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POLICY BRIEF

The Nature and Extent of Adverse Childhood Experiences in a Sample of Youths from a Rural Dropout-Recovery School

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Key Findings

- 1. Approximately one-half of the students enrolled in a rural dropout-recovery school had experienced child maltreatment, which is generally higher than comparable national estimates.
- 2. Nearly 90% of these students had experienced household challenges (e.g., parental separation, incarceration, mental illness, and family violence), a percentage that is several times higher than national estimates.
- 3. Over 70% of students were exposed to three or more Adverse Childhood Events (ACEs), a percentage that far exceeds national estimates.
- 4. The COVID-19 pandemic and measures to contain it present serious mental and behavioral health challenges for at-risk youths such as those in the current sample.

The Institute for Civics and Public Policy (ICAPP) at Ohio Northern University is a non-partisan, education based community of scholars dedicated to conducting high-quality research to support civic literacy and an informed understanding of public policies with a focus on those issues affecting citizens in the Industrial Midwest.

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Issue Overview

Adverse Childhood Events (ACEs) are traumatic events during childhood that involve maltreatment and exposure to household challenges such as parental separation, substance abuse, mental illness, and family violence.1 ACEs have received a great deal of attention recently since early adversity is linked to a vast array of negative outcomes over the life course, including premature death, chronic diseases, risky health behaviors, and mental health problems. 1-4 Recent research reveals that ACEs have negative impacts during childhood and adolescence, and are related to mental health problems and juvenile delinguency.^{5,6} In the educational domain, ACEs are associated with success related challenges for students. Young people with a higher level of exposure to ACEs than their peers have a greater level of absenteeism, a higher risk of nonengagement in school, and are more likely to have to repeat a grade.^{3,7-10}

Research indicates that the greater the number of ACEs a person is exposed to, the higher their risk for a variety of problems over the life course. Individuals reporting four or more ACEs are much more likely than their peers to have negative health outcomes in adulthood.¹ Exposure to multiple ACEs is linked to self-injury and substance abuse over the life course.¹¹ Research has found that children with exposure to four or more ACEs have significantly higher odds of experiencing depression and anxiety than other children.⁵ Compared to their peers, kids who are exposed to multiple ACEs have poorer levels of academic performance, higher levels of absenteeism, and are more likely to have to repeat a grade. ^{7,9,10}

Methods

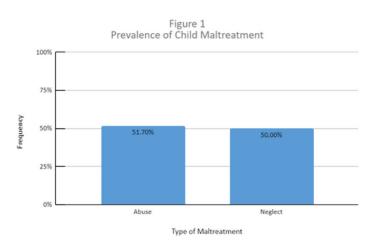
The current project examined the extent and frequency of ACEs in a sample of young people attending the Hardin Community School (HCS). HCS is a dropout-recovery school designed especially for credit deficient "at-risk" students in grades 6-12, with the majority of students between ages 16-21. HCS is located in Hardin County, a rural community in Northwest Ohio with a population of approximately 31,500 residents, the vast majority of whom (97.5%) are white. Unfortunately, economic deprivation and poverty are widespread problems in this community. The per capita income for Hardin County is about 75% of the state and 65% of the national averages respectively. 12

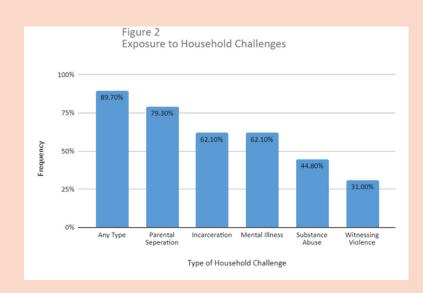
The Adverse Childhood Experience questionnaire was administered to a sample of 29 HCS students in January of 2020. The ACE questionnaire consists of ten items that ask respondents to indicate either "yes" or "no" to whether they had personally experienced any adverse childhood experiences including abuse, neglect, and household problems. Next, the number of 'yes' responses were totaled to calculate the 'ACE score'. ¹³ Of the 29 respondents, there were 19 males and 10 females. Two students were in the 8th grade, while the other 27 students were in grades 9-12.



Prevalence of Child Maltreatment

The results for the prevalence of child maltreatment appear in Figure 1. Slightly more than half of the students (51.7%) reported experiencing any type of abuse. The reported frequencies for specific types of abuse were: emotional abuse (34.5%); physical abuse (27.6%); and sexual abuse (7.2%). Half of the students reported experiencing some type of neglect. The prevalence of child maltreatment in the HCS sample is generally higher than comparable national estimates.^{1,2,6}



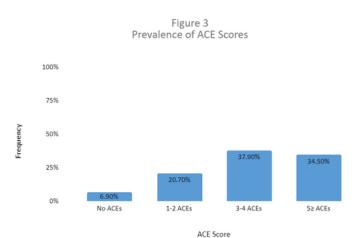


Prevalence of Household Challenges

As indicated in Figure 2, a remarkably high number (89.7%) of students reported being exposed to some type of household challenge. More than three-quarters experienced parental separation, while almost two-thirds reported a member of their household has been incarcerated. Nearly two-thirds reported that a family member suffers from mental illness, while 44.8% reported they have resided with a substance abuser. Nearly one-third have witnessed their mother being treated violently. The rates of exposure to these household challenges among the HCS sample are several times higher than those reported in other studies on ACEs. 1,2,5,6,7,9,10

Number of Adverse Childhood Experiences

Figure 3 displays the number of adverse childhood experiences these students have been exposed to. Over 70% of the HCS sample reported exposure to three or more ACEs. The HCS numbers far exceed national estimates in terms of ACE scores. 1,6,9,11,13





Discussion and Recommendations

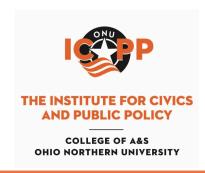
When dealing with "at risk" youth, there is a compelling need for a deeper consideration of ways in which adversity may affect child development.⁹ A commitment to the identification and treatment of these ACEs among children is essential for mitigating the harmful impacts of ACEs in the educational domain and improving individual outcomes over the life course.^{3,8,14} Schools such as HCS can play a key role in this process by using "trauma-informed" efforts that specifically target the prevention and reduction of these problematic impacts from ACEs.

Furthermore, the treatment of these ACEs should be viewed within the larger socioeconomic context of the community. Prior work has established that poverty is linked to ACEs, and the economic deprivation experienced by many households in this community likely plays a contributory role in this unfortunate situation.^{7,8} The fact that many families in the county were directly impacted by the opioid epidemic is another factor that likely contributed to these circumstances.¹²

Future Outlook

Many experts are expressing concerns that the COVID-19 pandemic and measures to contain it will result in a severe pandemic of behavioral and mental illnesses in the U.S.^{15,16} Emerging evidence suggests this is the case. For example, U.S. Census Bureau-administered survey data indicate that compared to 2019, in April and May of 2020, American adults were three times as likely to screen positive for anxiety disorders, depressive disorders, or both.¹⁷

Unfortunately, there are reasons to believe that there will be catastrophic consequences for young people such as those enrolled in HCS. First, the current situation puts kids such as those from the HCS sample at risk for additional ACEs. A review of the available research on previous public health guarantines finds an increase in household violence during such imposed periods of social isolation.¹⁸ Not only will young people be at heightened risk for maltreatment, they will also be more likely to witness domestic violence.¹⁹ Second, research on previous quarantines finds negative psychological outcomes are more likely among people with a history of mental health problems.²⁰ A recent study of young adults found that those with a mental health diagnosis reported higher levels than their peers of anxiety, depression, and traumatic stress during the COVID-19 pandemic.²¹ Another study found that negative early life experiences were predictive of higher levels of depressive symptoms in a sample of adolescents during the COVID-19 pandemic.²² Third, many young people receive needed mental and behavioral health services such as counseling at school, but these resources are generally unavailable due to COVID-19 related school closures.23



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