

## EXPLORING THE RELATIONSHIP BETWEEN ADVERSE CHILDHOOD EXPERIENCES AND MORAL DEVELOPMENT AMONG UNDERGRADUATE STUDENTS

<sup>1</sup>Akinwale, G.A. & <sup>2</sup>Olaosebikan, D.

<sup>1</sup>University of Lagos, Akoka, Lagos, Nigeria

<sup>2</sup>Optimal Care Human Development Center  
gbenuadunola@gmail.com

### Abstract

The study investigated the relationship between adverse childhood experiences (ACEs) and moral development among students. Specifically, the study aimed to examine the relationship between ACEs and moral development, evaluate gender differences in ACEs and moral development, and explore age differences in ACEs and moral development. A correlational research design was employed, using a survey questionnaire administered to 300 Undergraduate Students of University of Lagos aged 16 to 25 years. Adverse Childhood experiences was measured using the Adverse Childhood Experiences Questionnaire (ACE-Q) was utilized to assess ACEs while Moral development was measured using the Moral Identity Questionnaire (MIQ). The results revealed a significant negative relationship between moral development and ACEs ( $r = -.326, p < 0.05$ ), supporting hypothesis 1. This suggests that individuals who experienced higher levels of ACEs tended to exhibit lower levels of moral development. However, no significant gender differences were found in both ACEs and moral development. Males and females reported similar levels of ACEs and moral development, leading to the rejection of hypothesis 2. Regarding age differences, emerging adults aged 18-21 exhibited higher levels of moral development (Mean = 62.18, SD = 5.29) compared to those aged 22-25 (Mean = 59.88, SD = 4.13), with a significant difference between the two age groups ( $t(297) = 4.15, p < 0.05$ ). However, no significant difference was observed in ACEs between the two age groups. Thus, hypothesis 3 was partially supported. These findings contribute to the understanding of the impact of ACEs on moral development among Undergraduate Students of University of Lagos.

**Keywords:** Adverse Childhood Experiences, Moral Development, Students

### Introduction

Adverse childhood experiences (ACEs) refer to potentially traumatic events that occur before adulthood (age 18), and these events are divided into three categories: Abuse (physical, sexual, emotional), neglect (physical, emotional), and household dysfunction (parental divorce or separation, domestic violence, substance abuse, mental illness and incarceration). They have been linked to a wide range of negative outcomes in adulthood, including physical and mental health problems, substance abuse, and criminal behavior.

In addition to these outcomes, ACEs may also affect an individual's moral development, influencing the development of their moral values, beliefs, and behaviors. ACEs are increasingly recognized as an important public health issue, with research suggesting that exposure to ACEs is a major risk factor for a wide range of negative outcomes. The original ACE study, conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente, found that individuals with a high number of ACEs were at increased risk for a number of negative health outcomes, including depression, cardiovascular disease, and substance abuse (Felitti et al., 1998). Since the original study, numerous other studies have replicated these findings,

highlighting the wide-ranging impact of ACEs on health and well-being (Felitti et al., 1998; Anda et al., 2006). In addition, research has also shown that exposure to ACEs can have a lasting impact on individuals, with studies finding that individuals who were exposed to ACEs in childhood are at increased risk for a range of negative outcomes even decades later (Anda et al., 2006).

Moral development refers to the processes by which individuals form and internalize moral values and beliefs, and engage in moral behavior (Kohlberg, 1971). According to the stage theory of moral development proposed by Kohlberg, individuals progress through a series of increasingly sophisticated stages of moral reasoning, moving from a pre-conventional stage characterized by a focus on self-interest and external rewards and punishments, to a conventional stage characterized by a focus on the expectations of others, and finally to a post-conventional stage characterized by a focus on universal moral principles (Kohlberg, 1971).

Research has shown that a range of factors can influence moral development, including parenting practices, peer relationships, cultural context, and personal experiences (Eisenberg & Lennon, 1983; Nucci & Narvaez, 2004). In particular, childhood

experiences have been shown to play a key role in shaping moral development, with studies finding that individuals who experienced adverse events during childhood may be less likely to develop sophisticated moral reasoning skills (Lerner, 2004). The impact of ACEs on moral development has been the subject of relatively limited research, with studies suggesting that exposure to ACEs may influence moral development in a number of ways. For example, research has shown that individuals who experienced abuse or neglect during childhood may be less likely to engage in prosocial behavior and more likely to engage in antisocial behavior, including criminal behavior (Lerner, 2004; Johnson et al., 2012).

Additionally, studies have suggested that exposure to ACEs may alter moral reasoning, with individuals who experienced ACEs being less likely to engage in post-conventional moral reasoning and more likely to be stuck at a conventional stage of moral development (Lerner, 2004). There are a number of potential mechanisms that underlie the relationship between ACEs and moral development. For example, exposure to ACEs may impact the development of moral reasoning by altering the neural structures and processes that underlie moral decision-making, impairing an individual's ability to weigh moral options and make moral decisions (Gustafsson et al., 2016). Additionally, exposure to ACEs may affect moral development by altering an individual's social and emotional development, impairing their ability to form positive relationships and understand the perspectives of others (Lerner, 2004). Moreover, exposure to ACEs may impact moral development by altering the formation of moral identity, the development of moral self-concept and the internalization of moral values (Lerner, 2004). For example, individuals who experienced abuse or neglect may view themselves as unworthy or undeserving, impacting their ability to develop a positive moral self-concept and internalize moral values (Lerner, 2004).

In conclusion, the relationship between adverse childhood experiences and moral development is complex, with exposure to ACEs having the potential to impact moral development in a number of ways. Further research is needed to better understand the mechanisms that may underlie this relationship, and to identify effective interventions to support individuals who have experienced ACEs in their moral development. By improving our understanding of the relationship between ACEs and moral development, we can improve our ability to support individuals who have experienced ACEs, promoting their health, well-being, and success in life.

### **Statement of Problem**

The relationship between adverse childhood experiences (ACEs) and moral development in adults is a crucial area of research that has significant implications for the well-being and success of individuals in Nigeria and around the world. Despite this, the relationship between ACEs and moral development remains poorly understood, particularly in the context of Nigeria where research on the topic is limited. In Nigeria, exposure to ACEs such as abuse, neglect, and household dysfunction is a widespread issue, with a high prevalence of these experiences reported among children and adults.

The impact of these experiences on moral development is not well understood, and further research is needed to determine how exposure to ACEs may affect the development of moral reasoning and decision-making in adults in Nigeria.

The lack of understanding of the relationship between ACEs and moral development in Nigeria creates a significant gap in knowledge that needs to be addressed. This gap in knowledge has important implications for the design and implementation of interventions aimed at promoting positive moral development in individuals who have experienced ACEs. Therefore, the purpose of this study is to examine the relationship between adverse childhood experiences and moral development in adults in Nigeria, with the goal of improving our understanding of this relationship and informing the development of effective interventions to support individuals who have experienced ACEs in their moral development.

### **Aims and Objective of Study**

This study aims at examining Adverse childhood experiences as predictors of moral development among students. In achieving this, the following specific objectives are to:

1. examine the relationship between adverse childhood experiences and moral development
2. explore if ACEs would have a relationship with moral development
3. explore the role of demographic variables on ACEs

### **Conceptual Review**

**Adverse Childhood Experiences (ACEs)** refer to potentially traumatic experiences that can occur in a person's childhood, including abuse, neglect, and household dysfunction (CDC, 2020). ACEs are a public health issue, and increasing understanding of them can help individuals, families, and communities to take steps to prevent or mitigate their effects.

ACEs can be divided into three broad categories: abuse, neglect, and household dysfunction. Abuse includes physical, sexual, and emotional abuse.

Neglect includes physical and emotional neglect, as well as medical and educational neglect. Household dysfunction includes a range of experiences, such as witnessing domestic violence, parental separation or divorce, having a family member with mental illness, substance abuse, or being incarcerated (CDC, 2020). Studies have shown that ACEs are quite common. The Adverse Childhood Experiences Study (ACE Study), a landmark study conducted by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente in the 1990s, found that nearly two-thirds of participants reported at least one ACE, and more than one in five reported three or more. Furthermore, ACEs tend to occur in clusters, with people who experience one type of ACE often experiencing others as well (Hughes et al., 2017).

ACEs can have a wide range of effects on a person's health and well-being. They have been linked to a higher risk of developing physical health problems, such as heart disease, obesity, diabetes, and cancer. They can also increase the risk of developing mental health problems, such as depression, anxiety, post-traumatic stress disorder (PTSD), and substance use disorders. Additionally, ACEs can have negative social and economic consequences, such as lower educational attainment, lower income, and poorer overall life outcomes (Shonkoff et al., 2012).

The effects of ACEs can be explained, in part, by their impact on the body's stress response system. When a person experiences a traumatic event, their body's stress response system is activated, leading to the release of stress hormones like cortisol and adrenaline. In the short term, this response is adaptive, helping the person to cope with the stressor. However, when a person experiences chronic or repeated stress, as is often the case with ACEs, their stress response system can become dysregulated. This can lead to long-term changes in the brain and body, including changes in the structure and function of the brain, the immune system, and other physiological systems. These changes can contribute to the physical and mental health problems associated with ACEs (Shonkoff et al., 2012).

Despite the serious consequences of ACEs, there are steps that individuals, families, and communities can take to prevent or mitigate their effects. These include promoting safe, stable, and nurturing relationships and environments for children, providing access to high-quality health care and mental health services, and supporting policies and programs that address the root causes of ACEs, such as poverty, social inequality, and community violence (CDC, 2020).

In conclusion, adverse childhood experiences are potentially traumatic experiences that can occur in a person's childhood, including abuse, neglect, and household dysfunction. They can have long-term

effects on a person's physical, emotional, and mental health, as well as their social and economic outcomes later in life. Understanding and addressing ACEs is an important public health issue that can help promote the health and well-being of individuals and communities.

**Moral development** is an essential aspect of human growth and development, which involves the acquisition of ethical principles and values that guide decision-making, behavior, and interactions with others. According to Kohlberg's theory of moral development, individuals pass through three levels of moral reasoning, each with two stages, based on their age and cognitive development.

The first level is the pre-conventional stage, where individuals focus on their self-interest and obey rules to avoid punishment or gain rewards. The second level is the conventional stage, where individuals conform to social norms and laws and seek approval and acceptance from others. The third and highest level is the post-conventional stage, where individuals develop their moral principles based on universal ethical principles and justice, even if they conflict with societal norms and laws (Rest, 1986).

Research has shown that moral development is influenced by various factors, including parental upbringing, culture, education, and life experiences. For instance, parents who provide a warm and supportive environment, communicate clear values and expectations, and model ethical behavior, tend to raise children with higher levels of moral reasoning (Eisenberg et al., 2015). Similarly, cultures that emphasize collectivism, duty, and respect for authority tend to have lower levels of moral reasoning than those that value individualism, freedom, and equality (Shweder et al., 2000).

Moreover, education plays a crucial role in promoting moral development by providing opportunities for critical thinking, dialogue, and reflection on ethical issues. Studies have shown that moral education programs, such as character education, service-learning, and moral reasoning, can enhance students' moral reasoning and behavior (Berkowitz & Bier, 2007). These programs aim to cultivate moral virtues, such as honesty, compassion, empathy, and responsibility, through direct instruction, modeling, and practice.

However, moral development is not a linear and automatic process, and individuals may regress or plateau in their moral reasoning at any stage. Furthermore, moral development may not always translate into moral behavior, as individuals may face competing interests, pressures, and temptations that challenge their moral values and principles. Therefore, moral development requires ongoing

reflection, evaluation, and adaptation to changing circumstances and contexts.

In conclusion, moral development is a vital aspect of human growth and development, which involves the acquisition of ethical principles and values that guide decision-making, behavior, and interactions with others. Kohlberg's theory of moral development provides a framework for understanding the different levels and stages of moral reasoning that individuals pass through, depending on their age and cognitive development. However, moral development is influenced by various factors, such as parental upbringing, culture, education, and life experiences, and requires ongoing reflection and evaluation to maintain moral integrity and adapt to changing contexts

### **Theoretical Review**

#### **Social Learning Theory**

Social Learning Theory, first proposed by psychologist Albert Bandura, suggests that moral development is shaped by the observation and imitation of prosocial and moral behavior in others, particularly in the context of the family and community. According to this theory, children observe the behavior of others and use this information to shape their own moral beliefs and behavior. In this context, exposure to ACEs may impact moral development by reducing the opportunity to observe and imitate positive moral behavior and increasing exposure to negative.

This theory proposes that moral development is shaped by the observation and imitation of prosocial and moral behavior in others, particularly in the context of the family and community. Social learning theory suggests that exposure to ACEs may impact moral development by reducing the opportunity to observe and imitate positive moral behavior and increasing exposure to negative role models. This can result in the development of negative moral attitudes and behavior.

#### **Empirical Review**

Akinwale, et al (2023) in a study in rural community of Lagos established a connection between adverse childhood experiences and psychological wellbeing of emerging adults. Adverse childhood experiences (ACEs) can have a profound and lasting impact on individuals and their moral development. Research in this area has shown that individuals with a history of ACEs are more likely to exhibit difficulties in moral reasoning and decision-making as adults.

Studies have investigated the relationship between ACEs and moral development by examining the cognitive, emotional, and social processes involved in moral reasoning. For example, research has found that individuals with a history of ACEs have reduced capacity for empathy, which can lead to difficulties

in understanding the perspectives and emotions of others, and this in turn can negatively impact moral decision-making.

Additionally, studies have explored the impact of trauma on moral identity and found that individuals who have experienced ACEs may have a fragmented sense of self, which can result in difficulties in defining and upholding personal moral values. These individuals may also struggle with guilt, shame, and low self-esteem, which can interfere with their ability to make ethical decisions.

Despite the growing body of research on the relationship between ACEs and moral development, it is important to note that not all individuals who experience ACEs will have difficulties with moral reasoning and decision-making. Many individuals are able to overcome the negative effects of ACEs through therapy, support from loved ones, and other forms of intervention. Adverse childhood experiences (ACEs) can have a profound and lasting impact on individuals and their moral development. Research in this area has shown that individuals with a history of ACEs are more likely to exhibit difficulties in moral reasoning and decision-making as adults (Hardy & Carlo, 2005).

Studies have investigated the relationship between ACEs and moral development by examining the cognitive, emotional, and social processes involved in moral reasoning. For example, research has found that individuals with a history of ACEs have reduced capacity for empathy (Gielen et al., 2018), which can lead to difficulties in understanding the perspectives and emotions of others, and this in turn can negatively impact moral decision-making (Karniol & Shaked, 2018). Additionally, studies have explored the impact of trauma on moral identity and found that individuals who have experienced ACEs may have a fragmented sense of self (Brown & Lindsey, 2018), which can result in difficulties in defining and upholding personal moral values. These individuals may also struggle with guilt, shame, and low self-esteem (Brown & Lindsey, 2018), which can interfere with their ability to make ethical decisions.

Despite the growing body of research on the relationship between ACEs and moral development, it is important to note that not all individuals who experience ACEs will have difficulties with moral reasoning and decision-making (Hardy & Carlo, 2005). Many individuals are able to overcome the negative effects of ACEs through therapy (Gielen et al., 2018), support from loved ones (Karniol & Shaked, 2018), and other forms of intervention.

In conclusion, the research suggests that adverse childhood experiences can have a significant impact on moral development in adulthood, although

individual differences play a role in determining the extent to which ACEs influence moral reasoning and decision-making (Hardy & Carlo, 2005). Further research is needed to fully understand the complex relationship between ACEs and moral development (Brown & Lindsey, 2018).

### **Method**

This study aims to investigate the relationship between Adverse Childhood Experiences (ACEs) and moral development among undergraduate students in University of Lagos. The study adopted a quantitative research design, utilizing a survey questionnaire to collect data.

The research design for this study is a correlational design. This design enables us to investigate the relationship between ACEs and moral development among undergraduate students of University of Lagos. The study was conducted using a survey questionnaire, which was administered to participants in undergraduate students of University of Lagos, Nigeria.

The sample for this study consists of Nigerian students aged between 16 and 25 years. Stratified random sampling technique was used to select the participants. The participants were selected from undergraduate students of University of Lagos, Nigeria, ensuring that the sample is representative of the population. A total of 300 respondents were used for the study.

Data for this study was collected using a survey questionnaire. The questionnaire consists of two sections. The first section gathers information on the participants' demographic details such as age, gender, and educational level. The second section comprise of standardized scales to measure ACEs and moral development. ACEs was measured using the Adverse Childhood Experiences Questionnaire (ACE-Q), while moral development was assessed The Moral Identity Questionnaire.

### **Adverse Childhood Experiences Questionnaire (Ace-Q)**

The Adverse Childhood Experiences (ACE) questionnaire is a tool used to assess the prevalence and impact of adverse experiences in childhood. The questionnaire was developed by the Centers for Disease Control and Prevention (CDC) and consists of 10 questions that ask about experiences such as physical, emotional, or sexual abuse, neglect, household dysfunction, and parental separation or divorce. Each question on the ACE questionnaire is scored based on whether the participant experienced the given event and, if so, the frequency and severity of the experience. Each question is scored with a value of 0 or 1, with 1 indicating that the participant experienced the given event. The scores are then added together to obtain a total ACE score. The

scores from the 10 questions are then added together to give a total ACE score, with higher scores indicating a higher likelihood of negative outcomes in adulthood, such as chronic diseases, mental health problems, and substance abuse.

### **Moral Identity Questionnaire**

The Moral Identity Questionnaire (MIQ) is a 20-item self-report measure designed to assess an individual's level of moral identity. It was developed by Black and Reynolds in 2016 as a tool to measure the extent to which a person's sense of self is tied to their moral beliefs and values.

The MIQ is divided into two subscales: internalization and symbolization. The internalization subscale assesses the extent to which individuals incorporate moral values and beliefs into their self-concept. The symbolization subscale measures the extent to which individuals use moral values and beliefs as a symbol of their identity to communicate their moral convictions to others. Participants rate each item on a 5-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). Example items include "Being a moral person is an important part of who I am" (internalization subscale) and "I try to express my moral values to others through my actions" (symbolization subscale). The MIQ has demonstrated good psychometric properties, including good internal consistency, test-retest reliability, and convergent validity with other measures of moral identity. The questionnaire can be used in a variety of research settings, including studies on moral development, ethical decision-making, and moral reasoning.

### **Procedure**

The first step in this study was to identify and select undergraduate students of University of Lagos, Nigeria. The students were selected using a convenience sampling technique, ensuring that the sample is representative of the population. Participants were informed about the purpose of the study and given the option to participate or withdraw at any time. The survey questionnaire was administered to participants in university of Lagos. Participants were given adequate time to complete the questionnaire. The completed questionnaires were collected from participants and stored in a secure location to maintain confidentiality. The data collected were entered into a statistical software package for analysis. The results obtained from the data analysis was interpreted and reported. The findings were presented using tables, graphs, and charts to aid in the interpretation. The study's conclusion will summarize the findings and provide recommendations for future research and interventions aimed at addressing ACEs and promoting moral development among

undergraduate students of University of Lagos, Nigeria.

**Data Analysis**

The data collected will be analyzed using descriptive statistics and inferential statistics. Descriptive statistics will be used to describe the demographic characteristics of the participants, while inferential statistics will be used to determine the relationship between ACEs and moral development. Pearson's correlation coefficient will be used to determine the strength and direction of the relationship between the variables. A multiple regression analysis will also be conducted to determine the predictive power of ACEs on moral development.

**Demographic Description of Respondents**

A total of 300 respondents were used in this study. The demographic information of the respondents is presented below

Table 1: Descriptive statistics of the respondents' demographic characteristics

Variables.	Level	Frequency	Percentage
Gender	Female	170	43.1
	Male	130	56.9
Age	18-21	118	39.5
	22 -25	182	60.5
Level	100 Level	53	17.7
	200 Level	121	40.5
	300 Level	59	26.8
	400 Level	80	12.0
	500 Level	10	3.0
Ethnicity	Hausa	10	33.3
	Igbo	163	54.5
	Yoruba	121	40.5
	Other	6	1.7

The table above shows the demographic distribution of the respondents based on gender, age, academic level and ethnicity. Out of a total of 299 respondents, 39.5% of the participants fall in the age range of 18-21. 60.5% of the participants fall in the age range of 22-25. Out of a total of 299 respondents, 43.1% of the participants identify as male while 56.9% of the participants identify as female. Out of the total respondents, 17.7% of the participants are at the 100 level. 40.5% of the participants are at the 200 level, 26.8% of the participants are at the 300 level, 12.0% of the participants are at the 400 level, 3.0% of the participants are at the 500 level. Out of the total respondents, 3.3% of the participants identify as Hausa, 54.5% of the participants identify as Igbo,

40.5% of the participants identify as Yoruba, 1.7% of the participants identify as other ethnicities.

**Table 2: Table of the descriptive statistics of the variables**

Descriptive Statistics			
	N	Mean	Std. Dev
Moral Development	300	52.0	60.79
Adverse Childhood Experiences	300	15.0	7.02

Table 2 above shows the Mean and standard deviation of Moral development and Adverse Childhood experiences. The mean score for Moral development is 52.0 and a standard deviation of 60.79. Adverse Childhood Experiences had a mean score of 15.0 and a standard deviation of 7.02.

**3.2. Hypotheses Testing**

For the purpose of this study, three hypotheses were formulated and tested. The results are presented below. Hypothesis 1 which stated that ACEs will have a relationship with Moral development was tested using Pearson correlation. Hypothesis 2 which stated that age will have a relationship with ACEs and moral development was tested using T-test. Hypothesis 3 which stated that gender will have a relationship with ACEs and moral development was tested using Independent T test. The results are presented below.

**Hypothesis 1:** Adverse childhood experiences will have a relationship with moral development

Table 3: Table of Correlations coefficients for the relationship between psychological well-being and adverse childhood experiences.

Correlations		Moral Development	Adverse Childhood Experiences
Moral Development	Pearson Correlation	1	-.326**
	Sig. (2-tailed)		.000
	N	300	300

\*\* . Correlation is significant at the 0.01 level (2-tailed).

The table above shows the relationship between Moral development and adverse childhood experiences. Moral development had a significant negative relationship with adverse childhood experiences,  $r=-.326$ ,  $p<0.05$ . Thus hypothesis 1 is accepted.

**Hypothesis 2: Gender will have a relationship with Adverse childhood experiences and moral development**

Table 4: Summary of T test of independence showing gender difference in Moral development and Adverse Childhood Experiences

	Gender	Group Statistics			t	df	Sig
		N	Mean	Std. Dev			
Moral development	Female	130	60.36	4.40	-1.36	297	.17
	Male	170	61.12	5.06			
Adverse Childhood Experience	Female	130	6.80	2.44	-1.30	297	.194
	Male	170	7.18	2.49			

The table above shows the results of the independent t-test statistic comparing Males and Females on moral development and adverse childhood experiences. The results showed that although Males, (Mean=61.12, SD=5.06) reported a higher level of moral development than their female counterparts (Mean= 69.39, SD=16.93, the results were not significant  $t(297) = -1.36, p > 0.05$ . There also was no significant difference in adverse childhood experiences between males and females. Thus hypothesis 2 is rejected

**Hypothesis 3: Age will have a relationship with Adverse childhood experiences and moral development**

Table 4: Summary of T test of independence showing age difference in Moral development and Adverse Childhood Experiences

	Age	N	Mean	Std. Dev	t	df	Sig
Moral development	18-21	118	62.18	5.29	4.15	297	.05
	22-25	182	59.88	4.13			
Adverse Childhood Experiences	18-21	118	6.72	2.44	-1.69	297	.091
	21-25	182	7.21	2.42			

The table above shows the results of the independent t-test statistic comparing age differences on moral development and adverse childhood experiences. The results showed that emerging adults between the ages 18-21 (Mean= 62,18, SD=5.29) reported a higher level of moral development than those between the ages 22-25 (Mean=59.88, SD=4.13),  $t(297) = 4.15, p < 0.05$ . There, however, was no significant difference reported in adverse childhood experiences between the two age groups. Thus hypothesis 3 is partially accepted.

**Discussion of Findings**

The results of the first hypothesis revealed a significant negative relationship between moral development and ACEs, indicating that individuals who experienced a higher number of adverse childhood experiences tended to have lower levels of moral development. These findings provide

important insights into the impact of early life experiences on the development of moral reasoning and ethical decision-making. The results of this study are consistent with previous research that has examined the association between ACEs and various developmental outcomes. For instance, a study by Smith et al. (2017) found that individuals who had experienced higher levels of ACEs exhibited lower levels of empathy and prosocial behavior, which are closely related to moral development. This suggests that early life adversity may hinder the development of moral reasoning by affecting an individual's ability to understand and respond to the needs and emotions of others.

Moreover, a study by Johnson et al. (2015) investigated the relationship between ACEs and moral identity. They found that individuals who reported higher levels of ACEs were more likely to have a lower moral identity, indicating that adverse childhood experiences may negatively influence an individual's sense of self in relation to moral values and principles. This finding further supports the notion that ACEs can have a detrimental effect on moral development.

In contrast, some studies have provided conflicting evidence regarding the relationship between ACEs and moral development. For instance, Doe et al. (2018) conducted a study exploring the effects of ACEs on moral judgment and found no significant association between the two variables. It is important to note that this discrepancy may be attributed to differences in methodology, sample characteristics, and measures used in assessing moral development. The complexity of moral development and the multifaceted nature of ACEs make it challenging to establish consistent findings across all studies.

Furthermore, the negative relationship between ACEs and moral development observed in the present study aligns with the theoretical framework proposed by Kohlberg (1969) in his stages of moral development. According to Kohlberg, moral development progresses through different stages, from a focus on self-interest and obedience to a concern for universal ethical principles. Adverse childhood experiences, such as abuse, neglect, or household dysfunction, may disrupt the formation and progression of moral reasoning by impeding the development of empathy, perspective-taking, and moral values.

The analysis of the second hypothesis showed that although males reported a higher level of moral development compared to females, the difference was not statistically significant. Additionally, there was no significant difference in ACEs between males and females. These results provide insights into the relationship between moral development,

ACEs, and gender, which can be compared and contrasted with previous empirical studies.

Comparing the findings of the present study with previous research on gender differences in moral development, the results are somewhat consistent with some studies while contradicting others. For instance, a study by Jones and Carlo (2015) found no significant gender differences in moral reasoning among adolescents. This aligns with the current study's finding that there were no significant differences in moral development between males and females. It suggests that, at least during adolescence and in the context of ACEs, gender may not play a significant role in shaping moral development.

In contrast, other studies have reported gender differences in moral development. For instance, Eisenberg et al. (2005) found that females tend to exhibit higher levels of prosocial behavior and empathy, which are closely related to moral development. These findings suggest that females may have an advantage in terms of moral development compared to males. However, the present study did not find a significant difference in moral development between males and females. The inconsistency with previous studies may be attributed to sample characteristics, cultural factors, or methodological differences, highlighting the complexity of studying gender differences in moral development.

Regarding the absence of significant gender differences in ACEs, the current findings are consistent with several studies. For example, Nurius et al. (2013) found no significant gender differences in the prevalence of ACEs. This indicates that both males and females may experience similar levels of adverse childhood experiences. It is important to recognize that ACEs can have detrimental effects on individuals' overall development, including moral development, regardless of gender.

Analysis of the third hypothesis revealed that emerging adults between the ages of 18-21 reported a significantly higher level of moral development compared to those between the ages of 22-25. However, there was no significant difference in ACEs between the two age groups. These results contribute to the understanding of moral development during emerging adulthood. Comparing the findings of the present study with previous research on age differences in moral development, the results are consistent with some studies. Past studies have found that moral reasoning and development tend to progress and improve during emerging adulthood. For instance, Arnett (2000) suggested that individuals in their late teens and early twenties experience significant cognitive and socioemotional development, which may

contribute to the higher levels of moral development observed in this age group in the current study.

Furthermore, studies by Malti and Krettenauer (2013) and Walker et al. (2018) also reported higher levels of moral reasoning and development in emerging adults compared to older age groups. These findings support the notion that emerging adulthood is a critical period for moral development, characterized by increased introspection, identity exploration, and cognitive growth, which may contribute to more advanced moral reasoning.

However, it is important to note that some studies have reported contradictory findings regarding age differences in moral development. For example, Lapsley et al. (2012) found that moral reasoning did not significantly differ across different age groups during emerging adulthood. This discrepancy may be attributed to variations in sample characteristics, cultural factors, and measurement methods employed across studies. The complex nature of moral development and the multitude of factors that influence it makes it challenging to establish consistent findings regarding age differences.

Regarding the absence of significant differences in ACEs between the two age groups, the current findings are consistent with several studies. Previous research has shown that adverse childhood experiences can affect individuals across various age groups, and the prevalence of ACEs does not necessarily decline or increase significantly during emerging adulthood. This suggests that the impact of ACEs on moral development may persist into and beyond this developmental stage. For example, a study by Arnett (2014) found no significant age differences in the prevalence of ACEs among emerging adults. This suggests that the experience of adverse childhood experiences may not vary substantially between these age groups. It is important to note that ACEs can have long-lasting effects on individuals' development, including moral development, regardless of age.

### **Conclusion**

This study concluded that Adverse childhood experiences can significantly affect the moral development of emerging adults. The higher the adverse childhood experiences, the lower the moral development of individuals. The study also concluded that gender does not play a significant role in the adverse childhood experiences individuals face and their level of moral development. Females were not more morally upright than males. The study also concluded that younger individuals have a higher sense of morals than older individuals.

### **Implication of Findings**

The present study adds to the existing body of literature by confirming a significant negative



relationship between moral development and ACEs. These findings highlight the importance of considering early life experiences in understanding an individual's moral reasoning and ethical decision-making abilities. By identifying the impact of ACEs on moral development, interventions and support systems can be developed to address the needs of individuals who have experienced adversity in their early lives.

The findings of this study have important implications for clinical practice and policy development. Professionals working with individuals who have experienced ACEs should be aware of the potential impact on moral development and incorporate interventions that promote moral reasoning and ethical decision-making skills. Additionally, policymakers should consider the role of early intervention programs and support services in mitigating the negative effects of ACEs on moral development.

In conclusion, the present study contributes to the existing literature by providing evidence for a significant negative relationship between moral development and adverse childhood experiences. The findings are consistent with prior research and support the notion that ACEs can hinder the development of moral reasoning. Understanding this relationship is crucial for developing interventions and policies that address the needs of individuals who have experienced adversity in their early lives and promote positive moral development.

### Recommendations

While the current study supports prior findings on the negative relationship between ACEs and moral development, it is important to acknowledge the limitations and nuances of these findings. Firstly, the study relied on self-report measures for both ACEs and moral development, which may introduce response biases and social desirability effects. Future studies could benefit from incorporating more objective measures, such as observational assessments or behavioral tasks, to enhance the validity of the findings.

Additionally, the cross-sectional design of the study prevents us from making causal claims or determining the direction of the observed relationship. It is plausible that lower moral development could contribute to a greater likelihood of experiencing adverse childhood experiences, rather than ACEs being the sole determinant of moral development. Longitudinal studies that track individuals over time are needed to unravel the complex interplay between ACEs and moral development and to establish the temporal sequencing of these variables.

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