

## Research Brief

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Adverse Childhood Experiences  
and Children's Development in  
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### Authors

Shannon T. Lipscomb  
Oregon State University-Cascades

Bridget Hatfield  
Oregon State University

Hillary Lewis  
Oregon State University

Emiko Goka-Dubose  
Oregon State University-Cascades

Caitlyn Abshire  
Oregon State University

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Roots of Resilience  
Research Team

Oregon State  
University-Cascades

<http://blogs.oregonstate.edu/earlychildhood/>

# Adverse Childhood Experiences (ACEs) and Children's Development in Early Care and Education Programs

## Background

Adverse Childhood Experiences (ACEs), such as maltreatment, exposure to violence, parent incarceration, and/or substance abuse in the household, are linked with negative health outcomes in adulthood<sup>1</sup>. Newer research links ACEs with behavioral and academic challenges among school-aged children<sup>2,3</sup>.

Quality Early Care and Education (ECE) programs offer a context for protective factors to support resilience among young children with ACEs<sup>4</sup>. Yet, strengthening resilience with young children impacted by adversity requires deeper knowledge of their experiences in ECE. ACEs may pose challenges for children, their peers, and their ECE teachers. These challenges may be so profound that they result in an increased odds of being suspended or expelled from preschool<sup>5</sup>.

This study examines how ACEs may show up in young children's engagement and development within their ECE programs. Consistent with advances in the field<sup>6</sup>, this study also examines an extended list of ACEs that includes bullying, witnessing neighborhood or school violence, separation from caregiver via deportation or migration, discrimination, as well as serious medical procedures or life-threatening illness.

## About This Study

Data come from an evaluation of a professional development program for early childhood teachers to promote resilience with children impacted by trauma. All data for this analysis were collected at baseline, prior to teachers' participation in the program. A variety of licensed home-based and center-based (including Head Start) ECE programs participated.

## Participants

Participants were 92 children (55% female, 45% male) from 17 ECE programs. Children were on average 4.10 years old and parents identified the children's race/ethnicity as: 88% White, 7% Latino, 3% African American/Black, 3% Asian/Pacific Islander, and 2% Native American. On average, children spent 27.4 hours per week in home-based (24%), center-based (non Head Start; 35%), or Head Start (41%) programs.

## Data Collection

Children's ACEs were reported by their parents. This included both the *conventional* ACEs (e.g., abuse, neglect, family violence, mental illness, incarceration, and substance abuse in household), and *extended* ACEs (bullying, neighborhood or school violence, separation from caregiver via deportation or migration, discrimination, life-threatening illness).

Children's development was measured by researcher observation of positive and negative engagement (with teachers, peers, and tasks), teacher-report of social skills and problem behaviors, and direct assessments of self-regulation and early academic skills (emergent literacy and math skills).

## **Analysis**

Multilevel modeling examined contributions of ACEs to children's outcomes, controlling for socioeconomic status, age and sex, as well as which ECE program type (e.g., home-based, Head Start, center) children attended.

ACEs were tallied in 3 ways: conventional, extended, and total.

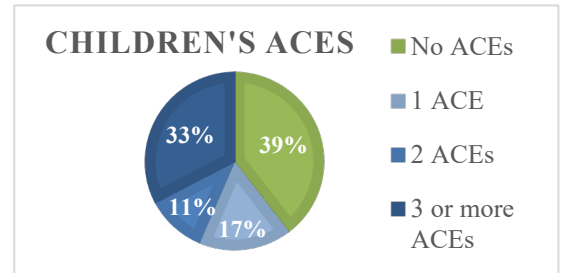
## **Results (see full article for details)**

### ***1) The majority of preschool-aged children in this study had 1 or more total ACEs (conventional + extended).***

The majority (56%) of preschool-aged children in the current study had experienced at least one ACE; 44% had 2 or more ACEs (see chart).

### ***2) Children with more ACEs showed more negative engagement.***

Children with more ACEs (both total and extended) were observed by researchers to engage significantly more negatively with tasks, peers, and teachers. They showed less behavioral control and more conflict.



### ***3) Children with more of the extended ACEs also showed challenges in additional areas.***

More ACEs on the *extended* index were negatively associated with children's scores on assessments of self-regulation and math. Additionally, children with more ACEs on the *extended* index showed significantly less positive engagement with tasks. This aspect of engagement is about self-reliance, initiative, and attentive or involved behaviors, such as playing with toys or materials, and participating in group activities or conversations. A child with low engagement with tasks might stand apart from the group and appear to be daydreaming or wandering around.

### ***4) Some aspects of engagement and development were not linked with ACEs.***

Children's ACEs were not related to less positive engagement with teachers (observed by researchers), nor with teacher-reports of their social skills or problem behaviors. This initial evidence presents a promising sign that teachers working in a variety of ECE programs may be finding ways to facilitate positive engagement with children who face high adversity. Supportive relationships with caring adults are central to resilience processes<sup>7</sup>.

## **Implications**

These findings, coupled with evidence of increased suspensions and expulsions among preschool-aged children with more ACEs<sup>5</sup> suggest the need for preventive interventions before children enter elementary school. Strategies may include direct intervention with children, professional development for teachers focused on trauma and resilience, and support systems like mental health consultation, parent support groups and education, and referrals.

## **References**

1. Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14.
2. Jimenez, M. E., Wade, R., Lin, Y., Morrow, L. M., & Reichman, N. E. (2016). Adverse experiences in early childhood and kindergarten outcomes. *Pediatrics*, 137(2), e20151839. <https://doi.org/10.1542/peds.2015-1839>
3. Blodgett, C., & Lanigan, J. D. (2018). The association between adverse childhood experience (ACE) and school success in elementary school children. *School Psychology Quarterly*, 33(1), 137–146. <https://doi.org/10.1037/spq0000256>
4. Lipscomb, S. T., Goka-Dubose, E., Hur, R. E. H., & Henry, A. (2019). Adverse childhood experiences, and instability in children's care and parents' work. *Children and Youth Services Review*, 102, 243–250. <https://doi.org/10.1016/j.childyouth.2019.05.008>
5. Zeng, S., Corr, C. P., O'Grady, C., & Guan, Y. (2019). Adverse childhood experiences and preschool suspension/expulsion: A population study. *Child Abuse & Neglect*, 97, 104149. <https://doi.org/10.1016/j.chiabu.2019.104149>
6. Bucci, M., Gutiérrez Wang, L., Koita, K., Purewal, S., Silvério Marques S., & Burke Harris, N. (2015). *Center for Youth Wellness ACE-Questionnaire User Guide*. San Francisco, CA: Center for Youth Wellness.
7. Masten, A. S. (2018). Resilience theory and research on children and families: Past, present, and promise: Resilience theory and research. *Journal of Family Theory & Review*, 10(1), 12–31. <https://doi.org/10.1111/jftr.12255>