**Adverse Childhood Experiences (ACES), Traumatic Stress and Drug-Alcohol**

**Use Among College Students**

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Exposure to Adverse Childhood Experiences (ACES), such as physical abuse or neglect, is common and associates with higher vulnerability to numerous adverse mental and medical health outcomes later in life. Further research is needed to clarify if and how ACES contributes to problematic drug and alcohol use and of posttraumatic stress. The present study used a cross-sectional design to anonymously collect data from a large cohort of undergraduate students attending West Chester University (n=373) that completed assessment measures to satisfy course requirements. Assessment measures included the Alcohol Use Disorders Identification Test (AUDIT), Cannabis Use Disorders Identification Test (CUDIT), Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5), and the ACES Scale (which, assesses how many ACES one has experienced prior to age 18). Study hypotheses were that greater exposure to ACES would associate with greater severity of drug and alcohol use and self-reported posttraumatic stress. Students were categorized into three cohorts based on the number of ACES endorsed (0 ACES, n=111; 1-2 ACES, n=129; >3 ACES, n=93). Results revealed a statistically significant relationship between ACES and all outcomes (i.e., cannabis, alcohol, and posttraumatic stress severity). Group comparisons indicated significant differences across each ACE group where more ACES associated with greater outcome severity. Cannabis Severity Scores: 0 ACES (M=3.61, SD=4.95), 1-2 ACES (M=4.00, SD=6.06), >3 ACES (M=6.85, SD= 6.92). Alcohol Severity Scores: 0 ACES (M=5.63, SD=4.98), 1-2 ACES (M=6.44, SD=5.60), >3 ACES (M=8.62, SD=7.06). Posttraumatic Stress: 0 ACES (M=11.56, SD=12.08), 1-2 ACES (M=20.73, SD=14.76), >3 ACES (M=32.73, SD=17.62). Study implications will be discussed.