

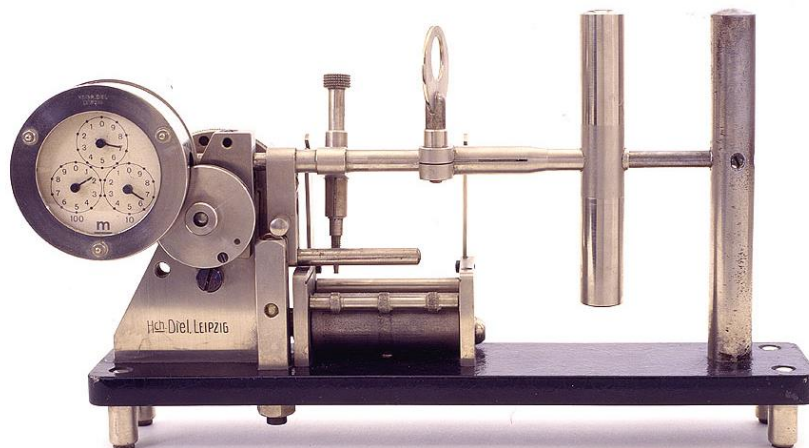
XXV NAUČNI SKUP

# EMPIRIJSKA ISTRAŽIVANJA U PSIHOLOGIJI

29 – 31. MART 2019.

FILOZOFSKI FAKULTET, UNIVERZITET U BEOGRADU

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INSTITUT ZA PSIHOLOGIJU  
LABORATORIJA ZA EKSPERIMENTALNU PSIHOLOGIJU  
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# EMPIRIJSKA ISTRAŽIVANJA U PSIHOLOGIJI

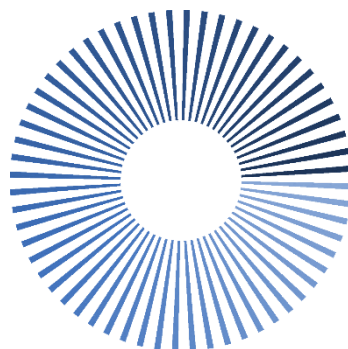
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trauma symptoms and allows for the calculation of the total TCL-40 score, and six subscores: Anxiety, Depression, Dissociation, Sexual Abuse Trauma Index, Sexual problems, and Sleep Disturbance. Besides that, one item was used to assess whether someone tried to commit suicide during lifetime. For analyses, binary logistic regressions were used. Results show that adverse childhood experiences (ACE) significantly predict whether someone tried to commit suicide (self-reported) later in life (Nagelkerke  $R^2 = 0.23$ ,  $p < .01$ ). Specifically, individuals who suffered psychological abuse were 4.19 more likely to attempt suicide, while for those who experienced psychological neglect this risk was 4.16 times higher. Additionally, the intensity of mental health symptoms was related to different types of ACE. In order to assess this we used canonical correlation analysis, which extracted three significant functions ( $Rho = 0.363$ ,  $p < .01$ ;  $Rho = 0.185$ ,  $p < .01$ ;  $Rho = 0.130$ ,  $p < .01$ ). First function shows that dissociation, depression and trauma index are positively related to psychological abuse, sexual abuse, alcohol abuse, depression in family, psychological neglect and bullying. Second function shows negative relation of depressive symptomatology with parent separation, involvement in a fight, community and collective violence. And finally, third function shows positive relation of sexual problems with physical abuse, suicide in a family, abuse of mother and father and community violence. Interestingly, third function also shows negative relation between sexual problems and incarceration of a family member. Our findings suggest a significant relationship between ACEs and mental-health symptomatology, like suicidality, dissociation, depression, trauma and sexual dysfunction.

**Keywords:** Adverse Childhood Experience (ACE), mental health, Trauma Symptom Checklist, life outcomes

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#### INSIDE OUT – DO ADVERSE CHILDHOOD EXPERIENCES PREDICT NON-SUICIDAL SELF-INJURY?

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Non-suicidal self-injury (NSSI) is defined as behavior that is self-directed and deliberate, resulting in injury or potential injury to oneself without suicidal intent, although it consistently correlates with suicidality. Common forms of NSSI include cutting, burning, scratching, banging, hitting, biting etc. Meta-analysis showed that overall childhood maltreatment is associated with NSSI, especially in the case of childhood emotional neglect or emotional abuse. Highly lethal self-harm was associated with childhood physical peer victimization, sexual abuse, emotional abuse, and emotional neglect. The NSSI questionnaire designed for this study was based on several questionnaires such as Deliberate Self-Harm Inventory (DSHI), Inventory of Statements About Self-Injury (ISAS), Ottawa Self-Injury Inventory (OSI) and Self-Harm Behaviour Questionnaire (SHBQ). The NSSI used in this survey contains 12 items with joint binary (yes or no) and numeric (how many times) scales. On all items, respondents provided answers with respect to two time periods: before and after the age of 18 (laws in Serbia restrict rights of persons under the age of 18 and some of those are related to potentially risky behaviors such as rights regarding alcohol purchase). Overall, approximately 4% of respondents reported NSSI at least once in lifetime, out of which 3.6% reported NSSI at least once before the age of

18 and 1.8% at least once after the age of 18. Since this is a form of behaviour is typical for younger adolescents, as expected, the NSSI is more prevalent before the age of 18 ( $\chi^2 = 17.225$ ,  $p < .01$ ). The correlation between the frequency of NSSI before and after the age of 18 is  $r = 0.73$  ( $p < .01$ ), while the correlation between suicide attempts and NSSI was  $\Phi = 0.25$  ( $p < .01$ ). When it comes to the prediction of NSSI that occurred after the age of 18, ACE scores were not significant predictors. However, regression analysis showed about 9% of the variance of the NSSI before the age of 18 can be related to ACEs. Specifically, three types of ACEs were significant predictors of NSSI: sexual abuse ( $\beta = 0.16$ ,  $p < .01$ ), incarceration of a family member ( $\beta = 0.11$ ,  $p = 0.051$ ) and abuse of father by the partner ( $\beta = 0.15$ ,  $p = 0.012$ ). Available data suggest that at least one part of the variance can be ascribed to the ACEs. Therefore, emphasis should be put on fostering coping strategies in adolescents that would lead to diminishing negative consequences of ACEs.

**Keywords:** Adverse Childhood Experience (ACE), Non-Suicidal Self Injury (NSSI), Suicide attempts

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## ADVERSE CHILDHOOD EXPERIENCE AND EDUCATIONAL OUTCOMES: SEARCHING FOR GOOD WILL HUNTING

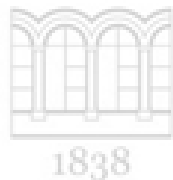
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Studies from western countries show that higher ACEs score is associated with lower educational achievement, which as a consequence has financial insecurity. Literature reports that students' academic problems co-occur with the maltreatment and manifestations of emotional distress. The special research topic is academic resilience defined as academic success and persistence despite maltreatment and adverse childhood experience. The aim of this study was to establish an association between adverse childhood experiences and educational outcomes: obtained educational level (primary school, secondary school, college degree and faculty degree), the incidence of dropping out (leaving school before finishing) and the presence of school's problems. Participants who graduated from university and at the same time experienced four or more adverse experience were identified as those who manifested academic resilience. Our findings indicated that respondents with higher education report a lower number of ACEs, but this effect was very weak and was significant only when frequent ACEs score was taken into account ( $\eta^2 = 0.01$ ,  $p < .01$ ). Albeit very weak, a significant difference between the obtained level of education and personal income was detected ( $\eta^2 = 0.01$ ,  $p < .01$ ). The correlation between ACEs score and personal income was not statistically significant. Importantly, the higher ACEs score was related to drop out, i.e., leaving school before completing the final year ( $F(3, 2651) = 9.124$ ;  $p < .01$ ). Further, analyse revealed that participants who left a secondary school education have more adverse childhood experience than the rest. When we calculated a composite score related to various school problems (i.e., absenteeism, violence toward teachers and pupils, engaging in the school fights, destroying school property, exposure to teachers and peer violence) it correlated significantly with ACEs score ( $r = .41$ ,  $p < .01$ ). This result indicates that respondents who reported a higher number of ACEs had more school problems. Participants who showed academic resilience (16% of the sample) have parents with higher educational level ( $F = 12.47$ ;  $p < .01$ ) and have a higher score at Agreeableness ( $F = 13.05$ ;  $df = 1$ ;  $p < .01$ ) and Openness ( $F = 16.89$ ;  $df = 1$ ;  $p < .01$ ) compared to the rest of the sample. The indications of the results for the prevention intervention programs related to the ACEs and educational outcomes will be discussed.

**Keywords:** education, adverse childhood experience, drop-out, academic resilience

*SPONZORI SKUPA:*



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