Understanding the Link between Childhood Trauma and Religious Involvement in a Sample of Emerging Young Adults

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Abstract

Researchers tend to see religion as a coping mechanism when it comes to early traumatic experiences. Based on the close link between religion and trauma, this study investigates the relationship between reports of adverse childhood experiences (ACEs) and religious involvement in a sample of emerging young adults. Data were collected from a sample of 250 undergraduate students (ages 18-26) at a northeastern public university in the United States. Hierarchical regression analyses provided evidence that ACEs negatively predicted religious involvement net the effects of background variables (sex and ethnicity). Findings showed that young adults with higher ACEs showed reduced religious involvement. The study findings also provided evidence that age consistently predicted religious involvement; as age increased, religious involvement decreased among young adults. Thus, the present study highlights an important link between ACEs in religious participation within this emerging adult sample. The findings can advance our understanding of emerging young adults' adaptation to early traumatic experiences. Study implications are discussed.
Keywords: adverse childhood experiences, sex, ethnicity, religious involvement, emerging young adults

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Past research supports that the majority of the United States population has been exposed to at least one traumatic event during their lifetime (Vaughn-Coaxum et al., 2017). These include accidents, disasters, violent or accidental deaths of loved ones, and witnessing or experiencing interpersonal violence. Events like these are often associated with negative developmental outcomes in adolescence and adulthood (Cecil et al., 2017). Accordingly, a substantial body of work has documented the impact of cumulative childhood trauma on a wide range of outcomes in adolescence and adulthood (Ballard et al., 2015). In general, these studies have found that exposure to adverse childhood experiences is linked to a wide range of adverse health and behavioral outcomes, which may pose a severe threat to a child's overall well-being in adulthood (Hughes et al., 2016). However, some studies support that adverse effects resulting from trauma do not automatically lead to negative physical and mental health outcomes in all individuals

(Matthew et al., 2020). These studies support that protective factors help buffer against the potential negative consequences of early traumatic events, ultimately reducing the harmful effects of trauma.

Several studies have raised the question of the role of religious and spiritual coping when dealing with early traumatic events in the past decade (Brewer-Smyth & Koenig, 2014; Janů, Malinakova, Kosarkova & Tavel, 2020; Johnson, Williams, Pickard, 2016; Murray-Swank & Waelde, 2013; ter Kuile & Ehring, 2014; Reinert et al., 2016; Sansone, Kelley & Forbis 2013; Walker & Aten, 2012; Zeligman, Ataga & Shaw, 2020). Across studies, however, mixed or contradictory findings emerged, showing a combination of growth as well as a decline in religion and spirituality. The inconsistencies in the findings can be attributed to the differences in the measurement of religiousness, spirituality, and trauma across studies (Leo, Izadikhah, Fein, & Forooshani, 2021; Milstein, 2019). These studies have also shown that the impact of trauma on religious or spiritual behaviors may vary by sex or religious identity (Reinert et al., 2016); thus, the effects of childhood traumatic experiences on the religious and spiritual response may vary according to individual differences in the population.

In an attempt to add to the growing knowledge-base, the current study sought to understand religious coping in the aftermath of trauma. The term religion describes all aspects of a person's religious experiences including church attendance, institutional beliefs and rituals, and theology prescribed by a particular institution (Reinhert et al., 2016). These have been shown to have a substantial impact on resilience or coping in the aftermath of trauma. We advance research on the religion-trauma link by investigating the relationships between early childhood trauma exposure and religious involvement in a sample of emerging young adults by examining the extent adverse childhood experiences, measured by the Adverse Childhood Experience questionnaire, predict religious involvement, taking into account the role of background variables (i.e., age, sex and race/ethnicity) in the sample.

The Present Study

Relatively few studies have examined the effect of religion as a coping mechanism for dealing with traumatic experiences. In the present study, we define individual religiosity as the extent to which an individual is engaged in religious activities, and especially how exposure to childhood trauma impacts religious practices. Specifically, the study tests the link between adverse childhood experiences and religious involvement in a cross-sectional sample of emerging young adults. We hypothesize that young adults who experience childhood traumatic events are more likely to engage in religious activities than adults. The study results can improve our understanding of the role of religion in young adults who experienced early traumatic events.

Methods

Participants and Procedure

The sample was drawn from undergraduate students attending a medium-sized university in the Eastern United States. The survey was administered through the Qualtrics survey tool and distributed via email to undergraduate students who anonymously completed the survey. At the end of the survey, participants received an invitation to participate in a raffle draw for one of ten

$25 electronic Amazon gift-cards. Students were recruited in the spring and fall semesters of 2019. The final sample consisted of *n* = 250 emerging young adults.

Measures

Control variables. Demographic variables such as age, sex, ethnicity, and parental education were included in the study as control variables. Age was measured as a continuous variable in years. Sex was measured using a dichotomous measure of male (1) and female (2). Participants identified their race or ethnicity, but for analytic purposes, we used three categories: African American or Black (1), Caucasian or White (2), and Other (3).

Adverse Childhood Experience. Adverse childhood experience was measured using the 10-item Adverse Childhood Experiences questionnaire (ACEs), which assessed across two main domains childhood abuse and household dysfunction (See *Table 1*). The responses were dichotomized and summed to create a final ACE score ranging from 0 – 10; higher scores indicated greater exposure to adverse events (See *Table 2*).

Table 1

Descriptive Statistics—Adverse Childhood Experiences (ACEs) by Sex and by Quantity

ACEs category	Males %	Females %	Total % (n)
Childhood abuse			
Psychological/emotional	31.7	38.3	37.1 (221)
Physical	24.4	24.4	24.4 (221)
Sexual	4.9	18.3	15.8 (221)
Psychological Neglect	14.6	29.2	26.5 (219)
Physical Neglect	9.8	6.7	7.3 (219)
Household Dysfunction			
Parents separated/divorced	39.0	43.3	42.5 (219)
Domestic violence—mother	7.3	13.0	11.9 (218)
Alcohol/drug problems—household member	19.5	27.8	26.3 (217)
Mental illness	19.5	35.2	32.3 (217)
Incarcerated—household member	9.8	9.1	9.2 (217)
Number of ACEs categories	Males %	Females %	Total %
0	37.2	23.6	26.1
1	20.9	20.0	20.2
2	11.6	11.3	11.3
3	2.3	12.3	10.5
4	11.6	6.7	7.6
5	2.3	5.6	5.0
≥6	14.0	20.5	19.3

Note. ACEs = Adverse Childhood Experiences

Table 2
Mean Scores on Religiosity Items and ACEs by Sex

Measure	Males *M (SD)*	Females *M (SD)*	Total *M (SD)*
Religiosity Items			
Church or religious meeting attendance	**2.91 (1.32**)	2.42 (1.34)	2.51 (1.35)
Prayer, meditation or Bible study	**2.81 (1.73)**	2.72 (1.77)	2.73 (1.76)
Daily religious practice	**3.46 (.95)**	3.38 (1.15)	3.39 (1.11)
Experience the presence of the Divine	**4.12 (.98)**	3.68 (1.17)	3.76 (1.15)
Religious beliefs guide my life	**3.78 (1.01)**	3.45 (1.10)	3.51 (1.09)
Childhood adversity and abuse			
ACEs	1.80 (2.20)	**2.43 (2.38)**	2.31 (2.36)

Note: Higher scores are bolded.

Religious involvement. Students' religious involvement was assessed using the five-item Duke University Religion Index (Koenig, et al. 1997; Koenig & Bussing 2010). This measure assesses three major dimensions of religiosity: organizational religious activity, non-organizational religious activity, and intrinsic or subjective religiosity (Koenig et al., 2010). The Cronbach's alpha for the scale was .88.

Analytic Strategy

Initial analyses consisted of descriptive statistics that examined undergraduate students' ACEs scores by sex. Follow-up analyses tested the predictive strength of adverse childhood experiences on religious involvement. In the first step, we assessed the associations between the sample's background characteristics and religious involvement. In the second step, individuals, adverse childhood experiences scores were added to descriptive statistics to predict religious involvement. All data were analyzed using SPS 26 (IBM, 2019).

Results

Descriptive Statistics

The descriptive statistics of ACEs for the total sample, as well as males and females separately, are included in **Table 1.** Compared to males, females reported more adversity categories (i.e., psychological/emotional abuse, sexual abuse, psychological neglect, parental divorce, household member alcohol/drug problems, and mental illness). Males and females endorsed physical abuse at 24%, whereas the incarceration of a household member at a comparable rate of 9.8% and 9.1%, respectively. Additionally, a higher percentage of males reported no ACEs; however, more females endorsed at least 6 or more categories in the ACEs. The mean scores of religious involvement and ACEs were reported by sex in **Table 2.** Overall, males reported higher scores on the religious involvement items than their female counterparts. The opposite was found for ACEs, as more females endorsed adversity.

Main Analyses

The main hypotheses were tested using a two-step hierarchical regression approach (see *Table 3*). In step 1, the model tested the extent background variables predicted religious involvement; we found age was significantly associated with religious involvement, and the model explained 3% of the variance in religious involvement. In step 2, we tested the extent background variables and ACEs predicted religious involvement; age, and ACEs were statistically significant and explained 9% of the total variance in violence perpetration.

Table 3

Hierarchical Regression Model with Background Variables and ACEs Predicting Religious Involvement

	B	*S.E.*	*p*	*C*		R^2	ΔR^2
				Upper	Lower		
Step 1						.029	
Age	**.053***	**.026**	**.043**	**.002**	**.104**		
Sex	−.229	.188	.224	−.600	.141		
Ethnicity	−.018	.044	.685	−.105	.069		
Step 2						.091	.062
Age	**.049***	**.025**	.051	**.000**	**.099**		
Sex	−.168	.183	.361	−.529	.193		
Ethnicity	−.001	.043	.991	−.085	.084		
ACEs[1]	**−.115*****	**.030**	**.000**	**−.175**	**−.056**		

Note.

*p <.05

Bolded figures represent significant paths

Discussion and Study Implications

The present study investigated the relationship between childhood adverse experiences and religious involvement in a sample of young adults. The results from the study indicate adverse childhood experience was negatively associated with religious involvement. This finding suggests that young adults experiencing childhood trauma demonstrate a reduction in religious participation. While this finding is unexpected, it is not surprising. Some studies support that younger Americans are less likely than older adults to acknowledge God's existence or engage in religious activities such as attending church (Smith, 2012). Indeed, our findings that early traumatic events are associated with a decrease in religious involvement is consistent with some earlier work by Sansone, Kelley and Forbis (2013) who observed a decline in religious activities among survivors of childhood bullying. While the data did not support our hypothesis, our

[1] Adverse Childhood Experiences

results may offer an opportunity to further explore the role of religious involvement in the recovery process.

The study also found noticeable differences in adverse childhood experiences between males and females in the sample. It is not surprising that females reported greater adversity categories (i.e., psychological/emotional abuse, sexual abuse, psychological neglect, parental divorce, household member alcohol/drug problems, and mental illness). This finding is consistent with other work that found that females are more likely to report childhood adversities than males (e.g., Haahr-Pedersen et al., 2020). This finding supports that females are more likely to disclose childhood adversity than males. The sex difference in childhood adversity scores is consistent with the literature that males are more likely to underreport childhood adversity, as evident from the findings. This may also account for the higher percentage of males who reported an ACE score of zero in the study, whereas more females reported an ACE score of six or more categories in the ACEs. Despite higher ACEs among females, we found that males reported higher scores on the religious involvement items. While this finding appears contradictory to our expectations, it supports that more information is needed to explore these relationships further.

This study is not without limitations. The use of cross-sectional data makes it difficult to assess the temporality of the association between adverse childhood experience and religious involvement. Further longitudinal research is needed to assess for changes in early traumatic experiences and religious involvement over time. Also, the small sample size limits the ability to make effective conclusions on the relationship between the variables under investigation. Finally, the sample consists of emerging adults within a specific region in the United States, limiting the generalizability to other regions.

Nevertheless, the findings from the study have important implications. Practitioners, allied health, and other service providers play an important role in supporting young adults in times of distress and working through traumatic events. Importantly, service providers may include a religious component in service delivery to help faith-based clients deal with stressors and negative emotions. Given the negative association between ACEs and religious involvement among young adults in the sample, incorporating a religious component, into service delivery may have unanticipated outcomes for survivors of early childhood trauma. Although religious involvement and spirituality terms are often used interchangeably, the two concepts are different. Studies on religious involvement explores the extent of religious participation in organized religion, as evidenced in this study; whereas spiritually studies consider the connection with a higher being. Future research should further explore adverse childhood experiences on other religious involvement and spirituality constructs to assess differences in the constructs themselves and across diverse samples. Additional measures of adverse childhood experiences and diverse samples would help explore additional contributors to and protective factors from traumatic events. Further, it would be worthwhile to examine these links among young adults in other contexts (e.g., ethnicity, SES) to understand the associations between trauma and religious involvement, as these will have substantial implications for theory and practice.

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