



**MONTCLAIR STATE**  
UNIVERSITY

Montclair State University  
**Montclair State University Digital  
Commons**

---

Theses, Dissertations and Culminating Projects

---

5-2024

**The Association Between Adverse Childhood Experiences,  
Resiliency & Perceived Stress Regarding Academic Success  
Among Undergraduate Students**

Leslie Simon

Follow this and additional works at: <https://digitalcommons.montclair.edu/etd>



Part of the [Child Psychology Commons](#), and the [Higher Education Commons](#)

---

## **Abstract**

This study explores the complex interplay between Adverse Childhood Experiences (ACEs), resilience, perceived stress, and their collective impact on academic success among undergraduate students. It aims to assess the prevalence of Adverse Childhood Experiences (ACEs) and investigate how they correlate with academic outcomes. The research focuses on the mediating role of resilience and the moderating effect of perceived stress in this relationship. Utilizing a quantitative approach, this study seeks to provide a comprehensive understanding of these dynamics and their implications for educational policies and mental health interventions. The goal is to inform strategies that enhance resilience, reduce stress, and support academic success in students affected by ACEs.

Adverse Childhood Experiences, Resiliency & Perceived Stress

MONTCLAIR STATE UNIVERSITY

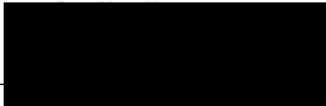
The Association between Adverse Childhood Experiences, Resiliency & Perceived Stress  
Regarding Academic Success among Undergraduate Students


A Master's Thesis Presented to  
The Faculty of Montclair State University  
Montclair, New Jersey


In Partial Fulfillment  
Of the Requirements for the Degree  
Master of Arts in Psychological Sciences  
College of Humanities and Social Sciences  
Department of Psychology

By  
Leslie Simon  
May 2024

Approved by: \_\_\_\_\_

  
Erica Nahin, Ph.D., Thesis Sponsor

\_\_\_\_\_  
  
Milton Fuentes, Psy.D., Committee Member

\_\_\_\_\_  
  
Franklin Dickerson Turner, Ph.D., Committee Member

The Association between Adverse Childhood Experiences, Resiliency & Perceived Stress  
Regarding Academic Success among Undergraduate Students

A Thesis

Submitted In Partial Fulfillment  
Of the Requirements for the Degree  
Master of Arts

By  
Leslie Simon  
Montclair State University  
Montclair, NJ  
May 2024

## **Acknowledgments**

This project would not have been possible without the knowledge, support, and guidance of so many people. I am immensely thankful to Dr. Erica Nahin for her constant encouragement and guidance, as well as for the immeasurable amount of time and energy she has dedicated to this project and my professional and academic development. I am extremely thankful to Dr. Milton Fuentes, Dr. Michael Bixter, Dr. John Paul Wilson, and Dr. Franklin Turner, whose active and collective interest in my academic and professional success helped propel me through my graduate studies at Montclair State.

Many thanks to the individuals of my survey group, whose invaluable input was of great merit and importance to the development of this research endeavor. I would also like to thank my colleagues. This experience would not have been the same if not for the time we spent together and the memories we made, both in and outside the classroom. Finally, I wish to acknowledge the support of my family and boyfriend, Christopher, who have selflessly given their unending love, support, and encouragement from the very beginning. This project would not have been possible without any one of these people, and I am extremely grateful for the community of people who have inspired me to pursue my passion within the field of psychology.

## Table of Contents

List of Tables	ii
List of Figures	iii
Introduction	2
The Prevalence of ACEs in Educational Settings	2
ACEs and Resilience	4
ACEs and Perceived Stress	6
Resilience as an Intermediary Variable	8
Protective Factors and Interventions	10
Implications for Academic Success	12
Method	16
Participants	17
Materials	18
Procedure	20
Results	21
Discussion	27
Conclusion	29
References	32
Appendix: ACEs Qualtrics Survey	37

## List of Tables

Table 1. Demographic Characteristics of Participants	41
Table 2. Prevalence of Adverse Childhood Experiences (ACEs) Among Participants	42
Table 3. Regression Analysis Outcomes for ACEs, Total Resilience Score, and GPA	43
Table 4. Moderation Analysis of Perceived Stress in the ACEs-GPA Relationship	43
Table 5. Comprehensive Regression Model Predicting GPA	44

## List of Figures

Figure 1. Comprehensive Model Depicting Moderation and Mediation

32



## Introduction

### **Adverse Childhood Experiences (ACEs)**

Adverse Childhood Experiences (ACEs) are formative traumatic events that occur before age 18 and have long-lasting effects on an individual's well-being (Felitti et al., 1998). These experiences span a range of adversities, including physical, emotional, or sexual abuse, as well as various types of household dysfunction like substance abuse and domestic violence. The influence of ACEs on diverse life outcomes has been rigorously studied (Felitti et al., 1998; Merians et al., 2019). Nevertheless, the intricate relationship between ACEs, resilience, perceived stress, and academic success remains a complex subject deserving of thorough examination.

Over the years, the study of ACEs has gained significant traction, not just for its health implications (Felitti et al., 1998) but also for its role in shaping educational and vocational trajectories (Merians et al., 2019).

To fully grasp the magnitude of this issue, it is crucial to first consider the prevalence of ACEs within educational contexts. Educational institutions serve as more than just academic platforms; they are complex social and emotional ecosystems where students forge relationships, develop coping skills, and build resilience. Given the multifaceted role of these settings, understanding the interplay among ACEs, resilience, and perceived stress is vital for a host of stakeholders, including educators, policymakers, and mental health experts. The relationship between ACEs, resilience, and academic success is not straightforward but rather complex and multi-dimensional.

Resilience, the ability to bounce back from adversity, is influenced by a combination of individual traits, family support, and community resources. Sciaraffa et al. (2018) delved into the mechanisms that could nurture resilience from an early age, suggesting that educational interventions could be pivotal. Moreover, perceived stress, shaped by ACEs and resilience, has implications for academic achievement (Karatekin & Ahluwalia, 2020). Therefore, a comprehensive understanding of these interconnected factors is essential for addressing the challenges and opportunities that lie ahead.

### **The Prevalence of ACEs in Educational Settings**

The prevalence of Adverse Childhood Experiences (ACEs) in educational settings is not merely a statistical anomaly but a pressing issue with far-reaching consequences for mental health, academic performance, and overall well-being. A multitude of studies across diverse student populations and geographical locations have sounded “the alarm” on this issue. For instance, Sciolla et al. (2019) focused their studies on medical students, a demographic often presumed less susceptible to ACEs due to their higher educational status. Contrary to this assumption, the study found that 51% of medical students reported experiencing at least one ACE. This finding is particularly problematic given the high-stress nature of medical education and the impending responsibility of patient care. Unresolved childhood trauma could have a lasting impact on their mental health and, consequently, their professional competence.

This concern is not confined only to the educational sphere but extends into professional life. Yellowlees et al. (2021) found a significant correlation between ACEs and physician burnout, emphasizing the long-term occupational repercussions. Similarly,

Chen et al. (2023) conducted a study among college students in China and found comparable rates of ACEs, thereby broadening the scope of this issue to a global scale. The study revealed that these experiences negatively affected the students' resilience, impairing their ability to cope with academic and life challenges.

Adding another layer to this complex issue, Dong et al. (2020) explored the relationship between childhood trauma and family resilience among undergraduate nursing students. Their findings align with other research, suggesting that the high prevalence of ACEs is not confined to specific student populations or regions. In the community college context, Brogden and Gregory (2019) also underscored the widespread nature of ACEs, revealing that a significant proportion of community college students had experienced adverse childhood experiences, which were linked to various challenges in their academic and personal lives, while Watt et al. (2020) focused on the mental health ramifications among college students finding that adverse childhood experiences were significantly related to higher levels of stress and decreased mental well-being.

Given the ubiquity of ACEs, understanding their impact on resilience becomes imperative. Addie et al. (2022) contributed to this understanding by examining the broader life functioning of college students who faced childhood adversity, offering a more holistic perspective. The findings indicated that students with a history of childhood adversity exhibited varying degrees of resilience, which significantly influenced their overall life functioning. This emphasized the importance of considering a range of life domains, including emotional well-being, social relationships, and academic

performance, when assessing the long-term impacts of ACEs on college students.

Although the high prevalence of ACEs is concerning, the construct of resilience provides a nuanced lens through which it can be understood how individuals navigate these challenges. For example, a study among veterinary students found that 61% reported at least one ACE (Strand et al., 2017), while another study among U.S. undergraduates found a varied distribution: 47% reported no ACEs, 26% had one, 19% had two to three, and 8% had four or more (Heard-Garris et al., 2018).

The prevalence of ACEs in educational settings was found to be alarmingly high and cuts across various student populations and geographical locations. This poses significant concerns for mental health and academic performance. However, resilience offers a more nuanced understanding, allowing us to explore how individuals can navigate these formidable challenges.

### **ACEs and Resilience**

The prevailing body of research predominantly indicates a negative correlation between Adverse Childhood Experiences (ACEs) and resilience. For instance, Chen et al. (2023) discovered that ACEs adversely affected resilience among Chinese college students, potentially by undermining parent-child relationships and family stability. Similarly, Sciolla et al. (2019) found that medical students with elevated ACE scores were more likely to report detrimental mental health outcomes, which could serve as a proxy for diminished resilience.

Several studies have investigated the mediating role of resilience between ACEs and various life outcomes, such as academic performance and mental well-being.

Karatekin and Ahluwalia (2020) elucidated that ACEs, social support, and stress collectively accounted for over half of the variance in mental health scores among college students, with stress being the most significant contributor. However, resilience emerged as a mitigating factor that could attenuate the adverse impacts of ACEs. This mediating role is further explored by Brogden & Gregory (2019) in the context of community college students and Blickenstaff et al. (2021) among medical students, further enriching the understanding of resilience's multifaceted role across diverse educational landscapes.

It is imperative to recognize that resilience is not a monolithic or static construct; it fluctuates both inter-individually and intra-individually over time. Addie et al. (2022) delved into this dynamic nature of resilience, examining how childhood adversity influences risk and resilience factors in college students' functioning. Edwards et al. (2016) found that resilience was inversely correlated with adversity within the parent-child relationship but positively associated with academic delay of gratification and age. This also implies that resilience is a complex construct shaped by an array of factors, including coping strategies and developmental stages.

Moreover, protective factors such as robust family bonds, community support, and conducive educational environments can bolster resilience (Sciaraffa et al., 2018). Heard-Garris et al. (2018) demonstrated that family-level protective factors, like shared meals and religious service attendance, were positively correlated with resilience. Dong et al. (2020) extended this line of inquiry by investigating the role of family resilience in mitigating the effects of childhood trauma on individual resilience among nursing students. Their findings highlighted that family resilience plays a crucial role in this

context. Specifically, they discovered that higher levels of family resilience were associated with stronger individual resilience among nursing students, indicating that supportive and adaptive family environments can significantly counteract the negative impacts of childhood trauma. This underscored the importance of family dynamics in fostering resilience and coping mechanisms in individuals who have experienced childhood adversities.

Gender disparities also introduce another layer of complexity in the ACEs-resilience nexus. Sciolla et al. (2019) found that female students generally reported higher ACE scores and were more likely to experience significant mental health effects. While the relationship between gender, ACEs, and resilience remains underexplored, some theories posit that gender-specific socialization processes may contribute to these disparities. For example, the tendency for females to be socialized to express emotions more openly could influence their reporting and coping mechanisms related to ACEs. This necessitates gender-sensitive approaches in educational interventions and further research to unpack these gender-specific nuances, as emphasized by Watt et al. (2020) and Grigsby et al. (2020).

The relationship between ACEs and resilience is intricate and shaped by many variables, including gender, protective factors, and individual variability (Watt et al., 2020; Grigsby et al., 2020). While the overarching narrative suggests a negative correlation between ACEs and resilience, the presence of protective factors and the inherent variability in resilience levels complicate this relationship. Further scholarly inquiry is essential to dissect these complexities and their implications for academic

success and mental well-being. Additionally, understanding resilience is merely one facet of a more complex equation; perceived stress also plays a pivotal role, interacting with both ACEs and resilience to influence academic outcomes.

### **ACEs and Perceived Stress**

The issue of perceived stress among students, especially those in higher education, has garnered considerable attention due to its pervasive impact on academic performance, mental health, and overall well-being (Grigsby et al., 2020; Karatekin et al., 2020; Watt et al., 2020). This stress is often exacerbated when students have a history of Adverse Childhood Experiences (ACEs). Empirical studies, such as those by Watt et al. (2020) and Sciolla et al. (2019), substantiated the direct relationship between ACEs and elevated levels of perceived stress, which is often mediated by mental health issues such as anxiety and depression. Karatekin and Ahluwalia (2020) further elucidate this relationship, revealing that undergraduates with higher ACE scores not only experience elevated stress but also have diminished social support, thereby amplifying their stress levels.

The role of stress as a mediator between ACEs and academic outcomes was also explored. For example, a study by Peterson and Morfoot (2022) examined the impact of external stressors like the pandemic and online classes on mental health and academic performance. The study found that internal factors such as stress, anxiety, and lack of motivation were prevalent, suggesting that stress tends to serve as a mediating variable between ACEs and academic success.

Moreover, their ACEs history may influence students' coping mechanisms to manage stress. Edwards et al. (2016) found a negative correlation between resilience and adversity within the parent-child relationship, implying that ACEs could hinder the development of effective stress management strategies. It is also crucial to note that perceived stress often coexists with other mental health issues like anxiety and depression, adding another layer of complexity to the relationship between ACEs and academic outcomes (Hedrick et al., 2021). Yellowlees et al. (2021) highlighted the long-term implications of this relationship, showing that physicians with ACE histories are more susceptible to professional burnout.

Gender disparities further complicate the ACEs-stress dynamic. Studies like those by Grigsby et al. (2020) and Sciolla et al. (2019) indicated that the impact of ACEs on perceived stress may be gender-specific, necessitating a nuanced understanding and potentially gender-sensitive interventions. Given the detrimental effects of ACEs on both resilience and perceived stress, the mediating role of resilience becomes a critical area for scholarly inquiry.

In summary, the relationship between ACEs (Adverse Childhood Experiences) and perceived stress is intricate and influenced by many factors, such as gender, coping strategies, and mental health comorbidities. Addie et al. (2022) further enriched this complex narrative by revealing that the majority of college students with high ACEs scores demonstrated resilience in at least one area of life functioning, including stress management, mental health, and academic achievement. Remarkably, 34% of these students were resilient across all three measures. The study also identified coping



self-efficacy as a significant buffer against ACEs' negative mental health impacts.

Understanding these multifaceted relationships is imperative for the development of targeted interventions aimed at effective stress management, which in turn could enhance academic performance and mental well-being. This body of work underscores the importance of a nuanced approach that considers both the vulnerabilities and strengths that individuals bring into their adult lives, especially in the context of higher education.

### **Resilience as an Intermediary Variable**

The notion of resilience as a mediating factor posits that while Adverse Childhood Experiences (ACEs) generally tend to influence academic success negatively, resilience can serve as a buffer, mitigating these adverse effects. Resilience is often understood as a dynamic set of personal attributes that enable individuals to flourish despite facing adversity. In line with this, Karatekin and Ahluwalia (2020) describe resilience as a dynamic interplay between the individual and their environment. Their empirical work substantiated the mediating role of resilience, revealing that even in the presence of ACEs and stress, higher levels of resilience appear to correlate with better mental health outcomes, which could subsequently lead to improved academic performance.

The mechanisms through which resilience mediates the relationship between ACEs and academic outcomes are multifaceted. They can include cognitive adaptability, problem-solving acumen, and emotional regulation. Edwards et al. (2016) pinpointed two significant individual predictors of resilience: a lack of adversity within the parent-child relationship and an internal locus of control. These factors could serve as the conduits through which resilience mitigates the adverse effects of ACEs.

However, it is also imperative to consider the moderating factors that could influence the role of resilience. Jolley (2017) provided a nuanced understanding of potentially traumatic events (PTEs), categorizing them into interpersonal and non-interpersonal types. Interpersonal PTEs are events like sexual assault or physical abuse directly caused by another person, while non-interpersonal PTEs include life-threatening illnesses or accidental injuries (Fleming & Ledogar, 2008). Jolley (2017) found that the type and accumulation of these PTEs were linked to increased adjustment difficulties. Specifically, interpersonal forms of PTEs were more predictive of adjustment challenges than non-interpersonal forms. This suggests that resilience's mediating or moderating role may vary depending on the specific nature and accumulation of PTEs experienced by an individual. Therefore, any interventions aimed at enhancing resilience must consider the complexity of an individual's exposure to different types of PTEs. Nevertheless, she also observed that resilience factors were predictive of lower adjustment difficulties, suggesting that the role of resilience could be contingent on the type and severity of ACEs or PTEs experienced.

The practical implications of understanding resilience as an intermediary variable are significant, especially for educational institutions. Implementing resilience-building programs within a multi-tiered system of support (MTSS) could offer a holistic approach to enhancing student well-being. Sciaraffa et al. (2018) advocated for the early introduction of such programs, which could encompass cognitive-behavioral therapy, mindfulness practices, and social-emotional learning curricula, as a long-term strategy to counteract the negative impacts of ACEs.

Future research could benefit from longitudinal studies to more precisely elucidate the causal relationships among ACEs, resilience, and academic success. Given that a considerable minority of medical students report exposure to multiple ACEs, as indicated by Sciolla et al. (2019), there is a pressing need for ongoing research to assess the efficacy of resilience-building interventions.

In summary, conceptualizing resilience as a mediator provides a foundational framework for investigating the protective factors and interventions that can ameliorate the impact of ACEs on academic and mental well-being.

### **Protective Factors and Interventions**

Family dynamics, including communal activities like shared meals and religious observances, have been empirically demonstrated to bolster student resilience (Heard-Garris et al., 2018). Dong et al. (2020) further accentuated the role of family resilience as a protective factor, particularly for nursing students who encountered childhood trauma. These familial interactions often act as stabilizing agents, counterbalancing the disruptive effects often associated with Adverse Childhood Experiences (ACEs). For example, the communal act of sharing meals engenders a sense of belonging and emotional security, which is invaluable for those who have faced childhood adversity (Heard-Garris et al., 2018). Likewise, engagement in religious or spiritual practices could provide a coping and meaning-making framework, thereby contributing to resilience (Sciaraffa et al., 2018).

Educational institutions are critical players in mitigating the ramifications of ACEs. Sciaraffa et al. (2018) advocated for the early integration of resilience-building

strategies in educational settings as a prophylactic measure against the long-term impacts of ACEs. Rossen and Cowan (2013) endorsed the Multi-Tiered System of Supports (MTSS) as a comprehensive framework for student well-being, particularly for those with a history of trauma. This framework includes universal preventive measures, such as school-wide anti-bullying initiatives, as well as targeted interventions like individual counseling for students with elevated ACE scores. The inclusion of mental health professionals trained in trauma-informed care is therefore deemed essential for early identification and management of trauma-related issues.

Social support networks, including peer relationships, are also pivotal protective factors. Banyard and Cantor (2004) found a positive correlation between perceived social support and resilience, including successful academic adaptation. Peer mentorship programs, especially those where mentors are trained to identify signs of stress or trauma, could be particularly effective. The sense of belonging engendered by robust social networks can act as a psychological buffer against the adverse impacts of ACEs.

Cognitive-behavioral interventions have been empirically validated as an effective means of enhancing resilience through the teaching of adaptive coping mechanisms and stress management techniques. These measures can be integrated into academic curricula or offered as standalone workshops. In the digital era, online platforms offer additional avenues for mental health support and resilience-building, facilitating access to services and educational content (Karatekin & Ahluwalia, 2020).

Community-based initiatives that focus on skill development, mentorship, and safe environments also contribute to resilience (Sciaraffa et al., 2018). These are

particularly relevant during transitional educational phases, such as the shift from secondary to tertiary education. Collaborations between community organizations and educational institutions can offer extracurricular programs that foster life skills, mentorship opportunities, and safe spaces for social interaction (Broden & Gregory, 2019).

A multi-dimensional approach that integrates family, educational institutions, and community programs is crucial for mitigating the adverse effects of ACEs on resilience and academic performance (Sciaraffa et al., 2018). These multi-level interventions serve as buffers and contribute to holistic well-being, a critical determinant of academic success. The implications of these findings are expansive, underscoring the need for integrated, multi-disciplinary approaches that consider the intricate interplay between ACEs, resilience, and academic success.

### **Implications for Academic Success**

The empirical literature robustly substantiated the deleterious impact of Adverse Childhood Experiences (ACEs) on cognitive faculties that are indispensable for academic success (Felitti et al., 1998). These faculties include attentional control, memory retention, and executive functions, which are not merely peripheral but central to academic achievement (Karatekin & Ahluwalia, 2020). Jolley et al. (2017) provided compelling evidence which suggests that exposure to potentially traumatic events (PTEs) is positively correlated with psychosocial maladjustment. This maladjustment, in turn, has a cascading effect on academic performance, leading to tangible and adverse outcomes such as suboptimal grade point averages (GPAs), elevated attrition rates, and

diminished engagement in academic activities. This establishes a causal pathway, suggesting that ACEs can cause academic difficulties, necessitating targeted interventions to break this cycle.

Resilience emerges as a pivotal psychological construct in this context, serving as a potential buffer against the adverse effects of ACEs on academic outcomes. This literature, employing a variety of research designs including both cross-sectional and longitudinal studies, consistently indicates that individuals with higher levels of resilience are more adept at navigating adversities (Merians et al., 2022; Peterson & Morfoot, 2022). They are better equipped to maintain attentional focus, manage stress, and achieve academic milestones, even when faced with significant challenges. Edwards et al. (2016) enriched this discourse by identifying a positive correlation between resilience and academic delay of gratification. This construct has been identified as a robust predictor of academic success (2016). This suggests that resilience may not merely be an ancillary factor but could serve as a critical intermediary variable in the relationship between ACEs and academic outcomes.

Perceived stress, another psychological construct, often becomes exacerbated in the presence of ACEs and can have a detrimental impact on academic performance. Elevated stress levels can trigger a cascade of negative outcomes, including academic burnout, attenuation of intrinsic motivation, and compromise of mental well-being. Yellowlees et al. (2021) added another layer to this intricate web by demonstrating that the detrimental effects of ACEs can persist into professional life, affecting academic and occupational success. However, resilience continues to serve as a mitigating factor

against these detrimental effects. Studies like that of Karatekin and Ahluwalia (2020) found that the complex interplay between ACEs, social support, and perceived stress accounted for a substantial proportion of the variance in mental health metrics among collegiate populations. This underscores the need for multi-dimensional interventions that address not only ACEs but also the associated stress and mental health issues.

Gender disparities further complicate the landscape. Sciolla et al. (2019) reported that female medical students were more likely to have elevated ACE scores and to perceive a more pronounced impact on their mental health. This gender-specific vulnerability could potentially influence their academic trajectory and subsequent professional advancement. This necessitates developing and implementing gender-sensitive interventions, as corroborated by studies like those of Blickenstaff et al. (2021) and Grigsby et al. (2020).

Protective factors, such as robust familial support, active community engagement, and accessibility to mental health services, could function as protective mechanisms against the detrimental effects of ACEs and stress. Watt et al. (2020) emphasized the need for mental health services tailored for college students who have experienced ACEs, as this demographic showed a significant correlation between ACEs and mental health issues that can impact academic success. Dong et al. (2020) underscored the importance of family resilience as a mitigating factor, suggesting that interventions aimed at enhancing family resilience could also contribute to academic success. Educational institutions can proactively deploy targeted interventions, including psychological counseling, peer mentorship programs, and stress management seminars, to bolster

resilience and enhance academic outcomes. Addie et al. (2022) and Yellowlees et al. (2021) further underscored the need for such interventions, not just in educational but also in professional settings.

The intricate relationship between ACEs, resilience, and academic success has profound implications for educational policy and practice. Given the empirical evidence, it is incumbent upon educational institutions to integrate trauma-informed pedagogical strategies and resilience-building programs into their curricular and extracurricular frameworks. This would better support students who have been exposed to ACEs, thereby promoting a more equitable educational environment. However, the current research landscape is not without limitations, including a reliance on cross-sectional methodologies and self-reported metrics, which constrain causal inferences and introduce potential biases. Future research should prioritize longitudinal studies and focus on specific populations within educational settings, as Blickenstaff et al. (2021) suggested. Such targeted research could lead to specialized interventions that enhance both resilience and academic success. Expanding the scope to include intersectional analyses, considering variables such as gender, ethnicity, and socioeconomic status, would further enrich comprehension of these intricate relationships.

The intricate interplay between ACEs, resilience, and academic success necessitates a multi-faceted, evidence-based educational policy and practice approach. Academic institutions stand to benefit from implementing a range of targeted interventions, from specialized mental health services to mentorship programs and stress mitigation strategies. Future research should aim to address the current limitations by adopting



longitudinal frameworks and focusing on specific, intersectional populations, thereby providing a more comprehensive understanding that could inform effective interventions.

### **Purpose of the Study**

The study significantly contributes to the expanding body of research on Adverse Childhood Experiences (ACEs) and their multifaceted impacts within educational contexts. By delving into the complex interplay between ACEs, resilience, perceived stress, and academic outcomes, this study offers a comprehensive analysis that extends beyond the established correlations found in prior research. While acknowledging the substantial work of Felitti et al. (1998), Merians et al. (2019), and others in establishing the foundational understanding of ACEs and their broad consequences, this study specifically explores how resilience and perceived stress might act as mediating factors in the relationship between ACEs and academic success. This focus on intermediary variables enriches the current literature by providing deeper insight into the mechanisms through which ACEs influence educational trajectories. The findings underscore the complexity of these relationships and highlight the importance of tailored interventions. By integrating and building upon insights from Sciaraffa et al. (2018), Karatekin & Ahluwalia (2020), and others, the study not only reinforces the importance of considering a variety of life domains in assessing the impact of ACEs but also introduces new dimensions for understanding the role of resilience and stress in educational outcomes. Consequently, this research may contribute a vital piece to the puzzle of how educational institutions and policymakers can effectively support students with a history of childhood adversity, ensuring their academic and overall well-being.

### **Aims and Hypotheses**

This study endeavors to dissect the multifaceted dynamics between Adverse Childhood Experiences (ACEs), resilience, and perceived stress, with a focal point on their collective impact on students' academic achievements.

- Aim 1: Prevalence of ACEs in a Diverse College Sample.

Hypothesis 1: Echoing findings from general adult populations, it is anticipated that the majority of college students will report experiencing less than 4 ACEs.

- Aim 2: ACEs and Academic Achievement

Hypothesis 2: A negative correlation is postulated between the incidence of ACEs and academic success, as measured by GPA, in undergraduate students.

- Aim 3: Resilience as an Intermediary Variable

Hypothesis 3: The study seeks to investigate the potential mediating role of resilience in the relationship between ACE prevalence and academic success.

- Aim 4: Perceived Stress as a Moderator

Hypothesis 4: It is hypothesized that perceived stress may modify the impact of ACEs on academic performance, potentially exacerbating negative outcomes in high-stress scenarios.

- Aim 5: Impact of Demographic Variables

Hypothesis 5: The study proposes to examine how various demographic variables may significantly and positively affect academic performance, suggesting that certain demographics are associated with higher academic achievement.

- Aim 6: Demographic Variables and GPA

Hypothesis 6: This part of the study aims to investigate the direct effects of demographic variables on GPA.

- Aim 7: A Comprehensive Predictive Model

Hypothesis 7: The study anticipates that a comprehensive model incorporating resilience, ACE prevalence, demographic variables, and perceived stress will effectively predict academic performance, as indicated by GPA.

### **Significance of the Study**

The study's significance is rooted in its potential to influence targeted interventions and policy initiatives designed to enhance resilience and reduce stress, thereby boosting educational outcomes for students impacted by ACEs. The anticipated insights hold considerable value for educators, policymakers, and mental health professionals, contributing to strategies that support students affected by adverse childhood experiences. This research is envisioned as a critical contribution to the field, offering a nuanced understanding of the elements that shape academic trajectories amid adversity.

## Method

Throughout this study, the definition of Adverse Childhood Experiences (ACEs) as outlined by Felitti et al. (1998) was adopted. This framework encompassed a broad spectrum of traumatic experiences encountered during childhood, including but not limited to physical, emotional, and sexual abuse; physical and emotional neglect; and various forms of household dysfunction such as exposure to domestic violence, living with family members who struggle with substance abuse or mental illness, or who have been incarcerated, and experiencing parental separation or divorce. This inclusive approach to understanding ACEs is pivotal in examining the long-term impacts on physical and mental health, behavioral patterns, and social outcomes in a comprehensive manner, allowing for the exploration of their correlation with resilience and perceived stress, particularly in relation to the academic success of undergraduate students.

### Participants

Data collection for this study was conducted at Montclair State University during the spring semester of the 2023/2024 academic year, encompassing 145 participants currently enrolled at the institution (*see Table 1.*). Montclair State University is characterized by its ethnic diversity, as reflected in the composition of the participant group: 30.34% identified as White ( $n = 44$ ), 9.66% as Black or African American ( $n = 14$ ), 40.70% as Hispanic/Latinx ( $n = 60$ ), 15.17% as Asian ( $n = 22$ ), and 3.45% as belonging to other ethnic groups ( $n = 5$ ). This study aimed to create a diverse sample across various disciplines. A target sample size of 107 students was established based on a power analysis using G\*Power software (Faul et al., 2007; Faul et al., 2009).

In total, 165 individuals completed the survey. However, 20 responses were excluded as part of a rigorous quality control assessment. This exclusion was based on the failure to correctly follow an attention check embedded within the Perceived Stress Scale, where respondents were explicitly instructed to “Select Almost Never” for a specific question designed to gauge the respondents’ attention and quality of response. This instruction served as a validity check to ensure the reliability of the data collected. The exclusion of these 20 responses, which did not pass this quality check, was performed prior to any further analyses to maintain the integrity of the dataset.

### **Materials**

In this study, data were collected through four primary instruments administered online via the Qualtrics platform. Participants were first asked to complete a demographic questionnaire, which gathered basic information such as chronological age, gender, ethnicity, academic major, GPA, employment status, and involvement in extracurricular activities (*see Appendix.*). This information provided context for the more focused psychological measures that followed.

The Adverse Childhood Experience (ACE) Questionnaire, a tool initially developed by Felitti et al. (1998), was utilized to assess the extent of childhood adversity among participants. This questionnaire, integral in quantifying multifaceted aspects of early adversity such as abuse, neglect, and various forms of household dysfunction, assigns a numerical score based on responses to ten targeted questions. Sample items include questions about personal experiences of physical abuse, emotional neglect, and exposure to household substance abuse, among others (*see Appendix.*). Scores range from

0-10 and higher scores indicate a greater frequency of ACEs. A score of greater than 4 is considered clinically significant (Felitti et al., 1998). The questions are designed to capture the prevalence of adverse childhood experiences and their impact, not the severity level of the experiences themselves. Regarding its psychometric properties, the ACE Questionnaire has been validated across various populations and is noted for its strong reliability and ability to predict future health outcomes. The ACE Questionnaire's extensive application in epidemiological research underpins its value in examining the enduring effects of childhood experiences on adult health outcomes.

The Perceived Stress Scale (PSS-10) was employed to measure the participants' perceived stress levels (Cohen et al., 1983; Cohen & Williamson, 1988). This scale prompted participants to reflect on their feelings and thoughts over the past month, with responses anchored on a Likert scale ranging from 0 (never) to 4 (very often). Questions such as "In the last month, how often have you been upset because of something that happened unexpectedly?" and "In the last month, how often have you felt unable to control important things in your life?" aimed to gauge subjective stress perception. Importantly, the PSS measures perceived stress rather than the actual existence of stressors, acknowledging that individual responses to similar situations can vary significantly based on personal coping mechanisms and support networks. Higher scores on this measure indicate greater levels of perceived stress. The validity and reliability of the PSS-10 have been established in various populations, indicating its robustness as a psychological measure (Cohen & Williamson, 1988; Cohen et al., 1983).

Finally, the Resilience Scale, as developed by Wagnild and Young (1998), was applied to assess each participant's resilience level, which refers to their capacity to withstand and recover from adverse situations. This 25-item scale rates responses on a 7-point scale, from 1 (strongly disagree) to 7 (strongly agree). The Resilience Scale (RS) evaluates vital components such as personal competence, self-acceptance, and the capability to maintain equilibrium amidst challenges. Sample items from the scale might include statements like, "I usually manage one way or another", and "I am determined". Regarding its psychometric properties, the RS has demonstrated robust validity and reliability, making it a dependable tool in identifying qualities that facilitate individual resilience. These attributes contribute significantly to understanding how people effectively navigate life's adversities. The total score, which can range from 25 to 175, is indicative of one's resilience level; higher scores suggest greater resilience. This scale has been validated and is widely used to assess resilience across various populations, providing a reliable measure of this crucial psychological construct.

### **Procedure**

Participation in this study was strictly voluntary, targeting a diverse sample in terms of ethnicity and academic disciplines for a representative sample. All components of the procedure were approved by Montclair State's IRB. Recruitment was conducted via the university's SONA system. Participants were required to read and complete an electronic informed consent form prior to answering the questionnaires. This form was critical in ensuring participants understood the study's aims, procedures, and the confidentiality of their responses. It also detailed their right to withdraw at any point and

provided resources for emotional support, should they experience any distress during or after their participation.

Upon obtaining informed consent, participants were then asked to provide demographic information, including their age, gender, ethnicity, academic major, GPA, employment status, and involvement in extracurricular activities.

The study employed the Adverse Childhood Experiences (ACE) Questionnaire for assessing various facets of childhood adversity such as abuse, neglect, and household dysfunction. Each participant responded to 10 specific questions that quantified their exposure to these adverse experiences, covering aspects like inadequate care, living with someone with substance abuse issues, or incarceration.

Following the ACEs Questionnaire, participants then completed the Perceived Stress Scale (PSS-10). This scale evaluated the extent to which participants perceived their lives as stressful by reflecting on their feelings and thoughts over the previous month. The scale emphasizes the subjective nature of stress, acknowledging that stress levels can vary based on individual perceptions and coping abilities. Respondents rated their responses on a 5-point Likert scale, assessing the frequency of their stress-related experiences.

The participants then filled out a final questionnaire, the Resilience Scale by Wagnild and Young (1988). This 25-item scale measured participants' resilience, focusing on traits like personal competence, optimism, and adaptability. It aimed to understand how participants adapt and recover from adversity. The participants'



responses were recorded on a 7-point Likert scale, with statements reflecting personal resilience traits.

Upon completing all questionnaires, participants were presented with a debriefing form. This form reiterated the study's purpose, expressed gratitude for their participation, and again offered crisis resources to address any potential emotional distress encountered during the survey.

## Results

### Sample Description

The final sample in the study comprised 145 participants, all of whom had satisfied the predetermined quality control criteria. The sample exhibited rich diversity in terms of gender and age, as well as considerable ethnic variety. Specifically, 30.3% ( $n = 44$ ) of the participants identified as White, 41.4% ( $n = 60$ ) as Hispanic/Latinx, 15.2% ( $n = 22$ ) as Asian, 9.7% ( $n = 14$ ) as Black or African American, and 3.4% ( $n = 5$ ) as Other. This composition underscored the multi-ethnic nature of the study, which facilitated a more comprehensive understanding of the interplay between academic performance and various socio-demographic factors. Regarding gender diversity, 77.24% ( $n = 112$ ) of the sample identified as female, 19.31% ( $n = 28$ ) as male, 2.07% ( $n = 3$ ) as non-binary/genderfluid/queer, 0.70% ( $n = 1$ ) chose not to specify, and 0.70% ( $n = 1$ ) were unsure or questioning their gender identity. The age distribution was primarily concentrated within the young adult bracket, with 90.35% ( $n = 131$ ) aged between 18 and 24 years. The remaining participants were distributed across older age groups, with 7.59% ( $n = 11$ ) between 25 and 34 years, 1.38% ( $n = 2$ ) between 35 and 44 years, and 0.69% ( $n = 1$ ) between 45 and 54 years. A significant proportion of the participants, 48.97% ( $n = 71$ ), reported being first-generation college students. In terms of employment, 63.45% were engaged in part-time work or held student jobs.

The academic performance of the participants, as measured by GPA, exhibited a mean score of 3.66 with a standard deviation of 1.133 ( $M = 3.66$ ,  $SD = 1.133$ ). The range of GPA scores was extensive, spanning from a minimum of 1.0 to a maximum of 5.0. The

data demonstrated a slight negative skewness (-0.305), indicating a tendency towards higher GPA scores within the sample. The moderate range and variability in GPA were crucial for understanding the academic diversity of the sample. Additionally, the participants reported an average of 2.66 Adverse Childhood Experiences (ACEs) ( $M = 2.66$ ), with a standard deviation of 2.442 ( $SD = 2.442$ ), reflecting a broad spectrum of childhood adversity within the sample. The ACE scores ranged from 0 to 9, with a median of 2, and exhibited a slight positive skewness (0.608), suggesting that a greater number of participants reported fewer ACEs. The distribution of both GPA and ACE scores, which deviated from normality as indicated by significant Kolmogorov-Smirnov and Shapiro-Wilk test results, supported the use of non-parametric tests in the analysis. This statistical approach was essential to accurately address the non-normal distribution observed in the sample's academic and experiential data. Regarding academic performance, self-reported GPA ( $M = 2.23$ ,  $SD = 1.13$ ) ranged as follows: 35.17% reported a GPA of 2.5 to 3.49, 31.72% reported 3.7 to 4.0, 17.93% reported 3.5 to 3.69, 9.66% reported 1.5 to 2.49, and 3.45% reported a GPA below 1.5.

### **Prevalence of Adverse Childhood Experiences (ACEs) by Category**

The prevalence of various categories of Adverse Childhood Experiences (ACEs) was assessed among a sample of 145 participants, encompassing ten distinct ACE categories. The analysis revealed diverse prevalence rates (*see Table 2.*). Emotional Neglect was reported by a small subset of the sample, specifically 6.2% ( $n = 9$ ), with a notable majority, 93.8% ( $n = 136$ ), indicating no such experience. The average score for this category ( $M = 1.94$ ,  $SD = 0.020$ ) suggested a relative rarity of emotional neglect

among the participants. In contrast, Parental Separation or Divorce was more commonly reported, identified by 27.6% ( $n = 40$ ) of the sample. However, a significant proportion, 72.4% ( $n = 105$ ), did not experience it, as indicated by the mean score of 1.72 ( $SD = 0.037$ ), which reflected a moderate presence of this experience.

Living with a Mentally Ill or Suicidal Individual was another category explored, reported by 31.7% ( $n = 46$ ) of the participants. The remaining 68.3% ( $n = 99$ ) did not report this experience, with the data yielding a mean of 1.68 ( $SD = 0.039$ ), highlighting its moderate prevalence. Exposure to Substance Abuse was indicated by a similar proportion, 27.6% ( $n = 40$ ), of the sample, while a larger portion, 72.4% ( $n = 105$ ), did not report such exposure. The statistics for this category ( $M = 1.72$ ,  $SD = 0.037$ ) also reflected its moderate occurrence.

Witnessing Domestic Violence was reported by 24.1% ( $n = 35$ ) of the sample, contrasting with the 75.9% ( $n = 110$ ) who did not witness such events. The average score ( $M = 1.76$ ,  $SD = 0.036$ ) suggested a noteworthy incidence of this experience among the participants. On the other hand, Household Member Incarceration was a less frequent experience, reported by 14.5% ( $n = 21$ ) of the participants. The majority, 85.5% ( $n = 124$ ), had not experienced it, and the data ( $M = 1.86$ ,  $SD = 0.029$ ) suggested a lower occurrence. Among the various ACEs, Emotional Abuse was the most commonly reported, with 61.4% ( $n = 89$ ) acknowledging it, while 38.6% ( $n = 56$ ) did not. The mean score for this category ( $M = 1.39$ ,  $SD = 0.041$ ) indicated its significant presence in the sample. Physical Abuse was also reported, experienced by 36.6% ( $n = 53$ ) of the

participants, in contrast to 63.4% ( $n = 92$ ) who reported no such abuse. The statistics for this category ( $M = 1.63$ ,  $SD = 0.040$ ) demonstrate a notable rate of occurrence.

Feeling Unloved or Unsupported was another aspect examined, noted by 23.4% ( $n = 34$ ) of the participants. A substantial majority, 76.6% ( $n = 111$ ), did not report this feeling, and the average score ( $M = 1.77$ ,  $SD = 0.035$ ) highlighted its presence in a significant subset of the sample. Lastly, Sexual Abuse was the least reported ACE, noted by only 12.4% ( $n = 18$ ) of the participants, while a predominant portion, 87.6% ( $n = 127$ ), did not report such abuse. The data for this category ( $M = 1.88$ ,  $SD = 0.027$ ) suggests its relative infrequency or potential underreporting within the sample.

### **Correlation Between ACE Prevalence and GPA**

A correlation analysis was performed to understand the relationship between the number of Adverse Childhood Experiences (ACEs) and the current Grade Point Average (GPA) among the sample of 145 participants. Owing to the non-normal distribution evident in both ACE scores ( $p < .001$ ) and GPA ( $p < .001$ ), Spearman's rank-order correlation coefficient was employed for analysis. The resultant data indicated an absence of a statistically significant correlation between the number of ACEs and the current GPA, ( $\rho = .071$ ,  $p = .399$ ) within this specific sample. This outcome suggests that the direct impact of the prevalence of ACEs on academic performance might be less profound than anticipated, thereby prompting a re-evaluation of other contributory factors to academic success.

### **Examining the Role of Resilience**

A correlation between each set of variables was investigated using a non-parametric approach to examine whether resilience acts as a mediator between ACE scores and GPA. It was revealed that the relationship between ACE scores and resilience ( $\rho = -.130, p = .119$ ) and between resilience and GPA ( $\rho = .001, p = .994$ ) were not statistically significant. This suggests a lack of foundational correlation required for a traditional mediation model.

### **The Influence of Perceived Stress**

The study further explored perceived stress as a potential moderator in the ACEs-GPA relationship, incorporating resilience as a control variable. Employing PROCESS Model 1 (Hayes, 2022), the analysis did not yield a statistically significant overall model ( $F(4, 140) = 1.70, p = .15, R^2 = .05$ ). However, the interaction effect between ACE Scores and Total Perceived Stress Score emerged as significant ( $\beta = -.01, p = .02$ ), signifying a moderating role of perceived stress, especially at lower stress levels. This finding highlights the complexity inherent in the ACEs-GPA relationship and underscores the necessity of acknowledging individual differences in stress perception and coping strategies in future research.

### **Demographic Factors**

A Univariate Analysis of Variance (ANOVA) analysis was conducted to investigate the impact of demographic variables, including ethnicity, employment status, first-generation college student status, and involvement in extracurricular activities on GPA. Levene's Test indicated significant differences in variances across groups, which

suggests a violation of the homogeneity of variance assumption in the ANOVA model.

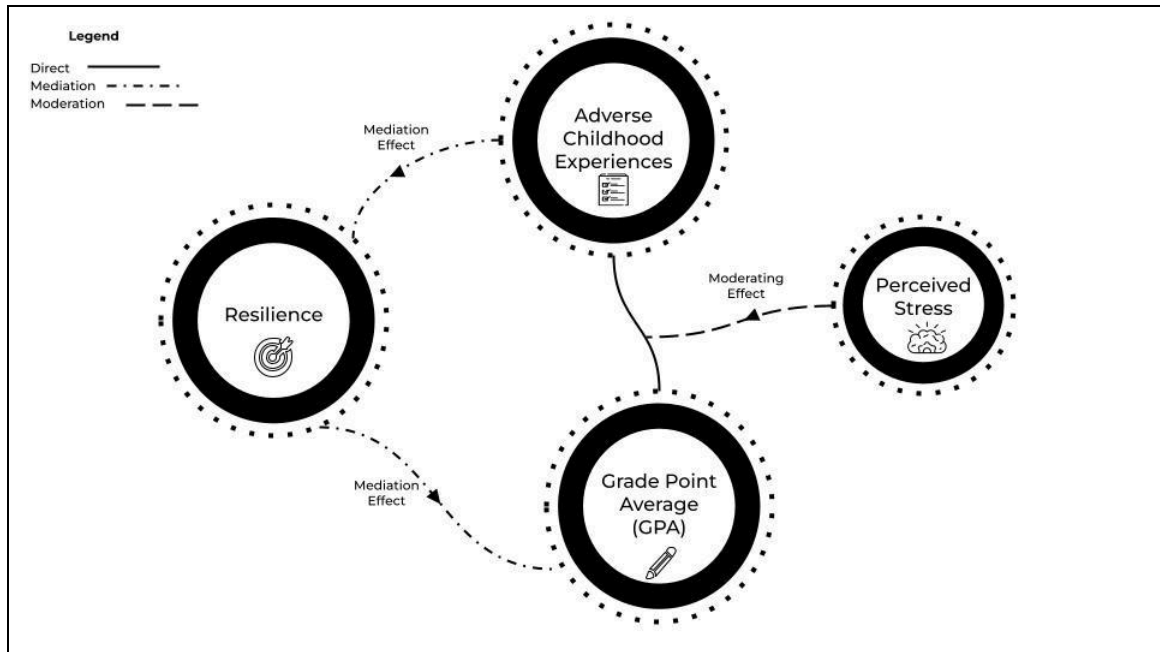
The model indicated a significant interaction effect ( $F(36, 108) = 1.792, p = .011$ , partial eta squared = .374), with a specific focus on the interaction between ethnicity, employment status, and extracurricular activities ( $F(2, 108) = 5.369, p = .006$ ).

### **A Comprehensive Model**

In an attempt to construct a comprehensive predictive model of GPA, a regression analysis incorporating ACE score, total resilience score, total stress score, and demographic factors was executed. The model, however, failed to reach statistical significance ( $F(7, 137) = .775, p = .609$ ), explaining a mere 3.8% of the variance in GPA ( $R^2 = .038$ ). This outcome indicates that the selected variables, either in isolation or in conjunction, do not markedly predict GPA within the studied sample. This suggests either the potential influence of unaccounted variables or the need for more refined measures to adequately capture the complexity of these interactions and their impact on academic achievement.

Figure 1

*Comprehensive Model Depicting Moderation and Mediation Relationship*





## **Discussion**

This study's results paint a complex picture of how Adverse Childhood Experiences (ACEs), resilience, demographic variables, and perceived stress interact with academic success. The lack of a direct correlation between ACEs and GPA, and the non-significant role of resilience as a mediator, suggest that the pathway from childhood adversity to academic outcomes may be influenced by a broader array of factors than previously identified.

### **Aim 1: Prevalence of ACEs in a Diverse College Sample**

Hypothesis 1a proposed that most college students would report fewer than 4 ACEs. The study revealed an average ACE score of 2.66, challenging the initial hypothesis but resonating with global trends in ACE prevalence among college students, as noted by Chen et al. (2023) and Sciolla et al. (2019). The significant presence of emotional and physical abuse in the sample is consistent with the findings of Strand et al. (2017) and Heard-Garris et al. (2018), underscoring the varied and widespread nature of these experiences in educational settings. This diversity in ACE types reflects the complexity and uniqueness of each individual's childhood experiences, challenging the notion of a predominant type of adversity and suggesting the need for personalized approaches in addressing the impacts of ACEs.

### **Aim 2: ACEs and Academic Achievement**

The study hypothesized a negative correlation between ACEs and GPA. However, the absence of a significant direct relationship between ACE scores and GPA in the study contrasts with the extensive research linking ACEs to various negative life outcomes

(Felitti et al., 1998). This suggests the presence of intervening factors like resilience and social support, as highlighted by Edwards et al. (2016) and Karatekin & Ahluwalia (2020). The lack of direct correlation might also reflect the adaptive capacities and coping mechanisms that students develop, buffering the academic impacts of ACEs.

### **Aim 3: Resilience as an Intermediary Variable**

Resilience was explored as a potential mediator between ACEs and academic success. The finding that resilience did not significantly mediate this relationship is intriguing, given the established role of resilience in mitigating adverse outcomes (Blickenstaff et al. 2021; Brogden & Gregory 2019). This could indicate the variability and context-specific nature of resilience as a construct, suggesting that its role in academic outcomes may be more complex and less direct than previously understood.

### **Aim 4: Perceived Stress as a Moderator**

The hypothesis that perceived stress may modify the impact of ACEs on academic performance was partially supported. The identification of stress as a moderator, particularly at lower levels of stress, aligns with the research by Karatekin and Ahluwalia (2020), emphasizing the role of stress in the context of ACEs. This underscores the need for a comprehensive approach to understanding and addressing stress among students with ACE histories, factoring in individual variations in stress perception and coping strategies.

### **Aim 5: Impact of Demographic Variables**

The significant interaction effects involving demographic variables underscore the multifaceted nature of academic success. The influence of factors like ethnicity,

employment status, and extracurricular activities suggests a complex interplay that goes beyond the scope of ACEs alone. This complexity is echoed in the findings of Peterson and Morfoot (2022), who identified various factors impacting college students' mental health and academic performance.

### **Prevalence of Adverse Childhood Experiences in a Diverse College Sample**

The present study revealed a substantial presence of Adverse Childhood Experiences (ACEs) among the participants, echoing the findings of similar research in educational contexts (Sciolla et al., 2019; Chen et al., 2023). The diversity in ACEs types observed, ranging from emotional neglect to physical and emotional abuse, mirrors the complex fabric of childhood adversities that permeate various demographic groups. This distribution of ACEs underscores the pressing need for academic institutions to adopt inclusive strategies that acknowledge and address the broad spectrum of adversities faced by students. The relatively high occurrence of emotional abuse in the sample aligns with the existing literature, suggesting its pervasive nature and potential impact on student well-being and academic performance.

### **Interplay of ACEs and Resilience**

The findings did not corroborate the expected negative correlation between ACE scores and resilience, thus deviating from the trajectory outlined in previous studies (Chen et al., 2023; Sciolla et al., 2019). This unexpected outcome indicates that resilience in the context of ACEs might be influenced by a more complex set of factors than previously understood. It is possible that individual traits, familial support mechanisms, and societal factors, which were not captured extensively in this study, play a more

crucial role in determining resilience amidst childhood adversities (Heard-Garris et al., 2018; Sciaraffa et al., 2018). This deviation points to a broader landscape of resilience, one that is possibly shaped by multifarious and context-specific factors, challenging the straightforward narrative of resilience as a direct counterforce to childhood adversity.

### **ACEs, Perceived Stress, and Academic Outcomes**

Contrasting with hypothesized expectations, the analysis indicated an absence of a statistically significant direct relationship between the prevalence of ACEs and academic performance as measured by GPA. This finding is interesting as it suggests that the academic trajectories of individuals with ACEs are not uniformly hindered by their adverse experiences. The role of perceived stress emerged as a critical component, with its moderating effect on the ACEs-GPA relationship. This aspect, particularly evident at lower stress levels, points to the significance of individual perceptions and management of stress in mediating the impact of ACEs on academic performance. The intricacies of this relationship warrant further exploration to unravel how subjective experiences of stress can alter the academic potential of individuals with diverse histories of childhood adversities.

### **Influence of Demographic Variables**

The study's analysis of demographic variables revealed a compelling interaction effect, particularly when examining the confluence of ethnicity, employment status, and extracurricular activities in relation to GPA. This significant finding emphasizes the complexity inherent in the academic experiences of college students. It suggests that the interplay of various socio-demographic factors may offer a more comprehensive

understanding of academic achievement than any singular factor, including ACEs. This intersectionality highlights the critical need for educational policies and support systems that are responsive to the multifaceted identities and experiences of students.

### **Policy Implications and Recommendations for Educational Practice**

Given these findings, it becomes evident that institutions of higher learning must develop and implement comprehensive strategies to support students with histories of ACEs. This approach should go beyond mere recognition of ACEs to include the assessment of resilience levels, stress perceptions, and the diverse socio-demographic backgrounds of students. Such strategies may encompass the integration of trauma-informed teaching methods, resilience-building workshops, and personalized academic counseling that take into account the multifaceted nature of student experiences.

### **Limitations and Avenues for Future Research**

The present study provides valuable insights but is constrained by its reliance on cross-sectional data, self-reported measures, and the inherent limitations of the ACEs questionnaire. The cross-sectional nature of the data limits the ability to establish causal relationships among variables such as adverse childhood experiences (ACEs), resilience, perceived stress, and academic outcomes, as it only captures a snapshot in time. This design is adequate for identifying correlations but insufficient for understanding the directionality or evolution of these relationships.

Moreover, the study utilizes self-reported data which, while useful for capturing subjective experiences, is susceptible to biases such as recall and social desirability,

potentially skewing results. The ACEs questionnaire, which forms a critical part of data collection, further limits the study due to its binary (yes/no) format. This format does not account for the severity, frequency, or duration of the trauma, which is crucial for fully understanding the impact of ACEs on individual outcomes. The lack of granularity in the ACEs questionnaire means that significant variations in individual experiences of trauma might not be adequately captured, thereby affecting the reliability of the connections drawn between ACEs and other variables such as resilience and academic success.

A critical limitation not addressed in the study's methodology concerns the absence of counterbalancing measures. There was no variation in how scales were introduced to each participant, prompting the question of whether one measure could have influenced another. This methodological oversight may have introduced additional bias into the data, potentially affecting the study's findings.

To advance the robustness of future research, it is recommended to adopt longitudinal studies that can trace the development of these variables over time, thus providing insights into causality and the dynamics of their interactions. Expanding research to include more diverse demographic settings would also enhance the generalizability and relevance of the findings, as cultural backgrounds, family dynamics, and community support systems play significant roles in resilience development and stress management. Furthermore, incorporating mixed-methods approaches could compensate for the limitations of self-reporting and the ACEs questionnaire. Qualitative data, such as detailed interviews or focus groups, could provide richer context and depth to the quantitative findings. Including a broader array of psychological and environmental

factors—like mental health status, educational environments, and socioeconomic status—could offer a more comprehensive understanding of the interplay between these elements and academic performance. By addressing these methodological limitations and broadening the scope of research, future studies can yield more definitive insights and inform more effective interventions tailored to the needs of diverse student populations.

### Conclusion

This study provides a more detailed perspective on the existing literature that examines the impacts of Adverse Childhood Experiences (ACEs) on academic achievement. While it does not confirm a direct causal link between ACEs and academic performance, nor does it validate resilience as a significant mediating factor, it highlights the complex nature of these relationships. The findings, particularly regarding the moderating role of stress, suggest the need for a more sophisticated understanding of how ACEs affect academic contexts.

In light of these findings, there is a clear need for educational policies and practices to be re-evaluated. Educational institutions should be urged to move away from generic interventions and towards more individualized, holistic strategies that meet the diverse needs of students, especially those with ACE backgrounds.

Furthermore, this study emphasizes the importance of continued research in this area. A deeper and more comprehensive understanding of the various factors influencing the academic journeys of students who have experienced significant early adversities is crucial. Such understanding is essential for developing effective support strategies and creating an academic environment that promotes the success of all students, regardless of their past adversities.



## Tables

Table 1

*Demographic Characteristics of Participants (N = 145)*

<b>Demographic Category</b>	<b>Frequenc y</b>	<b>Percentage (%)</b>
<b>Age</b>		
18 - 24	131	90.4
25 - 34	11	7.6
35 - 44	2	1.4
45 - 54	1	0.7
<b>Gender</b>		
Male	28	19.3
Female	112	77.2
Non-binary/genderfluid or genderqueer	3	2.1
I am not sure or questioning	1	0.7
Prefer not to specify	1	0.7
<b>Year in School</b>		
Freshman	82	56.6
Sophomore	22	15.2
Junior	22	15.2
Senior	19	13.1
<b>Current GPA</b>		
0 - 1.49	5	3.4
1.5 - 2.49	15	10.3
2.5 - 3.49	51	35.2
3.5 - 3.69	28	19.3
3.7 - 4.0	46	31.7
<b>Ethnicity</b>		
White	44	30.3

Adverse Childhood Experiences, Resiliency & Perceived Stress			42
Black or African American	14		9.7
Hispanic/Latinx	60		41.4
Asian	22		15.2
Other	5		3.4
<b>Employment Status</b>			
Employed full time	15		10.3
Employed part-time/ Student Job	93		64.1
Unemployed	37		25.5
<b>First-Generation College Student</b>			
Yes	71		49.0
No	74		51.0
<b>Involved in Extracurricular Activities/Clubs</b>			
Yes	40		27.6
No	105		72.4

*Note.* Data based on self-reported demographic information from a sample of 145 students at Montclair State University.

Table 2

*Prevalence of Adverse Childhood Experiences (ACEs) Among Participants (N=145)*

ACE Category	Yes (n, %)	No (n, %)	Mean (M)	Standard Deviation (SD)
Emotional Neglect	9 (6.2%)	136 (93.8%)	1.94	.020
Parental Separation/Divorce	40 (27.6%)	105 (72.4%)	1.72	.037
Living with Mentally Ill/Suicidal Individual	46 (31.7%)	99 (68.3%)	1.68	.039
Exposure to Substance Abuse	40 (27.6%)	105 (72.4%)	1.72	.037
Witnessing Domestic Violence	35 (24.1%)	110 (75.9%)	1.76	.036

Household Member Incarceration	21 (14.5%)	124 (85.5%)	1.86	.029
Emotional Abuse	89 (61.4%)	56 (38.6%)	1.39	.041
Physical Abuse	53 (36.6%)	92 (63.4%)	1.63	.040
Feeling Unloved/Unsupported	34 (23.4%)	111 (76.6%)	1.77	.035
Sexual Abuse	18 (12.4%)	127 (87.6%)	1.88	.027

Table 3

*Regression Analysis Outcomes for ACEs, Total Resilience Score, and GPA*

Variable	Coefficient (B)	Standard Error	Beta	t	p-value	95% CI Lower Bound	95% CI Upper Bound
Constant							
ACE Score	.0330	.0390		.8458	.3991	-.0441	.1102
Resilience Score	.0030	.0045		.6834	.4954	-.0058	.0118

Table 4

*Moderation Analysis of Perceived Stress in the ACEs-GPA Relationship*

Variable	Coefficient (B)	Standard Error	Beta	t	p-value	95% CI Lower Bound	95% CI Upper Bound
Constant							
ACE Score	.06	.04		1.48	.14	-.02	.14
Total Perceived Stress	-.02	.01		-1.52	.13	-.04	.01

Score						
Interaction (ACE Score x Total_SS)	-.01	.01	-2.36	.02	-.02	.00
Total Resilience Score	.00	.00	.48	.63	-.01	.01

Table 5

*Comprehensive Regression Model Predicting GPA*

<b>Variable</b>	<b>Coefficient (B)</b>	<b>Standard Error</b>	<b>Beta</b>	<b>t</b>	<b>p-value</b>	<b>95% CI Lower Bound</b>	<b>95% CI Upper Bound</b>
Constant							
Ethnicity	.001	.073	.011	.991	.991	-.143	.145
Employment Status	-.186	.175	-1.061	.290	.290	-.531	.160
First-Generation College Student	.258	.194	1.326	.187	.187	-.127	.642
Involvement in Extracurricular Activities	-.344	.227	-1.514	.132	.132	-.793	.105
ACE Score	.024	.041	.575	.566	.566	-.057	.104
Total Resilience Score	.002	.005	.491	.624	.624	-.007	.011
Total Perceived Stress Score	5.341E-5	.008	.007	.994	.994	-.015	.015

## References

- Addie N, Merians, Mischel, E., Frazier, P., & Lust, K. (2022). Relationships between childhood adversity and life functioning in US college students: Risk and resilience. *Journal of American College Health : J of ACH*, 1–11. Advance online publication. <https://doi.org/10.1080/07448481.2021.2024205>
- Banyard, V.L., & Cantor, E.N. (2004). Adjustment to college among trauma survivors: An exploratory study of resilience. *Journal of College Student Development*, 45, 207 - 221.
- Blickenstaff, H.R., Bastin, T.J., & Byram, J.N. (2021). Exploring resilience factors in medical students with adverse childhood experiences: A pilot study. *Academic Psychiatry*, 46, 218 - 222.
- Brogden, L., & E. Gregory, D. (2019). Resilience in community college students with adverse childhood experiences. *Community College Journal of Research and Practice*, 43, 108 - 94.
- Boyras, G., Horne, S.G., Owens, A.C., & Armstrong, A.P. (2013). Academic achievement and college persistence of African American students with trauma exposure. *Journal of Counseling Psychology*, 60 4, 582-92.
- Chen, Y., Huang, C., Yang, M., & Wang, J. (2022). Relationship between adverse childhood experiences and resilience in college students in China. *Journal of Family Violence*, 38, 623 - 632.
- Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior*, 24(4), 385-396.

- Cohen, S., & Williamson, G. (1988). Perceived stress in a probability sample of the United States. In S. Spacapan & S. Oskamp (Eds.), *The Social Psychology of Health* (pp. 31-67). Sage.
- Dong, C., Xu, R., & Xu, L. (2020). Relationship of childhood trauma, psychological resilience, and family resilience among undergraduate nursing students: A cross-sectional study. *Perspectives in Psychiatric Care*.
- Edwards, T., Catling, J.C., & Parry, E. (2016). Identifying predictors of resilience in students. *Psychology Teaching Review*.
- Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G\*Power 3: a flexible statistical power analysis program for the social, behavioral, and biomedical sciences. *Behavior Research Methods*, 39(2), 175–191.  
<https://doi.org/10.3758/bf03193146>
- Faul, F., Erdfelder, E., Buchner, A., & Lang, A. G. (2009). Statistical power analyses using G\*Power 3.1: tests for correlation and regression analyses. *Behavior Research Methods*, 41(4), 1149–1160. <https://doi.org/10.3758/BRM.41.4.1149>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Fleming, J., & Ledogar, R. J. (2008). Resilience, an evolving concept: A review of literature relevant to aboriginal research. *Pimatisiwin*, 6(2), 7–23.

- Grigsby, T.J., Rogers, C.J., Albers, L.D., Benjamin, S.M., Lust, K.A., Eisenberg, M.E., & Forster, M. (2020). Adverse childhood experiences and health indicators in a young adult, college student sample: Differences by gender. *International Journal of Behavioral Medicine*, 1-8.
- Hayes, A. F. (2022). PROCESS macro for SPSS (Version 4.1). Retrieved from [www.guilford.com/p/hayes3](http://www.guilford.com/p/hayes3).
- Heard-Garris, N.J., Davis, M.M., Szilagyi, M., & Kan, K. (2018). Childhood adversity and parent perceptions of child resilience. *BMC Pediatrics*, 18.
- Hedrick, J., Bennett, V., Carpenter, J., Dercher, L., Grandstaff, D., Gosch, K.L., Grier, L., Meek, V., Poskin, M., Shotton, E., & Waterman, J. (2021). A descriptive study of adverse childhood experiences and depression, anxiety, and stress among undergraduate nursing students. *Journal of Professional Nursing : Official Journal of the American Association of Colleges of Nursing*, 37 2, 291-297.
- Jolley, A. L. (2017). *The relationship between trauma exposure and college student adjustment: Factors of resilience as a mediator*. [Doctoral dissertation, Old Dominion University]. <https://doi.org/10.25777/73gd-0t27>
- Karatekin, C., & Ahluwalia, R. (2020). Effects of adverse childhood experiences, stress, and social support on the health of college students. *Journal of Interpersonal Violence*, 35, 150 - 172.
- Luthar SS. Resilience in development: A synthesis of research across five decades. In: Cicchetti D, Cohen DJ, editors. *Developmental Psychopathology: Risk, Disorder, and Adaptation*. New York: Wiley; 2006. pp. 740–795.

- Merians, A.N., Baker, M.R., Frazier, P.A., & Lust, K. (2019). Outcomes related to adverse childhood experiences in college students: Comparing latent class analysis and cumulative risk. *Child Abuse & Neglect, 87*, 51-64.
- Okwori, G. (2021). Relationship between adverse childhood experiences and resiliency among college students. *Journal of Epidemiology and Public Health, 6* (1), 83–97.
- Peterson, A., & Morfoot, D.J. (2022). *How adverse childhood experiences affect the mental health and academic performance of college students*. University of Wisconsin.  
<https://publicwebuploads.uwec.edu/documents/Andrea-ASTRA-2022.pdf>
- Phillips, A. C. (2012). *Perceived Stress*. New York, NY: Springer.
- Rahmatullah, B., Nurul, A., Hasgat, C., Putri, G.S., Tambunan, I.N., Mantika, S.H., & Faradiba, A.T. (2023). Adverse childhood experiences among university student and the relationship with depression. *People and Behavior Analysis (PBA), 1*(1), 11-20
- Robbins, A., Kaye, E.M., & Catling, J.C. (2018). Predictors of student resilience in higher education. *Psychology Teaching Review*.
- Rossen, E., & Cowan, K.C. (2013). The Role of Schools in Supporting Traumatized Students.
- Sciaraffa, M.A., Zeanah, P.D., & Zeanah, C.H. (2018). Understanding and promoting resilience in the context of adverse childhood experiences. *Early Childhood Education Journal, 46*, 343-353.



- Sciolla, A.F., Wilkes, M.S., & Griffin, E.J. (2019). Adverse childhood experiences in medical students: Implications for wellness. *Academic Psychiatry, 43*, 369 - 374.
- Strand, E. B., Brandt, J., Rogers, K., Fonken, L., Chun, R., Conlon, P., & Lord, L. (2017). Adverse childhood experiences among veterinary medical students: A multi-site study. *Journal of Veterinary Medical Education, 44*(2), 260–267.  
<https://doi.org/10.3138/jvme.0816-123R>
- Thomas, J.T., & Beecher, B. (2019). What doesn't kill you. *Advances in Social Work*.  
<https://doi.org/10.18060/21589>
- Wagnild, G. M., & Young, H. M. (1988). *Resilience Scale (RS)* [Database record]. APA PsycTests. <https://doi.org/10.1037/t07521-000>
- Wang, S., Zhao, Y., Zhang, L., Wang, X., Wang, X., Cheng, B., Luo, K., & Gong, Q. (2019). Stress and the brain: Perceived stress mediates the impact of the superior frontal gyrus spontaneous activity on depressive symptoms in late adolescence. *Human Brain Mapping, 40*(17), 4982–4993. <https://doi.org/10.1002/hbm.24752>
- Watt, T., Kim, S., Ceballos, N., & Norton, C. (2020). People who need people: The relationship between adverse childhood experiences and mental health among college students. *Journal of American College Health, 70*, 1265 - 1273.
- Yellowlees, P.M., Coate, L., Misquitta, R., Wetzel, A.E., & Parish, M.B. (2021). The association between adverse childhood experiences and burnout in a regional sample of physicians. *Academic Psychiatry, 1-5*.

Zetino, Y.L., Galicia, B., & Venta, A.C. (2020). Adverse childhood experiences, resilience, and emotional problems in Latinx immigrant youth. *Psychiatry Research, 293*.

Zhu, Y., Zhang, G., & Anme, T. (2023). Adverse childhood experiences, resilience, and emotional problems in young Chinese children. *International Journal of Environmental Research and Public Health, 20*.

Appendix: ACEs Qualtrics Survey

# MONTCLAIR STATE UNIVERSITY

## **Default Question Block**

Adult Consent Form

Study Title:

The Association between Adverse Childhood Experiences,  
Resiliency & Perceived Stress Regarding Academic Success  
among Undergraduate Students

Study Number:

IRB-FY23-24-3149

Principal Investigator:

Leslie Simon, Graduate Research Assistant  
simonl2@montclair.edu

Introduction:

You are invited to join a study conducted by Ms. Leslie  
Simon from Montclair State University's Psychology  
Department. This study aims to understand how students'

past difficult experiences and their ability to handle stress affect their school performance. We want to find ways to help students do well in college despite these challenges.

Procedures:

If you agree to participate, you will be asked to complete four surveys about: Who you are Your Childhood Your Stress Levels Your Resilience

Duration:

The study should take about 15-30 minutes to complete.

Risks and Discomforts:

Answering questions about your past or how you feel might be uncomfortable. If a question is too much, you can skip it. You can also stop being part of the study at any time. Some questions in our study may be tough to answer and may make you feel upset or uncomfortable. If you are feeling this way, it's really important to talk to someone who can help.

Crisis Resources at Montclair University:

Counseling and Psychological Services (CAPS)

Phone: (973) 655-5211

Website: <https://www.montclair.edu/counseling-and-psychological-services/>

Montclair State University 24/7 Crisis Hotline  
Phone: 973-655-5211 and select option “2” to be immediately connected to a licensed mental health clinician.

Crisis Resources at Kean University:  
Counseling Center  
Phone: (908) 737- 4850  
Website: <https://www.kean.edu/offices/counseling-center>

Kean University 24/7 Crisis Hotline  
Phone: (833) 646-1526

National Hotline For Mental Health Crises And Suicide Prevention  
Phone: 988

Crisis Text Line  
Text HOME to 741741 to reach a volunteer Crisis Counselor.  
Website: <https://www.crisistextline.org/>

Benefits:  
There's no direct benefit to you, but your participation will add to research that might help others in the future.

Compensation:  
You'll receive two (2) SONA credits for your time that count

towards your study requirements at either Montclair State University or Kean University.

**Confidentiality:**

We'll keep your answers secret and safe. Only our research team will see them. We won't share your individual answers when we talk or write about the study results.

**Eligibility Requirements:**

You must be a current undergraduate student enrolled at Montclair State University (MSU) or Kean University, at least 18 years old, and proficient in English. Students of Dr. Nahin (MSU), Dr. Fuentes (MSU), or Dr. Turner (KU) are ineligible for this study.

**Voluntary Participation:**

It's your choice! You're free to decide if you want to be in the study. Saying no won't affect your grades or standing at the university.

**Contact Information:**

Contact Leslie Simon at [simonl2@montclair.edu](mailto:simonl2@montclair.edu) or Dr. Erica Nahin at [nahine@montclair.edu](mailto:nahine@montclair.edu)

**Consent Statement**

This study has been approved by the MSU Institutional Review Board. By clicking the "I Agree" button below, you

agree that you are okay with everything you've read, were able to ask questions and have them answered.

- I Agree. I wish to participate.
- I Do Not Agree. I do not wish to participate

### **Demographic Questionnaire**

Please note that the following demographic questionnaire is for research purposes only. All information will be kept confidential.

Age:

- 18 - 24
- 25 - 34
- 35 - 44
- 45 - 54
- 55 or older

Gender:

- Male

- Female
- Non-binary / genderfluid or gender queer
- I am not sure or questioning
- Prefer not to specify

Do you identify as transgender?

- Yes
- No
- I am not sure
- Prefer not to specify

Major:

Year in School:

- Freshman
- Sophomore
- Junior
- Senoir



Current GPA:

- 0 - 1.49
- 1.5 - 2.49
- 2.5 - 3.49
- 3.5 - 3.69
- 3.7 - 4.0

Ethnicity:

- White
- Black or African American
- Hispanic/ Latinx
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Pacific Islander
- Other

Employment Status:

- Employed full time
- Employed part time/ Student Job
- Unemployed

Internship

Retired

Are you a first-generation college student?

Yes

No

Are you involved in any extracurricular activities or clubs?

Yes

No

## **Block 2**

Adverse Childhood Experience Questionnaire:

The following questions cover a list of 10 categories of Adverse Childhood Experiences (ACEs). Please indicate which of the ACEs you have experienced prior to your 18th birthday.

	Yes	No
Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	<input type="radio"/>	<input type="radio"/>
Did you lose a parent through divorce, abandonment, death, or other reasons?	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who was depressed, mentally ill, or attempted suicide?	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	<input type="radio"/>	<input type="radio"/>
Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	<input type="radio"/>	<input type="radio"/>
Did you live with anyone who went to jail or prison?	<input type="radio"/>	<input type="radio"/>
Did a parent or adult in your home ever swear at you, insult you, or put you down?	<input type="radio"/>	<input type="radio"/>
Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	<input type="radio"/>	<input type="radio"/>
Did you feel that no one in your family loved you or thought you were special?	<input type="radio"/>	<input type="radio"/>
Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?	<input type="radio"/>	<input type="radio"/>

	Yes	No
Please note/record how many "yes" choices you marked before proceeding. <input style="width: 150px; height: 20px;" type="text"/>	<input type="radio"/>	<input type="radio"/>

**Perceived Stress Scale Questionnaire:**

The following questions will ask about your feelings and thoughts during the last month. In each case, please indicate how often you felt or thought a certain way by selecting the appropriate response.

	Never	Almost Never	Sometimes	Fairly Often	Very Often
In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt nervous and "stressed"?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Never	Almost Never	Sometimes	Fairly Often	Very Often
In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that things were going your way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you found that you could not cope with all the things that you had to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Select "Almost Never"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you been able to control irritations in your life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you felt that you were on top of things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In the last month, how often have you been angered because of things that were outside of your control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>









### **Block 3**

Debriefing Form

Study Title: The Association between Adverse Childhood Experiences, Resiliency & Perceived Stress Regarding Academic Success among Undergraduate Students

Study Number: IRB-FY23-24-3149

Principal Investigator: Leslie Simon, Graduate Research Assistant [simonl2@montclair.edu](mailto:simonl2@montclair.edu)

Hi again! Thank You for Your Participation! Thank you for participating in this research study. Your input is valuable and contributes to our understanding of resilience, stress, and adverse childhood experiences.

Purpose of the Study: The purpose of this study was to comprehensively understand how the association between ACEs and academic performance interacts with resilience and perceived stress to influence academic success among students.

If You Feel Distressed: We understand that some of the questions in this study may have been sensitive or potentially distressing. If you feel distressed or uncomfortable due to your participation, we strongly encourage you to seek support.

Crisis Resources at Montclair University:

Counseling and Psychological Services (CAPS)

Phone: (973) 655-5211

Website: <https://www.montclair.edu/counseling-and-psychological-services/>

Montclair State University 24/7 Crisis Hotline

Phone: 973-655-5211 and select option "2" to be immediately connected to a licensed mental health clinician.

Crisis Resources at Kean University:

Counseling Center

Phone: (908) 737- 4850

Website: <https://www.kean.edu/offices/counseling-center>

Kean University 24/7 Crisis Hotline

Phone: (833) 646-1526

National Hotline For Mental Health Crises And Suicide Prevention

Phone: 988

Crisis Text Line: Text HOME to 741741 to reach a volunteer  
Crisis Counselor.

Website: <https://www.crisistextline.org/>

Confidentiality: Please be assured that all your responses  
will be kept confidential and will only be used for research  
purposes only.

Further Questions: If you have any further questions about  
the study, please feel free to contact Ms. Leslie Simon at  
[simonl2@montclair.edu](mailto:simonl2@montclair.edu) or Dr. Erica Nahin at  
[nahine@montclair.edu](mailto:nahine@montclair.edu)