

STRONG CHILDREN'S RESEARCH CENTER

Summer 2014 Research Scholar

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ABSTRACT

Title: *Identification of Social Emotional Problems Among Young Children Who Experience Adversity*

Background: Adverse childhood experiences (ACEs) are associated with lifelong and intergenerational negative outcomes. Screening is one way to identify and refer children who have adverse experiences but when and how to screen is not well understood.

Objective: To examine the relation between the number and types of ACEs and social emotional problems among young children receiving care in a general pediatric clinic.

Design/Methods: 30 adult parents with children between 3 months and 6 years old were administered questionnaires after their child's health visit to examine the child's ACEs (ACEs screening form) and social-emotional development (Ages and Stages Questionnaire-Social-Emotional). Socio-demographic information was collected at this time, and parents were provided \$25 incentive for their time. Descriptive analysis were conducted to identify the prevalence of ACEs within the population and binary analysis examined the relation between 1) the number and 2) type of ACEs reported and the presence of social-emotional problems in children.

Results: Parents reported on child experiences and social-emotional functioning for 30 children. Most children were male (63%), African American (63%), with an average age of 41 months (18.5 SD). More than half (56%) of the 18 families who could verify income reported an annual income of less than \$15,000 per year. The majority of children have experienced at least one ACE (63%); 20% have experienced three or more ACEs. Half of the children (50%) were reported to have experienced family dysfunction, while 11% were reported as maltreated, or as having experienced both types of ACEs. Multivariate analysis revealed that when children had three or more ACEs, the odds of having a social-emotional problem were 13.6 times greater (95% C.I. 0.9, 52.0) than children who had two or fewer ACEs. No statistical difference in social-emotional functioning was found between children who experienced family dysfunction and those who did not (OR: 1.1; 95% C.I. 0.13, 9.2). For children who experienced maltreatment, the odds of having a social-emotional problem were more than 30 times higher (95% C.I. 1.6, 615.4) when compared to children who were not maltreated.

Conclusions: A dose dependent relation between the number of ACEs and social emotional problems was seen. Children who experienced three or more ACEs have a higher incidence of social-emotional problems. Regarding the types of ACEs, children who experience maltreatment are at the highest risk for developing social-emotional problems. Early identification of ACEs, particularly maltreatment, in pediatric practice may be one way to prevent social-emotional problems in young children.