INTRODUCTION

- Experiencing trauma at a young age has been found to impact subsequent mental health and behavioral disorders (Famularo et al., 1992).
- For example, past research has shown that childhood trauma is predictive of anxiety and depressive disorders (Heim & Nemeroff, 2001).
- Additionally, research has indicated that higher levels of family support appear to moderate adjustment in children experiencing stress, as well as the relation between internalizing and externalizing problems and anxiety (Quamma & Greenberg, 1994).
- Although research has discovered relations between trauma and anxiety, research has not yet explored the possible interaction between general protective factors and optimism on the relation between adverse childhood experiences and anxiety symptoms.

METHODS

Participants:
- Participants consisted of 92 college students enrolled in undergraduate psychology and speech classes.
- Participants were selected based on self-identification of trauma exposure in an online screening questionnaire.
- Gender and Age: 17 (17.7%) males and 75 (78.1%) females with ages ranging from 17-54 (M = 20.03; SD = 5.03).
- Ethnicity: Caucasian (74.0%), African American (3.1%), Latino/Hispanic (5.2%), Asian American (2.1%), Native American (7.3%), and Other (3.1%).
- Year in school: Freshman (46.9%), Sophomore (24.0%), Junior (12.5%), and Senior (12.5%).

Procedure:
- Data were collected from 92 students at a large Midwestern University and completed a battery of self-report questionnaires.
- All participants received research credit in exchange for their participation.

MEASURES

- Demographic Questionnaire: assessed gender, age, ethnicity, and class level.
- Adverse Childhood Experiences Questionnaire (ACE-SF; Felitti et al., 1998): assessed cumulative trauma exposure via 156-items. This measure assessed a range of trauma exposure, including parental maltreatment, neglect, family dysfunction, and exposure to collective violence.
- Protective Adverse Childhood Experiences (PACES; Morris et al.): measured protective resources such as social support and availability of resources with 10 items that respondents indicate a yes or no.
- Revised Life Orientation Test (LOT; Scheier, Carver, & Bridges, 1994): assessed one’s expectations of the future and general sense of optimism.
- Depression, Anxiety, Stress Scale (DASS; Lovibond & Lovibond, 1995) assessed anxiety in the given sample via 42 items that are rated on a 4-point scale (Did not apply to me at all, Applied to me to some degree, or some of the time, Applied to me to a considerable degree, or a good part of the time, Applied to me very much, or most of the time).

RESULTS

Table 1. Correlations between variables of interest. *p<.05, **p<.01

<table>
<thead>
<tr>
<th></th>
<th>ACES</th>
<th>PACES</th>
<th>LOTR</th>
<th>DASS-Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACES</td>
<td>1.00</td>
<td>-2.84**</td>
<td>-1.57</td>
<td>-2.47</td>
</tr>
<tr>
<td>PACES</td>
<td></td>
<td>1.00</td>
<td>.162</td>
<td>-.062</td>
</tr>
<tr>
<td>LOTR</td>
<td></td>
<td></td>
<td>1.00</td>
<td>-.457**</td>
</tr>
<tr>
<td>DASS-Anxiety</td>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
</tr>
</tbody>
</table>

Table 2. Results of Hierarchical Multiple Regression for those with a history of adverse childhood experiences, using optimism and protective factors as a predictor for anxiety symptoms

<table>
<thead>
<tr>
<th></th>
<th>β</th>
<th>R²</th>
<th>Adjusted R²</th>
<th>F</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACESxLOT</td>
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<td>.274</td>
<td>.249</td>
<td>10.71</td>
<td>.000*</td>
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<tr>
<td>ACESxPFS</td>
<td>.392</td>
<td>.081</td>
<td>.046</td>
<td>2.35</td>
<td>.079</td>
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</table>

Figure 1. Demonstrates the significant effect of the optimism on anxiety symptoms. *p<.05 N = 84

DISCUSSION

- The present study suggests that as an individuals level of optimism increases, their levels of anxiety decrease.
- Additionally, the present model suggests that protective factors do not significantly moderate the relation between adverse childhood experiences and subsequent anxiety symptoms, it is likely that protective factors still play an important role in this relation as demonstrated in the strong negative correlation between ACES and PACES (r = -.284**).
- This information may be helpful at targeting optimism to help reduce anxiety symptoms amongst individuals who have experienced adverse childhood events.
- Frequencies for individuals’ PACES suggest that restricted range may have contributed to our lack of significant findings for protective factors, as the majority of individuals fell between (6-10) for their overall PACES score with higher scores representing high levels of protective factors.
- Due to the limited range of demographic variables (i.e., age, education level) and small sample size, replications of this study utilizing a wider range of participants’ demographic characteristics are warranted.

SELECTED REFERENCES