

Introduction

Adverse Childhood Experiences (ACEs) are traumatic events that occur before the age of 18. Examples of ACEs include abuse, neglect, and household challenges such as emotional, physical and sexual abuse, parental substance use and parental incarceration (Felitti et al., 1998).

Post-secondary education (PSE) students with higher levels of ACEs have poorer academic performance more likely to have greater mental health issues such as drug and alcohol use. (Windle et al., 2018; Davies et al., 2022; Watt et al., 2021; Dube et al., 2003; Finkelhor et al., 2015).

Among a total of 253 719 participants in 37 studies of ACEs, individuals with at least 4 ACEs were at increased risk of all health outcomes. Associations were moderate for smoking, heavy alcohol use, poor self-rated health, cancer, heart disease, and respiratory disease (ORs =2-3), strong for sexual risk taking, mental ill health, and problematic alcohol use (ORs =3-6), and strongest for problematic drug use and interpersonal and self-directed violence (ORs >=7; (Hughes et al., 2017)

This study examines the impact of ACEs, on the educational outcomes and perceived service barriers of post-secondary education students. We hypothesize that PSE students who report >=4 ACEs will also report more difficulty with academic tasks.

Method

PSE students (N=600; 33% males vs 55% females; 56% white vs 44% non-white; 73% undergraduate vs. 20% graduate/med/law students) who reported at least one traumatic event completed surveys of:

- Adverse Childhood Experiences Questionnaire (ACEs; Felitti et al., 1998)
- Traumatic Life Events Questionnaire (TLEQ; Kubany et al., 2000)
- PTSD symptom checklist for DSM-5 (PCL-5; Weathers et al., 2013) with PCL-5>=33 indicating positive PTSD
- Educational Barriers Survey (Mullen et al., 2014)

Independent sample t-test compared educational barriers and service barriers for those with <4 ACEs and >=4 ACEs. Regression was utilized to determine the impact of ACEs and trauma exposure on study dropouts, overall PTSD symptoms, and the impact of PTSD presence on difficulty with academic tasks. Independent sample t-test compared educational barriers for those with and without positive PTSD screens.

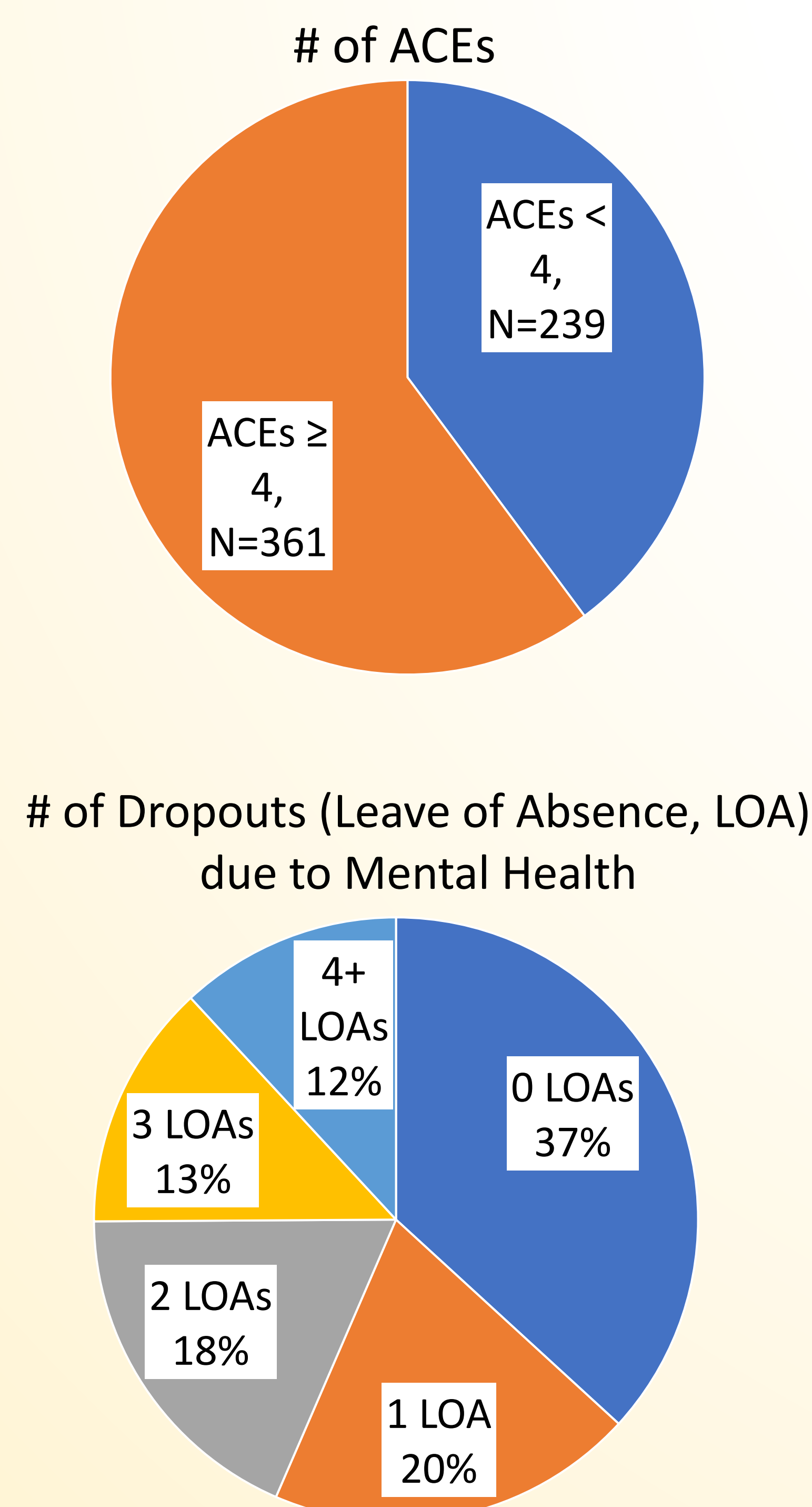


Fig 1. Demographic (n=600 trauma exposed students)

Ability to Perform Academic Tasks

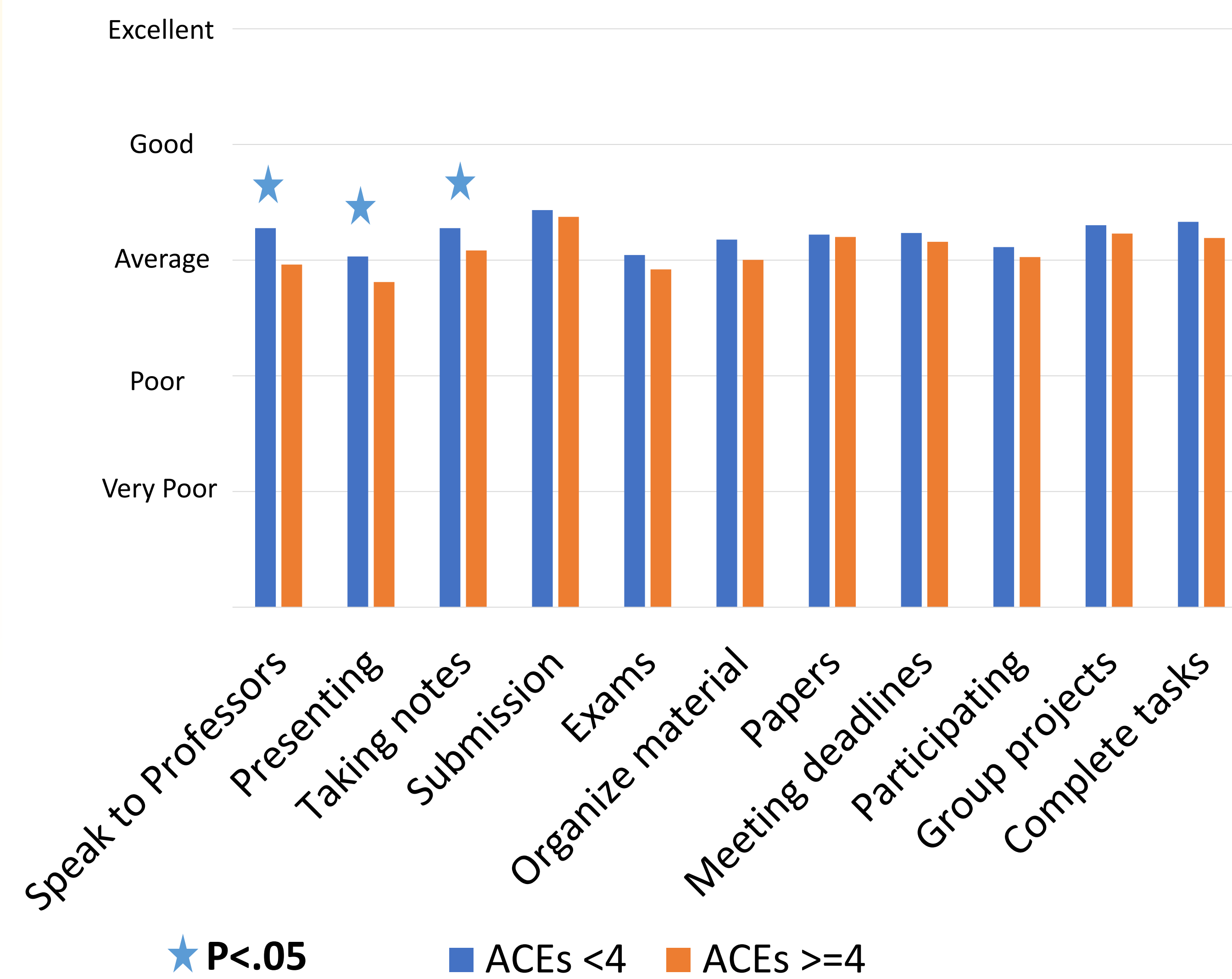


Fig 2. T-test on Educational Barriers for Students with ACEs <4 and ACEs >=4

Access to Mental Health Services/Disability Support

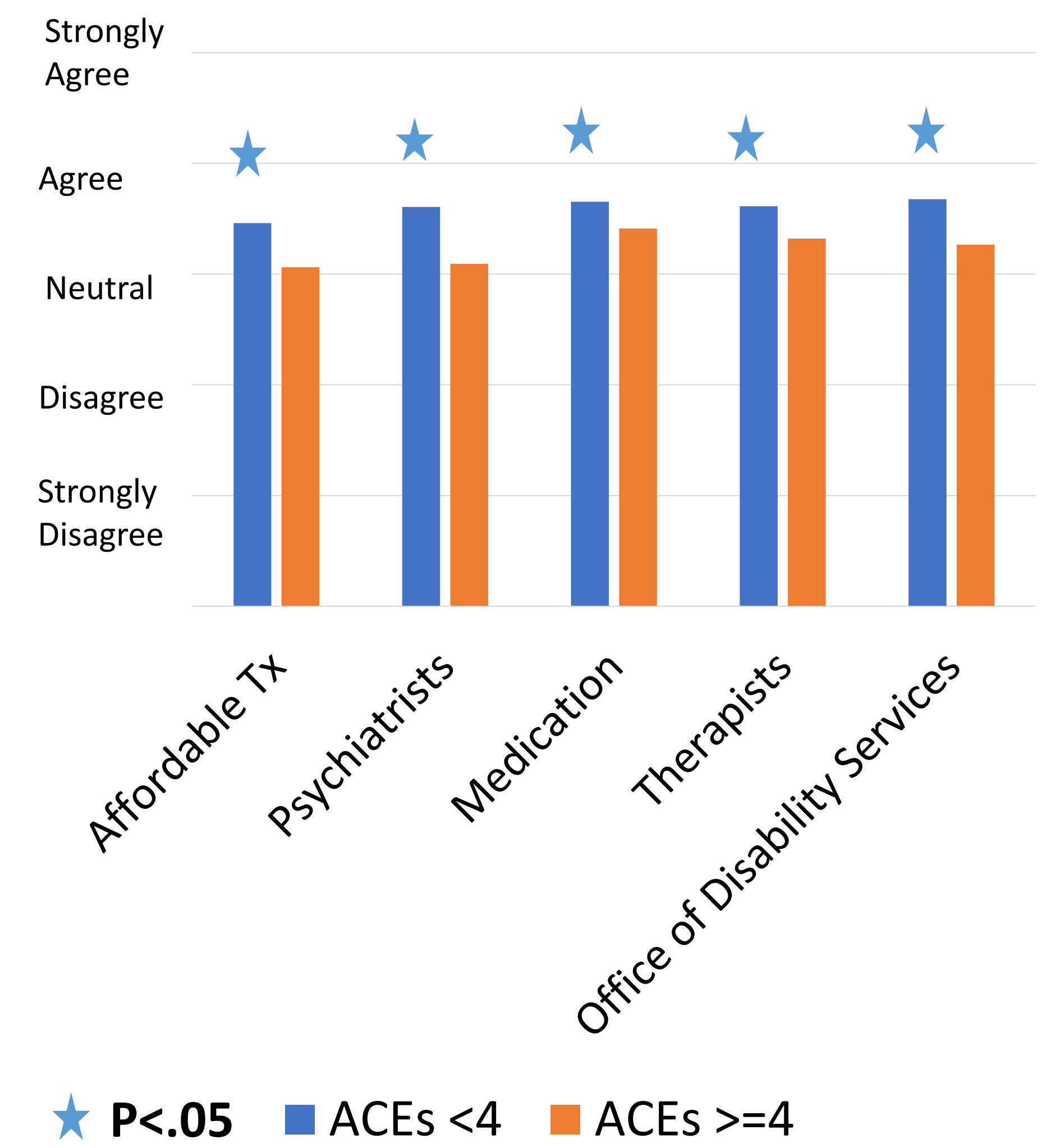


Fig 4. T-test on Service Barriers for Students with ACEs <4 and ACEs >=4

Results

60% of participants had >=4 ACEs, 50% had >= 5 ACEs and 25% had >= 7 ACEs. Nearly 70% of the sample had PCL-5>=33, indicating a positive PTSD screen.

Students with ACEs>=4 reported more educational barriers, more financial difficulties, and lesser confidence in completing education; reported more barriers to accessing mental health and ODS services. compared to students with less than 4 ACEs (Fig. , 3, 4).

In the regression analysis, both ACEs and trauma exposure predicted number of dropouts, but not PTSD symptoms, controlling for gender, minority status, educational barriers.

Discussion

Findings are consistent with research suggest that ACEs, trauma exposure in post-secondary students contributes to poorer academic performance, such as lower GPA and increased likelihood of dropping out of college (Bryan et al., 2014; Boyraz et al., 2016).

Findings suggested that PSE students with high ACEs reported more challenges in many different areas from academic, financial to service access

Helpful services would involve mental health support, academic accommodation financial aid, and university policies for safety and inclusiveness.

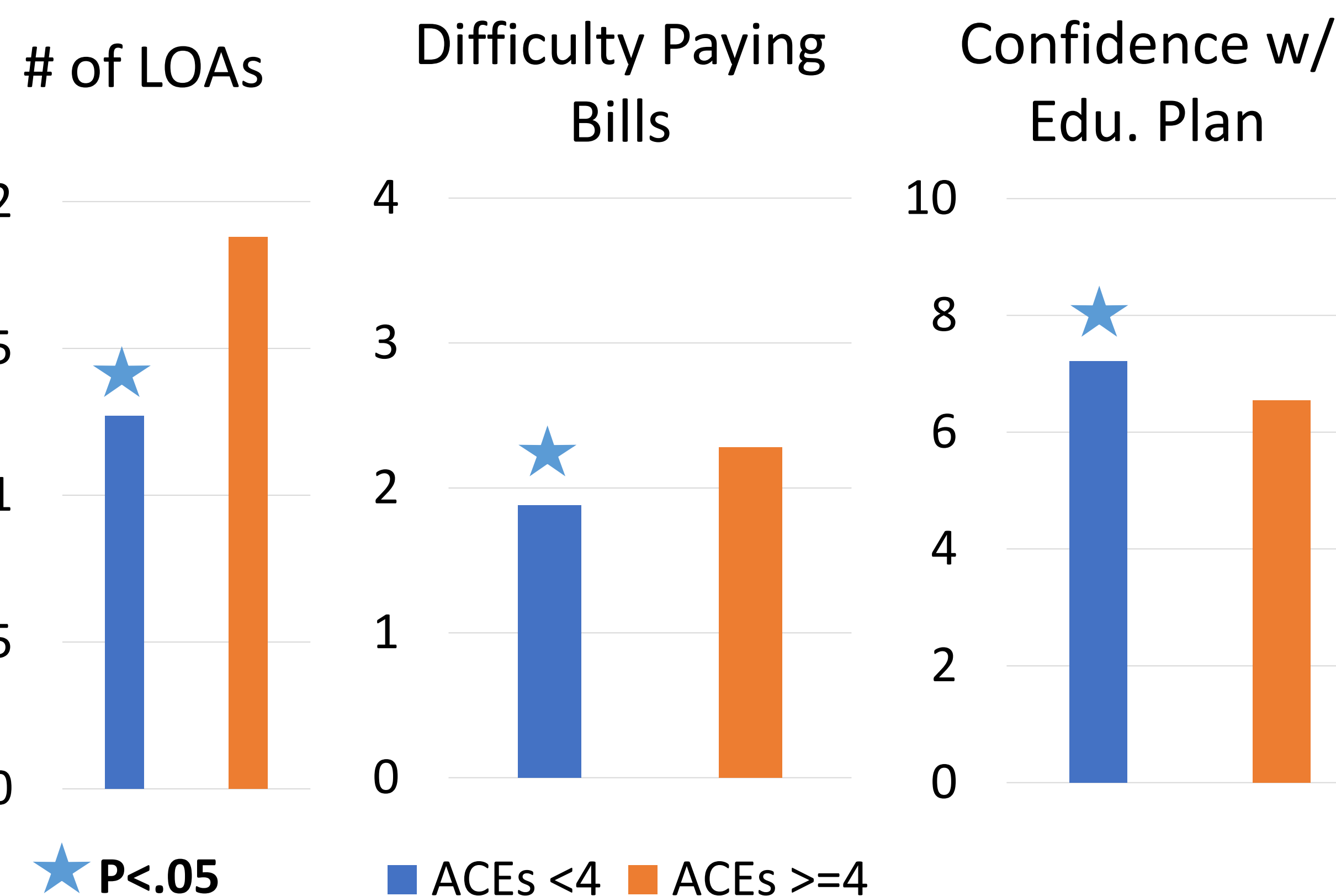


Fig 3. T-test on LOAs, Financial Difficulty, & Confidence w/ Edu. Plan for Students with ACEs < 4 and ACEs >=4)

Selected References

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