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Resiliency of Community College Students with Adverse Childhood Experiences

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RESILIENCY OF COMMUNITY COLLEGE STUDENTS WITH
ADVERSE CHILDHOOD EXPERIENCES

by

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Abstract

THE PERCEIVED EFFECTS OF ADVERSE CHILDHOOD EXPERIENCES

ON COMMUNITY COLLEGE STUDENT SUCCESS

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Adverse childhood experiences (ACEs) as defined by Drs. Vincent Felitti and Robert Anda are prevalent in the general population of the United States. These childhood traumas are strongly related to risky behaviors and poor health outcomes. The results of childhood stress may influence students at community colleges. This study of community college students with identified adverse childhood experiences will describe their perceived experiences in community colleges as they relate to their success and completion. This study is done in a framework of resilience in order to identify factors which may be influential in students' progress and completion. *Keywords: community college, adverse childhood experiences (ACEs), student success, student completion, resilience.*

Dedication

This study is dedicated to the students who struggled.

Acknowledgements

In one of my first courses at ODU, Dr. Shana Pribesh said: "What's important is the journey!" Her words have echoed in my ears since then. No journey is worthwhile without helpful companions, and many have blessed my journey.

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Table of Contents

List of Tables

CHAPTER ONE

Introduction

Economic events of 2008 led to the Great Recession and prompted severe cuts to higher education budgets nationwide.   In addition to budget cuts, colleges came under a new public scrutiny for accountability. Rising enrollment rates, tuition increases and low completion rates at community colleges now fuel public demand that higher education institutions do more with less (D'Amico, Katsinas, & Friedel, 2012). The College Board Advocacy and Policy Center reports that only 20% of first-time, full-time community college students completed a certificate or associate degree within six years (College Board, 2014).

Driven largely by these economic and political demands to be more effective and efficient, many colleges are striving to improve their services.   President Obama called for an increase in the number of certificates and degrees by 2020 in an effort to remain globally competitive (American Association of Community Colleges, 2010.) Indeed, student success and completion are becoming part of the public funding formula for many community colleges, according to community college president Luke Robins. This represents a dramatic shift from a traditional enrollment-based funding model, predicated on the number of students in the door, rather than number of students completing (L. Robins, personal communication, April 14, 2014). This shift in mission is driving community colleges to find ways to ensure student success and degree completion. One such student success practice may be to better understand the unique perspectives and histories of community college students and to hear their voices.

This study aims to view student success through a particular group of students: those who have adverse childhood experiences, or ACEs, a term coined in a 1998 study of adults enrolled in a health maintenance organization. Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss, and Marks (1998) investigated the relationship of childhood trauma to poor adult health outcomes. The authors found strong relationships between trauma in childhood and risky behaviors such as smoking and drug abuse. This study aims to situate the effects of ACEs on community colleges within a framework of resilience, as articulated by Masten (2009).

Background

In their study, Felitti, et al. (1998) found that significant portions of the population had been exposed to trauma in childhood. The ACE study was originally sponsored by Kaiser Permanente's San Diego Health Appraisal Clinic and the Centers for Disease Control in an effort to better predict risk factors for poor health outcomes. The authors defined ACEs as ten characteristics in three categories of abuse, neglect, and household dysfunction. They found that these experiences were related to poor health outcomes later in life at higher rates than the general population. People who had histories of ACEs often had lingering effects that influenced social, emotional, physical and mental well-being.

The ACEs defined in the Felitti, et al. (1998) study were a) physical abuse, b) psychological abuse, c) sexual abuse, d) substance abuse in the family, e) mental illness in a family member, f) a battered mother or step-mother, g) criminal behavior or incarceration of a member of the household, h) parental separation or divorce, i) emotional neglect, and j) physical neglect. (Felitti et al., 1998). In the study, nearly

10,000 adults completed a questionnaire about their history of adverse childhood experiences. More than half of the respondents reported at least one ACE, and one-fourth reported two or more ACEs. Investigators then analyzed previously completed health surveys of the same individuals, concluding that individuals who experienced ACEs as children were more likely to suffer from anxiety and depression, more likely to use alcohol, drugs, and tobacco, and were more likely to have chronic health conditions such as obesity and heart disease (Felitti et al., 1998). Individuals who had four or more ACEs were more likely to have had early sexual experiences and to become teen parents (Felitti & Anda, 2009). School drop-out rates and poverty were found to be significantly higher among people with three or more ACEs (Porter, 2010).

Other researchers found a significant link between adverse childhood experiences and unemployment (Liu, Croft, Chapman, Perry, Greenlund, Zhao & Edwards, 2013). The lingering effects, sometimes referred to as the sequelae, of adverse childhood experiences are influential in the lives of millions of children and adults (Felitti et al., 1998). The following graphic by Robert Anda shows the effects of ACEs on public health.

Figure 1. ACEs and related health outcomes over the lifespan (Anda et al., 2004).

All study participants were adult enrollees in the Kaiser Permanente Health Maintenance Organization. Participants had average of 14 years of education, and the sample included comparable numbers of males and females. This study highlights the prevalence of ACEs in the general population of middle-class, educated, working families. More than half of the respondents reported at least one, and one-fourth reported two or ACEs. Because of the prevalence of ACEs in the general population, one can generalize that ACEs are also prevalent in the community college student population and may be a contributing factor in a student's failure to progress or complete community college programs. In fact, community college students may harbor higher ACE scores because community colleges serve large proportions of students who live in poverty (American Association of Community Colleges, 2013), one factor related to high ACE scores (Porter, 2010).

Following the original ACE study (Felitti et al., 1998), subsequent areas of research are targeting the effects of adverse childhood experiences on neurobiology. Teicher et al. (2003) found that ACEs in childhood create significant differences in brain development in the hippocampus, amygdala, and cerebellum. These differences in development may be related to mental health disorders such as schizophrenia, depression, and ADHD. Teicher and colleagues originally hypothesized that excessive stress was a toxic agent that interfered with normal brain development. They concluded, however, that these differences in brain development were the result of an adaptive developmental pathway designed to allow the individual to adapt to a lifetime of excessive stress. In other words, they developed to function in highly stressful environments, and those adaptations may only be problematic under less stressful situations (Teicher et al., 2003).

Felitti et al (1998) found that high ACE scores led to risky behaviors that had detrimental health outcomes. Those behaviors included smoking, overeating, drug and alcohol use and abuse, risky sexual behavior, and suicide attempts. Instances of these behaviors were significantly higher in the ACE affected population than in those who had not experienced ACEs. The authors also found that ACEs were related to disease conditions including ischemic heart disease, cancer, lung disease, skeletal fractures, and liver disease, in addition to mental health disorders such as depression and anxiety (Felitti et al., 1998).

The ACE study authors (Felitti et al., 1998) postulated that childhood trauma produces anxiety, anger, and depression in children. Adolescents may then respond to these negative emotions with risky behaviors such as smoking, as coping mechanisms. While nicotine is described in the study as having beneficial effects for symptoms of anxiety and depression, smoking is widely known to cause heart and lung disease which are leading

causes of mortality in the United States (Center for Disease Control, 2014). The ACE study (Felitti et al., 1998) also associated substance abuse with a high ACE score. Finally, the adaptive neurological development that may have occurred in individuals with a high ACE score may also contribute to cognitive and non-cognitive difficulties such as learning disabilities (Teicher et al., 2003).

In addition to the effects of past trauma, the college experience itself can be extremely stressful. The American College Health Association (2012) estimated that approximately 21% of college students have been treated for a mental health condition within the last 12 months, and that 48% report an event that has been traumatic or very difficult to handle in the same time period. One study (Grasso, Cohen, Moser, Jajcak, Foa & Simons, 2012) estimated that approximately half of the students in their sample were exposed to a potentially traumatic event in the first year of college. These events included sudden death or illness of a loved one, a serious accident, and physical or sexual assault. The veteran population at colleges, returning from combat missions, also bring with them the memory and effects of trauma.

In spite of extreme stressors, some individuals fare better than others and are considered to be resilient. Resilient people "bounce back" from stress and continue to function well in school and work settings. Masten (2009) identified three major components of resilience: community, sometimes referred to in conjunction with spirituality and religion, belonging and attachment, and personal skills. These three factors will be the framework through which students' experiences will be viewed in this study. The Washington Family Policy Council's efforts to reduce and prevent ACEs in Washington state communities are showing some success utilizing this model of resilience (Hall, Porter, Longhi, Becker-Green

& Dreyfus, 2012). Their partnership with the Office of the Superintendent of Public Instruction in Washington has produced a manual for educators about working with children who are experiencing trauma (Walpow, Johnson, Hertel, & Kincaid, 2011). Some of these practices will be described in detail in Chapter Two of this proposal.

There is also literature to support the idea that resilience can be cultivated in community college students. Multiple studies give evidence to the practice of intervention with college students who may be at-risk because of adverse childhood experiences or other traumatic events. Hartley (2010) argued for the use of a program called supported education (SEd) to increase retention. SEd programs look much like student support and freshman seminar classes, covering topics such as career planning and academic survival skills. Yeager and Dweck (2012) described their recent research into developmental community college students. Their implicit theories research finds that when students believe that intelligence is malleable over a lifetime and can be changed, they do better. The authors argue for the importance of teaching this concept as a factor in resilience.

Additional evidence that resilience can be influenced was offered in a study by Steinhardt and Dolbier (2008). These authors conducted a pilot study to enhance resilience in college students. Four-part sessions focused on the following topics: 1) transforming stress into resilience, 2) taking responsibility, 3) focusing on empowering interpretations, and 4) creating meaningful connections. In this study, the experimental group exhibited greater resilience and stronger coping skills than did the control group. Kadhiravan and Kumar (2012) also studied a training program to improve coping skills, finding that the students who participated in the coping skills training significantly

differed from the control group in active coping, preventive coping, and perceived self-efficacy.

In spite of the difficulties that can be exhibited by individuals who experience trauma, some fare well. Novotny (2011) argued that academic resilience in children is the result of four factors that can be affected by schools: 1) a child's perception of competence; 2) a sense that school is an escape from the adverse environment for some time; 3) skills building, or the compensation of deficits; and 4) motivational influences, offering a different way, or a way out of the chronic stress. While these indicators were specific to a child's education, they are similar to the interventions that have been effective with college students.

Despite the presence of past trauma and the potentially traumatic, some individuals thrive in the face of adversity (Masten, 2009). Whether they are buffeted by individual personality characteristics, or by protective factors such as strong relationships with family and peers, community colleges can affect resilience in its student body by offering interventions that teach coping skills, promote peer relationships, and build relationships with faculty.

The most significant factor about resilience is what Masten (2009) calls the "ordinariness" of resilience. She argued that resilience does not come from rare qualities, but from "everyday magic" of human resources, both internal and external. This outlook is particularly promising for researchers and practitioners alike. If this is true, then community colleges can develop policies, practices, and programs that build these skills

in the individual, as well as create favorable conditions in the environment to promote resilience.

The three-part framework of resilience (Masten, 2009) has been used by the Washington Family Policy Council since 2010 ((Hall, Porter, Longhi, Becker-Green & Dreyfus, 2012). Part one of the framework is defined as community, culture, and spirituality. This aspect incorporates faith, hope, meaning, and engagement with cultural standards, rituals, and relationships as well as a network of support and services. Attachment and belonging, a second aspect of the resilience framework focuses on bonds in positive and supportive relationships. Personal skills, or capability, is the third aspect, encompassing intellectual skills, self-efficacy, and self-regulation.

Purpose Statement

The purpose of this study is to understand how adverse experiences in childhood may affect individuals as adults when they are pursuing higher education at a community college, and to identify factors of resilience that may help them achieve greater student success. ACEs are quickly being recognized as a national health problem; more than half of the general population has experienced them (Felitti et al., 1998). The goals of this study are to investigate the college experiences of adult community college students with three or more ACEs and to begin to understand their perceived challenges and successes as they enter and progress in community college programs. Despite the effects of chronic stress, some individuals do well in the face of adversity and are considered to be resilient (Masten, 2009). This study aims to incorporate students' experiences into a framework of resilience as articulated by researcher Masten (2009).

Rationale and Significance

Given the high rates of ACEs in the general population and the mounting evidence of wide ranging health effects (Felitti et al., 1998), largely stemming from the adaptive but risky behaviors that often result, community college officials have reason for concern for the success of students who have experienced this kind of trauma. The related sequelae of substance abuse, mental illness, and teen parenthood can have a direct and immediate impact on student success. According to one researcher, multiple ACEs create a "fast track to poverty," (Porter, 2010), and a high ACE score can lead to chronic unemployment (Liu et al., 2012).

The ACE study reported that more than half of the respondents reported at least one ACE, with another quarter demonstrating one or two ACEs. This indicates that a clear majority of the general population has experienced one or two ACEs. The researchers found a graded relationship between the number of categories of ACE, and each of the risky behaviors and diseases that were studied (Felitti et al., 1998). Three or more ACEs were found in only one-quarter of the general population. This research will focus on community college students with three or more ACEs, as these individuals are at particular risk for risky behavior and poor health outcomes.

The ACE study clearly demonstrated the prevalence of ACEs in the general population (Felitti et al., 1998), and yet, to this researcher's knowledge, no studies have been published in the literature that investigate the prevalence of ACEs in community college student populations. The American Association of Community Colleges (AACC) reports that community colleges enroll nearly half of all undergraduates in the United States and that 46% of these students receive financial aid (2013). ACEs are

highly correlated with poverty (Porter, 2010). Therefore, it is reasonable to assume that ACEs exist in the student population to a significant degree, perhaps even greater than the general population. With performance-based funding initiatives, budget cuts, and increased public scrutiny of higher education, it is more important than ever that community colleges embrace strategies that move students toward completion of a degree.

Despite the effects of chronic stress, some individuals do well in the face of adversity and are considered to be resilient. This study will attempt to place students' experiences with ACE and perceptions of student success in a framework of resilience. Looking at student success through an ACE and resilience-informed lens can improve policy and practice for success for these at-risk students.

The original ACE study in 1998 has encouraged researchers to investigate the effects of ACEs in many fields, including social work (Larkin, 2013), prevention and intervention (Porter, 2010), and K-12 education (Walpow et al., 2011). To date, however, to the best of this researcher's understanding, there have been no significant studies regarding ACEs and student progress in higher education. This foundation study will be the first to investigate effects of high ACE scores on community college students, to articulate their perceived challenges and success, and to identify aspects of resilience.

This study will be the first to investigate the perceived impact of high ACE scores on community college students as they pursue community college degrees and certificates. In keeping with the Washington Family Policy Council model, the experiences of these students will be framed within a model of resilience that

incorporates community, belonging, and personal skills. Particularly important in this study will be the views of the students themselves as they share aspects or residual effects of their childhood stress that they perceive to impact their performance as students, and to place these within a framework of resilience.

Research Questions

The following questions will be addressed in this study:

RQ1.   What are the lived experiences of students who have a history of three or more adverse childhood experiences?

RQ2.   How do students with three or more ACEs perceive their community college experiences?

RQ3.   What are the perceived challenges to achieving student success for students with three or more ACEs?

RQ4.   Does the framework of resilience developed by Masten (2009) offer a model for framing the experiences of community college students?

Overview of Method

This study will utilize an interpretive phenomenological research perspective as suggested by Smith, Flowers and Larkin (2009). Community college students at three community college in the Pacific Northwest -- one urban, one suburban, and one rural -- will be identified and invited to participate in the study. The student development offices at each of the three colleges will be asked to help identify students who may have experienced ACEs. Once identified, the survey instrument "*Finding Your ACE Score*"

(Health Presentations, 2014) will be administered by email. This survey, widely available on the internet, will be slightly modified to remove sexist language. It will be used as a sorter to identify the purposeful sample. Ten respondents who have attempted at least twenty-four credits and with an ACE score of three or higher will be selected for the interview process. Semi-structured interviews will be administered, up to a total of ten at each institution, until saturation of the data is reached. Data will then be transcribed, coded, and analyzed. Copies of academic transcripts will analyzed in an effort to validate interview responses. Detailed field notes, peer reviews, audit trails, and researcher journals will be kept to promote trustworthiness. Participants will be assured of confidentiality and only identified with alphabetic letters.

Definition of Key Terms

The following definitions apply throughout this study:

- Adverse Childhood Experience (ACE): a childhood experience in one of three categories as defined in the instrument "*Finding Your ACE Score"* (Appendix A). The ACEs defined in the original ACE study were a) physical abuse, b) psychological abuse, c) sexual abuse, d) substance abuse in the family, e) mental illness in a family member, f) a battered mother or step-mother, g) criminal behavior or incarceration of a member of the household, h) parental separation or divorce, i) emotional neglect, and j) physical neglect.

- High ACE score: three or more ACEs as defined in the original ACE study (Felitti et al., 1998).

- Resilience: the ability to "bounce back" from stress without undue influence on current personal goals. Characteristics of resilience will be defined within the three categories of community, belonging, and personal skills.

- Student Success: completed classes with a 2.0 or better grade point average, or a cumulative grade point average of 2.0 or better, and/or retention in subsequent terms, and/or completion of intended certificates and degrees.

- Community College: an open-access institution of higher education with remedial, vocational, and transfer functions.

- Completion: the completion of certificates and degrees as measured on college transcripts.

Delimitations

ACE research has extended into many fields of medical, mental health, and K-12 educational knowledge. This study focuses specifically on the lived experiences and recommendations of Pacific Northwest community college students at one urban, one suburban, and one rural community college. Students who have attempted 24 or more college credits were specifically targeted because it is assumed that those students would have more academic experiences to draw from in describing their experiences. The researcher specifically seeks to include students who may have been unsuccessful in their progress. Students with three or more ACEs are identified as particularly helpful because the higher ACE score is related to a higher probability of poor outcomes. Individuals with high ACE scores are also likely to have mental health and substance abuse issues (Felitti et al., 1998) and are more likely to live in poverty (Porter, 2014). These factors are not specifically included or excluded from the study. This study aims to place this

data into a 3-pronged model of resilience that includes community, belonging, and personal skills.

Summary

This study seeks to capture the lived experiences of second-year community college students who had a high ACE score. Chapter One of this study describes the seminal study of adverse childhood experiences and their relationship to risky behaviors and poor health outcomes. Chapter Two reviews the most relevant current research on ACEs, childhood trauma, resilience, and the connection of these to student success. Chapter Three describes the qualitative, interpretive phenomenological approach to the study and how subjects are identified, interviewed, and how their responses are categorized and coded. Chapter Four provides a thick description of those students' experiences, allowing glimpses into the lives of those who experienced the phenomena. Chapter Five offers discussion of the experiences and how community colleges might respond in order to better serve students as they progress along their pathways, achieve their own version of student success, and complete certificates and degrees.

CHAPTER TWO

Literature Review

Community colleges have new reason to be especially concerned about student success. President Obama's American Graduation Initiative (AACC, 2011) has focused new attention on the attainment of certificates and degrees at community colleges. In many states, community college funding mechanisms, which were traditionally based on enrollment numbers, now include student success and completion data. (D'Amico, et al., 2014). In one state, Tennessee, state allocated funding is based entirely on success and completion (Weiss, 2013).

Community colleges have low completion rates. By even the most generous accounts, community colleges, on average, graduate only 45% of the students they enroll within six years (Center for Community College Student Engagement, 2014). In the current political environment where student success is receiving much attention, it is important that community colleges seek out new understandings and models to increase student success and completion.

The purpose of this study is to understand how adverse experiences in childhood may affect individuals as adults when they are pursuing higher education at a community college, and to identify factors of resilience that may help them achieve greater student success.

One way to do so may be to look at how adverse childhood experiences (ACEs) affect students at community colleges. The prevalence of ACEs in the general population is high. Felitti et al., (1998) found that two or more ACEs were reported by 25% of the

population. While no studies to date have determined the prevalence of ACEs in the community college population, we can generalize that ACEs are prevalent there as well. McGavock and Spratt (2014), in a study in Ireland of undergraduate students utilizing the ACE instrument, identified half of their respondents with at least one ACE, and 12.4% reporting four or more. ACEs are associated with risky behaviors such as smoking, overeating, drug and alcohol use and abuse, risky sexual behavior, and suicide attempts (Felitti et al., 1998). ACEs are also associated with mental health disorders such as depression and anxiety. The authors postulate that these risky behaviors may be a way of coping with the extreme stress.

Demographics of Community College Students

The American Association of Community Colleges (AACC) publishes demographics of community college students annually. Their 2014 Fact Sheet (AACC 2014) provides us a picture of the community college student population. There are 1,132 community colleges in the US, enrolling 12.8 million students. Thirty-six per cent of these students were the first in their family to attend college in 2014. Seventy-two per cent applied for financial aid and sixty-two per cent received federal aid. More women (57%) than men (43%) attended community colleges. The median age was 24. Seventeen percent were single parents. Four percent were veterans, and 12% were students with disabilities. Fifty-one percent of the students identified themselves as White, 19% identified themselves as Hispanic, 14% were African American, 6% were Asian/Pacific Islander, and 1% were Native American. These students represented 45% of all U.S. undergraduate students. Among all U.S. undergraduates, community colleges enroll 42% of the first time freshmen, 59% of the Native American students, 56% of the

Hispanic students, 48% of the Black students, and 44% of the Asian/Pacific Islander students (AACC, 2014).

Community college students serve a large population of low-income students. Baime and Mullin (2011) estimate that 9.5 million students rely on the Pell Grant program to help fund their postsecondary education, and that nearly 60% of these lived below the federal poverty level (Baime & Mullin, 2011).

The American College Health Association conducted the national college health assessment in spring of 2013 (ACHA, 2013). According to the report, anxiety affected 19.7% of college students' academic performance, and depression affected 12.6 per cent enough to disrupt their academics. The same survey reported 64.8% of college students used alcohol within the last 30 days, 13.8 % used cigarettes, 16.7% used marijuana, and 12.9% used other drugs (ACHA, 2013). These mental health conditions and risky behaviors are also associated with ACEs (Felitti et al., 1998).

Similarly, in their survey of two-year college counseling services, the American College Counseling Association (2013) reported that the top four presenting student problems were depression, anxiety disorders, stress, and relational issues. Depression and anxiety were listed as presenting problems by more than 90% of the respondents, and a majority of respondents indicated that the severity of issues was increasing (ACCA, 2013).

Community College Students and ACEs

There are no current studies that were discovered by the author that have measured the prevalence of adverse childhood experiences in community college

students. We can generalize from the ACE study (Felitti et al., 1998), however, that many students in community colleges have experienced ACEs. Felitti et al. (1998) found that 52% of the ACE study population had experienced at least one ACE, 25% had two or more, 7% scored three or more, and 7% had four or more ACEs.   The authors also found that ACEs tend to come in groups, and that the effects of ACEs increased in a stepwise fashion with each additional ACE. The tables below show this dramatic effect (Felitti et al., 1998).

Table 1: Current Smoking Among ACE Participants

ACE Score	% Current Smoking
0	5%
1	6%
2	8%
3	10%
4-5	12%
6	16%

Table 2: ACE Score and Chronic Depression

ACE Score	% with Lifetime History of Depression	
	Women	Men
0	18	10
1	22	19
2	35	25
3	41	30
4 or more	58	34

Table 3: ACE Score and Adult Alcoholism

ACE Score	% with Adult Alcoholism
0	3%
1	5%
2	10%
3	16%

Serious job problems were also reported as an after effect of ACE exposure, including absenteeism and financial problems. These kinds of issues may also plague community college students and contribute to problems with student success (Felitti, et al, 1998).

Table 4: ACE Score and Serious Job Problems

ACE Score	Serious Job Problems
0	7%
1	10%
2	14%
3	16%
4 or more	18%

The risk is similar, strong, stepwise and graded for other risk factors and outcomes regarding suicide, intimate partner violence, having more than 50 sexual partners, and intravenous drug use.   The authors conclude: "Adverse childhood experiences determined the likelihood of the ten most common causes of death in the United States," (Felitti & Anda, 2012, Slide 30).

There are no known studies concerning ACE exposure and resilience research in community college settings. This literature review is an attempt to connect three currently disparate topics into one coherent whole. Part One of the literature review reviews the most recent and relevant ACE related literature and makes the case for the prevalence of ACE in the general population. Part Two focuses on the relevant literature on resilience, and then on the resilience literature as related to college students. Part Three focuses on efforts in Washington state to promote resilience for ACE affected populations K-12, and early childhood education, and prevention systems. The research study proposed in this dissertation will make a significant contribution to understanding

connections and relationships by looking specifically at ACE exposure and aspects of resilience from Masten's framework of resilience (2001), in the context of community college success.

Methods

The literature search for this study was conducted through Old Dominion University's online library. The search included the following key words: adverse childhood experiences, resilience and community college students, resilience, community college student success, foster care and community college students, foster care alumni, and various combinations of these. The search also included author searches for key authors Felitti, Anda and Masten. This search was limited to scholarly articles published since 1998, the year the first ACE study was published. Research was reviewed for relevance, and except for highly relevant articles, limited to publication dates of 2010 or later. A search of the Dissertations and Theses databases was also conducted utilizing the same keyword searches. Relevant literature was limited to publication dates of 2010 or higher. Additional resources were downloaded from various ACE-related websites including the Centers for Disease Control and Washington Family Policy Council, and gleaned from references in reviewed literature.

Part One: Reviewing ACE Literature

The first ACEs study (Felitti, et al., 1998) demonstrated that childhood trauma can have lifelong effects. This large scale epidemiological study found that ACEs often lead to risky behavior. People with ACEs are more likely to smoke, use alcohol and drugs, and become obese. Young people with high numbers of ACEs were more likely to

have early sexual behaviors, be promiscuous, and have unintended teen pregnancies.

The authors found the number of ACEs directly related to adult alcoholism: the more

ACEs, the greater the risk of alcoholism. Childhood trauma was found underlying

chronic depression; almost 60% of women with four or more ACEs report a lifetime

history of depression. Whether due to risky behavior or other factors, individuals with

ACEs were more likely to have chronic health conditions such as ischemic heart disease,

diabetes, autoimmune disease, and lung cancer. Those with high ACE backgrounds were

more likely to be involved in relationship violence. The original ACE study found that

the categories of ACEs were highly inter-related and were linked to serious health

problems, and even early death (Felitti, et al., 1998).

The original study of almost 10,000 individuals has informed no less than 59

additional studies between 1998 and 2014. In addition to poor health outcomes, ACEs

are related to substance use, teen parenting, mental health issues, sleep issues (Felitti et

al., 1998), poverty (Porter, 2010), and unemployment (Liu, Croft, Chapman, Perry,

Greenlund, Zhao, & Edwards, 2012).

ACEs are highly correlated with early alcohol use and dependence. Rothman,

Edwards, Heeren, and Hingson (2008) found that some adverse childhood experiences

were highly correlated with early alcohol use, which is particularly significant in the

development of dependence (Rothman, Bernstein & Strunin, 2008). Physical abuse,

sexual abuse, parental divorce, mental illness of a family member, and substance abuse in

the home were highly correlated with drinking before the age of 15. The authors

reported that individuals with ACEs were more likely to drink as a coping technique than

for social or entertainment purposes. This motivation, the authors concluded, may lead to

a different pattern of alcohol consumption across the lifespan, including dependence (Rothman, et al, 2008).

Strine et al. (2012) found similar results: the prevalence of self-reported alcohol problems in adulthood was higher for those with ACEs than those without. A qualitative study by Rothman et al., (2010) investigated adolescent alcohol use and found that the young people in their study used alcohol and other substances in order to feel less lonely, in order to cope, and because they felt hopeless. The authors also reported that the parents of teen participants in their study permitted and normalized substance use (Rothman et al., 2010).

Smoking, too, is prevalent among people with ACEs. Yeoman, Safranket, Buss, Cadwell, and Mannino (2011) reported an increased risk of smoking for residents of Nebraska with adverse childhood experiences. Strine, et al. (2012) had similar findings, and suggested that persons who have experienced ACEs may smoke as a way to compensate for developmental deficiencies or to self-medicate. Surprisingly to the authors, these findings were significant for women, but not men (Strine, et al., 2012).

Drug use is also associated with high numbers of ACEs. In addition to the evidence above, Felitti & Anda (2009) reported increased use of smoking and alcoholism among people with ACES. They also noted this particularly striking finding: male children with an ACE score of six or higher has a 4,600 increased risk of injection drug use. The authors note that in 1940, methamphetamine, now a readily available, illegal, and dangerous street drug, was introduced as one of the first prescription antidepressants. The academic stress of college may trigger the use of substances in

individuals with ACEs. Felitti and Anda (2009) also pointed out that teens with four or more ACEs are more likely to experience teen pregnancy and paternity. Early parenting provides additional responsibilities for students that make induce greater stress. Those with ACEs are also more likely to be involved in violent relationships as adults (Miller et al., 2011), further complicating some individuals' attempts to attend and progress in college.

Mental health issues such as depression and anxiety are common among people with ACEs. Felitti and Anda (2009), Mersky, Topitzes, and Reynolds (2013), McElroy and Hevey (2013) and Schilling, Aseltine and Gore (2007) all reported greater mental illness in individuals with ACEs. ACEs may play a particular important role in determining which veterans are most likely to develop post-traumatic stress (Sareen, et al., 2013; LeardMann, Smith & Ryan 2010).   Sleep issues are also prevalent among people with ACEs in a study by Chapman, et al. (2013). These authors found that insufficient sleep was two and a half times more likely in individuals with five or more ACEs.

Adverse childhood experiences are also associated with poverty and homelessness. Roos, et al., (2013) found a high prevalence of ACEs in a population of chronically homeless individuals. Larkin, Beckos, and Shields (2012) advocated for a ACE-informed homelessness intervention program.

The Washington Family Policy Council calls ACEs the "fast track to poverty" (Porter, 2010). Their ACEs training program argued that ACEs result in cognitive, emotional, and behavioral elements that lead to school failure, drop-out, and disciplinary

problems, which in turn leads to low-wage jobs, unemployment, public assistance, and even prison. Liu, et al., (2012) also drew a strong correlation between ACEs and unemployment in both men and women in a study among adults from five states. It is important to note that the original ACE study surveyed middle-class, mostly college educated, working adults. The prevalence of these experiences may be much higher in the low-income population, and they are readily apparent in middle America as well (Felitti & Anda, 1998).

For employed individuals with ACEs, two studies described some of the difficulties experienced in relation to job performance. Anda, et al., (2004) identified an increased likelihood of job-related problems, financial problems, and absenteeism. These authors listed four areas of health and well-being that can lead to poor worker performance including relationship problems, emotional distress, somatic symptoms and substance abuse. Maunder, Peladeau, Saveage and Lance (2007) reported similar findings among healthcare workers. In their study, childhood adversity was related to missed work days, psychological distress, and stressful life events.

Part Two: Literature Related to Resilience

In spite of extreme stressors, some individuals fare better than others and are considered to be resilient. College programs and policies that understand the effects of chronic stress and promote resilience may be able to attain similar success in mitigating the effects of chronic stress and in contributing to student success. Such policies and practices would benefit students who have experienced ACEs, students who experience trauma at college, students who are experiencing mental health disorders as a result of

ACEs, and other special populations such as veterans. This section provides a broad review of the plethora of literature available on chronic stress and resilience, with attempts to define the concept of resilience and identify promising practices within student settings.

Defining Resilience

Resilience is a complex concept that is difficult to measure. Some researchers focus on the individual attributes of resilient individuals (Simeon, Yehuda, Cunill, Knutelska, Putnam, & Smith, 2007; Galatzer-Levy, Burton, & Bonanno, 2012; Campbell-Sills, Cohen, & Stein, 2006). The environment also plays a pivotal role in the development of resilience (Collishaw, Pickles, Messer, Rutter, Shearer, & Maughan, 2007). Resilience is not necessarily comprehensive; individuals who exhibit resilience in one area of their life, such as academic success, may experience ongoing difficulties in another, such as personal relationships (Smith, Park, Ireland, Elwyn & Thornberry, 2013). Other authors focus on resilience as a process developing in response to adversity over time (Fletcher & Sarkar, 2013). Denz-Penhey and Murdoch (2008) developed a grounded theory of resiliency in health research. They identified connectedness to environment, relationships, and spirituality as key dimensions. Bonanno (2012), in studies regarding post-traumatic stress syndrome, researched the ways individual differences factor into resilience, concluding that resilience is a complicated mix of personal, environmental, and social factors. Resilience theory has been associated with diverse domains: health, psychology, sports, nursing, and academics.

Masten (2001) argued that resilience demands the presence of a threat, or risk, and the development of good outcomes despite the risk. Echoing this thought, Rutter (2006) postulated that stress may strengthen resistance to later stress. Cicchetti (2004) argued for an ecological-transactional approach to explain resilience. Tusaie (2004), like Bonanno (2012), stated that individuals carry the potential for resilience, but that it is a complex interaction between the individual and the environment that determines the level of resilience. Tusaie (2004) introduced the idea of protective and risk factors in both individual and environmental domains. Risk factors may be as global as poverty, or as personal as the loss of a loved one. Protective factors are also internal and external: cognitive traits may as well as supportive communities may buffer an individual in times of trauma or stress. Most researchers agree that there is a large and complex interplay between the individual and the environment that may even strengthen an individual's response to stress, sometimes referred to as stress immunity (Rutter, 2006; Tusaie, 2004; Bonanno, 2012).

Individual Traits

The argument that resilience is the result of personal traits is well researched in the literature. Campbell-Sills et al. (2006) found strong positive relationships between resilience and extraversion as well as conscientiousness, as measured by the NEO Five Factor Inventory. The authors also found a significant inverse relationship between neuroticism and resilience. Simeon, et al. (2007) looked at the relationship between resilience and temperament factors, suggesting that people who seek out rewards are more resilient than those who are risk-averse. Mak et al. (2011) postulated that resilient individuals manifest a "positive cognitive triad" that includes an optimistic view of the

self, the world, and of the future. The authors went on to relate this resilience trait positively to life satisfaction and negatively to depression. In a qualitative study that measured resilience in former foster youth, Hines, Merdinger and Wyatt (2005) identified individual attributes such as assertiveness, goal orientation, and the ability to make conscious changes as pivotal factors in the lives of those interviewed. In a dissertation study of 194 community college students in 2012, Ponce-Garcia found that three thinking styles predicted resilience: 1) executive thinking, characterized by a preference for structure and productivity; 2) external thinking, with a focus on social relationships; and 3) hierarchic thinking, characterized by a preference for prioritizing tasks.

Coping strategies have also been widely identified with resilience. Campbell-Sills (2005) identified task-oriented coping in a positive relationship to resilience, along with active problem solving. Emotion-oriented coping was negatively associated with resilience. Galatzer-Levy et al. (2012) described the ability to move between coping behaviors as coping flexibility, and associated that flexibility with resilience. Beasely, Thompson and Davidson (2003) researched both coping style (task-oriented, emotion-oriented and avoidance-oriented) and cognitive hardiness (commitment to family and self, seeing challenges instead of threats, and believing one has control over his/her environment). The authors found that coping styles had direct impact on distress, and that cognitive hardiness played a mediating role in mitigating negative life events. Aspinwall and Taylor (1992) found a direct effect of optimism on college student adjustment, but found that coping strategies such as active coping, in which students actively attempted to deal with stress rather than avoiding it, along with seeking social support were as likely to produce good results.

Flexible cognitive strategies were also identified as a trait of resilience. Fazey (2010) related higher order thinking to resilience. This author described a small study in which students were given a teaching intervention designed to improve their cognitive flexibility. The students' perception of the certainty of knowledge was significantly influenced by the intervention. Fazey concludes that this ability to adopt alternate knowledge is a key component of resilience.

Risk and Protective Factors

Environmental factors--both positive and negative---are extremely difficult to disaggregate from personal characteristics in the determination of resilience. Past and current trauma are certainly risk factors. Bonnano and Mancini (2012) discussed the role of post-traumatic stress disorder and its comorbidity with depression and chronic dysfunction, yet identified paths to resilience even for difficult to treat cases. Felitti et al. (1998) identified nine adverse childhood experiences that increase risk for individuals, including abuse, neglect, and family dysfunction. Protective factors in the environment are also well documented in the literature. Collishaw, Pickles, Messer, Rutter, Shearer, and Maughan (2007) found that those who reported abuse in adolescence but no mental health problems at midlife showed higher resilience in terms of perceived parental care, the quality of adult love, and peer relationships. Grasso et al. (2012) and others isolated greater perceived social support as an important protective factor, as did Simeon et al. (2007). Denz-Penhey and Murdoch (2008) identified social connectedness and connectedness to family as well as the physical environment significant to resilience in the face of serious illness. Wilks and Spivey (2010) also observed the mediating effects of peer relationship and support. The foundational Kauai Longitudinal study (Werner,

1997) identified protective factors in the family (relationship with at least one caregiver) and the community (peer support). Only one study (Ahern and Norris, 2011) did not find a protective relationship with factors such as financial supports, and engagement in activities, and the authors concluded that was likely due to sampling characteristics. Bonanno and Mancini (2012) cautioned that the interaction between personal traits, risk and protective factors and the potentially traumatic event is complex and heterogeneous, specific to the individual. They identified patterns of disruption in individuals who were exposed to traumatic events, including chronic dysfunction, delayed dysfunction, recovery, and resilience. One study (Afifi & MacMillian, 2011) defined individual traits such as coping skills as a protective factors in and of themselves.

Cultural and Gender Factors

Cultural and gender factors play a role in the development of resilience. Li and Nishikawa (2012) found that Taiwanese students demonstrated higher levels of active coping and support seeking than did their U.S. counterparts. The authors suggested that cultural factors, such as the value placed on independence/interdependence, are significant. Consoli and Llamas (2013) identified the Mexican value of *familismo*, (familism) as a strong predictor of resilience. These authors also found that traditional gender roles did not correlate with resilience. In a qualitative study of exceptional female college students of color, Morales (2008) found that females faced more resistance than males in pursuit of their college goals, females were more strongly motivated by their post-college professional goals than males, and the gender of mentors was less important for females than males. Morales suggested that these factors of resistance, motivation, and mentorship are related to resilience and their persistence in higher education.

In a qualitative dissertation study of five academically resilient Latina college students, Reyes (2012) found that protective factors such as familial support, intrinsic motivation to success, and support from teachers and networks enhanced their resiliency. Similarly, Madera (2009) found supportive adults to be critical factors for Latina women in developing academic resilience.

Mental Health and Resilience in College Students

Given that exposure to traumatic events in childhood can produce poor mental health outcomes in adulthood (Felitti et al., 1998), the relationship of resilience to mental health is key. One researcher has looked extensively at the issue of resilience and mental health in college students (Hartley, 2011, 2012). Utilizing the CD-RISC that measures intrapersonal resilience on the basis of tenacity, tolerance of stress, commitment and self-control, optimism, and spirituality, Hartley indicated that tenacity as measured by the CD-RISC was positively related to cumulative grade point average. In the same study, surprisingly, tolerance of stress was negatively related to grade point average. Hartley's follow-up study in 2013 echoed these results.

Cultivating Resilience in College Students

Multiple studies gave evidence to the practice of intervention with college students who may be at-risk because of adverse childhood experiences or other traumatic events. Hartley (2010) argued for the use of a program called supported education (SEd) to increase retention. SEd programs look much like student support and freshman seminar classes, covering topics such as academic survival skills and career planning. Yeager and Dweck (2012) described their recent research into developmental community

college students. Their implicit theories research finds that when students believe that intelligence is malleable over a lifetime and can be changed, they do better. The authors argue for the importance of teaching this concept as a factor in resilience.

Steinhardt and Dolbier (2008) conducted a pilot study to enhance resilience in college students. Four-part sessions focused on the following topics: 1) transforming stress into resilience, 2) taking responsibility, 3) focusing on empowering interpretations, and 4) creating meaningful connections. In this study, the experimental group exhibited greater resilience and stronger coping skills than did the control group. Kadhiravan and Kumar (2012) also studied a training program to improve coping skills, finding that the students who participated in the coping skills training significant differed from the control group in active coping, preventive coping, and perceived self-efficacy.

In spite of the difficulties that can be exhibited by individuals who experience trauma, some fare well. Novotny (2011) argued that academic resilience in children is the result of four factors that can be effected by schools: 1) a child's sense of competence; 2) a sense that school is an escape from the adverse environment for some time; 3) skills building, or the compensation of deficits; and 4) motivational influences, offering a different way, or a way out of the chronic stress. While these indicators were specific to a child's education, they are similar to the interventions that have been effective with college students.

Several authors (Richardson, 2002; Keith, Byerly, Floerchinger, Pence & Thornberg, 2006; and Grasso, et al. 2012) argued for a strengths-based approach to developing resilience. Keith, et al. (2006) compared resilience traits to maturity in adult

students, arguing that adult students draw on resilience to navigate college systems designed for traditionally aged students.

Part Three: Research Regarding College Students from Foster Care

This research study does not target community college students from foster care directly; however, students who have lived in foster care are a population that we know has experienced ACEs, as they have experienced neglect and/or maltreatment by their parents or guardians (US Health and Human Services, 2001). There is a growing body of research on how these individuals fare in post-secondary education. Individuals from the foster care system endure some conditions such as financial instability, lack of support, multiple school placements, and lack of parents to assist in the college preparation process (Unrau, Font & Rawls, 2012). Individuals with ACEs may or may not experience these conditions, so direct associations cannot be drawn, however some inferences may be made in regard to developing student success practices at community colleges. This section will highlight some of the recent studies regarding their success. This may be some of the most relevant research regarding ACEs, resilience, and college success.

In results published regarding a study to evaluate intermediate and long-term effects of foster care, Pecora, Kessler, O'Brien, White, Williams, Hiripi, English, White and Herrick (2006) found that foster care youth have college aspirations but do not attend college in numbers to support their desires. Although 84% completed high school, only one in six completed a vocational degree and only one in 50 completed a bachelor's degree. Day, Dworsky, Fogarty, and Damashek (2011) found that students who had

been in foster care were significantly more likely to drop out before the end of their first year than first generation students who had not been in foster care.

What stands out among the foster care literature is the agreement about the supports foster care alumni need to succeed in college. Several studies mention the importance of ongoing mentors and emotional support from significant adults (Hernandez & Naccarato, 2010; Day, et al., 2011, Day, Dworrsky, Fogarty & Damashek, 2012; Salazar, 2011). Several studies highlighted the importance of mental health evaluation and counseling (Hernandez & Naccarato, 2010; Percora, 2006; Day, et al., 2012; Salazar, 2011). Rassen et al., (2010) suggested a case management approach, assistance with college navigation, partnerships and broad campus support. Hernandez and Naccarato (2010) emphasized a need for financial assistance for emergencies. Multiple studies documented the importance of housing assistance (Pecora, et al, 2006; Day, et al., 2011, Rassen, Cooper, & Mery, 2010; Hernanddez & Naccarato, 2010; and Salazar, 2011). This finding may come as a surprise to community colleges, who often do not house students, but who may, however, benefit from assisting students with housing issues.

There are far more qualitative studies in the foster care literature than in the general literature. One study (Day, et al, 2011) designed to engage student voices, identified themes that were similar to those that emerged in the pilot study for this research. Those themes included: 1) need for connections with teachers and other adults at school who understand the unique challenges faced by youth in foster care, 2) needs for teachers to be sensitive to individual student learning needs, 3) untreated mental health issues, and 4) lack of preparation and support. The similar themes in the pilot

study were 1) relationships with peers and educators, 2) academic skills and tools, and 3) lingering effects of adverse childhood experiences (Brogden, 2013).

Efforts to Overcome and Prevent ACEs

Washington Family Policy Council's efforts to prevent and reduce ACEs in Washington communities is showing some success: a 2012 study showed that communities with higher community capacity focused on ACE reduction showed significant improvement (Hall, Porter, Longhi, Becker-Green & Dreyfus, 2012). This group identified three key components of resilience: community, belonging, and personal skills (Porter, 2010). This framework of resilience was based on the work of Masten (2009).

The Family Policy Council identified three key components of resilience: 1) *community, culture, and spirituality*; 2) *attachment and belonging*; and 3) *capability* (Porter, 2010). *Community, culture and spirituality* is described as faith and hope, engagement with effective organizations and social groups, networks of support, and culture that provides standards and expectations along with positive relationships. Meaning and sense-making is more important in this concept than religion (Masten, 2009). *Attachment and belonging* refers to bonds with parents and caregivers, positive relationships with competent and nurturing adults, and friends or romantic partners who provide a sense of security and belonging. *Capability* is comprised of intellectual ability, self-regulation, positive self-view and ability to direct and control attention, emotion, and behavior (Porter, 2010).

Based on years of research on the subject of resilience, Masten wrote that schools play a central role in resilience. She argued that schools provide multiple opportunities for individuals to form relationships with competent and caring people. Masten also argued that schools have great influence over an individual's mastery system, and can assist them in developing skills that promote mastery, competence, and self-regulation. Colleges in particular can also influence community, culture, and spirituality through learning experiences and groups (Masten, 2009). Masten offered three steps to promote resilience: 1) reduce risks, 2) increase resources and assets, and 3) mobilize protective systems.

In efforts to do just this, some Washington state schools in the K-12 sector have become "trauma-informed", or "compassionate" schools, based on the findings of the ACE study (Felitti et al., 1998) and resilience theory. A partnership between Western Washington University, the Mental Health Transformation Project, and the Superintendent of Public Instruction published a handbook for teachers: *The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Succes*s (Walpow, et al., 2011). The handbook advocates six principles of compassionate instruction and discipline:

Principal One: Always empower, never disempower.

Principle Two: Provide unconditional positive regard.

Principle Three: Maintain high expectations.

Principle Four: Check assumptions, observe and question.

Principle Five: Be a relationship coach.

Principle Six: Provide guided opportunities for helpful participation.

This manual also emphasizes self-care for teachers and administrators and advocates for school-community partnerships (Walpow, et al, 2011).

Conclusion

Much of the population has experienced adverse childhood experiences (Felitti et al., 1998), and as such, ACEs also affect community college student populations. Despite the presence of past trauma, some individuals thrive in the face of adversity. Whether they are buffeted by individual personality characteristics such as extraversion, or by protective factors such as strong relationships with family and peers, community colleges may be able to influence resilience in its student body by offering interventions that teach coping skills, promote peer relationships, and build relationships with faculty. Community colleges may play an especially important role in the success of students with ACEs. Jones (2010) found that foster care alumni were more likely to remain in school when they were enrolled in community colleges, compared to those enrolled in four-year universities.

What may be the most significant factor about resilience is what Masten (2001) calls the "ordinariness" of resilience. She argued that resilience does not come from rare qualities, but from "everyday magic" of human resources, both internal and external. This outlook is particularly promising for researchers and practitioners alike. If this is true, then community colleges can develop policies, practices, and programs that build

these skills in the individual, as well as create favorable conditions in the environment to promote resilience.

The literature on adverse childhood experience remains sparse in relationship to student success. This proposed research study will begin to fill this gap by investigating how ACEs affect community college students. The literature in the K-12 education and youth prevention sector indicate that effects of ACEs can be mediated to enhance and encourage student success (Porter, et al, 2010; Walpow, et al., 2011). Finally, the literature provides us with a model of resilience (Masten, 2009) through to which we can attribute the interviewee's perceptions of their experiences and build on them to increase student success.

CHAPTER THREE

Methodology

The Great Recession of 2008 influenced both rising tuition rates and plummeting higher education allocations at community colleges across the United States. This financial crisis, along with an increased criticism of community colleges' low completion rates, prompted many of these institutions to revalue their financial models (D'Amico, Friedel, Katsinas, Thornton, 2014). Student success and completion initiatives such as President Obama's American Graduation Initiative (American Association of Community Colleges, 2011) are focusing national attention on this issue. Student success and completion are now being considered in community college funding mechanisms in many states (D'Amico, Friedel, Katsinas, Thornton, 2014).

This study was designed to investigate student success through the eyes of students who have three or more adverse childhood experiences as defined in the ACE study of 1998 (Felitti et al., 1998). These researchers found that, rather than being isolated events, ACEs are prevalent and occur across demographic boundaries (Felitti et al., 1998). Felitti et al. (1998) found that 52% of the ACE study population had experienced at least one ACE, 25% had two or more, 7% scored three or more, and 7% had four or more ACEs. Felitti et al., (1998) found that an increased number of ACE categories was highly correlated with risky behaviors such as smoking, alcohol abuse, and drug abuse that in turn led to poor health outcomes (Felitti et al., 1998). High ACE

scores are related to poverty (Porter, 2010) as well as unemployment (Liu , Croft, Chapman, Perry, Greenlund, Zhao, & Edwards, 2012).

With the prevalence of ACEs in the general population, it is reasonable to assume that ACEs are prevalent in the community college student population, and they may have an effect on student success. One of the goals of this study was to understand the experience of community college students with a high ACE score.

In spite of extreme stress, some individuals demonstrate resilience (Masten, 2009). Resilience is described by Masten (2001) as "good outcomes in spite of serious threats to adaptation or development" (p. 228). These individuals "bounce back" and seem to suffer fewer negative consequences from traumatic events. Masten (2009) proposed a framework of resilience that includes three core protective systems: 1) community, culture, and spirituality; 2) belonging and attachment, and 3) personal capabilities. This framework addresses the complexity of resilience by including both individual and environmental influences. This study, comprised of the voices of community college students themselves, tested this framework of resilience as a model for development of student success practices.

The purpose of this research study was to understand how adverse experiences in childhood may affect individuals as adults when they are pursuing higher education at a community college, and to place those experiences in a framework of resilience. The goals of this study were to investigate the college experiences of adult community college students with three or more ACEs and to begin to understand their perceived challenges and successes as they enter and progress in community college programs. Finally, this

study aimed to identify factors of resilience in these students' lives that may be influenced by community college practices and to make recommendations for those.

Rationale and Significance

Both lack of education (Bureau of Labor Statistics, 2014) and ACEs have been associated with poverty (Porter, 2010) and with unemployment (Liu, et al., 2012). Understanding the experience of students with ACEs may help higher education officials develop programs and practices that promote student success. Completion of a college credential is a key determinant in an individual's lifelong earnings and employment (Bureau of Labor Statistics, 2014). As such, this study has potentially far-reaching implications.

This foundational study placed ACEs in the context of college student success. To this researcher's knowledge, there is no published literature on the effects of ACEs on the community college student population at this time. Because ACEs are known to influence risky behaviors that can also affect student success, it is vital that ACEs and their influence be understood.

Research Questions

The following questions were addressed in this study:

RQ1.   What are the lived experiences of students who have a history of three or more adverse childhood experiences?

RQ2.   How do students with three or more ACEs perceive their community college experiences?

RQ3.   What are the perceived challenges to achieving student success for students with three or more ACEs?

RQ4.   Does the framework of resilience developed by Masten (2009) offer a model for framing the experiences of community college students?

These questions were designed to delimit the study while allowing for qualitative exploration of the student experiences, as suggested by Hays & Singh, (2012). A pilot study conducted in November 2013 informed this study (Brogden, 2013). The researcher works with students with high ACE scores at a community college. In the pilot study, it became very difficult to remain focused on the lived experience of the students because of the researcher's desire and capability to assist the student. For this reason, it was determined that this researcher needed to study students at other institutions where there was no prior relationship or professional role.

The research questions in that pilot study were similar; exploring the lived experiences of community college students with high ACE scores, their effect on college success, and how community colleges might assist students with high ACE scores to achieve greater student success. In that study, six themes of significance emerged from the data: lingering effects of adverse childhood experiences, stress of family obligations, negative self-concept, relationships with peers and educators, academic skills and tools, and financial literacy and financial issues. These themes informed the development of the interview questions used in this study (Brogden, 2013).

The framework of resilience as articulated by Masten (2009) was chosen in order to place the experiences of community college students with three or more ACEs in

context with resilience literature, and as a basis for developing practices that community colleges might adopt for student success. Policy makers in Washington State are using this framework to develop "trauma-informed schools" in the K-12 sector and prevention programs for multiple agencies statewide. The resilience model is important as it allows educators and service providers to view those who might be considered difficult students with new empathy, and it offers tools for helping students develop resilience and promote greater student success (Walpow, Johnson, Hertel, & Kincaid, 2011).

Method

Interpretative phenomenological analysis (IPA) was chosen as the primary method because of its focus on meaning and sense-making for people who share a particular experience (Smith, Flowers & Larkin, 2009). The goal for IPA is to focus on experiences and meanings (Smith et al., 2009) in order to develop an in-depth understanding of a particular phenomenon. ACEs are a relatively new construct, and the research has focused predominantly on medical health. It is important that ACEs be understood from the perspective of the students who have experienced them, and may be continuing to experience the sequelae of ACEs. These voices are currently missing from the extant literature.

Sample

Students were purposefully selected for interviews at four community colleges in Washington. This purposeful sample is consistent with IPAs orientation of exploring the experiences of individuals who share an experience (Smith et al., 2009). For the purposes of this study, the sample consisted of community college students who reported a score of

three or more ACEs on the "*Find Your ACE Score*" (Health Presentations, 2014) instrument and who had attempted 24 or more college credits.

Individuals who have experienced three or more ACEs represent approximately 25% of the population and are associated with poorer health outcomes (Felitti et al., 1998). These students were targeted because of this higher risk.

Participants must have also attempted 24 or more credits as indicated on their college transcripts. This credit load represents two full-time quarters at a community college in Washington. It was not necessary that the student have passed all credits; in fact, it would have been beneficial to have students who have experienced academic failure as well as success. Both of these categories of students were recruited for interviews.

Participants were solicited through the Workforce departments at the four community colleges. Poverty reduction programs such as public assistance are often implemented through Workforce departments in the Washington State Community College system. Poverty and ACEs are correlated (Porter, 2010), so it stands to reason that the population of interest will be readily identified through Workforce staff in these colleges. Participants were not limited to individuals in these kinds of programs, but Workforce departments at participating community colleges served as preliminary partners in identifying potential participants.

Once identified, participants were invited to participate, a letter of introduction was sent, and the "*Finding your ACE Score*" instrument was administered by email. Additional participants were solicited until a core sample of ten students with 24 credits

and an ACE score of three or more was identified at each college. From these ten at each institution, individuals were invited to participate in semi-structured interviews with the researcher. Interviews continued until saturation of the data was complete.

ACE Survey Instrument

The instrument *"Finding Your ACE Score"* (Health Presentations, 2014) is widely available on the internet. This instrument was utilized in the original ACE study (Felitti et al., 1998), as well as in subsequent research. Felitti et al., (1998) defined childhood exposures in categories of 1) psychological abuse, 2) physical abuse, 3) contact sexual abuse, 4) exposure to substance abuse, 5) mental illness, 6) violent treatment of mother or stepmother, and 7) and criminal behavior. Respondents were coded as exposed to a category if they answered yes to one or more questions in that category.

The questions were developed and adapted from published surveys in the Conflicts Tactics Scale and a National Health Interview Study (Felitti et al., 1998). Concerns regarding a person's ability to recall past events may influence reliability in an instrument, particularly when being asked about socially taboo or potentially damaging events such as child abuse. Dube, Williamson, Thompson, Felitti and Anda (2003), investigated test-retest reliability between the original ACE study in 1998 and a follow-up study in 2003. The authors found good agreement between them. The ACE score was determined to be reliable in the same study (Dube et al., 2000).

For the purposes of this study, question 7 was modified to replace sexist language. The original question read

"7. Was your mother or stepmother:

Often or very often pushed, grabbed, slapped, or had something thrown

at her?

Or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit

with something hard? **Or Ever** repeatedly hit at least a few minutes or

threatened with a gun or knife?

Yes No If yes enter 1 _____

The modified question will read :

"7. Was your parent or stepparent:

Often or very often pushed, grabbed, slapped, or had something thrown

at her?

Or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit

with something hard? **Or Ever** repeatedly hit at least a few minutes or

threatened with a gun or knife?

Yes No If yes enter 1 _____"

The modified *Finding Your Ace Score* (Health Presentations, 2014) instrument

was used only for the purpose of identifying the targeted population of community

college students with three or more ACEs. Because this proposal is for qualitative

research, this survey assisted in identifying the purposeful sample, but was not used in

any quantitative analysis. The focus of this was to provide understanding of the

experiences of community college students with ACEs and to place these experiences in

a framework of resilience. Use of this instrument, coupled with a review of academic

transcripts for each participant, verified that each participant had at least three self-

reported ACEs, and had attempted at least 24 credits at a community college. These documents also served to triangulate data collected from participant interviews.

In-Depth Interviews

Selected participants received a letter of introduction via email from research assistants at each college, and were invited to participate in face-to-face interviews with the researcher. The purpose of a qualitative interview is to have a conversation with the participant in order to collect data relevant to the research question (Smith et al., 2009). This was a foundational study, and the role of the participant is viewed as co-researcher.

Interviews were conducted in a private location on each community college campus. The format for the interview was semi-structured. Demographic information was collected at the beginning of the interview. Every attempt was made by the researcher to foster a positive, respectful, and non-judgmental interaction with participants. Interview questions were used as a guide in the face-to-face interviews, although the researcher asked additional probing questions to explore the phenomena.

Each question in the interview guide correlates to a specific research question. A crosswalk of research questions and their respective interview questions is below. Main questions are numbered, and sub-questions that probe for additional information are identified with lower case alphabetic letters.

Table 5. Research Questions' Correlation to Interview Questions

Research Question	Interview Question
What are the lived experiences of students who have a history of three or more adverse childhood experiences?	8. Your questionnaire indicates that you have had ___ ACEs in your life. What is it like for you to have had these stressful events in your life? 8a. Do you feel that these past experiences affect you now? 8b. How so? 8c. Do you think these events in your childhood have an impact on your progress in college? 9. How do you cope with the past and current stresses in your life?
How do students with three or more ACEs perceive their community college experiences?	1. Tell me what it's like for you to be a community college student. 2. What is a typical school day like for you?
What are the perceived supports and challenges to achieving student success of students with three or more ACEs?	4. Who or what supports you in attending community college? 4a. Are there some people or things that are particularly helpful to you as a student? 4b. Why do you think this is? 5. What are your main challenges to being successful as a student? 5a. Why do you think that is? 6. Are there some things or people that make it especially challenging? 6a. Who or what are

they?

Does the framework of resilience developed by Masten (2009) offer a model for framing the experiences of community college students with high ACE scores?	3. What skills do you have that help you as a student? 7. Do you feel that you belong on campus as a student? 7a. Where else do you feel you belong? 10. Is there a community, culture, or spirituality that you identify with? 10a. Does this influence your role as a student?

A small pilot study was conducted to test the interview questions for effectiveness in building rapport and targeting information. Feedback for questionnaire design was collected from two students with ACEs and one mental health professional. The result is the interview protocol in Appendix D. Seven interview questions directly correspond to their respective research questions. Three interview questions were used to test the framework of resilience offered by Masten (2009), with three major categories: community, culture, and/or spirituality; attachment and belonging; and personal capabilities. A final interview question asked for information the student feels is important that has not been specifically asked previously.

Individuals who participated in the interviews were given a $10.00 gift certificate to their college bookstore to be spent in any manner they chose. This thank-you gift served as a small incentive to compensate the individual for their time and energy.

Coding

Within 48 hours of concluding the interviews, the data will was transcribed and categorical coding began. In keeping with the IPA process endorsed by Smith et al. (2009), the researcher read and re-read the data while listening to the recorded interview, while simultaneously taking notes. Through this process, connections were made and initial themes began to emerge. A master list of themes was developed and coded, with recurring themes developed and compared to the themes that emerged in the researcher's pilot study (Brogden, 2013). In that study, six themes of significance emerged: lingering effects of adverse childhood experiences, stress of family obligations, negative self-concept, relationships with peers and educators, academic skills and tools, and financial literacy and financial issues. With a much larger sample, these themes were refined and some will be added or deleted from the final analysis.

Finally, where possible, the data was categorically coded within a framework of resilience as proposed by Masten (2009). Reponses that correspond to resilience will be compared to the three identified resilience categories of community, culture and spirituality; belonging and attachment; and personal capabilities.

Ethical Considerations

While there are no known risks to participating in an interview such as this, the ACE survey asks sensitive questions that represent cultural taboos and illegal activities in some cases. Asking a participant to recall and describe such experiences could potentially cause additional mental or emotional distress. For this reason, counseling staff at each site were informed about the study and asked to remain "on call" for students

who may have needed immediate assistance. The researcher maintained a list of mental health professionals in the local area at each community college and made it available to each participant at the interview.

Every attempt was made to ensure confidentiality of the participant's information and data. Students were identified only by their assigned alphabetic letter on all documents. Consent forms were destroyed immediately after the research is complete.

Strategies for Trustworthiness

To ensure trustworthiness of the results, the researcher employed strategies of bracketing, field notes and reflexive journals, peer review, and an audit trail (Hays & Singh, 2009). The researcher made conscious and continuous attempts to bracket her own experience as a student with three or more ACEs as well as her experience as a student services professional who works daily in a community college setting with students who have multiple ACEs. Bracketing is the process of setting aside one's own perceptions and biases in order to better understand a phenomenon (Smith, et al., 2009). The researcher is aware of many personal and environmental factors that influenced her own resilience and success as a PhD student. The researcher is also aware that no two individuals will have the same response to ACEs and the community college experience. Every story collected is important and unique.   The researcher reduced the bias of working as a student service professional by collecting data from unfamiliar students in, except for one, unfamiliar institutions.

Field notes and a reflexive journal assited the researcher not only in coding and analyzing the data, but also in recognizing important cognitive and emotional responses

the researcher had in response to the data. IPA recognizes the importance of the researcher response and considers it an important factor in developing themes and discovering the depths of a phenomenon (Smith et al., 2009).

Thick, rich descriptions of the data, as suggested by Merriam (2009) were also employed, along with an audit trail of all identifiable research data, including recordings, transcriptions, data code books, field notes and reflexive journals (Merriam, 2009). Finally, a peer review was utilized to ensure that categorical coding is reasonable and accurate.

Limitations of the Study

This research study was designed to be a robust and trustworthy qualitative inquiry into the phenomenon of student success as experienced by community college students with an ACE score of three or more. Additionally, this study aimed to place the experience of ACEs in a framework of resilience in order to explore resilience as a factor in community college practices and programs that promote student success.

Two significant limitations exist. First, ACEs are highly correlated in the literature with poverty. Researchers have drawn a clear line between ACEs and poverty (Porter, 2010) and unemployment (Liu et al., 2012). This study asks a brief demographic question concerning income, but makes little attempt to untangle the relationship of poverty to high ACE scores.

Secondly, this research offers a very broad perspective of the ACE phenomena. Emerging research in neuroscience is very compelling that ACEs are instrumental in the development of neurological pathways that may be adaptive in high stress environments,

and maladaptive in environments that do not have the same stress. This research does not attempt to tease out any of the more subtle consequences of ACEs. These may include very relevant changes in cognitive and non-cognitive development in individuals with high ACE scores.

Nonetheless, it is hoped that this foundational research will be a catalyst for further research of ACEs as they relate to student success at institutions of higher education, and for a continuing discussion of their role in student success at community colleges.

CHAPTER 4

RESULTS

The purpose of this study is to understand how adverse experiences in childhood may affect individuals as adults when pursuing higher education at a community college, and to place these experiences in a framework of resilience. The goals of this study are to investigate the college experiences of adult community college students with three or more Adverse Childhood Experiences (ACEs) and to use the results to assist in understanding the perceived challenges and successes of these students as they enter and progress in community college programs. Finally, this study aims to identify factors of resilience in these students' lives that may be influenced by community college practices and then to make recommendations for such practices.

This chapter presents the results of this research. Demographic information from each participant is included, along with coding methods, and individual responses to the research questions. Finally, individual themes are identified.

Individual Demographics

Fifteen individuals were interviewed from four community colleges in one northwest state. Twelve participants were female, three were male. All ranged in age from 25-58. Twelve participants were responsible for parenting children in their homes. All had less than $20,000 annual incomes. Six had been treated for substance abuse. All but one reported anxiety or depression, and eight had been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). Table 1 describes the demographic data of the participants.

Table 5: *Demographic Data of Participants*

Code	M/F	Age	Income	Parent	ADHD	Mental Health	Substance Abuse
A	M	39	$0-10K	Yes	Yes	anxiety, depression	No
B	M	56	$11-20K	Yes	Yes	anxiety, depression	No
C	F	30	$0-10K	No	Yes	anxiety, depression	Yes
D	F	26	$0-10K	Yes	No	anxiety, depression, bipolar disorder	No
E	F	27	$11-20K	Yes	No	depression	No
F	F	51	$0-10K	Yes	No	Anxiety, depression bipolar disorder, dissociative disorder	No
G	F	44	$0-10K	Yes	No	none	Yes
H	M	48	$0-10K	No	No	anxiety, depression, post-traumatic stress disorder	Yes
I	F	49	$0-10K	Yes	Yes	depression	No
J	F	30	$0-10K	Yes	Yes	anxiety, depression	Yes
K	F	26	$0-10K	Yes	No	depression	No
L	F	58	$0-10K	Yes	No	depression	No
M	F	26	$11-20K	Yes	Yes	depression	Yes
N	F	26	$0-10K	Yes	Yes	None	No
O	F	32	0-10	Yes	Yes	anxiety, bipolar, PTSD	Yes

Interviewing Participants

Interviews were conducted over the course of three months at four community colleges in a Pacific Northwest state. Initially, three community colleges were chosen for their status as rural, suburban, and urban. No significant differences in responses were identified as a result of these classifications, and additional interviews were conducted at a second rural community college. Additional IRB applications were submitted to three of the four colleges. The fourth college did not require an additional IRB approval. Interviews took place on those four community college campuses in a quiet and private location between May and July 2015.

Participants were selected and scheduled for interviews by a community college employee at each college, based on ACE survey results. The ACE literature identifies ten types of adverse childhood experience: physical, emotional, or sexual abuse; neglect; death of a parent; loss of a parent due to divorce; the presence of domestic violence in the home; incarceration of a parent; and substance abuse or acute mental illness of a parent. Interviewees each indicated at least three ACE exposures. ACE surveys were distributed via email with SurveyMonkey® survey software. In order to keep the identity of the participants confidential, these surveys were administered and analyzed by a community college employee who served as an assistant to the researcher. Only students with more than three ACEs and who had attempted 24 or more credits were selected for an interview, which was set up by the research assistant.

Each face-to-face interview began with a scripted introduction. Participants completed demographic questionnaires and release forms in person. One participant

missed her interview appointment and asked to participate by phone the next day. Her release form was completed by mail. Questions were posed as planned, and as recommended by Hays and Singh (2012) the researcher was free to ask extended questions and did so often.

Research Questions

This research was guided by four research questions:

RQ1.   What are the lived experiences of students who have a history of three or more adverse childhood experiences?

RQ2.   How do students with three or more ACEs perceive their community college experiences?

RQ3.   What are the perceived challenges to achieving student success for students with three or more ACEs?

RQ4.   What aspects of resilience are exhibited by students with three or more ACEs?

The interview questions were designed to correspond to the research data as reflected in the following table:

Table 6.

Research Questions and Corresponding Interview Questions

Research Question	Interview Question
What are the lived experiences of students who have a history of three or more adverse childhood experiences?	1.What is it like to have had these stressful events in your childhood? 2. How does this past experience influence you now?
How do students with three or more ACEs perceive their community college experiences?	3. How do your childhood experiences affect your progress in community college? 4. What is a typical day like for you?
What are the perceived supports and challenges to achieving student success of students with three or more ACEs?	5. What are the main supports you have for attending community college? 5a. Were some people or programs particularly helpful? 6. What are your main challenges to being successful? 6a. Were some people or programs particularly challenging?
What aspects of resilience are exhibited by students with three or more ACEs?	8. How do you cope with past and current stresses in your life? 9. Where do you feel you belong? 10. What skills to you have that help you as a student? 11. Is there a community, culture, or

spirituality that you identify with? 11a. Does this influence your role as a student?

Participant Responses

This section addresses each subject's responses to these questions.

Student A and RQ1

Student A is a 39-year old male who is making his fourth attempt at a community college degree in business administration. He indicated six categories of ACE before the age of 18 and has been diagnosed with ADHD, anxiety, and depression. His current grade point average at his current community college is only 0.55, but he is awaiting transfer credits that he has successfully completed. He reports that he struggled a great deal in high school while living through traumatic events and developed a lack of confidence. "The majority of my childhood was abusive and criminally abusive to the point that I learned how to . . . just how to cope. A lot of my struggles were not so much that I could do it, but feeling confident enough to know that I can work at this level." He also reports a sense of being frequently overwhelmed. "When the work load gets heavy, I get stressed out." He is currently unemployed following a back injury. He says he loves college and has a desire to finish a bachelor's degree. "I am still working on figuring out my prioritization. What to do first. How to incorporate it into [my] schedule."

Student A wants others to know that appearances may not always be accurate when students come from traumatic backgrounds, and they may seem to overreact

sometimes. "I'd say probably one of the biggest things is we all -- anybody that has had abusive or have had issues as a child -- we have developed structures around us to make it seem like we're doing okay, and that's not necessarily true. We can look like we're doing well, we can act like we're doing well, but a lot of times in our own time, it's probably the hardest times that we have. Just in dealing with whether it was something somebody said, in general, that kind of triggers us to kind of react and think about things. Even though we can maintain a life right now, doesn't mean that we're not struggling."

Student A and RQ2

Student A reports that online classroom experiences are especially difficult. He says he realized recently that he has to give special attention to online classes. "Online classes are hard because I do well in . . . in-person settings. Something where I can take notes, where I can talk with other people, but I've got to figure it out because next quarter I have accounting online, so it's kind of imperative that I learn how to do that." Typically he comes to the college campus to work on those classes on Mondays, Tuesdays and Wednesdays. Thursdays are a day off for him, and Fridays are reserved for medical appointments as a result of his back injury.

Student A and RQ3

Student A says that his family and his counselor are very supportive of him attending school. "I'm actually living with my parents right now, since I can't work. My ability to be on my own is kind of limited. The state is actually supporting me with my rent, and my VA disability is a monthly paycheck." His main challenges are focus and attention, along with a sense of being overwhelmed. "A lot of times I let my stress build

up on me and then I just kind of back off and almost have to do damage control because I get so stressed out." As a child Student A was prescribed medication for ADHD, but he says it numbed him and changed his personality, so he no longer takes the medication: "Ever since then I've been trying to work on these types of things."

Student A and RQ4

Student A reports a number of skills that help him as a student. He cites computer skills, determination, and experience in the business world as helpful in being a student. He has also developed coping mechanisms for dealing with focus and attention. "Everything to me is scheduled. My phone keeps my schedule and I schedule my waking up in the morning. I schedule my breakfast. I schedule everything, and if I don't have that schedule, I fall apart." He cites this regular scheduling, along with setting priorities, music, taking frequent breaks, being out in nature, and getting away as ways that he copes with stress. "I listen to music mostly. I do a real mix of music. I like classical. It just calms me and allows me to relax." He also sees a counselor on a weekly basis.

Student A feels a sense of belonging on his college campus. "Even though with my age and experience, it is kind of interesting in working with some of the groups that are younger, young guys who haven't experienced the corporate world, the financial side of things, being out on their own. They kind of look at me like I'm an old timer. There's a group of people that I kind of connect with and hang out with."

He also makes efforts to be involved in the community, joining a church and other community groups. He identifies as Christian and says, "I'm optimistic with being adventurous and taking calculated risks, and I think that there's a community of people

that go through trauma as a kid and that then learn how to survive those years. " He believes that his spirituality may not influence his role as a student, but it does as a person in general. "My spirituality has kept me from going into some of the things that could really have been damaging. I could easily have gotten involved in drugs and alcohol and used that to suppress the hurt and the anger and the fear and all that stuff that I had, but I feel like having the connection (to God) that I have really kind of curved and allowed me to see things differently than I would have, had I not had that in my life."

Student B and RQ1

Student B is a 56-year-old Caucasian male who returned to community college after a long absence. His first training was as a certified nursing assistant, and he worked for some time in that field. He is now enrolled in the addictions studies program. He carries a 3.14 grade point average. Student B indicated that he had nine of the ten possible ACEs, that he hasn't talked to his parents in years and that he blocks his childhood memories. He does not think it impacts his progress now as a student, but remarks: "It carries with me. I keep that in the back of my mind of all the ugly stuff that's happened in my life. Obviously, you've got to have a history in order to progress from something. I'll tell you, I've had a few things here recently that have been pretty traumatic. I didn't have to deal with death when I was a kid." Student B reports that his wife died in 2009, and says that he is no longer in touch with his 17 children. Being a certified nursing assistant was also traumatic for him. "I got fired, but not before 30 people died in my arms. Every one of them hurt."

Student B and RQ 2

Student B works part-time as a custodian and perceives his life to be especially busy between work, clubs he belongs to on campus, and starting a non-profit for troubled teens. "I go non-stop from the time I wake up til the time I pass out every day." For this student, college is almost an afterthought. When asked when he studies, he responded: "When I'm not doing all that other stuff. In fact I brought my psych book with me, in case I had time." About the degree he is earning, he also says, "I don't give a rat's butt about the piece of paper. It's mostly about the information behind it."

Student B and RQ3

Student B is frustrated about the lack of support on campus. He complained that job openings are not up to date in campus publications, and that he doesn't get any other support on campus. He cites only one supportive person in his life: a friend he met on the bus as someone who "is behind me 100 per cent." The pace of college and refresher classes frustrate him, along with changing financial aid rules, and a lack of scholarships for men. Although he doesn't credit them with giving him support, he names specific staff members who have been helpful to him: a financial aid advisor, an instructor, and a student services professional. He also names college personnel he finds particularly challenging: "The Dean is an SOB that dragged me into his office when an instructor gave me hell. . . . I don't see any need for him. He is not a people person. He should be out of here."

Student B and RQ4

Student B exhibits multiple factors of resilience. He feels that, despite his age, he belongs on campus. Despite his espoused frustrations, he also reports: "I love going

here. I haven't had any issues. It's fine going into school." He describes a strong connection to spirituality. "I know a guy upstairs (God) has a goal for me. I don't know what it is, but I'm going to do what I can to help other people." He also expresses a desire to share his religion with his future clients: "I'm going to be a little biased when it comes to the religion side, because I'm going to push religion if they ask me…as far as religion goes, I'm going to push it every chance I get." He describes perseverance as a challenge, and yet has completed multiple quarters of community college and is within 15 credits of graduating.

Student C and RQ1

Student C is a 30-year old student of mixed race in the Addictions Studies program. She reports ten ACEs and a 2.4 grade point average. She is one of the few women in this study who is not a parent. She reports that as a result of the abuse she endured as a child, she turned to drugs and alcohol, overdosing the last two times she used drugs. She says that her original career plan was to be a lawyer or a cosmetologist. "Then, I kind of just had this epiphany. I know a lot in this field and I could really help another person. I know what it was like to be desperate, hopeless, the despair, and in that state of mind. I wanted to help somebody else." She says that she is often overwhelmed and afraid to ask for help, and that she is also afraid to socialize.

Student C and RQ2

Student C works part-time as a work-study and describes a very busy life. "I wake up at 6:00, do an eye-opener (Alcoholics Anonymous) meeting Monday through Friday at 7:00." She commutes from a town an hour away from main campus, where her

classes are held. "I do homework on my lunch breaks." She suffers from anxiety and PTSD. She says, "I'm not normally big on socializing with students my age, my peers. That can really hurt because there are school projects or group projects that we need to do. I'm the quiet one."

Student C and RQ3

Student C reports that her family, her partner, and financial aid have all helped support her through her community college experience. She cites challenges of "overwhelming busyness," and feeling "put down." Student C details that, as a child, when she asked her mother for help with homework, she was told: "Quit playing stupid. You know how to do this." As a result she still struggles with asking for help. She told of a recent incident with an instructor in which she asked questions and was told that she should already know the answers. Student C responded to the instructor in a way many students might be unable to duplicate: "I told her, 'I'm feeling put down. I'm really down when you say that. You can just say this concerns you because I need to understand what these words are.'" The instructor reacted positively to her complaint and apologized to her.

Student C and RQ4

Student C also exhibited many factors of resilience: coping skills, a sense of belonging, and a strong commitment to her recovery from addiction. She named several ways of coping with stress including cleaning, taking a breather, exercise, reading inspirational materials, and attending recovery meetings. She also uses self-talk to help

her overcome memories of abuse and triggers. "I tell myself 'I'm not there. I'm here today in the present,' and just think about it like that."

Student C shows determination and perseverance in her success in completing a high school equivalency test: "I took the math test three times and I think the science two or three times too." Since then she has completed 32 college credits. She identifies strongly with her recovery community and tries to attend 11 meetings each week. She attends church on Sundays and listens to Christian music as a way to deal with ADHD and to help her sleep. She also reports that it helps her to be open-minded as a student and helps her to engage with others, developing empathy and trying not to judge them. "I try to put myself in their shoes. Maybe they're going through a lot today. Remember you went through a lot and you've been snappy too. I'll just roll with the person and try to be as helpful as I can in understanding better."

Student D and RQ1

Student D is a 25-year-old, female, mixed-race, single parent of a toddler. She has been diagnosed with depression, general anxiety disorder, and borderline personality disorder. She attends a rural community college and is working on pre-requisites for a nursing degree. She describes her experience as being very stressful. She describes her typical day: "Get up. Get my child to childcare. Come to class. Go home. Feed him lunch, then come back to class. Then I go pick up my child and go home." She says that her childhood experiences are never far from her mind. "They're always there. They're a giant weight on my back and on my chest. They ache at me everyday."

Student D and RQ2

Student D suffers from anxiety that manifests primarily in a fear of men and loud noises. "If I have a loud professor, I shut down. Or if I feel like they are putting me on the spot, I will quit attending class." Despite being the youngest subject in this study, she feels too old to be in college: "I could have done it at 18 or 19." School is stressful and nerve-wracking for her, citing a difficulty with caring for her small child and keeping up in classes.

Student D and RQ3

Student D names her parents, her partner, and her financial aid as supportive of her college experience. She says a school counselor helps "If I get lost or don't understand how to do certain things, she helps me to where I can get the proper hour child care coverage for my childcare and what direction I need to go for my degree."

Student D says her biggest challenge is the stress of her own self talk that tells her she is going to fail. She puts herself down. "Some of the material is hard, because in high school I blew off all of high school. I almost didn't graduate. Like biology, I don't know anything about biology. I had to take it at a college level. That's very hard." She struggles with feeling judged: "Judgment is a very big fear for me, being judged by my classmates and even by professors." She also has a difficult time with anxiety: "Walking across campus from one class to another is kind of hard. I always feel like people are staring at me. I feel like there is a giant neon sign that says 'I was sexually abused.'"

Student D and RQ4

Student D describes mixed connections to resilience factors. She feels that she only truly belongs in her own home. "That's where I feel safe, because there's nothing that can harm me. I'm by myself which is easy. I don't like being out on campus. I don't like people staring." She also states that she quit believing in God at age 13. "That was when my grandmother died. She was very important to me. I still needed her and I said, 'If you're out there, why did you take someone of great importance to me?' Then

the abuse happened, and I was like, 'Okay, you really don't exist, because these things wouldn't happen to me if you did.'"

She describes several methods of coping with stress, video games, music, writing, and cooking. She also stresses that she is determined and ambitious. "I want to be a breadwinner."

Student E and RQ1

Student E, who has been treated for depression, is a 27-year old Caucasian single mother of two very young children. She is attending a rural community college to achieve a certificate to become a pharmacy technician. She describes herself as a conflict avoider who tends to shut out stressful events. Her family continues to engage in drugs and other activities she considers to be unhealthy, so she tries to separate herself from them as much as possible. She says that as a result of childhood events, she often wants to give up, "just throw my hands in the air and go to bed." Until recently, Student E struggled with the physically abusive father of her oldest child.

Student E and RQ2

Student E says that she decided to go to school because of her children. "I actually had it set in my head when I got pregnant with my daughter at nineteen, that when she went to school, I would go to school. When I got pregnant with my son, I would say I was about three-quarters into school. I got pregnant, and it was really hard deciding if I wanted to wait until he went to school, or be done with it by the time he went to school. So I went back when he was six months. . . . That was really hard. I would cry then, too. I love my kids."

Student E spends her day on campus after dropping her children off at daycare and school. She works on campus in between her classes. She says she "could cry at anything, but I try not to do that." She says that the hardest part is thinking that she is good enough and having doubts in herself. "I've tried so hard, but it is really hard. I feel like I beat myself up a lot. I always tell myself the worst, so if I do hear it, it's not a surprise.'" Feeling not good enough can often affect her in classes, and she reports that she does not like to talk in front of people, answer questions, or even ask for help for fear of being judged or ridiculed.

Student E and RQ3

Student E includes her current partner, her daughter, and college personnel as particularly helpful to her. "My daughter, she's seen, and believes in me wholeheartedly. It's really sweet. My son's dad helps a lot, like pick up the kids on Saturday so I can have time to study." She cites a college counselor as someone who believes in her. "I went through quarters where I was stressed out. I will quit attending class because I feel like, if I do bad in that class, it takes from my other classes where I can put the effort forth to pass it. (The counselor) has really been there to support me, even when I got in trouble with financial aid."

Her challenges include finding enough study time, balancing her parenting responsibilities with work and school, and online classes. "I would say doing my required studying time for anatomy and physiology. It's intense. She (the instructor) says like twenty hours of study a week, and while we're learning special senses and what your body does in class, we have to be learning the muscles and stuff on our own for our huge

midterm that we just took. What I find the hardest is retaining all that information in my head at once."

Student E and RQ4

Student E shows multiple factors of resilience. Determination and persistence are two of her self-described skills. "Balancing everything is the hardest part for me. I'll be overwhelmed, and I'll feel like I just want to give up. Then I think how close to the end I am. . . . My mom struggled with depression a lot and she would just stay in bed for literally weeks on end. I will go throw myself on my bed, and I'll give myself five minutes, that's it. I don't like to cry in front of my kids. I want to be strong." She is also developing coping skills around the everyday stress of being a student, worker, and parent: "I am working on being able to communicate through it and not feel like a victim. My mom was really big on feeling like a victim. I don't want to do that role. I want to feel like I can do it for myself. I don't need someone else to do it for me. I can fix myself. I don't want to be dependent on someone else."

She does not express any connection to a spiritual community: "I just felt like religion was not for me. I'm not against it. I believe in God. I believe in Jesus. I believe in karma. So that's as far as it goes." She does place a very strong value on her role as a mother. "I don't have any cultural or anything like that, really. My daughter's in Girl Scouts. I try to go to her school stuff. I don't know if it's really cultural, but it's getting together with the community." She says that her college education will show her children their own worth: "They'll see that no matter what, they're smart enough. They can go to school. They can work for more. I try to tell my daughter, 'Don't have kids

early. Go to university. I will figure out how to pay for it.' She'll even point to (the

university) when we go to [a large city]. . . . She's influenced my son, that he'll sit there

with his feet crossed and look at a book. It may be upside-down, but he's looking at

books. He's only fifteen months. I feel like they're amazingly smart."

Student F and RQ1

Student F is a 51-year-old woman of mixed-race who has been diagnosed with

anxiety, depression, and bi-polar disorder. She reports ten ACEs and boasts a 3.92 grade

point average. She is scheduled to graduate from a culinary arts program at a rural

community college this year. She also has congestive heart failure and fibromyalgia. As

a young adult she was offered a four-year scholarship to college but she was more

interested in having a family at the time, and ran away with her first husband. Student F

talked openly about horrific abuse as a child, including physical and sexual torture.

Recently, she saw a brochure about community college in the public assistance office,

and recognized that it was a good time to attend. "I thought, 'Gosh, it's just me here.

The kids are grown."

Student F and RQ2

Student F is now enrolled full-time and employed in the culinary arts program.

"It's a good feeling to finally feel good about myself and pursue something." She

describes her first quarter as very difficult. "First quarter like to have killed me. The

homework, the reports. I haven't been in school. The math . . . I hung in there and was

shocked. I did everything I could for extra credit. It seemed like I had to work three

times as hard. I was a little defensive because some of the younger people. . . . There's

not a lot of older people in what I'm doing, but there's a few. They [younger people] looked down on you, like you should know this or you're stupid."

Student F spends her days on campus and arrives before 7:00 a.m. She sets up her kitchen prep work in the campus cafeteria and takes classes in the morning. The rest of the day is devoted to her lab and work-study job. At the end of the day, she is responsible for cleaning the kitchen.

Student F and RQ3

Student F cites several means of support for her success as a student. She credits her instructors, other students, campus and social service counselors as particularly helpful. "They just cared," she reports. "They do everything they can to make sure that you succeed." She says the financial aid process has been especially challenging since she was recently married to a man who lives outside the country. Getting financial documents for her husband has been especially difficult. She also states: "I wish I was better with PowerPoints. That's been difficult." In addition, Student F struggles with health and hearing issues that can make college more difficult, although a vocational counselor has helped her get hearing aids.

Student F and RQ4

Student F cites her skills as being organized, setting priorities and completing her homework. She describes a strong academic background in childhood and a dedication to hard work. She copes with stress with breathing exercises and owning a pet. She also identifies with a particular Christian denomination. She says, "I read my Bible. I want to find a church . . . I feel like I've had quite a few miracles in the last year….I know I'm

doing what I'm supposed to be doing, and I'm doing it because I want to, and I want a better life."

Student G and RQ1

Student G is a 44-year old Caucasian woman, the only subject in this study who did not report ADHD, substance abuse, or a diagnosis of a mental health condition. Her survey indicated that she experienced five ACEs before the age of 18. She has a current 3.51 grade point average. She believes that her early experiences affect her primarily in her parenting: "Basically, my biological mom, the only real thing she taught me was the kind of mother I didn't ever want to be . . . I think that's helped me create these really close connections with my children . . . as a mom, I know how I want my relationships with my children to be and how things should be. I really feel like home is the one place that you should feel safe. Home is where the people that you should be able to count on the most and . . . I didn't have that. . . .The people that I thought that I should be able to trust the most, really let me down." Despite the difficulties, however, Student G says it pushes her harder. "I think it just pushes me harder to prove everybody wrong, you know what I mean? Just to prove to myself that I could do it."

Student G and RQ2

Student G says she loves being a community college student and is soon to graduate Phi Theta Kappa with a degree in criminal justice. She plans to continue her schooling and get a bachelor's degree in the near future, perhaps even attend law school. She shows obvious enthusiasm about her instructors and their credentials. She returned to school when she was hurt on the job, and her daughter, who was taking classes to

prepare for the GED exam, challenged her to do the same. She commutes over an hour to the college campus, has a work-study job and is on campus for up to twelve hours at least two days a week.

Student G and RQ3

Student G credits a college learning class and her children as her primary supports. She appreciates words of encouragement and finds in them the strength to continue. "There's been sometimes when I'd get, I'm not going to lie, I get really stressed out. . . . I would let the anxiety build up and I'll put things off. They (her children) will say, 'You know, Mom, you're almost there. Keep going. We're so proud of you.'" She especially appreciates a college counselor: "Anytime I need anything I always call Aaron. He's always worked with me and helped me. There's been times I've been really frazzled, and he's been really supportive."

Her challenges include procrastination, fatigue, finances, and fear: "I procrastinate doing my homework sometimes. I get really tired, so I get home and I don't want to do anything, so I kind of wait until the last minute and do it at the last minute. Even though I've had two weeks to do this great big paper, I wait until the day before it's due and I write it. I put myself under tremendous amounts of pressure when I do that. It's my own fault." She also describes a good deal of self-doubt, despite her success. She struggles with confidence, wondering, "Am I really smart enough? I know that I'm smart, in my way, but is that really going to be book smart?"

Student G and RQ4

Student G reports several factors of resilience. She feels a bit out of place as an older student on campus, but says: "I found a home there in the IT department where I do my work study. . . . My two direct supervisors, they are just really great women. . . .If I'm having a bad day, I can vent a little bit. Then that helps the day get better. They're just really supportive: 'Keep it up; you're almost there. Good for you!'"

Student G also describes coping skills including stress reducing measures such as going on long drives, connecting with her children, and allowing herself to cry. She says she is not a very religious person, but "I believe in God or higher powers. There is something." She is also dedicated to social justice ideals, having spent her internship working with victims of domestic violence. "I want to get justice for people, the more vulnerable people of our society. The elderly, the disabled, abused children, domestic violence, sexual assault victims. Maybe work with the deaf community."   She describes a huge difference in herself in the last ten years. "Now I have a goal. Something that I'm really working towards. Something that I've always wanted to do. . . . I'm doing better than I ever thought I would."

Student H and RQ1

Student H is a 48-year old male working on a human services degree. He reports nine ACEs and a 3.29 grade point average. He has returned to college after a 30-year absence during which time he suffered from extreme substance abuse, PTSD, and depression. He described a lack of confidence and a sense of feeling damaged and broken as a result of his childhood traumas. His journey to sobriety and community

college was long. He says: "I was around 21. I was court ordered (to treatment). I went through five in-patient treatment facilities, probably five or six outpatient. Different times, I could white-knuckle it and get a little bit of clean time, but not sobriety. . . .There was a lot of post-traumatic stress stuff from the sexual abuse, mental abuse, and physical abuse, emotional, as a child, and I stopped a lot of that stuff. Getting sober and starting to feel some new stuff, it was incredibly overwhelming. I couldn't handle it. Just emotionally, I couldn't handle it. . . . My last three weeks, my last run, I had a noose tied on my balcony, and I had picked the day."

Student H and RQ2

After becoming sober, Student H lost his job as a car salesman and learned about community college programs and potential funding sources at an unemployment office. "For me, this is literally a dream come true. It's something that I never thought I would have the opportunity to do. I thought that dream had passed me by, and so I'm living a do-over." Student H has a rich and engaging student life. "I live in a clean and sober house. I have seven roommates, so it's jockeying around the kitchen in the morning, and I catch the bus, and I'm usually up here at 7:15. I'm in student government. I've got my classes. I'm either in the library or doing student government stuff, and we're doing a play. I'm usually not coming home til 4:00, 5:00, 6:00 in the evening, and then I study."

Student H and RQ 3

Student H credits his instructors, fellow cohort members, and college personnel as primary supports, and says that without his financial aid, he would be homeless and unable to attend school. "I've gotten ten hours a week that I get paid for student

government, which has made a huge difference. . . [Some people] don't realize what $200 or $300 a month, what an impact it can make in somebody's life. It's a huge difference for me."

His challenges include depression and loneliness. "I'm still a baby in recovery. I'm sober. I'm still learning to trust and grow. I'm 48 years old and still think and behave as a teenager at times."

Student H and RQ4

Student H shows very strong resilience factors. He describes his greatest skill as desire and determination. He feels a sense of belonging on campus, despite his age. "It's a huge generational gap. I guess it's funny. I fit in. I'm a goofball, and I'm a kid at heart, so yeah, I get along with them. I have no problem with the younger students at all. I fit in." He describes regular exercise as his coping strategy for stress. He articulates a strong connection to his spirituality: "There was a spiritual moment where I just had a realization that the only relationship that was really going to work, that was going to be enough, was something greater than myself, with God. I never really had a father. That's the relationship of my understanding, a father and a child." He credits this spiritual awakening with preventing severe anxiety attacks. "I'm a force of nature. I don't have a lot of fear going on. It's because I've got a basis of who I am. I don't mind sharing where I was at, who I was. I would say, 'I'm not what I could be, I'm not what I should be, maybe, but I'm not who I was.'"

Student I and RQ1

Student I is a 49-year-old mixed race woman who has been diagnosed with ADHD and depression. She has three ACEs in her background and a 3.4 grade point average. She is in community college studying business technology after losing her job as a caterer. She began our conversation with a warning that she would likely cry about her 26-year old daughter who has called her the night before our interview. Later she tells me, "She [her daughter]has a five-year-old, a four-year-old and a two-year-old who she hasn't seen in almost a year because she left them at their dad's and she's out in the streets. She's out there on drugs. I want her in treatment. I try getting her in treatment and I know enough about all that. Unless they want to do it. . . . I would never will addiction on my worst enemy ever. It's horrible." She is also very upset that she is a few minutes late for our interview. "Man! I should have gotten on that earlier bus. I knew I should have! . . . it just seems disrespectful not . . . I think people who are late are thinking their time is more important than someone else's. I'm not like that."

Throughout the interview, Student I finds it hard to stay on topic and frequently has to be drawn back to the question. She says that her past does not affect her today. "My parents did what they had to do to get through. My dad . . . I'm Irish and I'm Indian. I'm from a long line of really good alcoholics." As a result, she doesn't drink herself. She does report that she tried to get her dad's attention by excelling at everything. She also reports anxiety around holidays: "I hated him, because my childhood memory was, like before we go to my grandma's house, my dad would drink too much. There was fighting. Now I really hate holidays."

Although she doesn't identify it as an effect, Student I has been in several abusive relationships with men, one of whom is now in prison for stabbing her son with an ice pick. Her current husband is in treatment. She says that staying with her parents is "like my subconscious way of not allowing that [husband] to be in my life anymore. Because if I had a place I'd say, 'Okay, come home.'"

Student I and RQ2

Student I believes that her childhood impacts her because she still wants to make her parents proud, and she still has an "overachiever syndrome." Attending college is something she enjoys. "I like it. I like it because it's keeping me social. It's keeping me out in the world without working; because I catered for 25 years and it was a chaotic, crazy thing. . . . I really like it. I'm always up for a challenge because I'm going to prevail, but I like it." She goes on, "I think sometimes it's hard for your family members to get it. 'There's no way she's doing that much homework.' I'm like, 'Yes!'"

Student I lives in a trailer on her parents' property with her 13-year-old son. "There's a lot of anxiety there with that for me. They drive me down to the bus stop. I don't have a car, I don't have a license. I need to address all that."

Student I and RQ3

Student I reports that her kids, her husband (not living with her) and her parents are her primary supports. She also has friends on campus who support her. "I've made friends with a couple of ladies there. We usually grab something to eat, or just kind of depends what's going on. Then we go to the learning center and we just do homework."

She says, "When I started here I didn't even know how to turn on the monitor below, and I'm just finishing up with computer fundamentals."

When asked what her biggest challenge is, she remarks: "Not beating myself down going, 'Okay, well in the eyes of society…' because when I went through my divorce and then I went through a custody battle, in the eyes of the court I was crap. It beat you down pretty hard because I was having my third child. I had four kids from three different men . . . If it was to go to court and to the judges and all that, it's who has the most money wins. I learned that pretty fast."   She also feels that she might not be good enough: "Yeah, because right now I don't have a car, I don't have a home and I'm not letting my kids go because I'm so close to my kids, . . . but in the eyes of our society, success is material things."   Living with her parents is also a huge challenge for Student I. She says it is an unhealthy environment and she often has to "bite her tongue." Her mother suffers from early-onset Alzheimer's, and her father also cares for her disabled brother, whom she calls her "head-injured brother."   She is separated from her husband who is in drug treatment. Student I feels anxiety and deep concern for her drug-addicted daughter and her grandchildren.

Student I and RQ 4

Student I shows mixed facets of resilience. She describes her skills as being a hard worker, and also her perseverance: "I'm just not a quitter." She says her kids are a huge factor as well: "Believe me, there has been some days, especially when I first started computer basics . . . there was a couple of projects and the teacher was a challenging teacher. She didn't teach in a style that worked for anyone so it wasn't just

me. I feel bad when I saw someone else struggling. But it's reassuring, I mean, look, this 20-year-old is struggling too. It's not just me. It's [the teacher's] way of doing it. I had this one assignment, and I took my glasses and I twisted them and I'm like, 'I'm quitting. I can't do this any more," and I'm just crying and my 12-year-old is like, 'Mom, are you really going to quit school over one assignment?'"

Student I says that she feels like she belongs on campus: "There's every age, every part of society. Yeah, I'm totally comfortable. . . . There were other people just like me and I really have liked all my instructors. Every person is just like a really intriguing character. I'm just really intrigued and interested in people's life stories. How did you end up here? What were you doing? . . . It's just this curiosity."

When asked about her spirituality, she says: "I was raised Catholic. My aunt is really into Indian spirituality. I believe in God, and I'm around a lot of people who 'Alleluia and praise God and stuff.' I believe in a higher being or energy, but it's just, I'm not quite sure what it is." When asked how she copes, she responded: "I get up. I dress up. I show up and I do what is expected of me."

Student J and RQ1

Student J is a 30-year-old Caucasian single mother. She reports six ACEs and carries a 3.5 grade point average. She has been diagnosed with ADHD, depression and anxiety. She has also been treated for substance abuse and has autoimmune disorders. Student J was unable to make our scheduled interview but followed up with a phone call the next day. The interview was conducted over the phone. Student J is in her last quarter of an accounting certificate at a suburban college. She believes that her past experiences

had a direct effect on her life, and as a result she became addicted to drugs like her father. She is now in recovery. She also reports that her propensity to "pick bad men" is a direct result of her experiences.

Student J and RQ2

Student J reports that on a typical day in community college, she is terrified most of the time. She feels that she has to fight the system as she is not a social person and she is not a morning person. She, like other students in this study, worries that she is too old to be pursuing college and sees her classmates as somewhat selfish. She praises a college success class she took: "The class helped me feel worthy for the first time. It changed my life."

Student J and RQ3

Student J sees her mother and friends as her primary support systems. She receives encouragement and positive reinforcement from them. She feels challenged in particular by her online classes and says that they are "not at all helpful." She is frustrated that many of these instructors live out-of-town and are not available for face-to-face conversations. Finding computers to use at school and managing her time also challenge her.

Student J and RQ4

Student J exhibits several factors of resilience. She is very appreciative of her College and Life Skills class, which she credits with teaching her time and money management, how to sell herself, how to manage her money, and how to have positive

relationships. She says this class helped her feel that she belongs on campus. She copes with stress by talking with her support system, primarily her mother and with self-talk that includes phrases such as: "Don't repeat the same mistakes," and "You're ok." When asked about a community, culture, or spirituality that she identifies with, she answered that she "believes in the Universe. Energy happens." Her work in Narcotics Anonymous also helps her from slipping back into old behaviors.

Student K and RQ1

Student K is a 26-year old African-American woman who single parents two children and is pregnant with a third. She has four ACEs and a 3.4 grade point average. She is currently in a pharmacy technician program at a suburban college. She has been diagnosed with depression. Student K was raised by an aunt and describes a difficult childhood with a drug-addicted mother who fell into a coma and lived for three years in a vegetative state. She says that she blocks out as much of the memories as she can: "I can't let it get to me." Student K was an anomaly among the students interviewed in this study because of her positive sense of self-worth. She says: "I was fortunate to have my aunt. I was fortunate to have normalcy from my grandma, even though my mom was running the streets and being crazy. . . I know you don't have to be perfect to be loved. You don't have to be perfect to fit in . . . I am overweight but I'm pretty and I'm smart. I may not have a lot of money, but whatever I have in my cupboard I can cook it up and make it taste good. You know, I have skills. Anything I want to do I can do."

Student K and RQ2

When asked what it is like to be a community college student, Student K answered: "It is pretty important for me. Nobody in my family went to college." She describes her typical day in this way: "I get up, I push my daughter out the door, and then I hightail it across the street to the college, and then I sit in class. We usually have a quiz everyday and so if I have two classes, that is two quizzes and notes. I come home, I read, or have study group right after class. It just depends on what everybody else's schedules are, but usually I come home and I get on Canvas (a learning management system) and do my assignments and study." She adds: "When I go, and I'm on campus, studying, talking to other people, I feel accomplished."

Student K and RQ3

Student K says her biggest challenge is her own negative thoughts. "I think I think about too many things at one time, and it is hard for me to narrow down my thoughts. I have to read and read and re-read . . . and then that puts me into depression if I don't get things. I feel like what is up? What is wrong with my brain?" She says that her family and her partner are very supportive of her attendance at school and that she gets a good deal of help financially and otherwise from the college. "They have actually bent over backwards for me."

Student K and RQ4

Student K exhibits all facets of resilience in the Masten model. Her personal skills include determination. "I don't quit!" She says her 7-year-old daughter is an inspiration to her: "My daughter knows exactly what I'm doing and if I quit, she is going to be like,

'Oh, I can quit anything now.'" She goes on to tell about a time when she considered leaving school: "People were telling me 'why don't you just go get a job?' Well I want a career! I am going to get my career! I can't stay in the same spot forever. My mom probably would have given up. My grandma probably would have made it ok for everybody to give up. So, just thinking about that, like knowing that there was so many people in my life that didn't move on and they tried to tell themselves they were happy by not moving on, but they weren't. I gotta keep going."

Student K says she used to smoke cigarettes to help her deal with stress, but she quit when she found out she was pregnant. She says her thoughts about her success now calm her down. She also identifies strongly as a Christian. She says her daughter attends church and she reads the Bible. She says that being Christian "makes me good to myself, good to other people. If I'm not good to myself, I can't help nobody else." She ends this portion of the interview with this sentence: "Whatever I can't handle, the Lord carries for me."

Student L and RQ1

Student L is a 58-year-old Caucasian woman who has been diagnosed with depression and is currently suffering from essential tremors. She reports eight ACEs and has a 3.62 grade point average. Her health condition forced her to quit her job as a bookkeeper, and she is currently completing a paralegal program so she can be an advocate for persons with disabilities.

Student L says about growing up with abuse: "Whatever was happening on the outside, if I came to school and I could focus on my classes, if I was actually in a face-to-

face class, then I was able to get my mind off of what was going on outside. That's what I needed to do. It's was almost like some people go to work to get their mind off what's going on at home." She says that her past also led her to marry an alcoholic. "Luckily, he didn't beat me but his was more mental abuse. My stepfather used to tell me that I was no good, and I would never amount to anything. Growing up, I think I've always had this fear of success, not a fear of failure but fear of success. I wanted to prove him right."

Student L says that her experiences sometimes help her as a student: "There are classes where these kinds of things come into play like psychology classes where you have discussion groups and these things can come up. That can be a good background for discussion."

Student L and RQ2

Student L has been relocated by a social service agency because of domestic violence. As a result, she has a two-hour bus ride to school. She is also the sole parent of a special needs daughter. "I had to be really flexible. . . . With my daughter, I would only take ten credits per quarter because I had to make sure I addressed her needs." She had to change jobs and programs several times because of her daughter's needs and her own health issues: "I started out going into an environmental program and I was in my geology class. We had field trips that we were required to do, and I couldn't hike in with the rest of the class. I couldn't hike in, I couldn't hike out, and so I didn't get all the details of the program. . . . Once I started in the paralegal program, I started doing really,

really well. Paralegal seems to be my niche. After I graduate, I'm starting my own business as a disability advocate."

Student L and RQ3

Student L finds her partner, her adult son, her counselor at Department of Vocational Rehabilitation, and the college staff very supportive of her education. She also says her instructors are very friendly and they care about her. She describes her main challenges are her negative self-talk and her inability to ask for help. "I find it difficult to ask for help when I need it and I find I wait until it's too late to ask for help." She goes on to describe a very difficult time in her life: "There were a lot of things that happened during one quarter where it was real, real, real tough. I had a tough time getting through that quarter. In the meantime, the tremors got worse, so I've had a very difficult time and lots of tears, a lot of anxiety, depression. Yeah, it's been difficult but what has kept me going is the fact that . . . putting off my degree any longer and putting off my education any longer was not an option, and in spite of all the challenges and the relocations, and everything, I still continued with classes, continued. School was almost like my anchor."

Student L and RQ4

Student L shows several facets of resilience. She feels especially connected to her college. "I always belong on campus. I'm always going to school. My brother was telling me a couple months ago, he said, 'I don't think there has been a *time* where you have not been or went to school.'" She goes on to describe her tenacity and determination. "I wouldn't necessarily say I've always been a good student. I have had

challenges where I have failed classes and failed them on a regular basis. I have still continued to go ahead and go to class and work on homework, and tried and continued to try and kept going."

Student L shows some shame when describing her primary stress reduction skill as overeating. "That's a loaded question," she says teasingly when I ask how she copes with stress. "I have coped with stress by eating. Now, I am changing that. I am in the process of changing that. I'm working through that with counseling."

Student L reports identification, although not a practice, with the spiritual tradition of shamanism. "I got very interested in the tribal religions and background. I have been studying it, but I don't actually practice it. I just have been studying it and very intrigued by it so that's what I identify with right now."

Student M and RQ1

Student M is a 26-year-old Caucasian mother of one young son who has been diagnosed with ADHD, depression, and was recently treated for substance abuse. She reports seven ACEs and a 3.45 grade point average. She is currently in the human services program at an urban community college and indicated that she had studied ACEs in her college program. When asked about how she felt her background affected her, she replied: "I feel like it's been hard . . . especially coming out of addiction and then learning that I was pregnant and I have never been around kids. It was hard because I had no idea what I was doing. I didn't want to be like my parents. Like I said, I just found resources and I took parenting classes. . . . My ex's mom, she was the one who took me in . . . she taught me stuff, like filing stuff and making phone calls because I used

to be so nervous that I wouldn't even call. Even to talk about a bill or anything. I got a lot of anxiety. . . . I feel like all my relationship skills were horrible because I wasn't taught regular skills. I have fought a lot. I have a lot of assault charges because that's what my mom did. She is very physical. That's all I knew was fighting. If you are mad you fight or hit or break stuff. That's what I used to do but I went to jail and caused a lot of wreckage in relationships and stuff and it was not a good feeling."

Student M and RQ2

Student M was surprised with her placement test scores, which placed her into a college level English class, in which she excelled. "I feel like going to school is where I get to do what I need to do and everything is good." On a typical day she gets up, gets her son ready and to daycare and then herself to school. "I have to make sure I have enough time for whatever he has in the morning. If it were just me, it would be great. I would just wake up 15 minutes to get here. . . . I drop him off and I come here and right now I only have one class that's on campus. . . . I have a work-study job, and so it's in a computer lab and so when we are not busy, which is most of the time, we just sit there and wait for someone who needs help or whatever. I get to do my work while I'm at school."

Student M and RQ3

Student M cites time management as her biggest challenge. "I am late all the time and I hate it. It's like I know I need to leave at this time but it's like something always happens, I swear! Or I need gas or he (her son) wants to throw a fit. I have been working really hard on it, but yeah, time management is my worst and then just balancing being a

mom and cleaning the house, bills." She also cites her criminal record and fines as a challenge. "Yeah, that has been discouraging, having a record because it's violent. It's like you know, that's not who I am. It's just what I learned and then having an issue with alcohol and all that stuff. It's like I didn't know any better. A lot of people don't want me to work there, and I want to work with youth. At-risk youth is one thing I am really interested in.'" She also struggles with perfectionism: "I feel like everything has to be perfect and if it's not, I am frustrated with myself . . . thinking my work isn't good enough or something."

Student M says her classmates, whom she calls her colleagues, are very supportive: "In the human services program you become like a family in a way. They encourage us to talk to each other if we have questions and some teachers, one she doesn't even answer questions. She says: 'Did you talk to your colleagues?' It's really like a close knit group."

Student M and RQ4

Student M exhibits several facets of resilience. When asked if she belonged on campus, a huge smile took over her face. "Yeah, I do," she says. "I have actually been thinking about when I go to (a state four-year college) because I have a work-study job now and it's in (the city where the college is located), so I am planning to move there and I want to work on campus there as well. I have been thinking like maybe looking into an advisor position where I could help the students find their classes. Really, once I started going to school here, it's like some of my friends they would be like 'Hey, I want to go to (the community college she attends).' I am like, 'Do this, do that,' and there is this

program and I give them resources, and sometimes I would run into people and they have a question, and I can just help them."

In addition to her engagement with her college, Student M cites her skills as determination and ambition, and her sense of accountability. "I'm really focused I feel like no matter what happens . . . I know what I need to do for school, for DSHS (as a public assistance recipient), for a job, or you know, just staying focused on what I want and where I want to go and what I need to do to get there. . . . Not giving up." She describes her sense of accountability: "I feel like over the years I have learned through my treatment and counseling and all that stuff, the only one responsible for, I am the one responsible for it." She names several stress coping strategies: exercise, cooking, cleaning, and sleeping. "I try to do self-care and sleeping is really important for me because if I get really stressed, I don't sleep enough."

Student M also shows a strong identification with her church and her recovery program. "The very first time I went when I got out (of treatment) I lived with my aunt and we went to church all the time. I like that feeling. . . . So many things, just praying about stuff and like releasing that and just, it's awesome." She thinks it influences her as a student because she feels like some things happen and they are "a God thing," or "Opportunities come and I'm like, 'Wow!'"

Student N and RQ1

Student N is a 25-year-old Caucasian student with a young son. She has been diagnosed with ADHD, but not anxiety or depression, nor has she been treated for substance abuse. She reported six ACEs on the survey and has a 2.7 grade point average.

She has recently moved from the southwest to live with her grandfather. She is a student in the early childhood education department at an urban community college where she is simultaneously finishing her high school diploma. When asked about trauma in her childhood, she says she tries to leave all those experiences behind. "I try to block it from my mind so I don't have to worry about it, and thinking that if I didn't have those hard times when I was growing up, then I wouldn't be where I am today."

Student N and RQ2

Student N says she enjoys school, and that a typical day is spent doing "homework, studying, trying to get ahead." She also has a job working on campus at the Early Learning Center. She investigated several for-profit career schools and was turned down for admission because she had not finished her high school diploma. The college she currently attends has a dual attendance program. "When I first started coming to community college, I was going to become a business major. I was going to do my own taxes and everything. Then I think it was winter quarter I decided to stop that and go for ECE classes . . . when I first volunteered at the early learning center, I knew that's what I wanted to become."

Student N and RQ3

Student N names her 3-year old developmentally delayed son and her grandfather as her primary supports. "There's my grandpa who tells me that I need to finish to get what I need to get. He's actually happy that I'm following into something I like to do. Some of my family hadn't really went to college. It took them a while to graduate high school. He doesn't want that for me." She also cites the challenges of having a reliable

car, raising her son, and getting to appointments for her son. She says: "It's not just normal parenting. He's speech delayed, cognitive delayed, and I don't know if it's sensory but vision part of sensory delayed, too."

Student N and RQ4

Student N shows some signs of resilience. She says she never gives up and always does her best. She had been falling behind previously in high school: "I wouldn't want to do my homework. I would always fall behind, and now that I'm up here because I'm not from here, I try to think that I need to make a better life for me and my son, so I try to push through." She describes a recent difficult quarter: "The spring quarter I didn't get a C or higher. If I don't get a C or higher, I could have took the class online, but I don't know about online yet. I just told my instructors I would be taking the whole spring quarter again, so I can actually up my GPA. My GPA has always been high and now it went low, so it's going back up. Because I'm not quitting."

She says she feels she belongs but does not elaborate. She identifies positive thinking as her stress reducing activity. She does not identify with a community or religion but does have a very strong goal as a mother. "Without my son, I wouldn't have been able to do anything. . . Knowing how to protect your child from getting hurt, everything that can happen, that when I changed for the better."

Student O and RQ1

Student O is a 32-year-old Caucasian woman who first became a parent at age 16. She has been diagnosed with ADHD, bipolar disorder, PTSD, and general paranoia. She has also been treated for substance abuse. She reported eight ACEs and has a 3.26 grade

point average. Currently in a human services program at an urban community college, this participant had also studied and was interested in ACEs. Student O says that thing about growing up with ACEs is: "When you are growing up you think it's normal. It wasn't different to me. It was unfortunate some of those things happen, but that's a part of life. As I got older, I got more resentful. . . . That led me sideways in life and off the path." For Student O, this meant drugs and alcohol. "I got into drugs. I got into a lot of fights. I got suspended from school, a lot. I got expelled a couple of times, I changed schools. We moved a lot, but because of it, I can adapt to change quickly. I know how to pack quick and in a hurry." She goes on: "I can adapt, like a gecko that can change their color, I can do that. Through every high school I went to I can go into every crowd. Popular people, the outcasts, the stoners, the jocks, everyone."

Student O and RQ2

Student O says that adaptability helps her as a community college student: "I think it does. It helps me in life, period. Because I'm able to connect with people." She says it can be overwhelming to be a student, juggling home life and kids. She says it can also be wonderful: "I didn't think I could ever go to college. I thought about when I was a little, little kid and that was a far-away dream. I got older, I dropped out of school, got kicked out of school. I didn't think higher education was for me." When asked what changed her mind, she replies: "Recovery. I got sober right before my son was born. After I completed outpatient, I had about a year sober. I mentioned to one of my friends, 'I think I want to go to school.' Two weeks later I was going. . . I've learned a lot. It's been an incredible experience." She describes her typical day as "I chase my children and they scream. I chase them anyway. We get in the van; it's off to day care. I talk with

all their teachers because my youngest daughter is in ECEAP (a pre-school program).

I'm constantly checking in with her teachers. I also intern where they go to day care.

Then it's straight here and it's to school. I'm checking files. I'm finding resources. I'm

getting together packets for kids. I'd doing everything they need me to do. . . . Then it's

home. Today we might have dinner on the go because it's Monday and I have a meeting

that I secretary, so I have to be there. My kids will be there because my boyfriend's

working a split shift. Then, it will be home and dinner, if we haven't had it. Then, it will

be bath time, and bedtime, and homework time, and then, shower time, and then

bedtime."

She says that sometimes her PTSD can be triggered at school. "I almost went off

on one of my instructors once. He had thrown a ball and it had hit me in the head . . . we

throw things in class all the time, and he thought he was just being fun. I hadn't disclosed

it to any of my teachers that I have a problem with things being thrown at me. In

particular, my face, and he hit me. . . . I had a friend there who knew exactly what was

going on, who helped me get through it, so I didn't have to scream at my instructor or run

out of the room, but it was really overwhelming." Test anxiety can also be severe: "I test

separately from the rest of my class because I can't test in my class. I feel like it's a race.

I feel like people are finishing before me. A couple quarters ago, I actually wanted to run

out of the room and cry. I couldn't remember anything."

Student O and RQ3

Student O reports that her strongest supports are her friends, her partner, her

children, the financial aid she receives to attend school, and her great instructors: "They

teach their passion. They're passionate about it. They show you how they're passionate about it and why they're passionate about it, and what it does for them and how they take care of themselves. . . . They say 'This is you. You can do this. I believe in you.'" Her main challenges, she remarks, are "being a mom with small children. I have four children; three of them are with me. My youngest is two, followed by four, followed by ten, followed by fifteen. I'm in recovery, that's also a challenge because my recovery comes first. . . Sometimes it gets really jumbled, and I find it hard to prioritize things the way they need to be. My kids are like, 'But Mom,' and they'll guilt trip me and I'll feel bad because I was such a shitty mom for so long. I was like, 'Wait a minute, wait a minute!' I can't do that. I gotta get right again. It's a constant battle."

Student O and RQ4

Student O shows multiple signs and commitments to resilience. Her skills include her adaptability, discussed earlier, and her knowledge of ACEs and resilience. She has a card game entitled "Resilience Trumps ACEs" developed by the Children's Resilience Initiative and uses these cards with her family. She is proud of her ability to get things done. "I get things done. I meet things head on. I don't give up. I do not like to use excuses, I don't. Even when there is something going on." She describes emailing her instructors recently when she was unable to complete her homework because her children had been sent home from school infested with lice. She had to treat all of them. She says her email said: 'I'm sorry; I don't think I am going to be in class tomorrow. I haven't done my homework. I will do my best. I apologize for the inconvenience. I will catch up this week." She did not mention why she would be behind, as she thought of it as an excuse. Student O also has a strong sense of perseverance: "I'm the first one out of my

family to actually go to college for a degree and stick to it. I want my children to see there's no excuse in life to give up. You keep going."

Student O was asked if she felt like she belonged on campus. She smiled: "I don't know how I wouldn't. I was just speaking to a girl on my way here. She has a similar situation as me. Her son's dad is a low-life, piece of shit dirt-bag, drug dealer that wants nothing to do with her kid. She's also a felon. A lot of people here are in recovery. These are my people. I find it amazing because you look around and you think the good kids are the kids that go to college."

Student O has learned many stress relieving skills from her recovery program. She talks about the importance of self-talk: "Self-affirmations are a big one for me. . . . It's super important to me. If I didn't have those affirmations, and if I didn't have people who knew what I struggled with, what my demons are, I'd probably would've given up." She says her mental health issues are problematic. "I am bipolar. That's the hard one. I don't take medication for it. It's my own personal thing. When I get stressed, we've designated one room of my house for my office because school tends to stress me out. We found that it's better if I do my homework away from the rest of the house because if you bug me when I'm my homework, I will scream at you."   She also knows to take frequent breaks and has developed a code word with her family to indicate her need for a break.

She has a very strong connection to her recovery program and her spirituality. After she lost custody of her children, she says: "I had a spiritual awakening. It was incredible. For the longest time I wasn't even able to recognize it for what it was. I was

sitting in a garage, which I've done a million times. I was almost six months pregnant

and didn't look it. I had made this deal with myself. I didn't think I'd ever live to see the

age of 30. That if I lived to see 30, I would pull my head out of my ass and grow up.

Right before that six month marker with my son, I decided that I would attempt to stop

using drugs for the remainder of my pregnancy. I would attempt to stay sober for the

next two years. . . . I became ready to be the parent to the children I had. I became

willing to look at life for what it was. I became willing to deal with life on life's terms. I

didn't like spinning out of control." She says she trusts God. "I have to trust that He's

there. He brought me to it. He'll get me through it. It sounds kind of cheesy, but it's the

truth." Student O summarizes: "It is breathtakingly amazing how beautiful my life is

today compared to everything I've gone through and everything I've done."

Themes Identified

Throughout this research, multiple themes that connect participants were

identified. These include: diagnoses with mental health and learning disorders, concerns

about self-worth, a sense of being overwhelmed, perseverance, and ongoing exposure to

trauma within their adult environment. This section will illustrate these themes and their

relationship to the research questions.

RQ1 and Mental Health and Learning Disorders

RQ1 investigates the lived experiences of students. For most of the participants in

this study, their lived experience included mental health and/or learning disorders. Of the

fifteen participants, only one did not report a diagnosis of ADHD, anxiety, and/or

depression. Nine reported both anxiety and depression. Eight reported anxiety,

depression, and ADHD. Adult anxiety was most often mentioned as the result of childhood trauma. Student D says, "I have anxiety. I have a fear of being touched, by men in particular. I can't handle it when people yell or talk loud at me. I'm a loud person myself but when people are talking loud to me, I get anxiety and feel like they're going to hit me. If I have a loud professor, I shut down."

Student O suffers from four separate diagnoses: anxiety, depression, bipolar disorder, and generalized paranoia. She says, "When you were talking about confidentiality, I was really nervous. I was like, 'Oh my God.' The paranoia is something I have to work on. I know a lot of it is all made up in my head. I connect dots to things that aren't even there."

Student K says, "Last year was the first year I admitted that I was depressed, so I was taking medicine, and I was in this relationship and something happened with my insurance. I didn't renew it and I couldn't get medicine. . . .When I would come down to do my homework, I would just sit and wait for one of the kids to snap me out of it. I had to do a medical withdrawal." Some of the depression is life-threatening, as described by Student H and Student O. Student H had a suicide plan ready to carry out and a noose hanging on his balcony. Student O says she used to be "this severely passively suicidal person. I used to walk through life and walk into dangerous situations and I didn't care whether I lived or died. I merely existed." Student O's situation is compounded by her refusal to take medication, which she feels is critical to her sobriety.

Seven participants had ADHD diagnoses. One reports, "I am late all the time and I hate it! It's like I know I need to leave at this time, but it's like something always happens, I swear!**"**

RQ1/RQ3 and Concerns About Self-Worth

In addition to mental health and learning disorders, twelve of the students described a poor sense of self-worth. Student M says: "That is my most [challenging thing]: thinking my work isn't good enough or something."   Many describe negative thinking as their biggest challenge: "My biggest challenge is the stress that I keep saying I'm going to fail. I keep putting myself down. I feel like I'm going to fail." This quote is from Student D, who also practiced self-harm (cutting) until recently. Student I describes herself at an earlier time in her life: "I couldn't even walk in a grocery store and get groceries, I just was so insecure in that."   She goes on to say that her main challenge to being successful is: "Not beating myself down."

Student E describes it this way: "I would say [the hardest thing] is my wanting to give up, just throw my hands in the air and just go to bed." Student H says that his lack of self-worth is the biggest issue related to his childhood: "A lack of confidence, a lack of belief in myself definitely had an effect. Being damaged and broken, because of what happened to me in my childhood, and then also what I did to myself [as an addict]."

This theme, centered around poor self-worth, not only describes the perceived experiences of students with three or more ACEs, but in many cases is perceived as their greatest challenge to being a student.

RQ1/RQ2/RQ3 and Ongoing Issues with ACE Related Events:

Many of the students in this study report that they try to block out the memories of childhood trauma, but many also continue to experience it as adults. Student L says, "I married an alcoholic and I stayed married to him for 25 years. Luckily, he didn't beat me but his was more mental abuse." Student I also married a man now incarcerated for physically abusing their son. Six of the fifteen were treated for substance abuse. Those who didn't fall to addiction were likely to have family members who continued to use drugs. Student K says, "My meth-addicted aunt who dumpster dives and like, she has this van full of all these meth addicts that she takes to church with her and she likes to take my daughter, too." Student E describes the difficulty in staying away from her family of origin: "My sisters get mad at me because I don't reach out to my mom. I feel like they have a bad influence on my kids, too. They do drugs. They smoke cigarettes. My sister, her partner has the gangster mentality and bad language, and I just don't want that around my kids."

Some of the students in this study continue to live in ACE-producing environments. Others may have escaped the environment but find family, partners, and friends still living in family dysfunction or violence. This may be particularly telling in regard to RQ3, in which having strong family and community connections is a support that leads to resilience, but doing so means living with ongoing behavior that caused the ACE.

RQ1 and RQ2: Experiencing Overwhelm

Thirteen of the participants discussed feeling overwhelmed as a community college student. Student C says: "Some things that would remind me of it or was identical to it [the past trauma], I kind of get really overwhelmed inside, emotionally overwhelmed." Student A says "I think when the work load gets pretty heavy, I start to get stressed out. I am still working on figuring out prioritization."

Student E says, "I went through quarters where I stressed out. I quit attending, because I feel like, if I do bad in that class, it takes from other classes where I can put the effort forth to pass it." Many of these students described learned methods of dealing with overwhelm, including taking breaks, self-affirmations, and listening to music. Student E describes the stress of having a sick child and says, "Balancing everything is the hardest part for me. I'll be overwhelmed, and I'll feel like I just want to give up."

These statements dramatically illustrate the stress that community college students with three or more ACEs feel on a daily basis. This stress is perceived as overwhelming, and without a way to deal with it, these students may fail to persist in college.

RQ4 and Perseverance

Only one of the fifteen participants in this study did not clearly describe deep determination, perseverance, or tenacity, often in contrast to comments about feeling overwhelmed. The ability to persist is necessary for community college students to complete degrees. Student N comments: "The skills that help me as a student is never

give up, do my best, and try to get everything turned in." Student M says: "I am determined!

Student O shares, "In life you don't get to sit with things. You have to get up and you have to move. You have to carry on and you have to adapt and you have to live your life."

Student C says that her best skills are "the fact that I'm really determined and I'm very motivated. I don't take 'No' for answer." Student L: "Tenacity. Just keeping at it and being determined. I know that I want this. I know that I need this. This is something I have to do for myself. This is something I want to do for myself and for my daughter, and this is going to be our future. This is what I want to do. This is what I have to do. We stick with it." Noted in almost every interview, persistence may be the most significant personal skill that contributes to resilience among students with ACEs.

Other Common Factors Worth Noting

All of the students in this study were over 25, and all felt "old" to be returning to community college. All were receiving some kind of financial aid or public support, and all but three were interested in pursuing helping professions. All but one student was a parent responsible for at least one child in the home.

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Conclusion

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This chapter has described the findings of this study focused on students in community colleges with a history of ACEs. Their narratives were shared and coded in relation to the four major research questions of this study. This chapter has also

identified connecting themes and their relationship to the research questions. Chapter 5

will focus on potential meanings and implications for practice, advice from the student

participants, limitations of the study, and finally, recommendations for future research.

Chapter 5

DISCUSSION

In 1998, authors Felitti, Anda, Nordenberg, Williamson, Spitz, Edwards, Koss and Marks investigated the relationship of childhood trauma to poor health outcomes in adulthood. The authors defined adverse childhood experiences (ACEs) as ten characteristics in three categories of abuse, neglect, and household dysfunction. In their study, they concluded that those who had experienced ACEs in childhood were more likely to experience poor health outcomes later in life, and that people with histories of ACEs often had lingering effects that influenced social, emotional, physical, and mental well-being. Since then, research on ACEs has proliferated and extended into a wide variety of academic disciplines. To date, however, there are no studies that focus on community college student success for students with ACEs.

Teicher, (2003) argued that individuals with multiple ACEs may develop neurological adaptations to stress such as anxiety and depression, which could, in turn, impact their ability to access and complete programs of higher education. Felitti, et al, (1998) as well as many subsequent studies (Felitti &Anda, 2009; Larkin, 2013; Rothman, et al.; 2008; Strine, 2012), conclude that individuals with significant numbers of ACEs participate in risky behaviors, perhaps as a coping mechanism. These behaviors can also impact college success.

Despite chronic trauma and stress, some individuals fare well and are able to bounce back from adverse experiences. Masten (2009) identified three components of resilience that are indicative of good outcomes. Identification with a community,

spirituality or culture, a sense of belonging and attachment, and personal capabilities were named as some of the complex factors influencing resilience.

As community colleges face increasing pressure to graduate students with certificates and degrees, a potential new tool for student success may be investigating the impact of, and providing interventions for, students who have a history of significant numbers of ACEs. By understanding the factors that contribute to resilience, community college leaders can create environments and programs that impact positive outcomes and promote student success.

Summary of Purpose Statement and Research Questions

The purpose of this phenomenological study was to investigate the relationship between ACEs and college success in community college students, and to place the data within a framework of resilience offered by Masten (2009). Without some hope for increasing resilience in those who have suffered ACEs, the research on outcomes for individuals with high numbers of ACEs is very disturbing. The use of Masten's resilience model (Porter, 2010) in Washington state has given educators, at least at the elementary level, new models for educational environments and interventions that address childhood trauma and promote resilience (Walpow, et al., 2011).

This research was guided by four research questions.

RQ1.   What are the lived experiences of community college students who have a history of three or more adverse childhood experiences (ACEs)?

RQ2.   How do students with three or more ACEs perceive their community

college experiences?

RQ3.   What are the perceived challenges to achieving student success for

students with three or more ACEs?

RQ4.   What aspects of resilience are exhibited by students with three or

more ACEs?

Summary of Methodology

Interpretative phenomenological analysis was chosen as the primary method

because of its focus on experience and meaning (Smith, et al., 2009). This study

spotlights the voices of students currently enrolled in community colleges, discussing

their own backgrounds, perceived effects of ACEs, and the supports and challenges they

face as community college students. These voices were particularly important to the

researcher. The current literature on ACEs has not yet addressed this particular

population in this particular setting, and allows us to hear their perspectives for the first

time.

Four community colleges in a northwest state participated in this study. While

originally chosen for their status as rural, suburban, and urban, no distinctive differences

were found in the responses of the interviewed subjects between colleges that could be

immediately attributed to these geographical categories. Workforce departments at all

four colleges identified staff assistants for the purpose of this research. The Institutional

Research Board at one community college requested that full names of all participants

remain unknown to the researcher, and that results of the individual in-depth interview responses remain unknown to the assistants. While this step placed more responsibility on the Workforce department assistants to set up interviews and also contributed to time delays for gathering data, it provided an extra layer of privacy and protection to the student. Workforce department staff assistants at each community college identified students who had attempted at least 24 credits and reported three or more ACEs on a widely recognized ACE survey. In order to meet Federal Education Rights Privacy Act restrictions, grade point averages were provided by the Workforce department assistants to the researcher. The ACE survey was administered via SurveyMonkey® software. Fifteen students who met the criteria were interviewed during spring and early summer of 2015 on site at those community colleges.

Interviews were transcribed using the internet transcription service, Rev.com. Transcripts were provided within 24 hours, and coding began within 48 hours of each interview. New categories and codes were introduced when new data warranted such. In addition to the subjects' responses to each research question, recurring themes were identified. Both the participation of responses and the identification of themes contributed to answering the research questions.

Bracketing, field notes, peer reviews and audit trails were all used to improve trustworthiness of the study. The findings chapter was reviewed by two colleagues; one a master's level community college advisor for students with disabilities, and the other by a master's level social worker who specializes in abused and neglected children. Both found the work to be consistent with their experiences and both contributed thoughts on coding and theme categories. Because of the sensitive nature of the questions, all

participants were advised that referrals for mental health professionals were available in case the interviews caused them any emotional discomfort. None of the participants requested these referrals.

Summary of Major Findings

Over the course of this research, five themes emerged in relation to the subject responses. These themes represent issues that were reported in almost every interview. This section will illuminate these themes and connect them to the literature. It is important to note that these themes are deeply interconnected and could have been organized differently to much the same effect, much like the interconnection of ACEs. Taken together, these themes and the following commentaries summarize the findings of this study.

Theme One: Mental Health and Learning Disorders

This theme, asked about in particular on the demographic worksheet and indirectly in RQ 1, 2, and 3 revealed that community college students with three or more ACEs are definitely depressed and anxious. Fourteen of the fifteen participants in this study reported a history of depression, and nine reported a history of anxiety. In addition, seven reported Attention Deficit and Hyperactivity Disorder (ADHD). This finding correlates with the body of research on ACEs and the mental health of college students. While the American College Health Association (2012) reported that 21% of all college students have been treated for a mental health condition in the past 12 months, Anda (2013) reported that 41% of women and 30% of men with three or more ACEs had a history of chronic depression. Mersky, Topitzes, and Reynolds (2013), McElroy and

Hevey (2013) and Schilling, Aseltine and Gore (2007) all reported greater mental illness in individuals with ACEs. The literature on ACEs and this study are consistent on this finding.

Depression takes a toll on students. Student E, when asked about how her past affected her as a student, said; "I would say my wanting to give up, just throw my hands in the air and just go to bed." Student O remembers, "I used to be this severely passively suicidal person. I used to walk through life and walk into dangerous situations and I didn't care whether I lived or died. I merely existed." Student K reports a time when she let her depression medication lapse; "When I would come down to my homework, I would just sit and wait for one of the kids to snap me out of it. I had to do a medical withdrawal."

Anxiety, too, plays a role in student success for students with ACEs. Test anxiety was described by Student O in this way: "I can't test in class. I feel like it's a race. I feel like people are finishing before me. A couple quarters ago, I actually wanted to run out of the room and cry. I couldn't remember anything." But anxiety can also debilitate everyday activities, such as sitting in class. According to Student D, "Like if I have a loud professor, I shut down. I don't listen to them. Or if I feel like they're putting me on the spot, I will quit attending class."

Felitti et al., (1998) reports that depression and anxiety are highly related to substance abuse, which can in turn cause multiple problems in college success. Rothman, Edwards, Heeren and Hingson (2008) confirmed this finding, and Rothman, Bernstein and Strunin (2008) found that some ACEs were particularly correlated with alcohol use

before the age of 15, a factor in dependence. These authors also note that individuals

with ACEs are more likely to use alcohol and drugs as a coping mechanism, rather than a

social purpose. Six of the fifteen students interviewed for this study reported a history of

substance abuse, a finding consistent with the literature. Substance abuse will be

discussed further later in this chapter.

Attention Deficit Hyperactivity Disorder (ADHD) is also a concern for students

with ACEs. Seven of the students interviewed reported a history of ADHD, and eight

reported a difficulty focusing. This finding is consistent with a study by Teicher, et al.

(2003) that reported that ACEs in childhood can create significant differences in brain

development that can result in ADHD. Student A says, "My main challenge is focus and

attention. . . .I was taking Adderall for years, and then because I didn't like the way it was

. . . affecting me, it just kind of numbed me down. Ever since then I've just been trying

to work on those types of things. Everything to me is scheduled. My phone keeps my

schedule and I schedule my waking up in the morning. I schedule my breakfast, I

schedule everything and if I don't have the schedule, I fall apart." Student M describes

her struggles with being on time: "I am late all the time and I hate it. It's like I know I

need to leave at this time but it's like something always happens I swear! Or I need gas or

he (her son) wants to throw a fit. I have been working really hard on it but yeah, time

management is my worst."

Theme Two: Concerns about Self-Worth

Community college students with three or more ACEs aren't sure they can

succeed or that they deserve success. This theme was expressed in responses to RQ1,

RQ2, and RQ3. Considering that the ACE categories are abuse, neglect and household dysfunction, it is not surprising that children who experience ACEs grow up with concerns about their own self-worth. This theme was not directly found in the literature on ACEs, but was directly expressed by twelve of the fifteen students interviewed. Doubt about self-worth may keep students with ACEs from asking for help. Student H, 48-years-old, says his doubts kept him from attending college for some time. "A lack of confidence, a lack of belief in myself definitely had an effect. Being damaged and broken, because of what happened to me in my childhood, and then also what I did to myself. As a result, I did not believe in myself." When asked about their greatest challenges as a student, almost all the subjects in this study mentioned "negative self-talk," or "not beating myself down," and "My negative thoughts are my worst obstacle." Student L reports her negative self-talk keeps her from asking for help, even when she knows she needs it: "I find it difficult to ask for help when I need it and I find I wait until it's too late to ask for help."

Theme Three: Overwhelming Stress

Community college students with three or more ACEs are experiencing overwhelming stress. Stress and a sense of overwhelm was expressed by participants in responses to all of the research questions. Thirteen of the fifteen participants in this study reported that they were easily overwhelmed. Some of this stress is related to their past trauma, but some of it is also related to current events. According to the ACHA (2012), approximately 48% reported an event that had been traumatic or very difficult to handle in the last twelve months. This figure was echoed by Grasso, Cohen, Moser, Jajcak, Foa and Simons (2012) when they concluded that approximately half of the students in their

sample were exposed to a potentially traumatic event their first year of college. The college experience itself can be extremely stressful, and academic workloads can be excessive. Combining this information with knowledge that eleven of the students in this study were also parents, and the majority had jobs while attending school, it is easy to see why they feel overwhelmed. Student O describes her day: "A typical day for me is we get up early. I chase my children and they scream. I chase them anyway. We get in the van, it's off to daycare. We talk with all their teachers. I'm constantly checking in with her teachers. Then it's straight to school. I'm here Monday, Wednesday, Thursday from 9:00 to 12:30 and on Tuesdays, I'm here from 7:30 to 12:30. After that it's off to the internship. . . . Then, it's home. Today, we might have dinner on the go 'cause it's Monday and I have a (Twelve Step) meeting. My kids will be there because my boyfriend is working a split shift. Then it will be home, and dinner, if we haven't had it. Then it will be bathtime, and bedtime, and homework time and then shower time, and then bedtime."

Two participants reported children with special needs. "He's developmentally delayed. He's speech delayed, cognitive delayed, and I don't know if it's sensory but vision, part of sensory delayed too. It's not just normal parenting. It's parenting someone who is going to have a lot more appointments." Student C, who does not have children, describes her day this way: "I wake up at 6. I do an eye-opener (Twelve Step) meeting Monday through Friday at 7. I go to the meetings and then I come home unless there's some errands I need to run for that hour. I go home, I feed my cats before I leave for the day, get my stuff ready if I haven't done it the night before, then I go to work. Usually if I work in (one town) that day, I'll leave at 9:00 and I get to work (in an

adjacent town) an hour and a half later. I'll work till 6:30 or 5:00 depending on where I am, then class. Then I'll go home and I'll either do homework or do some house chores. Most likely it's homework on my lunch breaks. As of now, it's either appointments or homework, anyway I can get help in my school work. That's a typical day." It is clear that these students have busy days, competing demands between parenting, work, school, and often self-help activities, and regularly feel a sense of overwhelm.

Theme Four: Ongoing Issues with ACE Related Events

The ongoing issues with ACE related events were alluded to in the literature by Maunder, Peladeau, Saveage and Lance (2007) when they concluded that childhood adversity was related to missed work days, psychological distress, and stressful life events. Even while many of the students in this study reported that they made conscious attempts to block out memories of trauma in childhood, most continue to experience ongoing issues with ACE related events, thereby increasing the stress in their lives. Nine of the students in this study were currently still involved with abusive families, spouses, or events. One lived in a half-way house with recovering (and relapsing) roommates. Several married alcoholics or abusive spouses. Several were caring for ailing parents. Two participants had actively addicted children. One interviewee held her phone in her lap, waiting for her addicted and currently drug abusing daughter to call so she could receive instructions for picking up her small grandchildren. The pain and fear was clearly on her face and in her voice. Three of the students volunteered that they had been arrested as a result of their own addictions, and were struggling with finding jobs because of their criminal backgrounds. One woman talked about the tension she felt living at home with her alcoholic parents while she attended school. Another expressed deep

regret and guilt that she was not able to interact with her addicted mother. The long lasting effects of ACEs are evident in these students.

Theme Five: Persistence

Bonanno (2012) researched the ways in which individual differences factor into resilience and concluded that it is a mix of personal, environmental and social factors. This conclusion was born out in this research. Persistence is a potential resilience factor that was indicated by all of the participants in this study. Each student in the study remarked in some way about their ability to persist. Student L, a victim of domestic violence and suffering from essential tremors, remembers: "Yeah, it's been difficult but what has kept me going is the fact that putting off my degree any longer and putting off my education any longer was not an option, in spite of all the challenges and the relocations, and everything, I still continued with classes, continued with school. School was almost like my anchor."

And while children are often a source of stress and additional activity for students, several respondents credited their children for their perseverance. Student K said of her 6-year-old daughter: "The fact that my daughter knows exactly what I'm doing and if I quit, she is going to be like, 'Oh, I can quit anything now.' You know, I can't!" Student I says: "I'm just not a quitter. How do you put that? You just keep . . . I am a hard worker. . . . My kids are a huge factor in this because I'm setting an example for them."

Themes Compared to Pilot Study

A study (Brogden, 2013) conducted with two students with three or more ACES predicted several of the themes found in this study. That study named the following

themes: a) lingering effects of adverse childhood experiences, b) stress of family

obligations, c) negative self-concept, d) relationships with peers and educators, e)

academic skills and tools, and f) financial literacy and financial issues.   Lingering

effects of ACEs, stress, and negative self-concept are clearly related to themes identified

in this study. In essence, no competing themes were identified and the stories and voices

of these students were strikingly similar.

Aspects of Resilience: The Masten Model

Masten (2009) declared resilience to be "ordinary magic." She argues for simple

but powerful interventions to assist survivors of ACEs. That ordinariness was found in

this study as well. Participants in this study were recruited regardless of their grade point

average, but all but one of them had a grade point average above 2.0, and nine had grade

point averages over 3.1. They had also completed at least 24 credits. These students

were attending college, persisting, and succeeding at high levels. As a group, they also

reported an average of 7 ACEs, a number which only affects a small percentage of the

population (Felitti, 1998). The community college students in this study exhibited high

levels of resilience. In addition to this, these students also reported aspects of their lives

that could be immediately placed within Masten's (2009) model of resilience.

Attachment and belonging was a key indicator of resilience in Masten's model,

and *every* participant in this study answered affirmatively that they belonged on campus.

Many expressed some worry about being a bit older than other students, nonetheless,

participants described deep connections on campus to instructors, counselors, and/or

cohort members. Often, students smiled widely as they described their attachments. One

student found a home in the IT department where she has a work-study job. Another student says: "In the human services program, you become like a family in a way. They encourage us to also talk to each other if we have questions and one teacher doesn't even answer questions. She says, 'Did you talk to your colleagues?'"

Another aspect of Masten's model was a community, spirituality or culture that one can identify with. Twelve of the students in this study expressed identification with one of these. For some, spirituality took the form of religion, or belonging to a religion. One looked to her Native American roots and identified with shamanism. One student remarked, "My spirituality has kept me from going into some of the things that could have been really damaging. I could have easily gotten involved with drugs and alcohol to suppress the hurt and anger and fear."

Six of the students interviewed were actively participating in recovery groups and Twelve Step programs. Twelve Step programs are inherently spiritual, and these students credit their programs not only for their sobriety, but for their lives in some cases. Two students, both grappling with drug or alcohol abuse, were very aware that they may not survive their addiction. They both described "spiritual awakenings" which caused them to seek help for their addictions and they both expressed a belief that this completely altered the course of their lives

Two of the participants expressed no spirituality, but identified very closely with being a good mother of young children, and participated in parenting groups and classes on a regular basis. While most community colleges disregard spiritual development in

students, offering opportunities to explore and connect with spiritual and cultural communities is an opportunity for a student to build resilience.

Finally, Masten (2009) identified personal capabilities as a factor in resilience. It was difficult for many of these students to identify their own strengths and personal capacities that have helped them overcome stress and adversity. One woman remarked that moving often as a child with her parents enabled her to become easily adaptable and quick to make friends. Few other capabilities were offered up in interviews. Persistence, and/or determination, however, was indicated as a capability by every participant. Much like Duckworth's description of "grit," in research from 2007, persistence is a factor that has been identified in the literature as a pervasive factor in student success.

Unanticipated Findings

The research process itself was an unanticipated and tremendous learning experience in methodology and data collection. Mistakes caused significant delays in collection of the data. Five community colleges were contacted to participate in the research. One declined, concerned about the sensitive nature of the questions, and concerned that it was considered "exempt" research by Old Dominion University. Three community colleges agreed to participate, but required specific IRB from their institutions. It took additional, unplanned months to complete and gain approval from these separate IRBs. Research assistants at the respective colleges were required by one IRB to ensure confidentiality of the students' full names, and schedules of the researcher and the assistants often conflicted. At one college, the assistant passed away suddenly and completely unexpectedly, and the process of participant recruitment had to be

restarted from scratch with a new assistant. In the future, this researcher would plan to speak to students on site, in classes or clubs, about ACEs in order to generate interest and ask for volunteers at that time. Screening and interviewing could begin immediately afterwards with eligible and interested students. This would place less responsibility on the assistant and maximize time spent on each campus.

The researcher was humbled and inspired to an unanticipated degree by the students in this study. Participants had great life experience and wisdom, born of experience, to share. One student said, "This is my job: to stay humble, to be teachable, and to be willing." Most anticipated, though, was the level of compassion, wisdom and generosity of the participants, and how completely functional and caring human beings they were in spite of surviving horrendous experiences. The researcher unexpectedly experienced a good deal of personal healing over the course of this study.

Limitations of the Study

All of the students in this study reported an income below the poverty level. This may be expected for younger students who are still being supported financially by parents, but all of the students in this study were 26 years-of-age or older and the majority were parents. This bears out Porter's (2010) statement that ACEs are "the fast track to poverty." The difficulties experienced by these students are compounded by the specter of poverty, and that is a limitation of this study. This study makes no attempt to disaggregate the effects of poverty from the effects of adverse childhood events.

It is also a limitation that this study describes only a handful of students in one part of the United States. In addition, the researcher herself had several biases, including

a history of ACEs, and a career that has centered on assisting poverty-stricken community college students. Every attempt was made to bracket these experiences, but inherent and unconscious biases may remain. Interviewing these students was a deeply moving and ultimately very positive emotional experience for the researcher. Finally, this study is limited in that it gives only the most cursory glance into the neurobiological effects of ACE.

Implications for Practice

There are several implications for practice that can be drawn from this research. Masten (2009) offered three steps to promote resilience: 1) reduce risks, 2) increase resources and assets, and 3) mobilize protective systems. These steps can be operationalized at the community college.

Community colleges should have strong and accessible mental health centers. The prevalence of depression and anxiety are undeniable in community college populations. Students need access to mental health professionals who can help them navigate the emotional layers of their experience, both past and present. In addition, community colleges are in a unique position to provide information and education around ACEs, mental health, substance abuse, abusive relationships, stress reduction, and other issues that impact health and well-being. Two students in this study were aware of ACEs and were making conscious efforts to raise their children without ACEs and with resilience. One even described a card game that named ACEs and how to promote resilience. Several of the students interviewed also shared that they thought their lives were "normal," and did not understand that there was another way of life. Community

colleges may be the first opportunity to understand the impact of lives lived in chronic stress and trauma.

Special attention should be given to reducing stress among community college students. For those with and without ACEs, college is a stressful time. Students with ACEs are particularly susceptible to negative methods of coping with stress, including smoking, alcohol abuse, and drug abuse. Direct instruction of stress reduction techniques could have a large impact.

Community colleges should promote multiple ways for students to connect and belong. Developing cohorts, encouraging social learning, groups, clubs, and organizations are all ways that students can attach. Hosting Twelve Step groups on campus, encouraging cultural and spiritual practices, and sponsoring multiple opportunities for students to find where they belong help to reduce risk and increase resources. Mentoring programs and single points of contact encourage students with ACEs to build campus and community relationships.

Perhaps the greatest influence a community college can have is to help students with ACEs develop non-cognitive personal capabilities such as perseverance, time-management, goal-setting, self-care, stress reduction, college navigation, and study skills. Several students in this study declared their freshman seminar classes to be invaluable in their development. These courses should be designed to build cohorts and promote lasting relationships. They should help students identify sources of financial, academic, and emotional support on campus. They should also extend beyond the first school term to enhance ongoing support until completion of the student's goals. In short, they should

designed to promote resilience, which in turn is likely to promote retention and completion.

Financial resources were of utmost value to the students in this study and colleges should make every effort to extend financial support whenever possible. All of the participants were in financial assistance programs in addition to regular financial aid. One program even provided financial assistance for housing, a need documented among foster youth in college by Pecora, et al., (2006), Day, et al., (2011), and others. These supports are made through community, state and federal partnerships such as the national Basic Food Employment and Training Program. This program augments the financial status of students on food assistance and can pay for childcare, tuition, books, and support services. Many of the students in this study expressed gratitude for their work-study positions, providing much needed income and the convenience of working on campus between or around their class schedules.

Recommendations

Students in this study had recommendations for both their peers and their institutions. For peers, the following:

- Remember you are not your past. You make a decision for yourself as an adult. If you want to be a student, be a student, get your degree, get your certificates, whatever you want to do you can do. You don't have to sit there and dwell on the past.
- Ask for help.
- Don't cheat yourself, take the experience!

- Don't start summer quarter. Don't take math the first quarter. Take the e-learning class.

- Read the syllabus, read the syllabus, read the syllabus.

- Talk to other students.

- Take advantage of resources.

- Let instructors know what is going on in your life.

For college personnel, this:

- Ask if something is amiss if a student doesn't show up.

- If you want successful students, show you care.

- See if there's something that can help before students get to that 6th week.

- Caring instructors make a difference.

- Teach with passion.

- Positive words matter. Other people believing in me when I didn't believe in myself made a difference.

- Recognize this: "Anybody that has had abusive issues as a child has developed structures around them to make it seem like they're doing okay and that's not necessarily true. We can look like we are doing well, we can act like we are doing well, but a lot of times in our own times, it's probably the hardest times that we have."

Walpow, et al. (2011) created a handbook for K-12 teachers for creating "trauma-informed schools." This handbook offers the following principles of compassionate instruction that are also echoed by students in this study. 1) Always empower, never

disempower; 2) Provide unconditional positive regard; 3) Maintain high expectations; 4) Check assumptions, observe, and question; 5) Be a relationship coach; 6) Provide guided opportunities for helpful participation. The language used here differs from that used in this study, but the principles are easily transferable to resilience development.

Implications for Future Research

The literature on the connection between ACEs and poor physical, emotional, and mental health is vast and convincing. It is clearly evident that childhood trauma impacts adulthood in a variety of destructive ways. There is no longer a need to document this connection. Instead, future research should focus on the specific interventions that can help promote resilience and persistence in community college students. Utilizing the lens of ACEs and resilience, researchers can target specific actions, such as mandatory freshman experience classes, that can have the most positive impact. New evidence is emerging in neuroscience regarding the effects of trauma on brain development, and this research may be very helpful in determining treatments and therapies for those who are less resilient than the students in this study. Finally, research is needed to elicit voices that remain unheard in this study and the extant literature. Much is left to learn from students who began, but abandoned college degrees.

CONCLUSION

Community colleges face new pressures to implement college success programs in the face of declining federal and state funds, and in light of new performance based funding mechanisms (D'Amico, et al., 2014). Where colleges once sought to promote

access for all, they now must evolve to focus on completion of degrees and certificates. (Bailey, Jaggars, &Jenkins, 2015).

Felitti et al., (1998) demonstrated the prevalence of ACEs in the population and the ACHA (2012) has documented the high likelihood of depression and anxiety in the community college population. Viewing the completion agenda through the lens of resilience offers another tool to assist in the completion of this mission. The potential results could be positive for institutions as well as their students.

It is not necessary to isolate or target students with ACEs, as childhood trauma and mental health barriers affect so many people in the population. Efforts to promote resilience make good sense for all students, and will be particularly helpful for students who have experienced childhood trauma, dysfunction and abuse. Programs that support mental health care and promote resources are good practice for community colleges regardless of a student's income or background, and are especially important to students with ACEs.

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APPENDICES

Appendix A: Finding Your Ace Score Instrument

Prior to your 18th birthday:

Did a parent or other adult in the household often or very often…

    Swear at you, insult you, put you down, or humiliate you? or

    Act in a way that made you afraid that you might be physically hurt?

No___If Yes, enter 1 __

Did a parent or other adult in the household often or very often…

    Push, grab, slap, or throw something at you? or

    Ever hit you so hard that you had marks or were injured?

No___If Yes, enter 1 __

Did an adult or person at least 5 years older than you ever…

    Touch or fondle you or have you touch their body in a sexual way? or

    Attempt or actually have oral, anal, or vaginal intercourse with you?

No___If Yes, enter 1 __

Did you often or very often feel that …

    No one in your family loved you or thought you were important or special? or

    Your family didn't look out for each other, feel close to each other, or support each other?

No___If Yes, enter 1 __

Did you often or very often feel that …

    You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

No___If Yes, enter 1 __

Was a biological parent ever lost to you through divorce, abandonment, or other reason ?

No___If Yes, enter 1 __

Was your parent or stepparent:

Often or very often pushed, grabbed, slapped, or had something thrown at her? or

Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

No___If Yes, enter 1 __

Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

No___If Yes, enter 1 __

Was a household member depressed or mentally ill, or did a household member attempt suicide?

No___If Yes, enter 1 __

Did a household member go to prison?

No___If Yes, enter 1 __

Now add up your "Yes" answers: This is your ACE Score_____.

<u>Appendix B: Interview Protocol</u>

Opening Script:

Hi. My name is Laura Brogden and I am working on a research project to learn about community college students who have had adverse childhood experiences. This subject is important to me because I can personally relate to it.   I really appreciate you taking the time to talk with me today. Is it ok with you if I record this session? It will help me make sure I don't miss anything important.

I have several questions I want to ask you about your background and your experiences as a college student. I think it will take us about an hour, maybe a bit longer.

The purpose of this study is to explore and understand how having stressful events in childhood may affect your educational experiences. I hope that this will lead to a better understanding of what it is like to have adverse childhood experiences and how it might impact your success as a student.

I have a short form I'd like to read to you and if you agree, I'll ask you to sign. (Read consent form). You can stop the interview at any time.

What questions do you have for me?

Appendix C: Research Study Consent to Participate

Research Study Title: RESILIENCY OF COMMUNITY COLLEGE STUDENTS
WITH ADVERSE CHILDHOOD EXPERIENCES

Purpose: The purpose of this study is to understand how adverse experiences in childhood may affect individuals as adults when they are pursuing higher education at community colleges.

Process: Participants will complete an ACE survey to determine the number of adverse childhood experiences and then will participate in an hour long interview. If given permission, the researcher will also look at your college transcripts.

Confidentiality: The identity of participants will be kept confidential throughout this study, although comments may be included in the final report. Every effort will be made to keep participant records completely confidential. Participants will be identified only as an alphabetic letter.

Benefits: There are no known benefits for participating in this study.

Risks: There are no known risks to participating in this study that we are aware of, although discussion of stressful past events may cause some emotional distress. If this should happen, the researcher will refer you to a competent mental health professional who can help you deal with this distress.

Contact Information: The responsible research party for this study is Dr. Dennis Gregory who can be reached at dgregory@odu.edu. The researcher for this study is Laura Brogden, who can be reached at 360-417-6351 or lbrog001@odu.edu.

I greatly appreciate your assistance. I know it takes time and energy to participate in this study and I am grateful for yours. If there are any questions or comments that come up now or in the future, I hope you will contact us.

_____   _____
Subject Signature   Date   Researcher Signature   Date

Appendix D: Interview Questions

1. Tell me what it's like for you to be a community college student.

2. What is a typical school day like for you?

3. What skills do you have that help you as a student?

4. Who (or what) supports you in attending community college?

    4a. Are there some people or things that are particularly helpful to you as a student?

    4b. Why do you think this is?

5. What are your main challenges to being successful as a student?

    5a. Why do you think this is?

6. Are there some things or people that make it especially challenging?

    6a. What are they?

7. Do you feel that you belong on campus as a student?

    7a. Where else do you feel like you belong?

8. Your questionnaire indicates that you have had _____ ACEs in your life. What is it like for you to have had these stressful events in your childhood?

    8a. Do you feel that these past experiences affect you now?

8b.   How so?

8c.   Do you think these events in your childhood have an impact on your progress in college?

9.   How do you cope with the past and current stresses in your life?

10.   Is there a community, culture, or spirituality that you identify with?

10a.   Does this influence your role as a student?

11.   What else do you think would be important for a researcher studying students with many stressors in their childhood to know?

Appendix E: Demographic Questions

Are you (circle one)   male   female   other

Birthdate   _____
                                                Month   Day   Year

Racial/ethnic background (circle one)

    African-American   Asian   Caucasian   Latino/a   Native American

    Mixed Race   Other_____

How many college credits have you attempted? _____

What is your current income level?

    $-10,000 $10-20,000 $20-40,000 $40,000-60,000   Over $60,000

Are you a parent?   Yes   No   If yes, at what age did you become a parent?_____

Have you ever been diagnosed with a learning disability or ADHD?   Yes   No

Have you ever been diagnosed with a mental health condition such as anxiety or depression?

    Yes   No   If so, what condition? _____

Have you ever been treated or would you like to be treated for substance abuse?

    Yes   No

Do you have any health conditions that impact your education?   Yes   No

What are they?_____