5.1b or 5.2. As childhood PIA increased, affective occupational commitment increased as well.

To test my moderation hypotheses 6.9a, 6.9b, and 6.10, I began by adding perceived organizational support (POS) to my model. Compared to my original model examining the main effects, adding POS produced an 43.8% increase in variance explained by my model ($R^2 = .467$; see Table 12). Then, I added in the interaction terms. Overall, the model was statistically significant, $F(7, 704) = 93.27 (p < .001)$, with 48.1% of the variance explained by my model ($R^2 = .481$). Upon comparing my full interaction model with my reduced model, I found that there was a significant difference between the two models ($p < .05$). This produced a 1.5% increase in variance explained by my model ($\Delta R^2 = .015$; see Table 12).

I found a significant interaction between POS and subjective SES and between POS and PIA ($p < .05$). Then, I split the sample into three roughly equal sized groups based on the moderator: low POS (first tercile), medium POS (second tercile), and high POS (third tercile). For each of the three groups I plotted the outcome and each predictor, overlaid both the linear
OLS (i.e., ordinary least squares) and LOESS (i.e., locally weighted regression) lines, and examined the extent to which the two lines diverged. For the interaction between POS and both predictors, the LIE assumption appeared to be violated and nonlinear interactions were found. Thus, Hypotheses 6.9a, 6.9b, and 6.10 were not supported. To test my moderation hypotheses 7.9a, 7.9b, and 7.10, I began by adding perceived supervisor support (PSS) to my model. Compared to my original model examining the main effects, adding PSS produced an 37.7% increase in variance explained by my model ($R^2 = 0.406$; see Table 12). Then, I added in the interaction terms. Overall, the model was statistically significant, $F(7, 704) = 73.46$ ($p < .001$), with 42.2% of the variance explained by my model ($R^2 = .422$). Upon comparing my full interaction model with my reduced model, I found that there was a significant difference between the two models ($p < .05$). This produced an 1.6% increase in variance explained by my model ($\Delta R^2 = .016$; see Table 12).

I found a significant interaction between PSS and subjective SES and between PSS and PIA ($p < .01$). Then, I split the sample into three roughly equal sized groups based on the moderator: low PSS (first tercile), medium PSS (second tercile), and high PSS (third tercile). For each of the three groups I plotted the outcome and each predictor, overlaid both the linear OLS (i.e., ordinary least squares) and LOESS (i.e., locally weighted regression) lines, and examined the extent to which the two lines diverged. For the interaction between PSS and both predictors, the LIE assumption appeared to be violated and nonlinear interactions were found. Thus, Hypotheses 7.9a, 7.9b, and 7.10 were not supported. To test my moderation hypotheses 8.9a, 8.9b, and 8.10, I began by adding perceived coworker support (PCS) to my model. Compared to my original model examining the main effects, adding PCS produced an 35.6% increase in variance explained by my model ($R^2 = .385$; see Table 12). Then, I added in the interaction terms.
Overall, the model was statistically significant, $F(7, 704) = 65.49$ ($p < .001$), with 39.4% of the variance explained by my model ($R^2 = .394$). Upon comparing my full interaction model with my reduced model, I found that there was a significant difference between the two models ($p < .05$). This produced an 0.9% increase in variance explained by my model ($\Delta R^2 = .009$; see Table 12).

I found a significant interaction between PCS and subjective SES and between PCS and PIA ($p < .05$). Then, I split the sample into three roughly equal sized groups based on the moderator: low PCS (first tercile), medium PCS (second tercile), and high PCS (third tercile). For each of the three groups I plotted the outcome and each predictor, overlaid both the linear OLS (i.e., ordinary least squares) and LOESS (i.e., locally weighted regression) lines, and examined the extent to which the two lines diverged. For the interaction between PCS and both predictors, the LIE assumption appeared to be violated and nonlinear interactions were found. Thus, Hypotheses 7.9a, 7.9b, and 7.10 were not supported.

**Subsequent Analyses**

To further investigate the relationships between childhood adversity and workplace outcomes, I conducted a series of two sample Hotelling’s $T^2$ analyses examining each ACE as a separate experience. I compared participants who experienced the ACE to those who did not for all 5 outcomes. For burnout, counterproductive work behavior, and turnover intentions each analysis revealed differences between those who experienced the ACE and those who did not and in the predicted direction (see Table 13 and Figures 2, 3, and 4). Because this is consistent with the linear regressions previously conducted, I will focus on the results for affective organizational commitment and affective occupational commitment.

**Emotional Abuse**
To evaluate whether there is a difference in workplace outcomes between employees who were emotionally abused as a child and those who were not, I conducted a two sample Hotelling’s $T^2$ analysis. My analysis contained five dependent variables: burnout, turnover intentions, counterproductive work behavior, affective organizational commitment, and affective occupational commitment. The multivariate effect was statically significant ($p < .05$) with Pillai’s Trace = .102, $F (5, 706) = 16.18$ and emotional abuse accounting for 11% of multivariate variance. Univariate analyses revealed that there are only significant differences ($p < .05$) in burnout, turnover intentions, and counterproductive work behavior for those who were emotionally abused compared to those who were not.

**Physical Abuse**

To evaluate whether there is a difference in workplace outcomes between employees who were physically abused as a child and those who were not, I conducted a two sample Hotelling’s $T^2$ analysis. My analysis contained five dependent variables: burnout, turnover intentions, counterproductive work behavior, affective organizational commitment, and affective occupational commitment. The multivariate effect was statically significant ($p < .05$) with Pillai’s Trace = .082, $F (5, 706) = 12.66$ and physical abuse accounting for 8.3% of multivariate variance. Univariate analyses revealed that there are only significant differences ($p < .05$) in burnout, turnover intentions, and counterproductive work behavior for those who were physically abused compared to those who were not.

**Sexual Abuse**

To evaluate whether there is a difference in workplace outcomes between employees who were sexually abused as a child and those who were not, I conducted a two sample Hotelling’s $T^2$
analysis. My analysis contained five dependent variables: burnout, turnover intentions, counterproductive work behavior, affective organizational commitment, and affective occupational commitment. The multivariate effect was statically significant ($p < .05$) with Pillai’s Trace = .091, $F(5, 706) = 14.19$ and sexual abuse accounting for 9.2% of multivariate variance. Univariate analyses revealed that there are only significant differences ($p < .05$) in burnout, turnover intentions, and counterproductive work behavior for those who were sexually abused compared to those who were not.

**Emotional Neglect**

To evaluate whether there is a difference in workplace outcomes between employees who were emotionally neglected as a child and those who were not, I conducted a two sample Hotelling’s $T^2$ analysis. My analysis contained five dependent variables: burnout, turnover intentions, counterproductive work behavior, affective organizational commitment, and affective occupational commitment. The multivariate effect was statically significant ($p < .05$) with Pillai’s Trace = .082, $F(5, 706) = 12.53$ and emotional neglect accounting for 8.2% of multivariate variance. Univariate analyses revealed that in addition to significant differences ($p < .05$) in burnout, turnover intentions, and counterproductive work behavior for those who were emotionally neglected as a child compared to those who were not, there were significant differences in affective organizational commitment $F(1, 710) = 13.65$, and affective occupational commitment $F(1, 710) = 10.11$. For affective organizational commitment, the mean for employees who were emotionally neglected ($M = 16.17$) is significantly lower ($p < .05$) than those who were not ($M = 18.45$). In addition, for affective occupational commitment, the mean for employees who were emotionally neglected ($M = 16.89$) is significantly lower ($p < .05$)
than those who were not ($M = 18.74$). These findings provide partial support for Hypotheses 4.2 and 5.2.

**Physical Neglect**

To evaluate whether there is a difference in workplace outcomes between employees who were physically neglected as a child and those who were not, I conducted a two sample Hotelling’s $T^2$ analysis. My analysis contained five dependent variables: burnout, turnover intentions, counterproductive work behavior, affective organizational commitment, and affective occupational commitment. The multivariate effect was statically significant ($p < .05$) with Pillai’s Trace = .109, $F (5, 706) = 17.40$ and physical neglect accounting for 11% of multivariate variance. Univariate analyses revealed that there are only significant differences ($p < .05$) in burnout, turnover intentions, and counterproductive work behavior for those who were physically neglected compared to those who were not.

**Unsafe Home**

To evaluate whether there is a difference in workplace outcomes between employees who were in an unsafe home as a child and those who were not, I conducted a two sample Hotelling’s $T^2$ analysis. My analysis contained five dependent variables: burnout, turnover intentions, counterproductive work behavior, affective organizational commitment, and affective occupational commitment. The multivariate effect was statically significant ($p < .05$) with Pillai’s Trace = .073, $F (5, 706) = 11.13$ and being in an unsafe home accounting for 8% of multivariate variance.

Univariate analyses revealed that in addition to significant differences ($p < .05$) in burnout, turnover intentions, and counterproductive work behavior for those who were in an
unsafe home as a child compared to those who were not, there were significant differences in
affective organizational commitment $F (1, 710) = 10.52$, and affective occupational commitment
$F (1, 710) = 6.23$. For affective organizational commitment, the mean for employees who were
in an unsafe home ($M = 15.99$) is significantly lower ($p < .05$) than those who were not ($M =
18.25$). In addition, for affective occupational commitment, the mean for employees who were in
an unsafe home ($M = 16.89$) is significantly lower ($p < .05$) than those who were not ($M =
18.54$). These findings provide partial support for Hypotheses 4.2 and 5.2.

**Domestic Violence**

To evaluate whether there is a difference in workplace outcomes between employees who
witnessed domestic violence as a child and those who were not, I conducted a two sample
Hotelling’s $T^2$ analysis. My analysis contained five dependent variables: burnout, turnover
intentions, counterproductive work behavior, affective organizational commitment, and affective
occupational commitment. The multivariate effect was statically significant ($p < .05$) with
Pillai’s Trace = .076, $F (5, 706) = 11.60$ and witnessing domestic violence accounting for 7.6%
of multivariate variance. Univariate analyses revealed that there are only significant differences
($p < .05$) in burnout, turnover intentions, and counterproductive work behavior for those who
witnessed domestic violence compared to those who were not.

**Household Substance Abuse**

To evaluate whether there is a difference in workplace outcomes between employees who
witnessed household substance abuse as a child and those who were not, I conducted a two
sample Hotelling’s $T^2$ analysis. My analysis contained five dependent variables: burnout,
turnover intentions, counterproductive work behavior, affective organizational commitment, and
affective occupational commitment. The multivariate effect was statically significant ($p < .05$) with Pillai’s Trace = .052, $F (5, 706) = 7.78$ and witnessing household substance abuse accounting for 5.3% of multivariate variance.

Univariate analyses revealed that in addition to significant differences ($p < .05$) in burnout, turnover intentions, and counterproductive work behavior for those who witnessed household substance abuse as a child compared to those who did not, there were also significant differences in affective organizational commitment $F (1, 710) = 10.40$, and affective occupational commitment $F (1, 710) = 7.32$. For affective organizational commitment, the mean for employees who witnessed household substance abuse ($M = 16.22$) is significantly lower ($p < .05$) than those who were not ($M = 18.31$). In addition, for affective occupational commitment, the mean for employees who witnessed household substance abuse ($M = 16.96$) is significantly lower ($p < .05$) than those who did not ($M = 18.62$). These findings provide partial support for Hypotheses 4.2 and 5.2.

**Household Depression**

To evaluate whether there is a difference in workplace outcomes between employees who witnessed household depression as a child and those who were not, I conducted a two sample Hotelling’s $T^2$ analysis. My analysis contained five dependent variables: burnout, turnover intentions, counterproductive work behavior, affective organizational commitment, and affective occupational commitment. The multivariate effect was statically significant ($p < .05$) with Pillai’s Trace = .081, $F (5, 706) = 12.40$ and witnessing household depression accounting for 8.1% of multivariate variance.
Univariate analyses revealed that in addition to significant differences ($p < .05$) in burnout, turnover intentions, and counterproductive work behavior for those who witnessed household depression as a child compared to those who did not, there were also significant differences in affective organizational commitment $F(1, 710) = 7.04$, and affective occupational commitment $F(1, 710) = 4.63$. For affective organizational commitment, the mean for employees who witnessed household depression ($M = 16.62$) is significantly lower ($p < .05$) than those who did not ($M = 18.27$). In addition, for affective occupational commitment, the mean for employees who witnessed household depression ($M = 17.31$) is significantly lower ($p < .05$) than those who did not ($M = 18.58$). These findings provide partial support for Hypotheses 4.2 and 5.2.

**Household Incarceration**

To evaluate whether there is a difference in workplace outcomes between employees who experienced household incarceration as a child and those who did not, I conducted a two sample Hotelling’s $T^2$ analysis. My analysis contained five dependent variables: burnout, turnover intentions, counterproductive work behavior, affective organizational commitment, and affective occupational commitment. The multivariate effect was statically significant ($p < .05$) with Pillai’s Trace $= .066$, $F(5, 706) = 9.98$ and experiencing household incarceration accounted for 6.6% of multivariate variance. Univariate analyses revealed that there are only significant differences ($p < .05$) in burnout, turnover intentions, and counterproductive work behavior for those who experienced household incarceration compared to those who did not.

**Unsafe Neighborhood**
To evaluate whether there is a difference in workplace outcomes between employees who grew up in an unsafe neighborhood as a child and those who did not, I conducted a two sample Hotelling’s $T^2$ analysis. My analysis contained five dependent variables: burnout, turnover intentions, counterproductive work behavior, affective organizational commitment, and affective occupational commitment. The multivariate effect was statically significant ($p < .05$) with Pillai’s Trace $= .072$, $F(5, 706) = 10.94$ and growing up in an unsafe neighborhood accounted for 7.2% of multivariate variance. Univariate analyses revealed that there are only significant differences ($p < .05$) in burnout, turnover intentions, and counterproductive work behavior for those who grew up in an unsafe neighborhood compared to those who did not.

**Bullying**

To evaluate whether there is a difference in workplace outcomes between employees who were bullied as a child and those who were not, I conducted a two sample Hotelling’s $T^2$ analysis. My analysis contained five dependent variables: burnout, turnover intentions, counterproductive work behavior, affective organizational commitment, and affective occupational commitment. The multivariate effect was statically significant ($p < .05$) with Pillai’s Trace $= .095$, $F(5, 706) = 14.9$ and bullying accounting for 10% of multivariate variance. Univariate analyses revealed that in addition to significant differences ($p < .05$) in burnout, turnover intentions, and counterproductive work behavior for those who were bullied as a child compared to those who were not, there were also significant differences in affective organizational commitment $F(1, 710) = 5.91$, and affective occupational commitment $F(1, 710) = 4.51$. For affective organizational commitment, the mean for employees who were bullied ($M = 17.01$) is significantly lower ($p < .05$) than those who were not ($M = 18.38$). In addition, for affective occupational commitment, the mean for employees who were bullied ($M = 17.56$) is
significantly lower \((p < .05)\) than those who were not \((M = 18.70)\). These findings provide partial support for Hypotheses 4.2 and 5.2.

**Exploring the Nonlinear Main Effect**

After finding that there was a nonlinear relationship between subjective SES and my outcomes, I sought to examine this relationship further. I divided participants into three groups based on the nonlinear pattern (low SES < 5, medium SES 5-7.5, and high SES > 7.5). I began by looking for any mean differences based on occupation, gender, and educational attainment between the three groups. After no differences were revealed, I decided to look for differences between current SES and childhood SES.

I found that in general, those who were low SES as a child \((M = 3.7)\), seemed to move up on the socioeconomic ladder as adults \((M = 4.5)\). However, even as adults, they were overall still below the mean SES \((M = 5.08)\). In addition, as previously mentioned, this low SES group appeared to exhibit a linear relationship with my outcomes in the predicted direction. On the contrary, the medium SES group (i.e., scores between 5 and 7.5) exhibited the opposite pattern. Interestingly, for this group, their childhood SES mean was higher \((M = 6.8)\) than their current SES mean \((M = 5.8)\) indicating that they may be downwardly mobile. In fact, 15% said that they were at a 3 or below on the socioeconomic ladder. After examining current household income, I found that 39% now have an income below $50,000 and 11% below $25,000. This gap between childhood SES and current SES may help to explain my finding. For the high SES group (i.e., 7.5+), although their childhood SES \((M = 9.3)\) was still below their current SES \((M = 7.5)\) none of these participants reported a current SES below the overall mean \((M = 5.08)\). Thus, it appears that while they may have been somewhat downwardly mobile, it was not to the extent of the medium SES group.
CHAPTER EIGHT

DISCUSSION

Discussion of Findings

Although it is widely accepted that childhood plays a major role in adult outcomes, in the organizational sciences this is largely ignored. Despite this, childhood adversity is a pervasive problem that impacts the health and well-being of many people and is worthy of attention (Shonkoff et al., 2009). To my knowledge, the present study is the first to examine the role of childhood adversity in predicting workplace outcomes that are often studied in IO psychology. Overall, I found at least partial support for the majority of my main effects. As such, there are a variety of theoretical and practical implications of my findings. It is my hope that this study will encourage scholars and practitioners alike to consider the lasting impact that childhood adversity has on employees.

Burnout

I hypothesized that employee burnout would be stronger with greater childhood adversity. In general, I found support for this relationship. As the number of ACEs experienced increased, the relationship to burnout become stronger. Further, as employees perceived their childhood income to be more adequate, burnout tended to decline. However, as I mentioned previously, childhood subjective SES exhibited a nonlinear pattern. When employees viewed their childhood socioeconomic standing as low on the ladder, burnout was the strongest. As hypothesized, this relationship grew steadily weaker as SES increased. For those who perceived their childhood socioeconomic standing to be in the middle of the ladder (i.e., around 5), the relationship was the weakest. Then, as SES increased beyond the mean, the relationship to
burnout began to grow stronger again. This increase produced a nonlinear effect resembling a U-shape. I discuss potential interpretations of this finding and directions for future research in a subsequent section. For the moderating role of workplace social support in this relationship, I found nonlinear interactions. As a result, my hypotheses could not be supported. Future research should investigate the nature of these findings in additional detail.

**Turnover Intentions**

Next, I hypothesized that employees’ intentions to turnover would be stronger as they experienced greater childhood adversity. I found some support for this relationship. As the number of ACEs experienced increased, the relationship to turnover intentions become stronger. However, as with childhood subjective SES and burnout, the subjective income measures exhibited a nonlinear pattern resembling a U-shape. Unlike burnout however, this relationship occurred for both childhood subjective SES and PIA. This indicates that rather than the relationship being attributed to some aspect of the SES measure, it likely reflects differences among those with varying income levels. To investigate this further, I also examined the relationship between objective childhood income (i.e., household income) and found the same pattern. For the moderating role of workplace social support, I found nonlinear interactions as well. These nonlinear relationships should be investigated in further detail in the future but could not provide support for my hypotheses pertaining to childhood poverty or my moderation hypotheses.

**Counterproductive Work Behavior**

For counterproductive work behavior (CWB), I hypothesized that with greater childhood adversity, the relationship to CWB would be stronger. Like the previous outcomes, I found some
support for this relationship. As the number of ACEs experienced increased, the relationship to CWB become stronger. Additionally, as employees perceived their childhood income to be more adequate, CWB tended to decline. However, as with burnout, subjective SES exhibited a nonlinear pattern and could not provide support for that hypothesis. In addition, for the moderating role of workplace social support, I found nonlinear interactions. As a result, my moderation hypotheses could not be supported. Future research should investigate these interactions in more detail.

**Affective Organizational Commitment**

In examining affective organizational commitment, I found that as employees perceived their childhood income to be more adequate, the relationship to affective organizational commitment grew stronger. However, the hypothesized relationships between childhood SES and affective organizational commitment and between ACE score and affective organizational commitment were not supported. In addition, my moderation hypotheses were not supported due to nonlinear interactions. Despite this, I did find some support for the relationship between ACEs and affective organizational commitment after examining each ACE as a separate experience. I found that compared to those who did not have the ACE, those who experienced emotional neglect, being in an unsafe home, household substance abuse, household depression, and bullying had significantly lower affective organizational commitment.

Childhood bullying is associated with poor work outcomes as an adult such as being unemployed, being dismissed or fired, and quitting despite not having made financial preparations (Brimblecombe et al., 2018; Wolke et al., 2013). The present study also found that being bullied is associated with an increased likelihood to turnover, burnout, and engage in CWB. While some have argued that the long-term implications of bullying can be explained by
other associated experiences (e.g., behavioral problems; Sourander et al., 2009), more recent research (e.g., Wolke et al., 2013) provides evidence to suggest otherwise. I found that being a victim of childhood bullying resulted in significantly lower affective organizational commitment while other types of childhood adversity did not. This highlights the importance of not only looking at ACEs as they compound, but as unique experiences as well.

Regarding the remaining experiences that were associated with weaker affective organizational commitment, there are a variety of potential explanations that provide insight into why these particular experiences were related while others were not. Adults who were emotionally neglected in childhood often have difficulty with relational commitment and struggle to interpret the emotions of others as well their own (Schimmenti, 2017). They commonly feel emotionally disconnected and repress their emotions. Given the emotional nature of affective organizational commitment, it is not surprising then that the emotionally neglected worker also experiences weaker affective organizational commitment.

As it relates to household dysfunction such as substance abuse or depression, it is important to consider the emotional connection of the child as well. Children look to their caregivers for emotional support and when parents are unresponsive to the child, these children often grow up with a tendency to avoid commitment and be emotionally absent (Dekel & Farber, 2012). Parents who are depressed and struggle with substance abuse are more likely be unresponsive to the emotional needs of their children leading to poor outcomes for the developing child (Cummings et al., 2014). This emotional connection between household dysfunction may serve as an explanation as to why household depression and substance abuse were both uniquely associated with decreased affective organizational commitment. Similarly, feeling unprotected by one’s family (i.e., unsafe home) may also reflect some level of decreased
emotional connection to one’s caregivers. Aside from bullying, I would argue that caregiver emotional unresponsiveness could be a common aspect of all of the ACEs predicting weaker affective organizational commitment. In the literature, similar underlying factors have been identified such as lack of safety and nurturance in the child’s caregiving environment (Bethell et al., 2017). This caregiver emotional unresponsiveness (or lack of nurturing) may leave children with a smaller pool of emotional resources as they become adults. Thus, as they are hesitant to emotionally invest, they would be less likely to report affective commitment to their organization. However, future research should investigate the specifics of these relationships in further detail.

Affective Occupational Commitment

Lastly, in examining affective occupational commitment, I found that as employees perceived their childhood income to be more adequate, the relationship to affective occupational commitment grew stronger. However, the hypothesized relationships between childhood SES and affective occupational commitment and between ACE score and affective occupational commitment were not supported. In addition, my moderation hypotheses were not supported due to nonlinear interactions. Despite this, I did find some support for the relationship between ACEs and affective occupational commitment after examining each ACE as a separate experience. I found that compared to those who did not have the ACE, those who experienced emotional neglect, being in an unsafe home, household substance abuse, household depression, and bullying tended to have significantly lower affective occupational commitment. These differences are the same forms of adversity that were associated with weaker affective organizational commitment as well. Perhaps individuals who underwent these particular experiences are less likely to emotionally invest in general. This may appear in the form of
decreased affective commitment to one’s organization or occupation or in other domains such as decreased emotional commitment to education or relationships as prior scholarship suggests (Cunningham, 2007; Dekel & Farber, 2012).

Implications

Theoretical Implications of Findings

The present study aims to serve as a bridge that helps to close the gap between IO psychology and a variety of other disciplines such as sociology and developmental psychology. Calls have been made throughout the scientific community (e.g., Nurius et al., 2013) to integrate more interdisciplinary work and dismantle existing silos of knowledge. These silos inhibit the dispersion of knowledge and scientific progress overall. In addition, I argue that in the organizational sciences we should be taking a more holistic view of the worker by evaluating health using a biopsychosocial approach. Along with mental and physical health, it is important to consider the individual’s life experiences, behaviors, and well-being more broadly (e.g., emotional, social, and financial). This study provides evidence for why this is important, and I hope to encourage other scholars to consider factors outside of the workplace that may be impacting worker health and wellbeing as well. I discuss a few of these potential factors in the following section.

Additionally, this study provides a theoretical framework on which future research can build. Utilizing the cumulative disadvantage theory along with stress sensitization and stress proliferation, future research can identify additional relationships impacting the workplace and advance our current knowledge. According to Shonkoff et al., (2009), it is important to expand existing scholarship to include frameworks that emphasize the study of stress and disparities
among individuals who come from a variety of backgrounds. These frameworks are necessary in order to provide a foundation for exploring individual variability as it occurs throughout the life course.

Unfortunately, as it pertains to stress, many frameworks used in the organizational sciences have a variety of limitations. For example, Lazarus’ cognitive-transactional model of stress (Lazarus & Folkman, 1984) emphasizes an appraisal process that occurs as one determines whether each stimulus should be considered a stressor. However, stress is unlikely to occur based on an isolated event. Rather, it is more likely that sequences of events occur and are appraised collectively. Thus, it would be a mistake to assume that each event occurs independently and is considered independently. I suggest that in terms of workplace phenomena frequently studied in the organizational sciences, we make this mistake as well. We often study isolated events at work while ignoring the accumulation of factors that likely co-occur and produce future disadvantages and stress.

At this point, one may argue that models of stress do exist that consider the cumulative impact of events on the individual such as life events models (e.g., the Holmes and Rahe Stress Scale; Holmes & Rahe, 1967). While existing life events models of stress do consider the weighted cumulative burden of multiple life events and their potential impact on employees, these models are insufficient as well. Despite their advantages, they fail to consider the variability in reactions that different people may have to the same life event. In addition, they consider only events that have happened recently or are currently happening. These models neglect the distant past of the employee such as their childhood despite the immense body of existing scholarship that documents not only associations between childhood events and adulthood outcomes, but causal mechanisms that ultimately lead to stress, poor mental and physical health,
and a variety of additional poor life outcomes (Anda et al., 2004; Duncan et al., 2012; Metzler et al., 2017; Shonkoff et al., 2009).

By contrast, the theoretical framework provided by the cumulative disadvantage theory, stress sensitization, stress proliferation aid in addressing these limitations by considering disadvantages throughout the life course rather than isolated events. I argue that in order to more adequately capture the individual experience of stress, one must take into account the entire life course rather than simply the present situation. Further, while many events can be considered disadvantages, there are a number of disadvantages that could lead to stress that would not be considered events. For example, environmental factors such as living in a poor neighborhood could certainly elicit stress and be considered a disadvantage but not an isolated event. Contextual factors are an important consideration. Additionally, stress sensitization theory could help to explain why some individuals react more negatively to specific events. As previously mentioned, individuals who have gone through significant childhood adversity are more likely to be emotionally reactive and vulnerable to potential stressors.

The theoretical framework presented in the present study highlights the disparities in stress that occur among individuals of varying backgrounds. Further, a consideration of both past and present resources through the lens of COR theory provides additional insight into the needs of an employee who may be stuck in a loss spiral. This framework allows for the study of workers in terms of the advantages and disadvantages that they have and facilitates a more thorough examination of factors that inhibit success at work.

Practical Implications of Findings
Identifying individuals who are more likely to burnout, turnover, or engage in counterproductive work behavior is one of the priorities of most organizations. The present study revealed that individuals who experienced higher childhood adversity are more likely to engage in these behaviors. In organizations whose workforces are comprised of many individuals who are likely to have underwent significant childhood adversity, such as low wage workers (Rosemberg et al., 2018), extra attention should be given to investing resources in counteracting this high risk.

Another important application of the present study’s findings is in assisting and educating existing employees. Establishing the connection between poor work outcomes and childhood adversity could be an extra push that is needed to increase the number of trauma-informed and trauma-focused programs in the workplace. For a workplace to be trauma-informed, leaders must be aware of the long-term impact that traumatic experiences can have on employees (Harris & Fallot, 2001). In addition, ideally the organization would provide services to assist with many of the vulnerabilities that individuals have. For example, stress management programs could be beneficial in this context specifically. However, it is particularly important that these programs be implemented in a way that minimizes the barriers to utilizing them. Those who have experienced the most adversity also may be the least likely to take advantage of these programs and as a result the program design should be carefully considered to minimize this potential issue. It has also been suggested in the literature that these programs be added to the traditional employee assistance programs, yet little has been done to fill this need (Rosemberg et al., 2018). Although employment assistance programs are already serving individuals with high levels of childhood adversity, they likely do so without the consideration of their histories or the associated developmental and health implications. As a result, important factors that can impinge
on successful employment are being ignored and the programs are subsequently unable to maximize their efficacy. In addition, because childhood adversity often disproportionately impacts members of minority groups (Sacks & Murphey, 2018), checking for ACEs after hire and providing resources to mitigate some of the negative effects could be a way to inadvertently increase minority retention rates.

**Limitations and Directions for Future Research**

While the present study provided strong support for the relationship between childhood adversity and workplace outcomes, there are a variety of limitations worth noting. First, this study is not longitudinal, and I did not evaluate childhood adversity when the participants were children. As a result, loss spirals and cumulative disadvantages were inferred rather than directly observed as would be preferable (Halbesleben et al., 2014). This study also used data that were collected at one time point and the results of this study are correlational rather than casual. However, as previously noted, assuming that the measures are valid, it is only theoretically possible for the causal effect to have one direction. Childhood adversity must lead to poor work outcomes rather than the contrary. As a result, this study provides valuable insight into the long-term implications of childhood adversity at work.

In addition, this study used self-report measures that could have potential issues with faking, social desirability, or common method variance (Paulhus, 2017; Podsakoff et al., 2003). Despite this, for psychological constructs self-report is often the most appropriate and feasible option and common method variance is often not very problematic (Spector, 2006). Another limitation could be the use of MTurk to collect data. Although it has been found that participants on MTurk are generally representative of the US population (Michel et al., 2017), the results may not generalize to other populations of workers. Future research should address this potential
limitation by examining other samples of workers who vary more widely in age or socioeconomic status. For example, in terms of age, it is possible that childhood adversity may be more salient and impactful to a younger sample. However, older samples may show more of the cumulative burden of childhood adversity.

Furthermore, it is also important to note that the ACE variables used in the present study likely included false negatives (i.e., individuals who experienced adversity before age 18 but failed to report it). These false negatives could be attributed to inaccurate recall, reevaluations of the past based on present views, or memory repression. Also, it is likely that there are a variety of other childhood experiences not examined in this study that could impact workplace outcomes such as discrimination, parental death, or divorce. Future research should expand on the childhood adversities that are studied in relation to work outcomes.

It is also important to mention that while most research is conducted using the cumulative risk scoring approach (i.e., adding the number of ACEs experienced) other approaches are arguably better in terms of explanatory power (Brumley et al., 2019). However, due to the previously mentioned theoretical and methodological limitations that accompany these other approaches (e.g., factor analyses), I chose not to use them. Further, the cumulative risk scoring approach was also taken because the focus of the present study is largely on cumulative experiences compounding to create additional disadvantages. Although this was the general approach, I also chose to investigate each ACE as a separate experience as well. As previously discussed, in terms of affective organizational and occupational commitment differences were found. Future research should investigate if there are underling mechanisms of these relationships.
Additionally, for several analyses I found that the relationships between my subjective measures of income (i.e., childhood PIA and subjective SES) and the outcomes were nonlinear. Often, this effect was such that at lower levels of childhood income, poor outcomes were more likely, but this was also the case at high levels of childhood income as well. One potential explanation could be that children from high-income families feel an increased pressure to perform at work in order to advance their careers and obtain a similar socioeconomic status as their parents. Although performance pressure can sometimes be beneficial in the short-term, in the long-term, performance pressure can drain an individual’s resources (Hockey, 1997) producing a similar effect to the resource deficient low-income group.

In addition, it is also possible that there may be different standards for what constitutes low, middle, and high subjective socioeconomic status. Individuals select where they see their childhood socioeconomic standing on the socioeconomic ladder based on how they compare to others. This relative comparison may vary for instance if the individual was friends with children who were comparatively lower SES. They may see themselves as being in the middle of the ladder even if they were low SES as well. Similarly, if the individual was often around wealthier children as a child, they may see themselves as in the middle of the ladder even if they would typically be considered high SES. These issues in measurement may have contributed to many of the nonlinear relationships that were observed. As such, PIA may be a better way to measure subjective childhood income because it tended to have a more linear relationship to the outcomes.

After investigating the observed pattern between my subjective measures of income in more detail, I also found that many of the individuals in the high-income group were downwardly mobile compared to their parents. Perhaps the stress stemming from downward
economic mobility could have contributed to some of the nonlinear effects as well. It is possible that current income may moderate the relationship between childhood income and workplace outcomes. Additionally, although beyond the scope of the present study, future research could investigate the observed relationships in more detail by using polynomial regression analyses. Because I conducted linear regression analyses in this study, type two error may be increased.

Similarly, support for my moderation hypotheses was not found due to nonlinear interactions. In general, the pattern that the nonlinear interactions exhibited supported the notion that having a moderate level of workplace social support could mitigate some of the negative effects of childhood adversity. However, high levels of support did not appear to have the same effect. While beyond the scope of the present study, future research should investigate these nonlinear interactions in further detail. In addition, the search for additional moderators warrants attention as well. For instance, coping resources may play an important role in minimizing many of the negative outcomes of childhood adversity.

The present study also aids in answering the calls that have been made to expand ACE research in more diverse populations (e.g., Larkin & Records, 2007). Specifically, low-income and less educated populations should be included in more often in research. Regarding education, in the present study, 13% of participants received a high school diploma or less indicating that while less educated participants were not examined exclusively, our sample was not limited to an educated population (e.g., college students). Furthermore, 13% of the participants also had a household income of less than $25,000 annually and 16% of participants had a household income of less than $25,000 as a child. As a result, unlike some, the present study also includes low-income workers. Consistent with arguments made by researchers such as Leana et al., (2012), I also argue that future research in the organizational sciences should
continue to expand their work to address the unique needs of low income (and often high ACE) workers.

As it relates to the outcomes examined in the present study, future research should also examine each outcome in more detail. For example, although counterproductive work behavior overall was related to childhood adversity, future research could investigate the types of counterproductive work behaviors that are most likely to occur and if this relationship differs depending on the type of childhood adversity experienced. Additionally, future research could examine other types of job attitudes aside from affective commitment and their relationships to different adverse childhood experiences. From a measurement perspective, it may be useful to create more contextualized measures that take into account the causes of poor workplace outcomes. For example, the nature of burnout may be quite different for low SES workers compared to high SES workers. It could also be useful to create measures that are more specific to the occupation in order to gain additional insight.

Aside from expanding on outcomes examined in the present study, future research should also investigate the relationship between childhood adversity and career attainment. Due to the associated cognitive deficits, there may also be differences in job or task performance that are important to consider. Childhood adversity also often disproportionally impacts individuals in racial minority groups and women limiting upward mobility (Robst, 2008; Sacks & Murphey, 2018). Future research should investigate how to minimize the impact on the workforce. Some may also argue that some degree of adversity is beneficial for individual growth (e.g., Masten & Narayan, 2012). As a result, future research should investigate resilience and the impact that it has on childhood adversity and workplace outcomes as well.
Finally, aside from childhood adversity scholars should consider other factors outside of the workplace as well. For instance, as it relates to childhood specifically, future research could investigate what role attachment styles play in workplace outcomes. In addition, extending beyond childhood, future research could also look at environmental factors at home such as neighborhood violence. Existing literature has also identified community commitment as having an important impact on one’s commitment to their organization (Sinclair et al., 2015). However, this research could be extended as well. For example, proximity to desirable schools for children may also have an impact on workplace outcomes such as employee retention. As research begins to look at the worker from a more holistic point of view, the opportunities are numerous with each one shedding additional light on the complexities of the individual worker.

**Conclusion**

In conclusion, the present study found that childhood adversity has an important impact on employee burnout, turnover intentions, counterproductive work behavior, affective occupational and organizational commitment. Although the specific relationship differs based on outcome, this study provides a foundation for future research to build upon and evidence to support studying the worker’s past in addition to their present. To my knowledge, this is the first study to examine childhood adversity specifically relating to commonly studied work outcomes and it is my hope that it will help to generate subsequent research in the organizational sciences and beyond.
REFERENCES


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APPENDIX A

Measure of Childhood Perceived Income Adequacy

Please indicate the extent to which you agree or disagree with the following statements.

1= Strongly Disagree
2= Disagree
3= Slightly Disagree
4= Neither Agree nor Disagree
5= Slightly Agree
6= Agree
7= Strongly Agree

1. Growing up, my family’s income allowed us to have the lifestyle we wanted.
2. Growing up, my family saved as much money as we wanted to be saving.
3. Growing up, my family was able to travel where we wanted.
4. Growing up, my family had extra money for unexpected expenses.
5. Growing up, my family was able to afford the recreation/entertainment we liked.
6. Growing up, my family was able to afford our utilities (heat, water, gas, etc.).
7. Growing up, my family was able to pay our expenses without overdrawing our bank account.
8. Growing up, my family was able to afford the basic transportation we needed.
9. Growing up, my family was able to afford the food we needed to survive.
10. Growing up, my family was able to pay for the clothes we needed.
APPENDIX B

Measure of Childhood Subjective Socioeconomic Status

Think of this scale as representing where people stand in the United States. At the top of the scale (10) are the people who are the best off – those who have the most money, the most education and the most respected job. At the bottom of the scale (1) are the people who are the worst off – who have the least money, the least education and the least respected jobs or no job. The higher you put yourself on the scale the closer you are to the people at the very top; the lower you are the closer you are to the people at the very bottom.

1. Looking back as you were growing up, where would you place your family?
APPENDIX C

Measure of Aversive Childhood Experiences

0 = No
1 = Yes

1. While I was a child (under 18) my parents insulted me, put me down, or humiliated me

2. While I was a child (under 18) I believed an adult in my household would seriously injure me

3. While I was a child (under 18) I was touched in a sexual manner by someone older than me in my household.

4. While I was a child (under 18) I felt unloved and unimportant around my family.

5. While I was a child (under 18) I was without enough to eat.

6. While I was a child (under 18) I felt unprotected by my family.

7. While I was a child (under 18) one of my parents pushed, slapped, hit, threw things, or threatened the other with a weapon.

8. While I was a child (under 18) someone in my household abused alcohol or drugs.

9. While I was a child (under 18) someone in my household was severely depressed.

10. While I was a child (under 18) someone in my household was jailed or imprisoned.

11. While I was a child (under 18) I felt unsafe in my neighborhood.

12. While I was a child (under 18) I was bullied by a peer or classmate.
APPENDIX D

Measure of Burnout

Please indicate the extent to which you agree or disagree with the following statements about how you have felt at work over the past month.

1= Strongly Disagree
2= Disagree
3= Slightly Disagree
4= Neither Agree nor Disagree
5= Slightly Agree
6= Agree
7= Strongly Agree

1. I felt tired.
2. I had no energy for going to work in the morning.
3. I felt physically drained.
4. I felt fed up.
5. I felt like my “batteries” are “dead.”
6. I felt burned out.
7. My thinking process was slow.
8. I had difficulty concentrating.
9. I felt like I was not thinking clearly.
10. I felt that I was not focused in my thinking.
11. I had difficulty thinking about complex things.
12. I was not able to be sensitive to the needs of coworkers and customers.
13. I was not capable of investing emotionally in coworkers and customers.
14. I was not capable of being sympathetic to coworkers and customers.
APPENDIX E

Measure of Turnover Intentions

Please indicate the extent to which you agree or disagree with the following statements with regard to your primary job.

1= Strongly Disagree
2= Disagree
3= Slightly Disagree
4= Neither Agree nor Disagree
5= Slightly Agree
6= Agree
7= Strongly Agree

1. I am planning to search for a new job outside my job during the next 12 months.
2. I often think about quitting my job.
3. If I have my own way, I will be working in some other job one year from now.
APPENDIX F

Measure of Affective Occupational Commitment

Please indicate the extent to which you agree or disagree with the following statements.

1= Strongly Disagree
2= Disagree
3= Slightly Disagree
4= Neither Agree nor Disagree
5= Slightly Agree
6= Agree
7= Strongly Agree

1. I feel a strong sense of belonging to my current profession.
2. I feel emotionally attached to my current profession.
3. I feel like part of the family in my current profession.
4. Working in my current profession has a great deal of personal meaning for me.
APPENDIX G

Measure of Affective Organizational Commitment

Please indicate the extent to which you agree or disagree with the following statements about your primary job.

1= Strongly Disagree
2= Disagree
3= Slightly Disagree
4= Neither Agree nor Disagree
5= Slightly Agree
6= Agree
7= Strongly Agree

1. I feel a strong sense of belonging to my organization.
2. I feel emotionally attached to my organization.
3. I feel like part of the family at my organization.
4. My organization has a great deal of personal meaning for me.
APPENDIX H

Measure of Counterproductive Work Behavior

Please indicate the extent to which you agree or disagree with the following statements about your behavior at work in the past month.

1= Strongly Disagree
2= Disagree
3= Slightly Disagree
4= Neither Agree nor Disagree
5= Slightly Agree
6= Agree
7= Strongly Agree

1. I spent time on tasks unrelated to work.
2. I gossiped about people at my organization.
3. I did not work to the best of my ability.
4. I said or did something that was unpleasant.
5. I did not fully comply with a supervisor’s instructions.
6. I behaved in an unfriendly manner.
7. I spoke poorly about my organization to others.
8. I talked badly about people behind their backs.
APPENDIX I

Measure of Perceived Organizational Support

Please indicate the extent to which you agree or disagree with the following statements about your primary job.

1= Strongly Disagree

2= Disagree

3= Slightly Disagree

4= Neither Agree nor Disagree

5= Slightly Agree

6= Agree

7= Strongly Agree

1. My organization strongly considers my goals and values.

2. My organization really cares about my well-being.

3. My organization cares about my opinion.

4. My organization would ignore any complaint from me.*

Note: * indicates the item should be reverse-scored.
APPENDIX J

Measure of Perceived Supervisor Support

Please indicate the extent to which you agree or disagree with the following statements about your primary job.

1= Strongly Disagree

2= Disagree

3= Slightly Disagree

4= Neither Agree nor Disagree

5= Slightly Agree

6= Agree

7= Strongly Agree

1. My manager strongly considers my goals and values.

2. My manager really cares about my well-being.

3. My manager cares about my opinion.

4. My manager would ignore any complaint from me.*

Note: * indicates the item should be reverse-scored.
APPENDIX K

Measure of Perceived Coworker Support

Please indicate the extent to which you agree or disagree with the following statements about your primary job.

1= Strongly Disagree
2= Disagree
3= Slightly Disagree
4= Neither Agree nor Disagree
5= Slightly Agree
6= Agree
7= Strongly Agree

1. My coworkers strongly consider my goals and values.
2. My coworkers really care about my well-being.
3. My coworkers care about my opinion.
4. My coworkers would ignore any complaint from me.*

Note: * indicates the item should be reverse-scored.
Table 1

*Means, Standard Deviations, and Reliabilities of Measures.*

<table>
<thead>
<tr>
<th>Measure</th>
<th>Min.</th>
<th>Max.</th>
<th>Mean</th>
<th>SD</th>
<th>Cronbach’s alpha</th>
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<td>.88</td>
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<tr>
<td>Childhood PIA</td>
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<td>48.38</td>
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<td>.95</td>
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<tr>
<td>Childhood SES</td>
<td>1</td>
<td>10</td>
<td>5.09</td>
<td>1.97</td>
<td>n/a</td>
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<tr>
<td>Burnout</td>
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<td>98</td>
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<td>23.00</td>
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<td>53</td>
<td>21.11</td>
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<td>.91</td>
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<tr>
<td>Affective Occupational Commitment</td>
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<td>28</td>
<td>18.22</td>
<td>7.06</td>
<td>.95</td>
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<tr>
<td>Affective Organizational Commitment</td>
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*Note.* n/a indicates a single item measure.
Table 2

*Correlations with Confidence Intervals.*

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<th>3</th>
<th>4</th>
<th>5</th>
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<td>3. SES</td>
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<td>6. CWB</td>
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<td>.58**</td>
<td>.48**</td>
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<td>7. Org Commitment</td>
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<td>.18**</td>
<td>.13**</td>
<td>-.36**</td>
<td>-.55**</td>
<td>-.14**</td>
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<td>.21**</td>
<td>.18**</td>
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<td>-.04</td>
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<td></td>
<td>10. PSS</td>
<td>.03</td>
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<td>.22**</td>
<td>.16**</td>
<td>-.25**</td>
<td>-.32**</td>
<td>-.05</td>
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<td>11. PCS</td>
<td>.01</td>
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<td>.22**</td>
<td>.20**</td>
<td>-.24**</td>
<td>-.28**</td>
<td>-.02</td>
<td>.61**</td>
<td>.62**</td>
</tr>
</tbody>
</table>

*Note.* Values in square brackets indicate the 95% confidence interval for each correlation. The confidence interval is a plausible range of population correlations that could have caused the sample correlation (Cumming, 2014). * indicates $p < .05$. ** indicates $p < .01$. 142
Table 3

Regression Results Using Burnout as the Criterion

<table>
<thead>
<tr>
<th>Predictor</th>
<th>$b$</th>
<th>95% CI [LL, UL]</th>
<th>beta</th>
<th>95% CI [LL, UL]</th>
<th>$sr^2$</th>
<th>95% CI [LL, UL]</th>
<th>$r$</th>
<th>Fit</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Intercept)</td>
<td>40.79**</td>
<td>[34.81, 46.76]</td>
<td>-0.12</td>
<td>[-0.21, -0.02]</td>
<td>0.01</td>
<td>[-.00, .02]</td>
<td>-.12**</td>
<td></td>
</tr>
<tr>
<td>PIA</td>
<td>-0.18*</td>
<td>[-0.32, -0.03]</td>
<td>-0.12</td>
<td>[-0.21, -0.02]</td>
<td>0.01</td>
<td>[-.00, .02]</td>
<td>-.12**</td>
<td></td>
</tr>
<tr>
<td>SES</td>
<td>1.73**</td>
<td>[0.65, 2.81]</td>
<td>0.15</td>
<td>[0.06, 0.24]</td>
<td>0.01</td>
<td>[-.00, .03]</td>
<td>.01</td>
<td></td>
</tr>
<tr>
<td>ACE</td>
<td>2.67**</td>
<td>[2.16, 3.18]</td>
<td>0.37</td>
<td>[0.30, 0.44]</td>
<td>0.13</td>
<td>[.08, .17]</td>
<td>.38**</td>
<td></td>
</tr>
</tbody>
</table>

$R^2 = .159**$
95% CI[.11,.20]

Note. A significant $b$-weight indicates the beta-weight and semi-partial correlation are also significant. $b$ represents unstandardized regression weights. beta indicates the standardized regression weights. $sr^2$ represents the semi-partial correlation squared. $r$ represents the zero-order correlation. LL and UL indicate the lower and upper limits of a confidence interval, respectively. * indicates $p < .05$. ** indicates $p < .01$. 
Table 4

Regression Results Using Turnover Intentions as the Criterion

<table>
<thead>
<tr>
<th>Predictor</th>
<th>$b$</th>
<th>95% CI</th>
<th>beta</th>
<th>95% CI</th>
<th>$sr^2$</th>
<th>95% CI</th>
<th>$r$</th>
<th>95% CI</th>
<th>Fit</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Intercept)</td>
<td>18.54**</td>
<td>[15.32, 21.76]</td>
<td></td>
<td></td>
<td>.00</td>
<td>[-.01, .01]</td>
<td>-.08*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PIA</td>
<td>-0.08</td>
<td>[-0.15, 0.00]</td>
<td>-0.10</td>
<td>[-0.20, 0.00]</td>
<td>.00</td>
<td>[-.01, .01]</td>
<td>-.08*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SES</td>
<td>0.76*</td>
<td>[0.17, 1.34]</td>
<td>0.13</td>
<td>[0.03, 0.22]</td>
<td>.01</td>
<td>[-.00, .02]</td>
<td>.03</td>
<td></td>
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</tr>
<tr>
<td>ACE</td>
<td>0.86**</td>
<td>[0.58, 1.13]</td>
<td>0.23</td>
<td>[0.16, 0.31]</td>
<td>.05</td>
<td>[.02, .08]</td>
<td>.24**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$R^2 = .067**$
95% CI [.03, .10]

* indicates $p < .05$. ** indicates $p < .01$.

Note. A significant $b$-weight indicates the beta-weight and semi-partial correlation are also significant. $b$ represents unstandardized regression weights. beta indicates the standardized regression weights. $sr^2$ represents the semi-partial correlation squared. $r$ represents the zero-order correlation. LL and UL indicate the lower and upper limits of a confidence interval, respectively.
Table 5

*Regression Results Using Counterproductive Work Behavior as the Criterion*

| Predictor | $b$\n| [LL, UL] | $\beta$\n| [LL, UL] | $sr^2$\n| [LL, UL] | $r$ | $R^2$ | Fit |
|-----------|-------------|-------------|-------------|-----------------|-----------------|-------------|-------------|
| (Intercept) | 15.12** | [12.29, 17.95] | | | | | | |
| PIA | -0.09* | [-0.16, -0.02] | -0.12 | [-0.22, -0.02] | .01 | [-.00, .02] | -.03 | |
| SES | 1.45** | [0.93, 1.96] | 0.27 | [0.17, 0.36] | .04 | [.01, .06] | .14** | |
| ACE | 1.04** | [0.80, 1.29] | 0.31 | [0.24, 0.38] | .09 | [.05, .13] | .31** | |

$R^2 = .135**$
95% CI[.09,.18]

*Note. A significant $b$-weight indicates the beta-weight and semi-partial correlation are also significant. $b$ represents unstandardized regression weights. $\beta$ indicates the standardized regression weights. $sr^2$ represents the semi-partial correlation squared. $r$ represents the zero-order correlation. LL and UL indicate the lower and upper limits of a confidence interval, respectively. * indicates $p < .05$. ** indicates $p < .01$. |
Table 6

Regression Results Using Affective Organizational Commitment as the Criterion

<table>
<thead>
<tr>
<th>Predictor</th>
<th>b</th>
<th>95% CI</th>
<th>beta</th>
<th>95% CI</th>
<th>sr²</th>
<th>95% CI</th>
<th>r</th>
<th>Fit</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Intercept)</td>
<td>13.91**</td>
<td>[11.83, 15.99]</td>
<td></td>
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</tr>
<tr>
<td>PIA</td>
<td>0.08**</td>
<td>[0.03, 0.13]</td>
<td>0.16</td>
<td>[0.06, 0.26]</td>
<td>.01</td>
<td>[-.00, .03]</td>
<td>.18**</td>
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</tr>
<tr>
<td>SES</td>
<td>0.07</td>
<td>[-0.30, 0.45]</td>
<td>0.02</td>
<td>[-0.08, 0.12]</td>
<td>.00</td>
<td>[-.00, .00]</td>
<td>.13**</td>
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</tr>
<tr>
<td>ACE</td>
<td>-0.08</td>
<td>[-0.26, 0.09]</td>
<td>-0.04</td>
<td>[-0.11, 0.04]</td>
<td>.00</td>
<td>[-.00, .01]</td>
<td>-.08*</td>
<td></td>
</tr>
</tbody>
</table>

R² = .034**
95% CI [.01, .06]

Note. A significant b-weight indicates the beta-weight and semi-partial correlation are also significant. b represents unstandardized regression weights. beta indicates the standardized regression weights. sr² represents the semi-partial correlation squared. r represents the zero-order correlation. LL and UL indicate the lower and upper limits of a confidence interval, respectively.
* indicates p < .05. ** indicates p < .01.
Table 7

Regression Results Using Occupational Commitment as the Criterion

<table>
<thead>
<tr>
<th>Predictor</th>
<th>( b )</th>
<th>95% CI [LL, UL]</th>
<th>( beta )</th>
<th>95% CI [LL, UL]</th>
<th>( sr^2 )</th>
<th>95% CI [LL, UL]</th>
<th>( r )</th>
<th>Fit</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Intercept)</td>
<td>14.57**</td>
<td>[12.60, 16.54]</td>
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</tr>
<tr>
<td>PIA</td>
<td>0.06*</td>
<td>[0.01, 0.11]</td>
<td>0.13</td>
<td>[0.03, 0.24]</td>
<td>.01</td>
<td>[-.00, .02]</td>
<td>.17**</td>
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</tr>
<tr>
<td>SES</td>
<td>0.14</td>
<td>[-0.22, 0.50]</td>
<td>0.04</td>
<td>[-0.06, 0.14]</td>
<td>.00</td>
<td>[-.00, .00]</td>
<td>.13**</td>
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<tr>
<td>ACE</td>
<td>-0.04</td>
<td>[-0.21, 0.13]</td>
<td>-0.02</td>
<td>[-0.09, 0.06]</td>
<td>.00</td>
<td>[-.00, .00]</td>
<td>-.06</td>
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</tbody>
</table>

\[ R^2 = .029** \]
\[ 95\% \text{ CI} [.01, .05] \]

* indicates \( p < .05 \). ** indicates \( p < .01 \).
Table 8

Regression Interaction Results using Burnout as the Criterion.

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Perceived Organizational Support</th>
<th>Perceived Supervisor Support</th>
<th>Perceived Coworker Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$b$</td>
<td>$R^2 = .239^{**}$</td>
<td>$R^2 = .228^{**}$</td>
</tr>
<tr>
<td></td>
<td>Fit</td>
<td>95% CI [.18, .29]</td>
<td>95% CI [.17, .28]</td>
</tr>
<tr>
<td>Reduced Model:</td>
<td>(Intercept)</td>
<td>59.97^{**}</td>
<td>61.71^{**}</td>
</tr>
<tr>
<td></td>
<td>PIA</td>
<td>-0.10</td>
<td>-0.08</td>
</tr>
<tr>
<td></td>
<td>Subjective SES</td>
<td>1.99^{**}</td>
<td>1.76^{**}</td>
</tr>
<tr>
<td></td>
<td>ACE Score</td>
<td>2.75^{**}</td>
<td>2.86^{**}</td>
</tr>
<tr>
<td></td>
<td>Workplace Support</td>
<td>-1.42^{**}</td>
<td>-1.50^{**}</td>
</tr>
<tr>
<td></td>
<td>$R^2 = .239^{**}$</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>95% CI [.18, .29]</td>
<td></td>
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</tr>
<tr>
<td>Full Model:</td>
<td>(Intercept)</td>
<td>95.66^{**}</td>
<td>101.48^{**}</td>
</tr>
<tr>
<td></td>
<td>PIA</td>
<td>0.09</td>
<td>0.61*</td>
</tr>
<tr>
<td></td>
<td>Subjective SES</td>
<td>-5.32*</td>
<td>-10.61^{**}</td>
</tr>
<tr>
<td></td>
<td>ACE Score</td>
<td>0.01</td>
<td>-0.48</td>
</tr>
<tr>
<td></td>
<td>Workplace Support</td>
<td>-3.42^{**}</td>
<td>-3.62^{**}</td>
</tr>
<tr>
<td></td>
<td>PIA * Support</td>
<td>-0.01</td>
<td>-0.04*</td>
</tr>
<tr>
<td></td>
<td>SES * Support</td>
<td>0.41^{**}</td>
<td>0.68**</td>
</tr>
<tr>
<td></td>
<td>ACE * Support</td>
<td>0.15^{**}</td>
<td>0.17**</td>
</tr>
<tr>
<td></td>
<td>$R^2 = .265^{**}$</td>
<td></td>
<td>$R^2 = .272^{**}$</td>
</tr>
<tr>
<td></td>
<td>95% CI [.21, .31]</td>
<td></td>
<td>95% CI [.21, .32]</td>
</tr>
<tr>
<td>Difference in $R^2$</td>
<td>$\Delta R^2 = .026^{**}$</td>
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<td>$\Delta R^2 = .044^{**}$</td>
</tr>
<tr>
<td></td>
<td>95% CI [.01, .05]</td>
<td></td>
<td>95% CI [.02, .07]</td>
</tr>
</tbody>
</table>

Note. $b$ represents unstandardized regression weights. * indicates $p < .05$. ** indicates $p < .01$. 

148
Table 9

Regression Interaction Results using Turnover Intentions as the Criterion.

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Perceived Organizational Support</th>
<th>Perceived Supervisor Support</th>
<th>Perceived Coworker Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$b$</td>
<td>Fit</td>
<td>$b$</td>
</tr>
<tr>
<td>Reduced Model:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Intercept)</td>
<td>30.99**</td>
<td>32.03**</td>
<td>30.88**</td>
</tr>
<tr>
<td>PIA</td>
<td>-0.03</td>
<td>-0.01</td>
<td>-0.03</td>
</tr>
<tr>
<td>Subjective SES</td>
<td>0.92**</td>
<td>0.77**</td>
<td>0.92**</td>
</tr>
<tr>
<td>ACE Score</td>
<td>0.91**</td>
<td>0.98**</td>
<td>0.94**</td>
</tr>
<tr>
<td>Workplace Support</td>
<td>-0.92**</td>
<td>-0.97**</td>
<td>-0.88**</td>
</tr>
<tr>
<td>$R^2 = .196**$</td>
<td>95% CI[.14,.24]</td>
<td>$R^2 = .176**$</td>
<td>95% CI[.13,.22]</td>
</tr>
<tr>
<td>Full Model:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Intercept)</td>
<td>49.77**</td>
<td>51.15**</td>
<td>53.35**</td>
</tr>
<tr>
<td>PIA</td>
<td>0.06</td>
<td>0.43**</td>
<td>0.13</td>
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<tr>
<td>Subjective SES</td>
<td>-2.16</td>
<td>-5.60**</td>
<td>-3.49**</td>
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<tr>
<td>ACE Score</td>
<td>-1.53**</td>
<td>-1.64**</td>
<td>-1.68**</td>
</tr>
<tr>
<td>Workplace Support</td>
<td>-1.95**</td>
<td>-1.96**</td>
<td>-2.09**</td>
</tr>
<tr>
<td>PIA $\times$ Support</td>
<td>-0.01</td>
<td>-0.03**</td>
<td>-0.01</td>
</tr>
<tr>
<td>SES $\times$ Support</td>
<td>0.17**</td>
<td>0.35**</td>
<td>0.24**</td>
</tr>
<tr>
<td>ACE $\times$ Support</td>
<td>0.13**</td>
<td>0.14**</td>
<td>0.14**</td>
</tr>
<tr>
<td>$R^2 = .234**$</td>
<td>95% CI[.18,.28]</td>
<td>$R^2 = .236**$</td>
<td>95% CI[.18,.28]</td>
</tr>
<tr>
<td>Difference in $R^2$</td>
<td>$\Delta R^2 = .038**$</td>
<td>95% CI[.01,.06]</td>
<td>$\Delta R^2 = .060**$</td>
</tr>
</tbody>
</table>

*Note. b represents unstandardized regression weights. * indicates $p < .05$. ** indicates $p < .01$. 

149
Table 10

Regression Interaction Results using Counterproductive Work Behavior as the Criterion.

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Perceived Organizational Support</th>
<th>Perceived Supervisor Support</th>
<th>Perceived Coworker Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$b$</td>
<td>Fit</td>
<td>$b$</td>
</tr>
<tr>
<td>Reduced Model:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Intercept)</td>
<td>16.96**</td>
<td></td>
<td>17.89**</td>
</tr>
<tr>
<td>PIA</td>
<td>-0.08*</td>
<td></td>
<td>-0.07*</td>
</tr>
<tr>
<td>Subjective SES</td>
<td>1.47**</td>
<td></td>
<td>1.45**</td>
</tr>
<tr>
<td>ACE Score</td>
<td>1.05**</td>
<td></td>
<td>1.07**</td>
</tr>
<tr>
<td>Workplace Support</td>
<td>-0.14</td>
<td></td>
<td>-0.20*</td>
</tr>
<tr>
<td>$R^2 = .138**$</td>
<td></td>
<td></td>
<td>$R^2 = .141**$</td>
</tr>
<tr>
<td>95% CI[.09,.18]</td>
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<td></td>
<td>95% CI[.09,.18]</td>
</tr>
<tr>
<td>Full Model:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Intercept)</td>
<td>35.50**</td>
<td></td>
<td>43.56**</td>
</tr>
<tr>
<td>PIA</td>
<td>-0.07</td>
<td></td>
<td>-0.03</td>
</tr>
<tr>
<td>Subjective SES</td>
<td>-1.05</td>
<td></td>
<td>-2.52*</td>
</tr>
<tr>
<td>ACE Score</td>
<td>-1.08*</td>
<td></td>
<td>-1.47**</td>
</tr>
<tr>
<td>Workplace Support</td>
<td>-1.16**</td>
<td></td>
<td>-1.59**</td>
</tr>
<tr>
<td>PIA $\times$ Support</td>
<td>-0.00</td>
<td></td>
<td>-0.00</td>
</tr>
<tr>
<td>SES $\times$ Support</td>
<td>0.14*</td>
<td></td>
<td>0.22**</td>
</tr>
<tr>
<td>ACE $\times$ Support</td>
<td>0.12**</td>
<td></td>
<td>0.13**</td>
</tr>
<tr>
<td>$R^2 = .173**$</td>
<td></td>
<td></td>
<td>$R^2 = .191**$</td>
</tr>
<tr>
<td>95% CI[.12,.22]</td>
<td></td>
<td></td>
<td>95% CI[.13,.23]</td>
</tr>
<tr>
<td>Difference in $R^2$</td>
<td>$\Delta R^2 = .035**$</td>
<td></td>
<td>$\Delta R^2 = .050**$</td>
</tr>
<tr>
<td>95% CI[.01,.06]</td>
<td></td>
<td></td>
<td>95% CI[.02,.08]</td>
</tr>
</tbody>
</table>

*Note.* $b$ represents unstandardized regression weights. * indicates $p < .05$. ** indicates $p < .01$. 

150
Table 11

Regression Interaction Results using Affective Organizational Commitment as the Criterion.

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Perceived Organizational Support</th>
<th>Perceived Supervisor Support</th>
<th>Perceived Coworker Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$b$</td>
<td>Fit</td>
<td>$b$</td>
</tr>
<tr>
<td>Reduced Model:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Intercept)</td>
<td>-1.27</td>
<td>-2.97**</td>
<td>-1.43</td>
</tr>
<tr>
<td>PIA</td>
<td>0.02</td>
<td>-0.00</td>
<td>0.02</td>
</tr>
<tr>
<td>Subjective SES</td>
<td>-0.13</td>
<td>0.05</td>
<td>-0.13</td>
</tr>
<tr>
<td>ACE Score</td>
<td>-0.15*</td>
<td>-0.24**</td>
<td>-0.19**</td>
</tr>
<tr>
<td>Workplace Support</td>
<td>1.13**</td>
<td>1.21**</td>
<td>1.10**</td>
</tr>
<tr>
<td></td>
<td>$R^2 = .510**$</td>
<td></td>
<td>$R^2 = .460**$</td>
</tr>
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<td></td>
<td>95% CI[.46,.55]</td>
<td></td>
<td>95% CI[.41,.50]</td>
</tr>
</tbody>
</table>

Full Model:

| (Intercept)        | -1.09                            | 0.02                        | 0.33                      |                             |                             |                             |
| PIA                | -0.14*                           | -0.27**                     | -0.12                     |                             |                             |                             |
| Subjective SES     | 1.24*                            | 1.70**                      | 0.73                      |                             |                             |                             |
| ACE Score          | 0.04                             | 0.08                        | 0.02                      |                             |                             |                             |
| Workplace Support  | 1.10**                           | 1.02**                      | 0.99**                    |                             |                             |                             |
| PIA \times Support | 0.01*                            | 0.02**                      | 0.01                      |                             |                             |                             |
| SES \times Support | -0.08*                           | -0.09*                      | -0.05                     |                             |                             |                             |
| ACE \times Support | -0.01                            | -0.02                       | -0.01                     |                             |                             |                             |
|                    | $R^2 = .516**$                   |                             | $R^2 = .471**$            |                             | $R^2 = .385**$              |                             |
|                    | 95% CI[.46,.55]                  |                             | 95% CI[.42,.51]           |                             | 95% CI[.33,.43]             |                             |

Difference in $R^2$

| $\Delta R^2$       | $0.006^*$                        | $0.011^*$                   | $0.004$                   |
|                    | 95% CI[-.00, .01]                | 95% CI[-.00, .02]           | 95% CI[-.00, .01]         |

Note. $b$ represents unstandardized regression weights. * indicates $p < .05$. ** indicates $p < .01$. 
Table 12

Regression Interaction Results using Affective Occupational Commitment as the Criterion.

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Perceived Organizational Support</th>
<th>Perceived Supervisor Support</th>
<th>Perceived Coworker Support</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$b$</td>
<td>Fit</td>
<td>$b$</td>
</tr>
<tr>
<td>Reduced Model:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Intercept)</td>
<td>0.81</td>
<td>-0.46</td>
<td>-0.13</td>
</tr>
<tr>
<td>PIA</td>
<td>0.01</td>
<td>-0.01</td>
<td>0.01</td>
</tr>
<tr>
<td>Subjective SES</td>
<td>-0.04</td>
<td>0.12</td>
<td>-0.06</td>
</tr>
<tr>
<td>ACE Score</td>
<td>-0.09</td>
<td>-0.17**</td>
<td>-0.14*</td>
</tr>
<tr>
<td>Workplace Support</td>
<td>1.02**</td>
<td>1.08**</td>
<td>1.05**</td>
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<td>95% CI [.41,.51]</td>
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<tr>
<td>Full Model:</td>
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<tr>
<td>(Intercept)</td>
<td>0.89</td>
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<td>-0.61</td>
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<td>PIA</td>
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<td>-0.30**</td>
<td>-0.18*</td>
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<td>Subjective SES</td>
<td>1.99**</td>
<td>2.61**</td>
<td>1.52*</td>
</tr>
<tr>
<td>ACE Score</td>
<td>0.22</td>
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<td>0.32</td>
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<tr>
<td>Workplace Support</td>
<td>0.99**</td>
<td>1.04**</td>
<td>1.06**</td>
</tr>
<tr>
<td>PIA $\times$ Support</td>
<td>0.01**</td>
<td>0.02**</td>
<td>0.01*</td>
</tr>
<tr>
<td>SES $\times$ Support</td>
<td>-0.12**</td>
<td>-0.14**</td>
<td>-0.09*</td>
</tr>
<tr>
<td>ACE $\times$ Support</td>
<td>-0.02</td>
<td>-0.01</td>
<td>-0.02</td>
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<td>$R^2$ = .481**</td>
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<tr>
<td>95% CI [.43,.52]</td>
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<tr>
<td>$\Delta R^2$ = .015**</td>
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<td>95% CI [.00,.03]</td>
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<tr>
<td>$\Delta R^2$ = .016**</td>
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<td>95% CI [.00,.03]</td>
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<tr>
<td>$\Delta R^2$ = .009*</td>
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<td>95% CI [-.00,.02]</td>
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</tbody>
</table>

Note. $b$ represents unstandardized regression weights. * indicates $p < .05$. ** indicates $p < .01$. 
Table 13

Support for Hypotheses by Individual ACE

<table>
<thead>
<tr>
<th></th>
<th>Burnout</th>
<th>TOI</th>
<th>CWB</th>
<th>Organizational Commitment</th>
<th>Occupational Commitment</th>
</tr>
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<tbody>
<tr>
<td>Emotional Abuse</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsafe Home</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household Substance Abuse</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Household Depression</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Household Incarceration</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unsafe Neighborhood</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bullying</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

*Note.* x indicates that support was found (*p* < .05).
Figure 1

*Hypothesized Model of the Relationship Between Predictors, Outcomes, and Moderators*
Figure 2

Significant Effects of Each ACE on Burnout

Note. Horizontal line indicates the mean for participants with no ACEs.
Figure 3

Significant Effects of Each ACE on Turnover Intentions.

Type of ACE
1. Emotional Abuse
2. Physical Abuse
3. Sexual Abuse
4. Emotional Neglect
5. Physical Neglect
6. Unsafe Home
7. Domestic Violence
8. Household Substance Abuse
9. Household Depression
10. Household Incarceration
11. Unsafe Neighborhood
12. Bullying

Note. Horizontal line indicates the mean for participants with no ACEs.
Figure 4

*Significant Effects of Each ACE on Counterproductive Work Behavior*

**Counterproductive Work Behavior by Individual ACE**

**Type of ACE**
1. Emotional Abuse
2. Physical Abuse
3. Sexual Abuse
4. Emotional Neglect
5. Physical Neglect
6. Unsafe Home
7. Domestic Violence
8. Household Substance Abuse
9. Household Depression
10. Household Incarceration
11. Unsafe Neighborhood
12. Bullying

*Note.* Horizontal line indicates the mean for participants with no ACEs.