

Examining Adverse Childhood Experiences among Students Repeating the Ninth Grade: Implications for School Dropout Prevention

Aidyn L. Iachini, Aliza F. Petiwala, and Dana D. DeHart

Although the impact of childhood trauma is profound, little is known about the extent to which students at high risk for school dropout also have experienced trauma. This descriptive study explored the extent to which students repeating the ninth grade experienced eight different types of trauma (for example, adverse childhood experiences [ACEs]), and then descriptively explored differences based on students' gender, race, and socioeconomic status. The authors identified patterns related to the timing of ACEs and the occurrence of behaviors signaling student disengagement in school. Thirteen students participated in the study. Eight types of ACEs were assessed using a Life History Calendar. Eleven students experienced at least one type of ACE. Household incarceration and parental separation/divorce were the two types experienced the most. Some differences were noted in experiences of ACEs based on students' demographic characteristics. Two patterns in the data also were identified in relationship to the timing of ACEs and school disengagement behaviors. First, all students who experienced an ACE also reported experiencing at least one of the four disengagement behaviors. For 10 students, these disengagement behaviors occurred concurrently or after the ACEs were experienced. Implications for school social work research and practice are offered.

KEY WORDS: *adverse childhood experiences; dropout; high school; trauma*

Dropout prevention is a critical social work and educational priority in the United States (Freeman & Simonsen, 2015). More than 1 million students drop out of high school each year, and for these students, the long-term consequences are staggering (for example, unemployment, entry into the juvenile and/or criminal justice system, and poor health outcomes) (Alliance for Excellent Education, 2011; America's Promise Alliance, 2015; Child Trends, 2014). As such, pressure remains on schools and school social workers to engage in dropout prevention efforts that aim to support students to reengage in learning and remain in school (Alliance for Excellent Education, 2011; Child Trends, 2014; Jozefowicz-Simbeni, 2008; Rumberger, 2011; Wilson & Tanner-Smith, 2013).

A student's decision to drop out of school is often complex, however, and influenced by a range of factors across multiple ecological domains (that is, individual, family, school) (Hammond, Linton, Smink, & Drew, 2007; Porche, Fortuna, Lin, & Alegria, 2011; Rumberger, 2011). One

specific factor gaining attention in relation to school dropout is childhood trauma (Porche et al., 2011). Childhood trauma occurs when children experience a traumatic event (for example, abuse, neglect, victimization), which can be either short term (that is, acute) or long term (that is, chronic), that "overwhelms their ability to cope with what they have experienced" (The National Child Traumatic Stress Network, n.d.). A growing body of neuroscience research suggests that experiencing trauma during a critical developmental period, such as childhood, can lead to toxic stress that "disrupts brain architecture, affects other organ systems, and leads to stress-management systems that establish relatively lower thresholds for responsiveness that persist throughout life, thereby increasing the risk of stress-related disease and cognitive impairment well into the adult years" (Shonkoff, Boyce, & McEwen, 2009, p. 2256). Therefore, early experiences of trauma may influence academic learning and school success through the impact on these neurobiological systems (Porche et al., 2011).

Studies on childhood trauma provide support for this hypothesis. Specifically, studies that have examined 10 specific types of childhood trauma, known as adverse childhood experiences (ACEs), demonstrate how experiencing these types of trauma in childhood can affect not only adolescent development, but also outcomes well into adulthood (Baglivio et al., 2014; Walkley & Cox, 2013). Findings of a seminal study, known as the ACEs study, have demonstrated the multiple and often co-occurring poor adult health and well-being outcomes (for example, lung cancer, substance use, obesity, depression) (Brown et al., 2010; Felitti et al., 1998) associated with experiencing different types of childhood trauma (that is, ACEs). In the ACEs study, 10 types of trauma were examined: emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, parental separation/divorce, family violence, household substance use, household mental illness, and the incarceration of a household member (Dong et al., 2005; Felitti et al., 1998). Moreover, studies have documented a cumulative effect, such that as an individual experiences different types of childhood trauma (that is, has higher ACE scores), health and mental health outcomes also worsen (Mersky, Topitzes, & Reynolds, 2013).

Unfortunately, despite increased attention to the long-term effects of childhood trauma, only two studies could be identified that explored childhood trauma within the context of school dropout, and specifically with student populations already at high risk for school dropout (Jozefowicz-Simbeni, 2008; Porche et al., 2011). One exception is the work of Porche et al. (2011), who examined a national data set and found that individuals who experienced childhood trauma were more likely to drop out of school compared with individuals who did not experience a childhood trauma. Another exception is a study conducted by Harris (1983) more than three decades ago that compared trauma experiences among students at risk for school dropout with students who were not identified as being at risk for dropout. Findings indicated that students at risk for dropout experienced more trauma (for example, divorce, physical abuse) compared with students not identified as at risk.

As policy and practice responses in education and other service sectors (for example, substance abuse, mental health) continue to identify the importance of trauma-informed care (Butler, Critelli, & Rinfrette, 2011; Clark & Power, 2005; Crosby, 2015), and

evidence mounts around the importance of early intervention efforts to mitigate the long-term impacts of both childhood trauma (Baglivio et al., 2014; Porche et al., 2011; Walkley & Cox, 2013) and dropout (Freeman & Simonsen, 2015), more research is needed to understand the extent to which students at risk for dropout have also experienced childhood trauma. Understanding whether experiences of childhood trauma are prevalent in certain groups of students at high risk for dropout can inform school social work practice, particularly in relationship to trauma assessment and trauma-informed interventions, along with continued research and policy development around the intersection of childhood trauma and school dropout.

The purpose of this descriptive exploratory study was to help address this gap in the literature. First, we sought to understand the extent to which a group of students at high risk for dropout, students repeating the ninth grade (Jimerson, Anderson, & Whipple, 2002; Neild, Stoner-Eby, & Furstenberg, 2008), have experienced eight types of ACEs using an innovative methodology called the Life History Calendar (LHC). Second, we descriptively explored differences in the experience of ACEs based on students' gender, race, and socioeconomic status (SES). Finally, we sought to identify potential patterns related to the timing of ACEs and the occurrence of behaviors signaling potential disengagement in school. Implications for school social work research and practice are offered in relation to childhood trauma and school dropout prevention, as well as the use of the LHC as a promising tool to assess for ACEs in school-based settings.

METHOD

This descriptive exploratory study was part of a broader evaluation of a school mental health early intervention program, called Aspire (Iachini, Rogelberg, Terry, & Lutz, 2016), implemented with students repeating the ninth grade in three high schools in one southeastern state. All study procedures were approved by a university institutional review board. Parental consent and youth assent were obtained for all study participants.

The LHC

As part of initial enrollment in the Aspire program, student assessments were conducted using the LHC. The LHC is a visual tool that facilitates the temporal recall of life events (Axinn, Pearce, &

(Ghimire, 1999; Belli, 1998). Presented as a calendar-like matrix on large poster paper, the LHC is organized by columns that denote key life stages (for example, each grade in school) and rows that denote key life events (for example, changes in caregivers, housing/school mobility, peer/dating relationships, disciplinary incidences, and so on). Research demonstrates that the LHC improves recall, encouraging reflection across types of life events and across different life stages (Axinn et al., 1999). The LHC also promotes participant engagement, has been successful as a vehicle for examining and addressing adolescent risk behavior, and allows for a rich understanding of life experiences (DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2013; Martyn et al., 2012). The LHC has been used in numerous studies (for example, DeHart et al., 2013; DeHart & Moran, 2015). In our study, the LHC was administered by three school social work interns, who were trained in the use of the LHC. Administration of the LHC consisted of interns following a semistructured interview guide (see Table 1 for these questions) and asking participants to demarcate events on the actual paper calendar. Administration of the LHC lasted between 45 to 60 minutes and was conducted during the school day. After each administration, interns typed up detailed notes. They also populated an Excel form that mirrored the paper version of the LHC and allowed for documentation of whether students reported experiencing specific life events.

Sample

All students who were repeating the ninth grade during the 2014–2015 school year at three high schools in one urban school district were eligible to participate in this study. Students did not have to be at risk for, or experiencing, a mental health concern to be involved in the early intervention program. Interns contacted the parents of the students who were repeating the ninth grade, and those students who received parental consent and also provided their assent served as participants in this study. Please note that students were eligible to receive the intervention and not participate in the study.

Thirteen students repeating the ninth grade participated in the study and completed the LHC. Four participants were from High School 1, four participants were from High School 2, and five participants were from High School 3. The number of students served at these high schools ranged from 1,400 to 2,000. According to the state

education department report cards, the percentage of students who received Medicaid, Supplemental Nutrition Assistance Program, or Temporary Assistance for Needy Families or were considered homeless, foster, or migrant students ranged from 37.4 percent to 65.2 percent. In terms of race and ethnicity, a majority of the students served by these schools were black (51 percent to 66 percent), followed by white (21 percent to 36 percent), Hispanic (4 percent to 8.5 percent), Asian (1 percent to 2.7 percent), other (0 to 2 percent), and two or more races (0 to 2 percent).

Participants in our study ranged in age from 15 to 17 years. Of those students, 54 percent were boys ($n = 7$) and 46 percent were girls ($n = 6$). In terms of race and ethnicity, the majority of participants identified as African American (62 percent), with fewer identifying as mixed-race (23 percent) or white (15 percent). More than half of participants (54 percent) reported receiving free or reduced-price lunch.

Data Analysis

Total ACE scores for each student were created using analysis procedures similar to those used by Baglivio et al. (2014). First, key questions from the LHC were mapped onto the 10 ACE categories. The specific LHC questions that mapped onto each of these categories are presented in Table 1. Because the primary purpose of the broader study did not focus specifically on ACEs, only eight out of 10 ACEs were assessed through the LHC (emotional neglect and family violence were not assessed). Next, two researchers read the transcripts for each study participant and coded whether the student reported experiencing that ACE (coded as a 1) or did not report experiencing that ACE (coded as a 0). Total ACE scores, which could range from zero to eight, were calculated by adding up the number of individual ACEs each student experienced. These quantitative data were then descriptively analyzed.

To identify potential patterns related to the timing of experiencing ACEs and the occurrence of behaviors signaling student disengagement in school, we first created an individualized timeline for each student that mapped out the grade in which each ACE was experienced and the grade in which the behavior occurred. These behaviors, all risk factors for school dropout (Rumberger, 2011), included changes in grades, repeated or skipped grades (not including

Table 1: Life History Calendar (LHC) Questions Mapped onto the Adverse Childhood Experiences (ACE) Measures

ACE Category	ACE Measure	LHC
Emotional abuse	Did a parent or other adult in the household often or very often <ol style="list-style-type: none"> 1. Swear at you, insult you, put you down, or humiliate you? 2. Act in a way that made you afraid that you might be physically hurt? 	How did you get along with each person in the home?
Physical abuse	Did a parent or other adult in the household often or very often <ol style="list-style-type: none"> 1. Push, grab, slap, or throw something at you? 2. Ever hit you so hard that you had marks or were injured? 	Have you ever experienced by a family member <ol style="list-style-type: none"> 1. Being punched or kicked by someone trying to hurt you? 2. Being cut with a knife or something sharp by someone trying to hurt you? 3. Going to a doctor or nurse because you were hurt in an attack or fight?
Sexual abuse	Did an adult or person at least five years older than you ever <ol style="list-style-type: none"> 1. Touch or fondle you? 2. Have you touch their body in a sexual way? 3. Attempt to have oral, anal, or vaginal intercourse with you? 4. Actually have oral, anal, or vaginal intercourse with you? 	Have you ever experienced <ol style="list-style-type: none"> 1. Unwanted physical sexual advances toward you? 2. Someone sexually harassing you?
Physical neglect	Did you often or very often feel that <ol style="list-style-type: none"> 1. You didn't have enough to eat? 2. You had to wear dirty clothes? 3. You had no one to protect you? 4. Your parents were too drunk or high to take care of you or take you to the doctor? 	Was there ever a time in your life when your family had to live on the street or in a shelter because they had no other place to stay?
Parental separation/divorce	Were your parents ever separated or divorced?	Who all lived in your home?
Household substance use	Did you live with anyone <ol style="list-style-type: none"> 1. Who was a problem drinker or alcoholic? 2. Who used street drugs? 	Has there ever been a time that a family member drank or used drugs so often that it caused problems?
Household mental illness	Was a household member <ol style="list-style-type: none"> 1. Depressed or mentally ill? 2. Attempting suicide? 	Has someone that lived in your house <ol style="list-style-type: none"> 1. Ever been REALLY sad or "blue"? 2. Had mental problems so often that it caused problems around the house? 3. Ever hurt themselves? 4. Ever had to have other people watch them? 5. Ever had to go away?
Incarcerated household member	Did a household member go to prison?	At any time in your life, did one of your caregivers (or close family member) go to jail or prison?

ninth grade), skipping school, or suspension or attendance problems. We then visually examined these timelines across students to identify potential patterns between the timing of experiencing ACEs and the timing of school disengagement behaviors. One student was not included in this analysis because the specific timing of the ACE was unknown.

RESULTS

Eleven of the 13 students were identified as experiencing at least one of the eight ACEs. Total ACE scores in the sample ranged from zero to five ACEs. Two students experienced no ACEs, two students experienced one ACE, four students experienced two ACEs, three students experienced three ACEs, one

student experienced four ACEs, and one student experienced five ACEs. No students were identified as experiencing six or more ACEs. Figure 1 provides information on the total number of students who experienced each ACE. Of the students identified as experiencing an ACE, 61.5 percent experienced parental separation or divorce, 61.5 percent experienced living with or having lived with an incarcerated household member, and 46.2 percent of participants experienced living with a household member suffering from mental illness. Fewer (23.1 percent) experienced living with a household member abusing substances, experiencing physical abuse (15.4 percent), or experiencing emotional abuse (7.7 percent). None of the participants in this study reported being sexually abused or physically neglected.

Differences in experiences of ACEs were examined according to gender, race, and SES. When comparing between male and female students, a higher percentage of male students reported experiencing parental separation/divorce (71.4 percent) compared with female students (40 percent) (see Figure 2). However, a higher percentage of female students reported experiencing physical abuse (20 percent), household mental illness (60 percent), and household incarceration (80 percent) compared with male students. Across race, higher percentages of African American

and mixed-race students reported experiencing household incarceration (62.5 percent and 66.7 percent, respectively) as compared with white students (50 percent) (see Figure 3). When comparing across SES, higher percentages of students receiving free or reduced-price lunch reported experiencing parental separation/divorce (71.4 percent) compared with students not receiving free or reduced-price lunch (50 percent) (see Figure 4).

When examining the individual timelines of when specific ACEs were experienced and when school disengagement behaviors occurred, two patterns emerged. First, all of the students who experienced an ACE also reported experiencing at least one of the four disengagement behaviors. Of the 11 students who experienced an ACE, 10 reported grade changes, nine reported suspension/attendance issues, five reported skipping school, and three repeated a grade other than ninth grade. Second, for 10 students who experienced at least one ACE, school disengagement behaviors occurred concurrently or after the ACE was experienced. For example, one student reported the incarceration of a household member in fourth grade and attendance/suspension issues were reported in grades 5 to 9. Another student reported incarceration of a household member in sixth to seventh grade and

Figure 1: Total Number of Students Who Experienced Each Adverse Childhood Experience

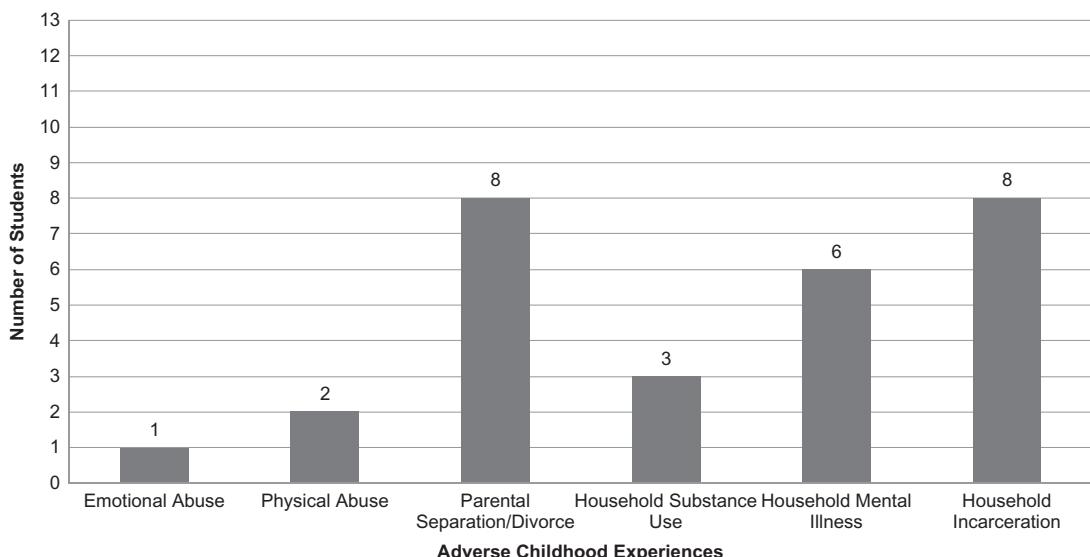


Figure 2: Percentage of Students Experiencing Adverse Childhood Experiences, by Gender

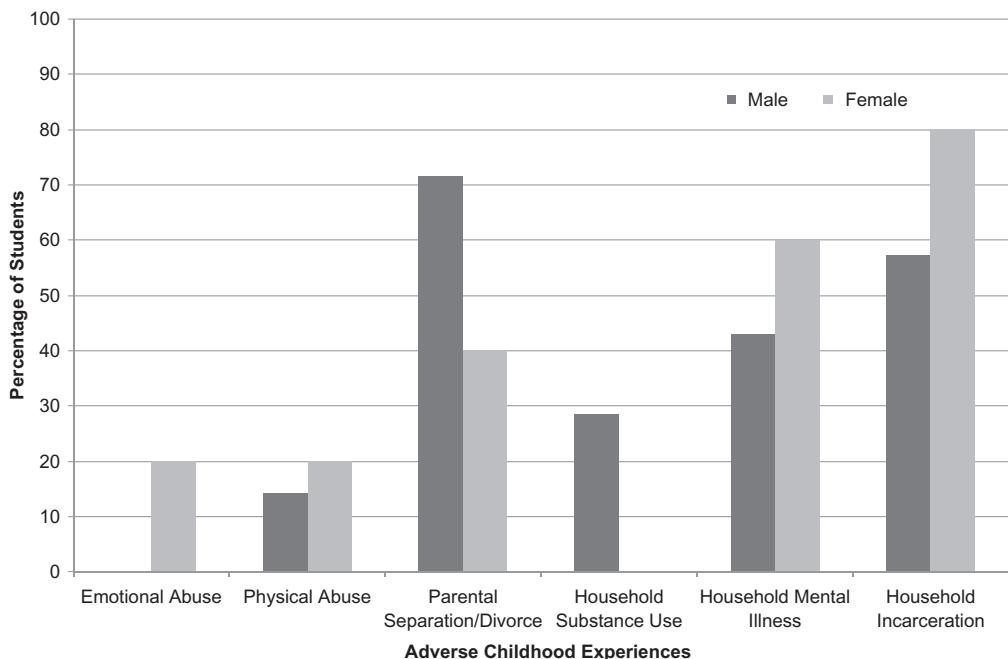


Figure 3: Percentage of Students Experiencing Adverse Childhood Experiences, by Race

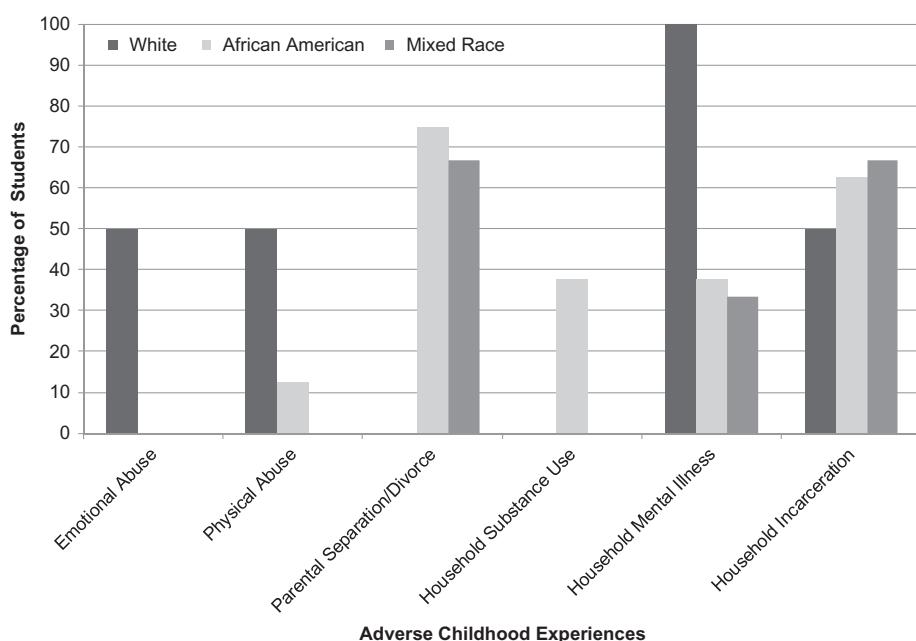
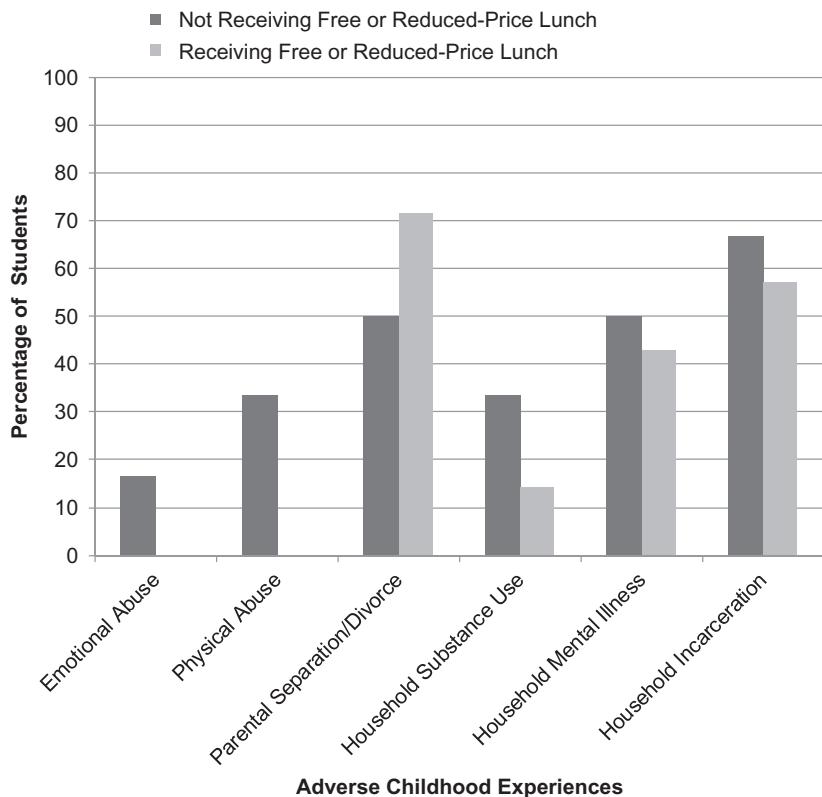


Figure 4: Percentage of Students Experiencing Adverse Childhood Experiences, by Socioeconomic Status



concurrently experienced changes in grades from sixth to ninth grade.

DISCUSSION

The purpose of this study was to understand the extent to which a group of students at high risk for school dropout (that is, students repeating the ninth grade) have experienced eight specific ACEs and explore potential patterns in the timing of experiencing these ACEs and the occurrence of school disengagement behaviors. Overall, all but two students reported experiencing at least one ACE. The majority of students (53.8 percent) in our sample experienced two or three ACEs, of which household incarceration, parental separation/divorce, and household mental illness were the most common. The fact that the majority of participants experienced at least one ACE highlights the importance of assessing for trauma experiences among students at high risk for dropout. Past research also has found that students at high risk for

dropout have more experiences of trauma compared with lower-risk students (Harris, 1983). Assessing for ACEs also allows for the delivery of more targeted services and supports to meet students' individualized needs. In this sample, addressing household incarceration and mental health may be essential in helping students reengage in school and learning. School social workers are well prepared to support students with these experiences, particularly as individual counseling can address the range of feelings associated with incarceration, such as separation from a loved one (Petsch & Rochlen, 2009), and can also address any signs or symptoms associated with a mental health concern.

We also note some descriptive differences in the experience of ACEs based on students' gender, race, and SES. For example, a greater percentage of African American and mixed-race students reported experiencing household incarceration. This may be no surprise given the overrepresentation of individuals from these racial and ethnic backgrounds in

the criminal justice system. Although the sample size was not large enough to test for statistically significant differences, these descriptive findings point to the value of assessing for trauma experiences in high-risk student populations, and also the need for dropout prevention efforts that may not only address trauma experiences at the individual level, but also consider how schools can become trauma informed at a more systemic level (Crosby, 2015). In particular, developing a positive, healthy school climate is essential for students to feel welcomed and safe within the school environment (Iachini, 2016).

We also identified two patterns related to the timing of ACEs and the occurrence of behaviors signaling disengagement from school. Although these patterns do not explicate causal relationships, it is of note that all of the students who experienced at least one ACE also reported experiencing a school-related behavior change, and for all 10 students whose data were analyzed, the timing of the school-related behavior change happened concurrently or following the trauma experience. Again, these findings point to the need for identification and availability of early intervention services to support students who have experienced trauma. School social workers can help by educating teachers and other school staff on potential signs of trauma and by creating early identification and referral processes to ensure that students get the supports they need.

This study also highlights one potential tool school social workers might consider using to assess for ACEs and other experiences of trauma. In this study, the LHC was an interactive way to assess students' experiences in different areas of their life across their life span. Given the importance of developing a strong working alliance with students, the LHC facilitates both interactive dialogue and completion of a matrix in partnership with students. Compared with a social worker asking a checklist of questions related to trauma experiences, the interactive nature of the LHC may help facilitate a strengthened relationship and dialogue about sensitive and traumatic events that may be difficult for students to discuss.

Several limitations to this study must be noted. First, this study reports on the experiences of only a small sample of students who attended three high schools within one school district. As such, the generalizability of this study is limited. Also, the LHC did not directly address each ACE (that is, two ACEs were not assessed in this study, and

some ACEs were assessed in a more indirect manner) and did not address other forms of trauma (for example, natural disasters). Future studies might build from this research and specifically assess all ACEs and other forms of trauma. We also only descriptively examined differences in experiences of specific ACEs and explored patterns related to the timing of experiencing trauma and changes in school-related behaviors. Future studies should continue deeper exploration into both of these areas.

CONCLUSION

As the dropout crisis continues in the United States, school social workers are increasingly being relied on to implement dropout prevention programs. Trauma is a critical factor to consider in the design of these programs and, in particular, for early intervention programs that aim to support those students already identified as high risk for school dropout. Although more research is needed on the intersection of childhood trauma and dropout, school social workers can serve a critical role in assessing for trauma as part of dropout prevention programming and ensuring that dropout prevention programs are sensitive and responsive to addressing trauma-related needs of students. **CS**

REFERENCES

Alliance for Excellent Education. (2011). *The high cost of high school dropouts: What the nation pays for inadequate high schools* [Issue Brief]. Washington, DC: Author.

America's Promise Alliance. (2015). *High school graduation facts: Ending the dropout crisis*. Retrieved from <http://www.americaspromise.org/high-school-graduation-facts-ending-dropout-crisis>

Axinn, W., Pearce, L., & Ghimire, D. (1999). Innovations in life history calendar applications. *Social Science Research*, 28, 243–264.

Baglivio, M. T., Epps, N., Swartz, K., Huq, M. S., Sheer, A., & Hardt, N. S. (2014). The prevalence of adverse childhood experiences (ACE) in the lives of juvenile offenders. *Journal of Juvenile Justice*, 3(2), 1–23.

Belli, R. (1998). The structure of autobiographical memory and the event history calendar: Potential improvements in the quality of retrospective reports in surveys. *Memory*, 6, 383–406.

Brown, D. W., Anda, R. F., Felitti, V. J., Edwards, V. J., Malarcher, A. M., Croft, J. B., & Giles, W. H. (2010). Adverse childhood experiences are associated with the risk of lung cancer: A prospective cohort study. *BMC Public Health*, 10, 1–12.

Butler, L. D., Critelli, F. M., & Rinfrette, E. S. (2011). Trauma-informed care and mental health. *Directions in Psychiatry*, 31(3), 197–212.

Child Trends. (2014). *High school dropout rates*. Retrieved from <http://www.childtrends.org/?indicators=high-school-dropout-rates>

Clark, H. W., & Power, A. K. (2005). Women, co-occurring disorders, and violence study: A case for

trauma-informed care. *Journal of Substance Abuse Treatment*, 28(2), 145–146.

Crosby, S. D. (2015). An ecological perspective on emerging trauma-informed teaching practices. *Children & Schools*, 37, 223–230.

DeHart, D. D., Lynch, S., Belknap, J., Dass-Brailsford, P., & Green, B. (2013). Life history models of female offending: The roles of serious mental illness and trauma in women's pathways to jail. *Psychology of Women Quarterly*, 38, 138–151.

DeHart, D. D., & Moran, R. (2015). Poly-victimization among girls in the justice system: Trajectories of risk and associations to juvenile offending. *Violence Against Women*, 21, 291–312.

Dong, M., Anda, R. F., Felitti, V. J., Williamson, D. F., Dube, S. R., Brown, D. W., & Giles, W. H. (2005). Childhood residential mobility and multiple health risks during adolescence and adulthood: The hidden role of adverse childhood experiences. *Archives of Pediatrics & Adolescent Medicine*, 159(12), 1104–1110.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 14, 245–258.

Freeman, J., & Simonsen, B. (2015). Examining the impact of policy and practice interventions on high school dropout and school completion rates: A systematic review of the literature. *Review of Educational Research*, 85(2), 205–248.

Hammond, C., Linton, D., Smink, J., & Drew, S. (2007). *Dropout risk factors and exemplary programs*. Clemson, SC: National Dropout Prevention Center/Network.

Harris, L. H. (1983). The role of trauma in the lives of high school dropouts. *Social Work in Education*, 5, 77–88.

Iachini, A. L. (2016). Developing safe, responsive, and respectful school communities: Evidence informed tier 1 interventions. In C. R. Massat, R. Constable, S. McDonald, J. P. Flynn, & M. Kelly (Eds.), *School social work: Practice, policy, and research* (8th ed., pp. 439–451). Chicago: Lyceum Books.

Iachini, A. L., Rogelberg, S., Terry, J. D., & Lutz, A. (2016). Examining the feasibility and acceptability of a motivational interviewing early intervention program to prevent high school dropout. *Children & Schools*, 38.

Jimerson, S. R., Anderson, G. E., & Whipple, A. D. (2002). Winning the battle and losing the war: Examining the relation between grade retention and dropping out of high school. *Psychology in the Schools*, 39, 441–457.

Jozefowicz-Simbeni, D.M.H. (2008). An ecological and developmental perspective on dropout risk factors in early adolescence: Role of school social workers in dropout prevention efforts. *Children & Schools*, 30, 49–62.

Martyn, K. K., Darling-Fisher, C., Pardee, M., Ronis, D. L., Felicetti, I. L., & Saftner, M. A. (2012). Improving sexual risk communication with adolescents using event history calendars. *Journal of School Nursing*, 28(2), 108–115.

Mersky, J. P., Topitzes, J., & Reynolds, A. J. (2013). Impacts of adverse childhood experiences on health, mental health, and substance use in early adulthood: A cohort study of an urban, minority sample in the U.S. *Child Abuse & Neglect*, 37, 917–925.

National Child Traumatic Stress Network. (n.d.). *Defining trauma and child traumatic stress*. Retrieved from <http://www.nctsnet.org/content/defining-trauma-and-child-traumatic-stress>

Neild, R. C., Stoner-Eby, S., & Furstenberg, F. (2008). Connecting entrance and departure: The transition to ninth grade and high school dropout. *Education and Urban Society*, 40, 543–569.

Petsch, P., & Rochlen, A. B. (2009). Children of incarcerated parents: Implications for school counselors. *Journal of School Counseling*, 7(40), 1–27. Retrieved from <http://jsc.montana.edu/articles/v7n40.pdf>

Porche, M. V., Fortuna, L. R., Lin, J., & Alegria, M. (2011). Childhood trauma and psychiatric disorders as correlates of school dropout in a national sample of young adults. *Child Development*, 82, 982–998.

Rumberger, R. W. (2011). *Dropping out: Why students drop out of high school and what can be done about it*. Cambridge, MA: Harvard University Press.

Shonkoff, J. P., Boyce, W. T., & McEwen, B. S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention. *JAMA*, 301, 2252–2259.

Walkley, M., & Cox, T. L. (2013). Building trauma-informed schools and communities [Trends & Resources]. *Children & Schools*, 35, 123–126.

Wilson, S. J., & Tanner-Smith, E. E. (2013). Dropout prevention and intervention programs for improving school completion among school-aged children and youth: A systematic review. *Journal of the Society for Social Work and Research*, 4, 357–372.

Aidyn L. Iachini, PhD, is assistant professor, **Aliza F. Petiwala, MSW, MPH**, is research assistant, and **Dana D. DeHart, PhD**, is assistant dean for research, College of Social Work, University of South Carolina, Columbia. Address correspondence to Aidyn L. Iachini, College of Social Work, University of South Carolina, 332 Hamilton, Columbia, SC 29208; e-mail: iachini@mailbox.sc.edu.

Original manuscript received October 14, 2015

Final revision received February 6, 2016

Accepted February 29, 2016