ACES AND FRIENDSHIP DIFFICULTIES

by
Hannah True

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Hannah True
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Approved by:
Aimee W. Smith, PhD
Kelli Long, M.A.
Department of Psychology, Thomas Harriot College of Arts and Sciences

ABSTRACT

Adverse childhood experiences (ACEs) are traumatic events in an individual's life that occurred before age 18. Examples of ACEs include various types of abuse, neglect, and household dysfunction. Decades of research on the topic has linked ACEs to increased risk of developing chronic diseases and behavioral health challenges. Data also suggest the more ACEs an individual experiences, the greater the risk of negative outcomes and high-risk behaviors. ACEs can also impact an individual's ability to make and maintain friends, as many ACEs can have long-term effects on an individual's social interaction. In the present study, four ACEs related to household dysfunction were examined. It was hypothesized that experiencing household dysfunction was related to a child's difficulty making or keeping friends. To examine the research questions, four Chi Square Tests of Independence were completed. Results indicated an association between a child having difficulty making or keeping friends and the four ACEs examined– witnessing domestic violence, parental mental illness, parental incarceration, and parental substance abuse. However, the association between difficulty making and keeping friends and the four ACEs in question are weak, as indicated by the small effect sizes found in each analysis. The present analyses do not account for other factors that may influence a child's friendship difficulties, nor do they consider the potentially compounding effects of experiencing multiple ACEs. Although the present study is limited, the results reiterate the importance of screening for ACEs in children to provide targeted interventions, such as social skills interventions, that could be beneficial for children who have experienced household dysfunction.

Keywords: Adverse Childhood Experience, Social Difficulties, Social Skills Interventions

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CHAPTER I: INTRODUCTION

Childhood adversity is most often measured by calculating an adverse childhood experience (ACE) score, by totaling the number of ACEs a child faced from age 0-17. The term ACE was created by the Centers for Disease Control and Prevention (CDC) and the Kaiser Permanente health care organization in California, after a two-year long research study. The original ACE study aimed to examine adult participants' experiences with childhood abuse and household dysfunction during childhood. From this, the authors determined seven original categories of ACEs, which included: psychological abuse, physical abuse, sexual abuse, domestic violence, or living with an adult who experienced substance abuse, mental illness or suicidality, or imprisonment. The seven original categories of ACEs were later broadened to 10 categories, with the addition of physical neglect, emotional neglect, and parental separation. The original study found that ACEs are quite common in the US population, such that nearly a quarter of children have experienced three or more ACEs (Felitti et al., 1998). In the years since, a great deal of research has been done on ACEs, working to determine the long-term effects.

There is a growing body of literature to suggest that ACEs are related to poor adult health outcomes including chronic diseases such as cancer, diabetes, and high blood pressure (Boullier & Blair, 2018). Mental health concerns tend to be higher in those who experienced ACEs than those who have not. The rate of mental health concerns in adults who have experienced ACEs are also thought to be dose-dependent, where the likelihood of a mental health diagnosis increases with the number of ACEs one has experienced (Boullier & Blair, 2018; Chapman et al., 2004). However, the short-term impacts of ACEs are less understood. There is some evidence to suggest that exposure to four or more ACEs categories has been linked to learning and

behavioral concerns during childhood, but less is understood about the effects of exposure to single categories of ACEs (Finklehor et al.,, 2013; Burke et al., 2011).

Abuse and Neglect

Adverse childhood experiences in this category can include physical, emotional, or sexual abuse, and physical or emotional neglect. Childhood physical abuse often includes hitting, shaking, scalding, and biting (Dubowitz & Bennett, 2007). These injuries can have long-term health effects such as musculoskeletal pain, gastrointestinal issues, and cardiovascular problems. Alternatively, childhood physical neglect is often defined by a caregiver failing to meet a child's needs, such as not providing food, education, or medical care (Dubowitz & Bennett, 2007). Emotional neglect often involves the parental figure's lack of emotional or physical availability while emotional abuse involves repetitive emotionally scarring behavior. Both emotional abuse and neglect produce similar effects, leading to the child having a higher risk of depression and problems expressing/controlling one's own emotions. Children who have experienced these types of maltreatment often lack emotional awareness and struggle to express or recognize their feelings (Chung & Chen, 2021).

Household Dysfunction

Household dysfunction can be described as a variety of different childhood experiences including domestic violence, parental separation/divorce, incarceration, substance abuse, or mental illness. There are four primary ways that a child can be exposed to domestic violence: witnessing violence, not observing but hearing violence, observing the aftermath (bruises on mother, etc.) and becoming aware of the violence through an outside source (Walker-Descartes et al., 2021). Parental separation, divorce, and incarceration involve the absence of one parent or

caregiver from the household. Parental absence for any of these reasons is likely to result in instability and may result in changes to a family's financial resources. Parental substance abuse includes the use of drugs and/or alcohol and may lead to a parent being under the influence while providing childcare. Household dysfunction may also occur when one or both parents experience a severe mental illness such as schizophrenia, bipolar disorder, major depressive disorder, or personality disorders (Ranning et al., 2016).

Impacts of ACEs

When an individual is exposed to a stressful situation, such as an ACE, the body responds by activating the sympathetic nervous system, which drives the body's fight-or-flight response and activates the hypothalamic-pituitary-adrenal (HPA) axis. The HPA axis is responsible for the release of cortisol, a stress hormone (Boullier & Blair, 2018). Cortisol is produced to help the brain and body cope with stress. When cortisol is suddenly released then stopped (in the case of a singular, short-term, stressful situation) it can enhance certain types of memory and activate immune responses, which can be beneficial for an individual. However, prolonged exposure to cortisol can have adverse effects on the mind and body, and the effects are even more profound when there are no supportive relationships in the child's life. The effects of prolonged cortisol exposure vary widely and can include suppression of immune function, learning and memory problems, and physical effects on the body such as muscle atrophy, cardiovascular disease, or diabetes (Manenschijn et al., 2013; National Scientific Council, 2014).

Impact of Abuse and Neglect

Research has found an association between child maltreatment and hyperarousal symptoms, such as impaired sleep, excessive fear, exaggerated startle response, and negative

thoughts. These physical symptoms can be categorized as post-traumatic stress reactions. Childhood maltreatment has been shown to also lead to higher rates of post-traumatic stress disorder (PTSD), panic, bulimia, drug and alcohol abuse, delinquency, and suicidal tendencies (Moraes et al., 2018). Physical abuse, emotional abuse/neglect, and sexual abuse all tend to follow similar PTSRs (Rueness et al. 2019). Those that experienced childhood sexual assault have higher rates of suicide attempts and associated mental disorders (Rajan et al., 2020). Victims of child maltreatment have significantly poorer outcomes than their peers who have not experienced maltreatment.

Impact of Household Dysfunction

Household dysfunction may look different from one family to another but often includes parental absence, intimate partner violence (IPV), and mental health concerns, including mental illness and substance abuse. One form of parent absence includes parental divorce. Much like other ACEs, parental divorces is associated with higher rates of many mental health disorders such as depression, anxiety, suicidality, and distress in childhood and adolescence. However, the prevalence of these concerns often decreases over time, in relation to time since the divorce (Auersperg et al., 2019). When a child lives in a household where a member has spent time in prison or is currently in prison there are many problems that are created due to this scenario that all have an impact on the child. This can include increased stress to the child's remaining caregiver, which in turn can lead to maternal depression and marital problems/separation. Household member prison time and its combined effects can result in child social exclusion, inability to maintain social relationships. However, this topic is a slippery slope to discuss because of the confounding variables that can coincide with household member prison time. This

also does not take into regard the reason the household member spent time in prison, as it may have created worse effects if the problematic member was left in the household (Besemer et al., 2018).

Domestic abuse, or IPV, is closely tied to physical abuse of a child as 30%-60% of men who were found to abuse their female partner also abuse their child. Being exposed to domestic abuse in any form can affect a child's emotional and physical development. About half of children exposed to domestic violence have emotional and behavioral problems that fall in the clinical range, which can result in a variety of developmental concerns (Walker-Descartes et al., 2021).

Parental mental illness and substance abuse can lead to the emotional absence of a caregiver, despite being physically present, through direct and indirect mechanisms (Manning & Gregoire, 2006). When it comes to parental mental illness, some children have behavioral and emotional issues either in school or later in life. Additionally, parents with a mental illness were found to be reluctant to reach out to ask for support for their children due to fear of ridicule regarding their parental competence (Laltes et al., 2017). Parental alcoholism/drug use also showed an increased risk of emotional and behavioral problems but also an increased risk for drug use themselves. Household drug use often has co-occurring factors such as parenting deficits, child maltreatment, family conflict, less secure attachment patterns, and physical abuse. The child exposed to the drug use has an increased likelihood of mental disorders, drug use, suicide attempts, risky sexual behavior, and criminal behavior (Wlodarczyk et al., 2017). Each of these adverse experiences leading to household dysfunction can cause disruptions in childcare

and parenting strategies, which can result in a multitude of externalizing and internalizing problems during childhood.

Friendship

Friendship is an important part of child development, serving a variety of purposes across the lifespan including providing basic company, providing help when in need, providing emotional support, and increasing self-worth (Erdley and Day, 2017; Hartup, 1996). Support from friends, rather than family, has been established as a protective factor against stress in some samples (Sherman, De Vries, & Lansford, 2000). Adolescents who are victimized by peers and thus are likely to have poor relationships with peers, are at an increased risk for adverse mental and physical health outcomes during adolescence and into adulthood (Schacter et al., 2021). Peer difficulty has been linked to increased delinquency, criminality, substance abuse, and other mental health concerns (Burr et al., 2020). Adults who were known to have friendship difficulties as children have been found to be at a greater risk for poor health and negative cognitive functioning in their adult years, increasing the risk of mild cognitive impairment, later-life cognitive decline, Alzheimer's disease, and other forms of dementia.

Parental Influence on Friendship

Parents provide multiple pathways of influence on a child's social interactions, including modeling appropriate behaviors, supervising peer-to-peer interactions, and providing opportunities for social interactions. When children experience household dysfunction, as is the case with many children who experience an ACE, these opportunities can be disrupted.

Modeling. Parent-child interactions are believed to set the stage for children by modeling social competence. Warm and supportive parents that satisfy a child's emotional needs can lead to a better understanding of empathy, cooperation, and awareness of social cues by the child, which in turn, allows the child to be a better friend (Blair & Perry, 2018; Boele et al., 2019). In the absence of warm and supportive parents, children do not always have opportunities to learn and model prosocial behaviors that lead to positive friendship qualities. Positive parent-child relationships are associated with more positive friendships, whereas more negative parent-child relationships are associated with more negative friendships (Youngblade & Belsky, 1992).

Supervising. Parents can also act as a supervisor or coach for their children's friendships, mediating child to child interactions. Research suggests that children whose parents provide them with socially appropriate advice and instructions for peer interactions are more likely to be socially accepted by their peers (Bhavnagri, & Parke, 1991).

Opportunities. Although sometimes indirectly, parents provide their children with opportunities for social interaction. Parental personality traits have been shown to influence styles of parenting, which can influence the behavior that is modeled for the child and the number of social settings with which a child may interact. Parents who tend to be introverted, shy, or anxious are less likely to provide social opportunities for their children (Achtergarde et al., 2014). Although often mediated by socioeconomic status, parents can provide opportunities for positive or negative social interactions in their neighborhood, community, and in extracurricular activities (Mcdowell et al., 2009).

Friendship Difficulties

While not all individuals who have experienced ACEs have difficulty getting along with others, there have been links to multiple negative social outcomes such as insecure or disorganized attachment, low self-esteem, and behavioral challenges in school. Often, these problematic behaviors continue even after the child is removed from the environment in which the ACE is occurring. Adverse childhood experiences are correlated with negative parenting behaviors, which are often predictive of aggression or hostility in the classroom (Ziv et al., 2018). Children living in homes characterized by dysfunction are often not provided with many social opportunities in general, and even fewer opportunities for modeling of prosocial behaviors. Overall, ACEs have a large impact on children's abilities to make and keep friends throughout life (Center for Disease Control, 2022).

Purpose of Present Study

The purpose of the present study is to determine whether experiencing difficulties making or keeping friends is related to having experienced an ACE or not. Four ACEs related to household dysfunction will be examined: witnessed domestic violence; lived with anyone who was mentally ill, suicidal, or severely depressed; lived with anyone who was incarcerated; lived with anyone who had a problem with drugs or alcohol.

Hypothesis 1: Friendship difficulties occur more frequently with a child who has witnessed domestic violence compared to one who has not.

Hypothesis 2: Friendship difficulties occur more frequently with a child who is living or has lived with someone who experiences mental health challenges compared to one who has not.

Hypothesis 3: Friendship difficulties occur more frequently with a child who is living or has lived with someone who was incarcerated compared to one who has not.

Hypothesis 4: Friendship difficulties occur more frequently with a child who is living or has lived with someone who experiences substance abuse compared to one who has not.

CHAPTER II: METHODS

Participants

Data for the present study was obtained from the 2019-2020 (combined) National Survey of Children's Health (NSCH) (Child and Adolescent Health Measurement Initiative, 2022). The NSCH is a nationally representative survey completed by parents or caregivers of children and adolescents across the United States. A total of 72,210 surveys were completed in the 2019-2020 combined data set. Participants younger than age 6 were excluded from the present analyses, because friendship data was not available for those under age 6. The remaining sample included 51,895 participants. Of those, 51.8% were male with an average age of 12.09 years. Caregiver responses indicated that the sample was 12.8% Hispanic and 87.2% non-Hispanic. The non-Hispanic sample was 67.5% White, 7.0% Black, 7.5% Multi-Race, and 5.3% Asian.

Measures

Survey items on the NSCH include items to assess physical, oral health, and functional status, emotional and mental health, health insurance coverage, health care access and quality, family health and activities, neighborhood safety and support, and child and family demographics. Specific items assessing exposure to ACEs and difficulty making or keeping friends were included in the present analyses. Respondents rated their child's level of difficulty (no difficulty, a little difficulty, a lot of difficulty) with making or keeping friends. For the present analyses, the level of friendship difficulty was collapsed to create two groups–children who endorsed no difficulty making/keeping friends and children who endorsed a little to a lot of difficulty making/keeping friends. To assess a child's exposure to events considered to be ACEs, respondents were presented with a checklist of events to endorse. Items relevant to the present study included the following household dysfunction items: witnessed domestic violence; lived with anyone who was mentally ill suicidal, or severely depressed; lived with anyone who was incarcerated; lived with anyone who had a problem with drugs or alcohol. Responses to the checklist were simply yes or no response options.

Data Analysis

Statistical analyses were completed using SPSS (Version 27.0). To address the present research questions, a Chi Square Test of Independence was run for each of the four hypotheses. In each Chi Square, the groups included children who have experienced an ACE (yes/no) and children who had difficulty making/keeping friends (yes/no).

CHAPTER III: RESULTS

Descriptive Statistics

Survey responses for 51,895 participants were included in analyses. However, due to non-response to survey items, some variables have fewer respondents than others. Survey responses from caregivers indicated that 6.1% of children in the sample had witnessed domestic violence, reporting that the child saw an adult punch, slap, hit, kick or punch others; 11% reported the child lived with someone experiencing mental illness or mental health problems; 7.5% reported the child lived with someone who had been incarcerated; 11.7% reported the child lived with someone with a substance abuse problem. Results of the data also found that 25% of respondents reported that their child had trouble making or keeping friends.

Hypothesis Testing

A Chi Square Test of Independence was conducted for each hypothesis to determine if the selected ACEs have any effect on the child's ability to make and keep friends. Each of the four hypotheses in the present study were supported, indicating that friendship difficulties occur more frequently with children who have experienced the four ACEs in question. Regarding friendship difficulties co-occurring with a child witnessing domestic violence, $\chi 2\ (1) = 598.90$, $p < .01$, $\phi = .11$. For the second hypothesis, friendship difficulties co-occurring with a child living with someone who experiences mental health challenges, $\chi 2\ (1) = 1349.12$, $p < .01$, $\phi = .165$. For the third hypothesis, friendship difficulties co-occurring with a child living with someone who was incarcerated, $\chi 2\ (1) = 308.81$, $p < .01$, $\phi = .079$. For the fourth and last hypothesis, friendship difficulties co-occurring with a child living with someone who experiences substance abuse, $\chi 2\ (1) = 736.48$, $p < .01$, $\phi = .122$.

CHAPTER IV: DISCUSSION

Results of the present analyses indicate that the four ACEs including in the present analyses—witnessing domestic violence, living with someone who experiences mental health challenges, living with someone who was incarcerated, and living with someone who experiences substance abuse—are each independently related to a child having difficulty making or keeping friends. However, the effect size for each analysis was small. This suggests that the association between the two variables in each analysis is weak, and there are likely confounding variables influencing this association that were not considered with the present analysis. Although the association is weak, the present study provides initial evidence to support the use of ACE screening measures for school-age children to better identify children for intervention services. With screening measures in place, children can receive targeted social skills interventions to reduce the impact that ACEs have on social development, benefiting them into adulthood.

Limitations

The present study has several limitations. First, the present analyses did not account for co-occurrence of ACEs; it looked at each ACE occurring independently of another. Existing research has shown that ACEs can have a compounding effect, where more ACEs yields more difficulties (Boullier & Blair, 2018; Chapman et al., 2004). Future studies may aim to consider the compounded effect to determine if more ACEs yield greater difficulty with friendship. This study was also limited as it did not look at other factors in the statistical analysis which may impact a child's ability to make and keep friends. These other factors can include family size, caregiver engagement, warmth/affection, child diagnosis, and more extraneous factors. Other

possible limitations may include a lack of attention and documentation regarding timing to each ACE occurring relative to friendship difficulty. To further this study, a broader look at different factors regarding a child's friendship difficulties would be needed to make decisions regarding intervention strategies.

Conclusion

The present study investigated the association between ACEs of household dysfunction and a child's ability to make and keep friends. While the effect size was low, suggesting confounding variables influencing the data, there is an association. Further research that considers the timing, duration, number of ACEs, and possible confounding variables will provide further insight on how to best intervene on a child's social skills.

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