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Childhood adversity and the risk of substance use and delinquency: The role of protective adult relationships

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ABSTRACT

Youth involved in the child welfare system experience multiple early adversities that can contribute to increased risk of substance use and delinquency. Although adverse childhood experiences (ACEs) have been associated with poorer behavioral outcomes among youth, less is known about the possible protective factors that may influence the relationship between early adversity and risk-taking behavior. This study examined whether protective adult relationships moderated the link between cumulative ACEs and substance use and delinquency after controlling for demographic characteristics in child welfare-involved youth. The sample included 1054 youth, ages 11–17, from the National Survey of Child and Adolescent Well-Being II who were in the first wave of data collection. Results showed that protective adult relationships moderated the relationship between ACEs and substance use, but not for delinquency. Specifically, under lower levels of protective adult relationships, cumulative ACEs related to increased substance use among youth. Implications for child welfare practices to target youths' support systems are discussed.

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1. Introduction

Early life adversity has significant long-term effects on psychological, emotional, and behavioral outcomes. Research indicates that adverse childhood experiences (ACEs) can threaten a youth's development and well-being, and contribute to issues including substance abuse (Dube et al., 2003) and delinquency (Duke, Pettingell, McMorris, & Borowsky, 2010), in addition to other negative mental and physical health problems that occur later in life (Schilling, Aseltine, & Gore, 2007). ACEs are stressful and/or traumatic events that may include abuse, neglect, household dysfunction, and exposure to violence and crime (Felitti et al., 1998). Youth involved in the child welfare system are often more likely than other youth to experience multiple risks, such as exposure to abuse and neglect and living with a caregiver who is unable to adequately meet their needs due to substance misuse (Smith, Johnson, Pears, Fisher, & DeGarmo, 2007), mental health (Park, Solomon, & Mandell, 2006), or domestic violence (Renner & Slack, 2006). Prior studies on ACEs have found that these differential forms of adversity tend to co-occur (Anda, 1999; Felitti et al., 1998), and may thus increase the likelihood of engagement in harmful behaviors among this vulnerable population.

Childhood adversity may lead to the development of risk-taking behaviors. Compared to youth in the general population, child welfare-involved youth are at increased risk of engaging in substance use (Fettes, Aarons, & Green, 2013; Traube,

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James, Zhang, & Landsverk, 2012) and delinquency (Grogan-Kaylor, Ruffolo, Ortega, & Clarke, 2008; Ryan & Testa, 2005). Youth who have experienced at least one substantiated report of abuse or neglect are 47% more likely to participate in delinquent acts than youth without substantiated maltreatment (Ryan & Testa, 2005). Baglivio, Wolff, Piquero, & Epps, 2015 found, when identifying delinquency trajectories, that youth with higher ACE scores had a younger age at first arrest and significantly higher total number of arrests during adolescence. In addition, many child welfare-involved youth experience various substance related ACEs, such as residing with a substance-abusing parent, and are therefore at greater risk to abuse substances themselves (Schuck & Widom, 2001). Substance use rates, for those with child welfare experiences, are around 47% for alcohol or tobacco combined, and 17% for other illicit use (Traube et al., 2012). Furthermore, a strong bidirectional link between illicit drug use and delinquency exists, such that substance use has been shown to be associated with criminal and delinquent behavior in adolescents (Ford, 2005; Loeber & Farrington, 2000), with research also suggesting that early delinquency precipitates initiation in later drug use (Mason, Hitchings, & Spoth, 2007).

Prior researchers have also conceptualized substance use and delinquency as forms of coping behaviors (Agnew, 1985; Cooper, 1994). For example, the use of substances may be a method by which youth cope or, “self-medicate,” with stress and trauma (Dixon, Leen-Feldner, Ham, Feldner, & Lewis, 2009; Leeis, Pagura, Sareen, & Bolton, 2010; Rothman, Edwards, Heeren, & Hingson, 2008). The self-medication hypothesis suggests that individual’s suffering from post-traumatic stress reactions may use substances to cope with negative affect associated with traumatic event exposure (Haller & Chassin, 2014). Cooper (1994) also postulates that, in addition to alleviating negative affective states, youth exposed to traumatic stress may be motivated to consume substances to increase positive feelings. In addition, based upon strain theory, youth may engage in delinquent acts to cope with problems involving undesirable social environments, thereby allowing youth to adapt to the negative emotional consequences of early environmental stress (Brezina, 1996).

While some early adversity may not impact youths’ well-being and behavioral outcomes, exposure to multiple adversities in childhood may become toxic. Indeed, Shonkoff et al. (2009) propose that much of what contributes to the long-term consequences associated with prolonged exposure to early adversity is the lack of a supportive buffering adult. Research has demonstrated that disrupted social networks influence the relationship between multiple early adversities and negative life trajectories (Wickrama, Conger, Lorenz, & Jung, 2008), and that maltreated youth identify significantly fewer individuals in their support systems compared to other youth (Negriff, James, & Trickett, 2015). For example, ACEs that include abuse and neglect perpetrated by a primary caregiver or living with a parent with substance abuse, may constitute toxic stress that further threatens long-term health and development, particularly among child welfare-involved youth. Conversely, early adversity may be considered as “tolerable stress” when youth are surrounded by protective relationships, specifically those that facilitate adaptive coping skills (Shonkoff, Boyce, & McEwen, 2009). Prospective studies suggest that promoting supportive networks may reduce long-term substance use (Laudet, Cleland, Magura, Vogel, & Knight, 2004) and delinquency (Bender & Lösel, 1997). Thus, enhancing the support systems for youth who have experienced multiple ACEs may help foster healthy well-being and long-term prosocial behavior.

Although the links between childhood adversity and substance use and delinquency, independently, have been identified, there is a paucity of research that identifies protective factors and the influence of potentially modifiable factors that could buffer against the effects of early adverse experiences (Baglivio et al., 2015). Without identifying the factors influencing youths’ engagement in delinquency and substance use and the possible protective factors that may attenuate these high-risk behaviors, important opportunities to isolate targets to intervene with vulnerable youth may be missed. Therefore, the current study extends the existing body of literature in this area by using data from a nationally representative child welfare sample to examine whether protective adult relationships moderate the relationships between cumulative ACEs and substance use and delinquency. It was hypothesized that cumulative ACEs would be associated with increased substance use and delinquency among child welfare-involved youth. In addition to these main effects, it was also hypothesized that there would be interaction effects of ACEs and adult support on substance use and delinquency. Specifically, higher levels of protective adult relationships and the presence of ACEs would be associated with decreased substance use and delinquency. Conversely, lower levels of protective adult relationships and the presence of ACEs would be associated with increased substance use and delinquency.

2. Methods

2.1. Sample design and procedures

This study used data collected from Wave I of the National Survey of Child and Adolescent Well-being (NSCAW II). NSCAW II is a national longitudinal study of 5873 children and youth ages birth to 18 years who had investigations of child maltreatment by child welfare agencies in the United States. NSCAW II used a two-stage stratified cluster sample of children. First, eight sampling strata were identified based on the states having the largest child protective services (CPS) caseloads. A ninth stratum was identified for the remaining states. Second, strata were divided into randomly selected primary sampling units (PSU) that consisted of the geographical area served by CPS, and children were selected and stratified by age, receipt of child welfare services, type of maltreatment, and type of placement (for more information on sampling, see NSCAW II documentation: Dowd, Swenson, Kane, Parashuram, & Coulam, 2014). Data were collected through in-person interviews by NSCAW staff with children, caregivers, teachers, and investigative caseworkers. For the present study, data were restricted to youth who were aged 11 to 17 years along with their caregivers and caseworkers because key variables regarding substance

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