

Quality of Life of Minority Students Impacted by Adverse Childhood Experiences (ACEs)

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Abstract

Adults with unresolved Adverse Childhood Experiences (ACEs) present a unique opportunity for universities to support students as they strive toward positive change. As marginalized students seek to improve their lives, they often utilize higher education as their means. Traditionally, this path has not been easy to for students to navigate, nor have institutions been tolerant or sensitive to the challenges they face. All students bring diverse issues, but those of the adult, minority student associated with ACEs, present a greater barrier to academic success. A strengths-based, ACEs-informed system within institutions to help students buffer the often-daunting higher education environment creates a more beneficial educational experience.

Keywords: Adverse Childhood Experiences, ACEs, Adults, Higher Education, Minority Students

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Colleges and universities are filled with marginalized students who seek to change the narratives that have been set for them and their families. Upon entry, students may face significant obstacles, lack voice, and routinely encounter intolerance, insensitivity, and bias—even within institutions that have a clear responsibility to establish inclusive, supportive environments. While some may dismiss these student experiences—and the students’ reactions to them—as isolated or intermittent, we maintain that there is a systemic bias within higher education that reflects societal prejudices and compounds the oppression of students of color. More specifically, a large percentage of these students, particularly those who are non-traditional in terms of age, have been impacted by Adverse Childhood Experiences (ACEs). These students have established techniques for survival and persistence that may not always serve them well in a higher education environment. Honoring students’ resilience while helping them function effectively in the higher education environment can contribute to positive synergy for change. Then, helping both students and institutions to respond differently can lead to systemic change.

Our work is based on ACEs—potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences may range from physical, emotional, or sexual abuse to parental divorce to the incarceration of a parent or guardian. We focus on shifting the mindset of educators by allowing them to reach adult students who have these emotional and performance-based sequelae from ACEs, which may include: inability to effectively manage emotions, difficulty identifying situation-appropriate coping mechanisms, understanding professionalism and professional culture, and identifying and implementing strategies for advancing their careers. Most college and university faculty receive little training, much less specific training on teaching non-traditional, minority students who have unresolved trauma.

Adverse Childhood Experiences (ACEs): Background and Research

Within higher education, it is especially important to understand Adverse Childhood Experiences (ACEs) and how those affected by trauma present within higher education. In the mid 1990s, the

Kaiser Permanente Adverse Childhood Experiences (ACEs) study revealed three major areas identified as relating to premature death in adults: abuse, neglect, and household challenges.

Later, Felitti et al. (1998) identified 10 types of negative childhood events: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, violent treatment of the mother, household substance abuse, household mental illness, parental separation or divorce, incarceration of a household member; we strongly believe that this list should also include immigration and deportation fears issues. As previously noted, many non-traditional minority students may present with one or more of these ACEs.

Individuals experience events idiosyncratically, with respect to particular circumstances and frequency. Furthermore, each person makes meaning of each event, often influenced by his or her development and culture, and experiences individual, physical, mental, emotional, cognitive, behavioral, social, and spiritual effects. In other words, “Trauma is completely relative to each individual” (SAMHSA, 2014), while ACEs are shared and objectively measurable.

Initially, the relationship was viewed as a clear linear progression, as in the first pyramid (see Figure 1). Adverse childhood experiences lead to social, emotional, and cognitive impairment. These lead to adoption of health-risk behaviors, which increase disease, disability, and social problems and, ultimately, early death. Later research suggested a more complex progression.

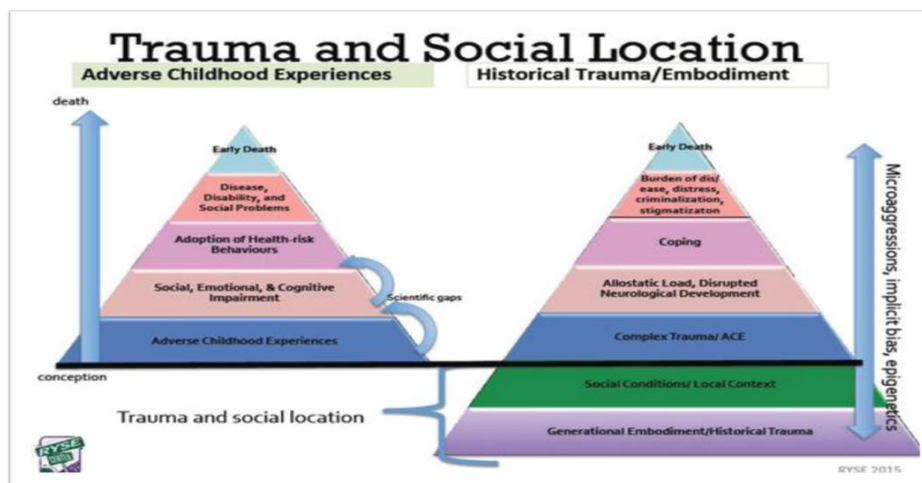


Figure 2. Initial conceptualization of ACE Effects (Dhilawal, 2015)

ACEs and the Brain

Adverse Childhood Experiences can alter the structural development of neural networks and the biochemistry of neuroendocrine systems. These changes have long-term effects on the body that including speeding up the processes of disease and aging and compromising immune systems. There are multiple stages that predate the individual with ACEs, including historical trauma leading into local context. These stages include disrupted neurological development, pathological coping skill development, the burden of disease, criminalization, distress, and even premature death.

Although our focus is primarily on ACEs and resilience, it is important to note that the long-lasting neurobiological effects of early trauma are increasingly well documented, including alterations in brain structure and function (Duncan et al., 2015). Subsequently, childhood trauma is “programmed” into the brain with lifelong implications, and without healing, these brain and hormonal changes may be lifelong. We refer to the changes using the acronym NEAR, which includes Neurological, Epigenetic, Adverse Childhood Experiences (ACEs) and Resilience that denotes the strengths-based healing, as mentioned above.

Increased levels of ACEs have been indicated as factors in numerous studies of behavioral dysfunction. Factors as disparate as the occurrence of anxiety disorders to the level of sexual dissatisfaction have been shown to have a corresponding neurobiological defect associated with early trauma. Figure 2 summarizes findings from multiple studies (see Anda et al., 2006) that have found a correlation between the ACE score to mental and physical illnesses.

Area of function or dysfunction studied	Demonstrated neurobiological defects from early trauma	ACE study findings
Anxiety, panic, depressed affect, hallucinations, and substance abuse	Repeated stress & childhood trauma → hippocampus, amygdala & medial prefrontal cortex atrophy and dysfunction that mediate anxiety & mood problems	Unexplained panic, depression, anxiety, hallucinations & alcohol & other drug problems
Smoking, alcoholism, illicit drug use, injected drug use	Repeated stress & childhood trauma → Increased locuscoeruleus & norepinephrine activity, decreased by heroin & alcohol	Increased smoking, alcohol and other drug use
Early intercourse, promiscuity, sexual dissatisfaction, perpetration of intimate partner violence	Repeated stress & childhood trauma → amygdala defects; role in sexual & aggressive behavior and deficits in oxytocin with impaired pair bonding	Risky sexual behavior, anger control, risk for aggression against intimate partners
Memory storage and retrieval	Hippocampus role in memory storage and retrieval; hippocampal & amygdala size reduction in childhood trauma; deficits in memory function	Impaired memory of childhood and number age periods affected increases as the ACE score increase
Body weight and obesity	Repeated stress & distress, via glucocorticoid pathways, leads to increased intra-abdominal & other fat deposits	Increased obesity
Sleep, multiple somatic symptoms, high perceived stress	Repeated stress & distress, via several pathways, leads to increase in other physical problems	Increased somatic symptoms and disorders, including sleep problems
Co-morbidity/Trauma spectrum disorders	Multiple brain and nervous system structure and function defects, including monoamine neurotransmitter systems	The graded relationship of the ACE score to psychiatric and physical symptoms or disorders, including multiple co-occurring problems (comorbidity)

Figure 2. Summary of the convergence between neurobiological effects of childhood maltreatment with ACE study epidemiological findings

Students in Higher Education Affected by ACEs

Minority students may face intolerance, insensitivity, and systemic bias within institutions of higher education. It is the institution’s responsibility to establish inclusive and supportive environments. These students can experience a sense of powerlessness and a lack of true voice at their institutions. Additionally, when they do speak, their voices can be perceived—correctly or not—as angry.

These students seek higher education to change the trajectory set for them and their families. However, institutions were not designed with these students in mind. As mentioned previously,

most faculty members lack any teacher training, and specifically, they lack training in teaching non-traditional, minority students who have unresolved trauma from ACEs. And yet, these are precisely the students these professors find themselves teaching.

For students affected by ACEs, there are certainly roadblocks to be removed from institutions of higher education before they can look to necessary systemic change. First, for faculty members, there is the responsibility to create an environment of inclusion in their classrooms and institutions. Students, having survived the challenges of their ACEs, have developed coping skills, but those skills may not be conducive to higher education settings. These coping skills have been developed in the context of traumatic neurochemical and structural brain changes related to trauma exposure. Students affected in this way often have difficulty managing their emotional expression effectively, feel challenged in identifying and implementing situation-appropriate coping mechanisms, are unfamiliar with professionalism and professional culture, and struggle to implement strategies for advancing their careers.

In an inclusive classroom setting, faculty can help their students understand their own ACEs, resulting behavior, and maladaptive coping skills. Faculty can then work with their students to develop adaptive coping skills. Faculty who have explored and are aware of their own ACEs can more effectively work with their students. However, how do they move from a trauma-informed approach in individual classrooms to systemic change? This requires additional strategies. Faculty need to advocate for their students, serving as advocates of and activists for institution-wide ACEs education—for every administrator and staff person who interacts with students. Moreover, they need to convince administrations of the need for a trauma-informed approach to ACEs with a focus on student strengths and resilience.

Student Strengths

Minority students typically come into higher education with a disproportionately higher number of Adverse Childhood Experiences (Longhi, 2015). The higher the ACEs score, the more poorly equipped these students are for the structure of higher education. Despite these challenges, as the brain's plasticity continues until the mid to late 20s, there can be real benefit through adapting higher education to the needs of our most challenged students. Adult and minority students entering higher education seem to have a strong determination to break maladaptive cycles. Many of them possess strong techniques for survival, for example, they have been able to manage the impact of their ACE(s), they possess techniques for survival and persistence, moreover, they are eager to serve and will likely pursue careers in the helping professions. It is with these hard-won skills that they move toward maximizing their success in higher education.

Systemic Change Within Higher Education

With knowledge of ACEs, student issues associated with childhood trauma can be identified and recognized. Strengths-based processes help students buffer the impact of those issues within the context of their higher education experience. This can be accomplished with a focus on embedding new, successful coping mechanisms that will positively affect persistence and graduation rates. It is essential to analyze the possibilities for advocating institutional changes

that support both faculty and students. As a result, students will persist, graduate and thrive with engagement from institutional stakeholders that will build true systemic change.

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