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Education and learning in the context of childhood abuse, neglect and related stressor: The nexus of health and education

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Excerpt from Admi aur Titli (Man and Butterfly) by Rabindranath Tagore

“The butterfly counts not months but moments, and has time enough. The child learns so easily because he has a natural gift, but adults, because they are tyrants, ignore natural gifts and say that children must learn through the same process that they learned by. We insist upon forced mental feeding and our lessons become a form of torture. This is one of man’s most cruel and wasteful mistakes. The emancipation of our physical nature is in attaining health, of our social being in attaining goodness, and of our self in attaining love.”

Rabindranath Tagore speaks to the natural yet challenging course of childhood development. It calls upon us to recognize the innate capabilities of children, which can easily go astray by oppressive educational practices. The ultimate liberation can occur when we are empowered to realize our talents and potentialities.

For over a century, medical advancements, such as the development of vaccines and antibiotics have led to achievements in reducing and preventing childhood mortality globally (<https://www.cdc.gov/about/history/tengpha.htm>). In the United States, the advent of formal public education in tandem with the prohibition of children in the workforce are other hallmarks for the observed improvements in child well-being and overall economic growth. Nonetheless, children are exposed to many adversities that threaten their healthy development and ability to learn. Experiences of abuse, neglect and witnessing violence, be it in the home, in the community, or on social media are highly pervasive in society today. Pressure to academically succeed and fit in with peers is a recurring struggle for our children. International human trafficking, which targets young children, has also increased. Persistent threats to healthy human development that are not preventable with vaccines or treatable with antibiotics, must be addressed by focusing on education and learning as a key component of healing and well-being (Chouliara, Karatzias, & Gullone, 2014; Cohen, Doyle, & Baum, 2006; Martsof, Roller, Knapik, Ross, & Stidham, 2011; Dube, Rishi, & Felitti, 2013; Dube & Rishi, 2017; Piotrowski, Kumanyika, & Fielding, 2011; Schuller, Preston, Hammond, Brassett-Grundy, & Bynner, 2004; Todahl, Walters, Bharwadi, & Dube, 2014).

If we think about it carefully, academic achievement and educational attainment is as critical to our health as receiving vaccinations. This phenomenon begins in adolescence. For example in the United States, academic achievement and health outcomes and behaviors among high school students are strongly related. In a recently published report, a nationally representative sample of U.S. high school youth who reported receiving A’s, B’s, or C’s had a significantly higher prevalence of protective factors such as exercise, and regular diet along with lower prevalence of health-risk behaviors compared to youth who reported D’s/F’s (Centers for Disease Control and Prevention, 2017a, 2017b, 2017c). In studies of adults, persons with less than 12 years of schooling are at an increased

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risk for disease, early mortality, reduced quality of life, incarceration, unemployment, behavioral risks, and social problems, compared to those who complete 12 years or greater of education (U.S. Department of Health and Human Services, 2017; Piotrowski, Kumanyika, & Fielding, 2011). Worldwide, consideration to the value that education provides beyond economic stability has increased. For example, in the United States, high school completion is a Healthy People 2020 leading health indicator for Social Determinants of Health (SDOH), which is to increase the proportion of students who graduate with a regular high school diploma (United States Department of Health and Human Services, (2017) <https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health/objectives#3949>). Intellectual pursuits through learning and education are important assets that can positively impact personal health and societal welfare (Schuller et al., 2004).

Our increased attention to educational attainment as a social determinant of health resulted from studies of adult populations. Research from the Adverse Childhood Experiences (ACE) Study conducted among 17,000 adult health maintenance organization (HMO) members also brought to light that childhood abuse, neglect, and related household stressors contribute to long-term health, social, and behavioral consequences starting in adolescence and continuing into adulthood (<https://www.cdc.gov/violenceprevention/acestudy/journal.html>; Felitti et al., 1998). By studying adult survivors of childhood adversities, we have also learned how educational attainment contributes to positive physical and mental well-being (Dube et al., 2013; Dube & Rishi, 2017; Todahl et al., 2014).

Children and adolescents spend the better part of their lives in institutions of formal education due to compulsory school attendance laws. Students 7–14 years of age who reside in Office of Economic Cooperation and Development (OECD) countries receive an average of 6497 h of compulsory instruction (Office of Economic Cooperation and Development, (2009) <http://www.oecd.org/education/skills-beyond-school/48631122.pdf>). In the United States alone, each child spends close to 1200 h per year attending public schools (United States Department of Education, 2017). It is an enormous amount of time for one population to spend in one setting. Therefore, the opportunity to ensure successful learning in a positive learning climate must actively start early in the lifespan.

Providing successful learning among our children goes beyond mastering math, science, and reading, and must include healthy social and emotional development. Learning environments that lack physical safety, emotional and social support, trust, care, and unconditional love and respect will not be prepared to respond to needs of children. Excessive absenteeism is a major risk factor for academic failure and school dropout, yet, children refuse to go to school for many reasons including the school environment, trouble with peers, and problems with emotions (Dube & Orpinas, 2009). The lack of a positive learning climate puts them at risk for academic failure, and other adverse behavioral and health outcomes across the lifespan (Hallfors et al., 2002; Hallfors, Cho, Brodish, Flewelling, & Khatapoush, 2006; Wang, Selman, Dishion, & Stormshak, 2010). However, we can strive to give children safety, support, trust, and unconditional love and respect by building positive school climates through research-based frameworks such as Positive Behavioral Interventions and Supports (Horner & Sugai, 2015).

While no child should have to endure trauma, it is a reality. The impact of early life stress and trauma on the developing brain has called upon us to pay especially close attention to the learning and educational needs of our children. We must fully realize that individuals in learning institutions from preschool to college, come from a vast array of backgrounds and experiences. Behaviors such as skipping school, restlessness in class, poor communication, emotional dysregulation are “symptoms” of traumatic stress (Cole et al., 2005). As such, we can no longer afford to turn away from the insidious consequences of childhood abuse, neglect and related childhood stressors (<https://www.cdc.gov/violenceprevention/acestudy/journal.html>).

The special issue on Education and Learning in the Context of Childhood Abuse, Neglect, and Related Stressors is dedicated to providing research that will increase our knowledge and awareness of the importance of recognizing the role that childhood traumatic stress has on learning and education. Most importantly, the special issue reveals a needed area: the factors that can lead to positive learning and educational success even in the face of adversity, starting from early childhood to college. Thus, the special issue was planned to investigate the questions: What are the factors that contribute to learning and educational difficulties? What are the factors that lead to positive learning and educational outcomes in the face of adversity?

Fry, Fang, Elliott, Casey, Zheng, Li, Florian, and McCluskey provide a study that includes a systematic review of 67 studies and meta-analysis using 43 studies from 21 countries. They estimate the relationship between different types of violence in childhood on educational outcomes such as school dropout, absenteeism, academic achievement, grade retention, learning outcomes and remedial classes. Font and Cage in their study highlight the association of physical abuse and specifically corporal punishment on school performance. Hagborg, Berglund, and Fahlke examine an important aspect of educational success, excessive absenteeism. They report the occurrence of physical, sexual, emotional abuse; emotional and physical neglect; and witnessing domestic violence across Swedish high school students who reported no absenteeism, moderate absenteeism, and excessive absenteeism. Violence, abuse, and neglect often go unrecognized and cannot be removed once they occur (Dube & Rishi, 2017). All of these studies highlight the importance of recognizing that traumatic stress in the form violence, abuse, and neglect is a significant contributor to inequalities in education.

Van Wert, Fallon, Trocmé, and Collin-Vézina bring our attention specifically to educational neglect. Their study is a stark reminder that deprivation of learning and educational pursuits is not mutually exclusive from other forms of childhood neglect, though it is often difficult to define and assess. Through their study, Van Wert et al., provide a fundamental developmental distinction regarding how educational neglect may manifest, may present as, and the need for more research to study this form of childhood maltreatment in other contexts and populations.

Two studies specifically utilized qualitative research methods to have an in depth understanding of 1) foster parents experience with schools in the education and learning among children in their care; 2) foster children’s experiences with college educational aspirations. In the first study, Mires, Lee, and McNaughton interviewed seven foster parents of 6 children ages 5–16 years, who had a diagnosed disability. Their qualitative study provides insights into the known importance of fostering strong family-school

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