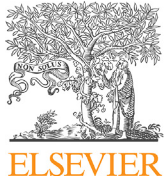
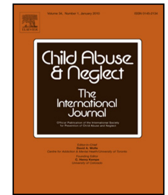
Child Abuse & Neglect xxx (2015) xxx–xxx



Contents lists available at ScienceDirect

Child Abuse & Neglect



Research article

Assessing adverse experiences from infancy through early childhood in home visiting programs☆

Lorraine M. McKelvey*, Leanne Whiteside-Mansell, Nicola A. Conners-Burrow, Taren Swindle, Shalese Fitzgerald

University of Arkansas for Medical Sciences, Department of Family and Preventive Medicine, 4301 W. Markham St, #530, Little Rock, AR 72205-7199, USA

ARTICLE INFO

Article history:
Received 16 July 2015
Received in revised form 8 September 2015
Accepted 14 September 2015
Available online xxx

Keywords:
Child abuse and neglect
Adverse Childhood Experiences
Home visiting
Early childhood

ABSTRACT

The general aim of early intervention and home visiting programs is to support families to minimize Adverse Childhood Experiences (ACEs). However, assessing children's exposure to these risks is complicated because parents serve as the conduit for both measurement and intervention. The primary aims of the study were to develop an assessment of children's exposure to ACEs and to examine concurrently measured parental child abuse and neglect potential and child social–emotional functioning. Home visiting programs in a southern state implemented the Family Map Inventories (FMI) as comprehensive family assessment and child screenings (*N* = 1,282) within one month of enrollment. Children (*M* = 33 months of age, SD = 20) were exposed at rates of 27% to one, 18% to two, 11% to three, and 12% to four or more FMI-ACEs. FMI-ACEs were associated with increased parental beliefs and behaviors associated with child abuse and neglect. FMI-ACEs also significantly predicted the likelihood of the child having at-risk social–emotional development; children with 4 or more FMI-ACEs were over 6 times more likely than those with none to have at-risk scores. The findings add to our understanding of the negative impact of trauma on children and families. Assessing these risks as they occur in a family-friendly manner provides a platform for early intervention programs to work with families to increase family strengths and reduce the impacts of adverse experiences for their children.

© 2015 Elsevier Ltd. All rights reserved.

Cumulative Risk

For decades, researchers have examined the outcomes of children exposed to multiple risks. Cumulative risk models fundamentally suggest that as the number of risks to which one is exposed increases so does the likelihood of a negative outcome (Evans, Li, & Whipple, 2013; Rutter, 1979, 2000; Sandler, 2001) and that exposure to risks can often cascade, with one risk leading to another (Masten et al., 2005). Findings from cumulative risk studies have documented the deleterious effects of an accumulation of risks on children's cognitive (Sameroff, Bartko, Baldwin, Baldwin, & Seifer, 1998; Sameroff &

☆ Funding for this study was made possible in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number D89MC23141 of the Affordable Care Act - Maternal, Infant, and Early Childhood Home Visiting Program awarded to the Arkansas Department of Health. This study was also funded in part by the HHS Office of Head Start (90YD0254) and Administration on Children, Youth, & Families (90YF0051). The information or content and conclusions expressed in this material or by speakers and moderators are those of the author(s) and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.
* Corresponding author.

http://dx.doi.org/10.1016/j.chiabu.2015.09.008
0145-2134/© 2015 Elsevier Ltd. All rights reserved.

Seifer, 1983; Sameroff & Seifer, 1995; Sameroff, Seifer, & Bartko, 1997) and psychosocial functioning (Garmezy & Rutter, 1983; Jenkins & Keating, 1999; Rutter, 1979, 1981, 1985, 1987, 1990, 1996; Rutter, Champion, Quinton, Maughan, & Pickles, 1995; Rutter & Quinton, 1977; Rutter & Quinton, 1984).

Findings from a retrospective study of cumulative risk, the Adverse Early Childhood Experiences (ACEs; Anda et al., 2006; Felitti et al., 1998) study have prompted recent discussion about the deleterious impact of childhood traumatic experiences on long-term psychosocial and physical health and well-being. The ACEs research demonstrates that serious adverse experiences in childhood (e.g., child maltreatment and associated family characteristics) were associated with psychosocial problems in adults; including depression, anxiety, suicide, aggression, and intimate partner violence (Anda et al., 2006; Felitti et al., 1998). Exposure to ACEs also increases the likelihood of individuals' participation in health behaviors related to less optimal physical health such as smoking, abuse of alcohol and other drugs, risky sexual behavior, and physical inactivity (Anda et al., 2006; Felitti et al., 1998). Adverse experiences in childhood also increase the likelihood of serious illnesses and early mortality in adulthood, such as obesity, cancer, and diseases of the heart, lungs, and liver (Felitti et al., 1998).

Cumulative risk studies have also demonstrated effects of a risk threshold. Rutter (1979) examined the likelihood of child psychiatric diagnosis in 10-year-old children based on the contribution of six risk factors (socio-economic status, family density, marital distress, maternal depression, paternal antisociality, and removal of child from the family). In this study, only 2% of children in families with zero or one risk factor exhibited psychiatric problems, compared to 20% of children in families with four or more risks. The ACEs study also demonstrated a threshold of four risks, retrospectively reported, for predicting the most deleterious outcomes in adulthood (Anda et al., 2006; Felitti et al., 1998). Further, exposure to more ACEs increased the number of comorbid adverse outcomes in adulthood such that those with the highest level of ACEs experienced nearly three times the comorbid conditions as those with no adverse experiences (Anda et al., 2006).

While developmentalists have long discussed the negative impact of exposure to multiple risks in the home and caregiving environment, the ACEs study brought this information to the medical and early intervention community in a way that has generated much public attention. In fact, public health initiatives in many states have begun assessing the population for ACEs. The study highlighted the life-long impacts of risk exposure in childhood, including the impact on outcomes never before examined, such as cancer and early death. This has resulted in new efforts to understand the mechanisms behind the long-term impact of childhood trauma on health and development as well as to find novel ways to assess ACEs and intervene with at-risk individuals, both adults and children.

Adverse Childhood Experiences Screening

Because of the strong evidence from the study of ACEs, there is a growing demand to assess retrospective childhood trauma in clinical practice (Schubert, 2015; Starecheski, 2015) as well as in early intervention (Zorrah, 2015). For example, home visiting programs in some states are assessing parents' ACEs (e.g., Louisiana's NEAR@Home and Iowa's ACEs training; "ACES 360 Iowa," n.d.; Zorrah, 2015). While assessing parents' exposure to ACEs has the potential to inform clinical and psychosocial intervention, preventing young children's exposure to adverse events and their resulting trauma presents a great public health opportunity to promote long-term wellness. Indeed, it is the general aim of early intervention and home visiting programs to support families to minimize the adverse experiences of their children. However, assessing children's exposure to these risks can be complicated and uncomfortable for service providers, particularly as the parent is the partner in the intervention as well as the conduit through which a very young child's ACEs are assessed.

When assessing ACEs specifically, the research conducted to date includes a retrospective report from adults of their experiences in childhood including; physical and emotional abuse and neglect, sexual abuse, household substance abuse, having an incarcerated household member, domestic violence, parental separation or divorce, and parental mental illness (Anda et al., 2006; Felitti et al., 1998). A benefit of this retrospective study is the ability to study the long-term correlates of childhood trauma. However, screening and assessing family situations in the present is needed to aid early intervention efforts and further the research on exposure to adverse experiences for children. The original ACEs questionnaire is not appropriate in its current form to be administered to parents to answer about the experiences of their young children. For example, while it was possible to ask adults to retrospectively report on experiences of various forms of abuse as children, early intervention providers cannot simply ask parents if they are abusing their young child. Similarly, the original ACEs study asked adults if their parents abused alcohol or drugs during their childhood. Again, this approach must be adapted when asking parents directly about their current substance use/abuse. It is preferable to screen for symptoms of a major risk factor such as substance abuse. Therefore, new approaches must be developed to efficiently identify families whose children are experiencing ACEs, including engaging in behaviors that are illegal or precursors to abusive/neglectful parenting. While there are methods available to screen for many of these factors individually (e.g. well-established child abuse risk measures, substance abuse screening tools), we are unaware of any tools that can efficiently screen for the range of experiences represented in the ACEs study.

Specific Aims

The first purpose of this study is to demonstrate the assessment of very young children's (birth to five years) exposure to adverse experiences. Given the evidence that exposure to ACEs has lasting negative effects on development, methods of

Please cite this article in press as: McKelvey, L. M., et al. Assessing adverse experiences from infancy through early childhood in home visiting programs. *Child Abuse & Neglect* (2015), http://dx.doi.org/10.1016/j.chiabu.2015.09.008

Download English Version:

https://daneshyari.com/en/article/6832430

Download Persian Version:

https://daneshyari.com/article/6832430

Daneshyari.com