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Parent & child ACEs: How they impact parenting practices & child development

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Parent & child ACEs: How they impact parenting practices & child development

by

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Dedications

I would like to dedicate this capstone to my family who have been my biggest supporters throughout this journey.

Abstract

Adverse childhood experiences, or ACEs, are adverse events that occur in childhood and can have a profound impact on an individual's health and development. Recent trends in literature surrounding ACEs have sought to explore the relationship between parental adversity and the intergenerational transmission of risk for adversity to the child. The aims of this review are as follows: 1) to examine current literature on how adversity impacts parenting, whether that be stemming from childhood or current in the family. 2) how parenting practices and adversity impact children's health and development. To accomplish these objectives, research was conducted primarily by using the Concordia St. Paul online library. Resource selection was based on publication date (whether it was current, within the past eight years), peer-reviewed, and credibility of author and journal publication. I hypothesize that childhood adversity impacts adults and their parenting practices in a negative way. The results of the literature review revealed the hypothesis to be true. Parents with a history of ACEs were more likely to form insecure attachments and use harsh parenting practices. Previous adversity from the parent or current adversity faced by the family put the child at greater risk for adversity themselves as well as adverse outcomes both in childhood and later adulthood. Recommendations were made for each adversity on interventions and supports that are designed to improve parent-child relationships, parent practices, and child outcomes. Implications and suggestions for further research are also discussed.

Key words: Adversity, child behavior, child development, parenting practices

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Chapter 1: Introduction

Adverse childhood experiences, also known as ACEs, can be defined as stressful or traumatic life events occurring before the age of 18. The following review seeks to explore adverse childhood experiences in both the parent and the child. The aim is to examine the relationship between parental ACEs and two different factors: 1) its influence on parenting practices, and 2) the risk for child adversity experiences. I hypothesize that parental ACEs have a negative impact on the way one would parent in the sense of less nurturing and more harsh practices. I also hypothesize that since individuals who do experience childhood adversity have long-term consequences that can persist into adulthood, there may be an economic or family disadvantage that would transmit to the child, putting them at greater risk for ACEs themselves.

Background

I. Original ACEs Study

One of the very first studies that explored the idea of adverse childhood experiences and their impact on health behaviors was conducted by researchers Felitti and others (1998). A questionnaire style survey was sent out to members of the Kaiser Permanente's San Diego Health Appraisal Clinic. The original ACEs assessment sought to explore the prevalence of childhood exposure as it related to abuse and household dysfunction. In the abuse category, questions about psychological, physical, and sexual abuse were included. Furthermore, in the household dysfunction category, questions concerning substance abuse, mental illness, mother treated violently, and criminal behavior in household were asked.

There were 17 questions in total asked about exposure to abuse and childhood dysfunction while one was growing up during his or her first 18 years of life. There were seven

categories between both the exposure to the three different types of abuse as well as the four different types of household dysfunction. The ACEs score is measured by the sum of all seven categories, with cumulative scores ranging from 0 to 7. The score was then used by Felitti and colleagues (1998) to compare adversities experienced in childhood to risky behaviors, health status, and disease seen in adulthood.

The results of the study showed that more than half of the participants reported at least one of more exposures to ACEs (Felitti et al., 1998). The most common type of adversity reported was within the household dysfunction category. A little over 25% of participants reported exposure to substance abuse in the household growing up (Felitti et al., 1998). Analyses conducted by Felitti and colleagues (1998) showed significant associations between exposure to abuse or household dysfunction to health-related risk factors such as ischemic heart disease, cancer, chronic lung disease, liver disease, and more. This is possibly due to associations between ACEs and maladaptive coping health behaviors such as smoking, drug and alcohol use, overeating, and risky sexual behaviors. Importantly so, Felitti and colleagues (1998) made the conclusion that the number of ACEs experienced in multiple categories were strongly related to multiple health risk factors in adulthood.

Felitti's and colleagues' (1998) study provided foundational evidence and associations between childhood adversities and negative health and life outcomes in adulthood. It sparked the need for greater research, important conversations, and changes to policy, prevention, and interventions. And that's exactly what happened. Research and conversations on ACEs have since expanded from the first original research. Recent studies have expanded adverse childhood experiences to include more current experiences of adversities.

II. Studies with Expanded ACEs

A study by researchers Karatekin and Hill (2019) investigated the feasibility of combining the original ACEs assessment with items from the Juvenile Victimization Questionnaire, or the JVQ. The JVQ adds another layer to the ACEs questionnaire as it acknowledges victimization that may occur outside the home as well as victimization within the home (Karatekin & Hill, 2019). The ACEs measure used in that study included 31 items that created a four-factor model incorporating categories of child maltreatment, household dysfunction, community dysfunction, and peer dysfunction/property victimization. The factors showed strong inter-correlations, and the measures demonstrated good internal consistency with acceptable validity and reliability (Karatekin & Hill, 2019).

Likewise, another study sought to expand adverse childhood experiences, specifically in regard to research on substance use among different races and ethnic groups. The original study was conducted with research participants who were mainly white and middle-income (Zhen-Duan et al., 2023). This poses an important issue as a significant proportion of people were excluded from this work. Additionally, many people of these groups, according to Zhen-Duan and others (2023) experience community-level adversities, structural racism, and discrimination. The Philadelphia ACEs Study has since expanded the ACE survey to be more inclusive to whole populations and present-day issues. The Philadelphia ACEs study still incorporated “traditional ACEs,” as discussed by Felitti and others (1998), but it also expands to include more community-level stressors. Those “expanded ACEs” that were incorporated included poverty, discrimination, bullying, community violence, and involvement within the foster care system (Zhen-Duan et al., 2023). A study conducted by researchers Sasaki and others (2024) also investigated the effects of expanded research, incorporating childhood poverty, as did Zhen-Duan

et al (2023). They also included the societal-level factor of school bullying as an adverse childhood experience (Sasaki et al., 2024).

III. Attachment Theory

Authors Shilkret and Shilkret (2022) described attachment theory in their book as a developmental framework that recognizes the importance of early life experiences as they relate to the development of behavior. The concept is rooted in our internal working models, or the unconscious. The theory is evidence-based and supported by research, making it a very important framework to understand aspects of development. Recently, attachment theory has been an important aspect to understanding trauma and the development of psychopathy, affect regulation as well as dysregulation, and mentalization (Shilkret & Shilkret, 2022).

Attachments are considered to be either secure or insecure. A secure attachment between a parent and a child is one that would be affectionate and mutually satisfying (Ali et al., 2021). A caregiver is actively responsive and sensitive to the child's needs, creating the expectation that they will have someone there in times of need (Ali et al., 2021). These interactions, then, help the child to feel safe, secure, and protected.

Caregivers that are dismissive, on the other hand, may create an attachment style that is insecure known as avoidant. Individuals with avoidant attachment styles tend to minimize the importance of relationships and struggle to share emotions and feelings with others (Cherry, 2023; Shilkret & Shilkret, 2022). An ambivalent attachment style is another form of insecure attachment. Ambivalent attachment tends to be associated with an adult that is preoccupied, and it may manifest in the form of reluctance to become close with others, feel they have to show a lot of emotion to get noticed, and are not easily comforted (Cherry, 2023; Shilkret & Shilkret,

2022). The last form of insecure attachment is known as disorganized attachment. The disorganized attachment can be described by both Cherry (2023) and Shilkret and Shilkret (2022) as a mix of attachment styles, not showing any clear, consistent attachment style. These individuals may be extremely fearful and show struggles to trust and communicate.

Attachment as it relates to trauma and ACEs is an important avenue to discuss. Adverse childhood experiences can cause significant disruption to attachment development in early childhood. Shilkret and Shilkret (2022) wrote on page 178 that a “parent’s internal working models drive his/her caregiving behaviors, and these behaviors affect the internal working models of the infant/child.” This quote holds significance as it illustrates how a parent who experienced adverse experiences in childhood can have their own disrupted or insecure attachment to caregivers. When they become parents in adulthood, their internal working model, or unconscious, operates from an insecure attachment. This influences how their child experiences interactions and attachments, thus influencing their internal working model, behavior, and development.

IV. The Current Study

Several adversities were discussed at varying levels. Physical, emotional, and sexual abuse, neglect, maltreatment, and exposure to violence were considered to be traditional ACEs. But we have since learned that the current exposure to adversities extends beyond the original events identified. There are additional sets of experiences that are also considered to be ACEs, which include racism, discrimination, bullying, and poverty. Incorporating all different types of adversities, both from the original ACEs assessment as well as the recent extended ACEs research, is beyond the scope of this review. Therefore, a choice had to be made on which adversities should be the focus.

For my capstone research project, I wanted the literature to focus on adversities that specifically impacted the parent-child relationships and a parent's ability to parent their child effectively. The Center for Disease Control and Prevention, or CDC, (CDC, 2024) identified substance use problems, mental health problems, and instability due to parental incarceration as adversities within the child's environment that impact's their sense of safety and stability. These adversities also impact a parent and child's ability to bond and connect with one another, which is another focus I wanted my capstone to capture. For these reasons, those three adversities became three out of the four adversities that are explored in this paper.

The fourth adversity chosen to be explored is family poverty. Poverty was not one of the original domains of adversity recognized by Felitti et al (1998). However, it is recognized as a childhood adversity by more recent literature such as Sasaki and others (2024). Craig Benson (2023) of the United States Consensus Bureau reported a child poverty rate of 16.3%, which is higher than the overall poverty rate by 3.7 points. An eye-opening video among required materials for a course in the Concordia St. Paul Master of Arts program in trauma, resiliency, and self-care strategies highlighted the struggles and stress observed among children and families living in poverty. Frontline PBS (2020) posted a 2017 documentary following children in America and what it means to grow up in poverty. The family experiences of unemployment, housing instability, and financial stresses were told through the perspective of the child. The Frontline PBS video sparked interest in how poverty as an adversity impacts child development and well-being. It then became one of the central focuses of this review.

My current profession serves children in the public education system who need additional support through special education services. I work directly with children, seeking to develop and improve social-emotional skills and behaviors. I also work collaboratively with parents and

caregivers. Research on ACEs is important for individuals within the school system to be aware of and to be informed on. Much prevention and intervention work can be done within the schools as the majority of children are involved in local schools (aside from homeschool children). The purpose of this review is to investigate the associations of ACEs and inform intervention and prevention efforts.

Statement of the Problem

Parents play a pivotal role in the overall development of a child. Families that are stricken with adversity are at a disadvantage as they struggle to provide adequate physical and emotional care for their child. This disadvantage for many parents and families stems from childhood adversity, or ACEs. That is why it is essential that we not only explore parental childhood adversity and child ACEs, but we also need to explore the relationship between the two and how adversity can be intergenerationally transmitted. How adversity impacts parenting practices and, therefore, child development, needs to be investigated as well. Parenting within the context of unresolved trauma and adversity can make it challenging to parent in a warm, nurturing way. In exploring these important aspects of child and family work, we can identify effective strategies and practices that target the root causes of adversity experienced and work to restore the parent-child relationship.

Conclusion

The background literature discussed shows how literature has evolved since the first study on adverse childhood experiences. The current research that extends the study by Felitti and others (1998) shows inclusion of different populations of people and their experiences. Attachment and parent-child relationships are essential to early child development. That is why

attachment theory is so important to understand as we discuss trauma and adversity among parents and children. The following review will first examine parental ACEs, and then go into specific adversities faced by children and families, exploring the impact on child health, development, and life outcomes.

Chapter 2: Review of Literature

Parental ACEs

In studies containing statistics on parental adverse childhood experiences, nearly seven out of 10 adults reported at least one adverse experience (Miccoli et al., 2022). Previous literature has looked to explore how parental ACEs can impact an offspring's risk to adversity themselves as well as risk to their overall health and development. ACEs can be traumatic, and therefore do have a genetic, biological component to them.

Looking specifically at parental ACEs, there has been an observed intergenerational effect passed through epigenetics (Lee et al., 2023; Miccoli et al., 2022). Examples might, as Lee and others (2023) pointed out, include greater inflammation in mothers or allostasis and neural functioning that is compromised. Additionally, when children of parents who have had a childhood of adversity are exposed to adversity themselves, their environment interacts with their genetics to impact the genetic expression. This means, looking at the gene expression combined with the environment, a child may already be predisposed to adverse outcomes due to the genetic makeup provided by the parent. An adverse environment can then exacerbate genetic expression.

Continuing, previous literature has looked to explore the association between parental ACEs and offspring adversity. Miccoli and others (2022) shared the finding that a higher maternal ACE score was correlated with future developmental delays in offspring, specifically an 18% increased risk for each additional ACE. Negative impacts on development (such as birth complications), communication, and motor skills have been observed, but impacts on social-emotional and behavioral problems need to be investigated more.

It can also be observed that having parental childhood adversities can increase the risk for offspring adversity. Lee and colleagues (2023) explained through recent literature the documentation of maternal childhood adversity and externalizing problems seen in young children under the age of 13. Furthermore, it can be considered that maternal adversities experienced during childhood can act as shared risk factors (Lee et al., 2023). The risk factors, then, can influence a child's likelihood for adversities and its impact on them.

So, how do parental ACEs specifically impact parenting practices? Authors Okine and colleagues (2023) introduce the concept of the Family Stress Model. The Family Stress Model works to explain the associations between maternal mental health and child behaviors. Essentially, there are external factors, such as ACEs and other childhood adversities, that creates a cycle of impact starting with having an impact on maternal mental health, which impacts parenting practices, which will then impact child behavioral outcomes. Experiencing adversity in childhood puts that individual at greater risk for experiencing adverse mental health outcomes into adulthood. Several studies have reported depressive symptoms in mothers who have a history of childhood trauma (Okine et al., 2023, Madsen et al., 2022). It was reported that parents who have a history of childhood traumas or adversity are more likely to utilize more hostile parenting that is more critical, abrasive, and aggressive (Okine et al., 2023). Additionally, they may also be more critical and less emotionally responsive (Burke et al., 2021).

Prior traumas and depressive symptoms can influence their current perceptions and experiences with parenting. The disruption in emotional, cognitive, and behavioral development when the parents were a child makes them more prone to use harsh parenting practices (Okine et al., 2023). They may not have the capacities to provide healthy and nurturing parenting for their child. It can also lead to struggles with mental health as they transition into parenthood and be

potentially exposed to some of their same stressors (Madsen et al., 2022). This can take a significant toll on mental health and parenting stress.

Parental stress is another possible parental affective symptom. Parenting stress can be referred to as stress associated with assuming a parental role. It is influenced by the characteristics of the child, characteristics of the parent, and life events and stressors (Madsen et al., 2022). Parental mental health and parenting practices were just discussed previously. The cycle of childhood adversity does not stop at its linkage between ACEs and increased likelihood for depressive symptoms as an adult. Both together can contribute to another layer of the cycle by adding greater parental stress. The home environment that was created through using harsh parenting practices can be a source of stress for many parents (Okine et al., 2023). The stressful home environment can be a direct result of the parenting practices they use.

A second avenue for stress can stem from the experience of adversity itself, rather than an indirect impact from mental health. Many studies, as reported by Madsen and others (2022), found that experiencing adversity in childhood is linked to an increase in risk for parenting stress later in life. Miccoli and colleagues (2022) and Yoon and others (2019) also spoke on parental stressors stemming from childhood. These stressors are likely to be present for the parent during the prenatal period or early infancy.

Special consideration may need to be given to teen mothers. The literature on teen parenting points to additional health-related consequences and adversities. Many teen mothers report traumatizing labor and higher risk for mental health disorders (Okine et al., 2023; Yoon et al., 2019). Common diagnoses include depression, substance use, and posttraumatic stress disorder. It's clear from the literature above that maternal mental health can have a substantial impact on child outcomes. It is no different in teen moms, just the increased risk for maternal

psychological distress. The same can be said about parenting stress. Teen mothers often experience significant issues adjusting to the demands and responsibilities of parenting. This is likely due to the mother not being developmentally prepared yet and, instead, forced to mature (Yoon et al., 2019). It is this entry into parenthood before adequately and maturely ready that correlates with poor parenting practices including fewer interactions with the child and use of more harsh parenting rather than positive (Okine et al., 2023; Yoon et al., 2019).

All in all, teen mother or not, it is important to consider attachment. It is the early experiences in childhood that set the foundation for later close relationships and attachment. If a parent experiences adversity early in life, these internal working models of attachment can be disrupted. Attachment insecurity can develop, and, therefore, also maladaptive thoughts about parenting, attachment avoidance, and attachment anxiety (Madsen et al., 2022; Yoon et al., 2019). A parent experiencing significant distress also will have a difficult time responding responsively and in a nurturing way towards their child (Miccoli et al., 2022). Therefore, the cycle of adversity is perpetuated.

Parental adverse childhood experiences are important to explore and be aware of as they relate to the likelihood for ACEs in children. ACEs are considered to be relatively common. Researchers Miccoli and colleagues (2022) reported that about one in every two children in the United States have at least one adverse event. ACEs have a negative impact on a child's health and development, both in childhood and well into adulthood. Adverse health outcomes can be observed such as obesity, heart disease, asthma, cancer, and overall poorer health (Miccoli et al., 2022). Mental health disorders like attention deficit hyperactivity disorder and mood disorders can also be presented. Yoon and others (2019) as well as Burke and colleagues (2021) reported behavioral health problems and externalizing behavior as a result of adversity in childhood.

Additionally, Okine and others (2023) added an increased risk for marijuana use or marijuana dependence later in life.

Family adversities & parenting practices

The previous section has shown that parental childhood adversity can have profound impacts on a parent's ability to parent in adulthood. It can leave parents at an increased risk for mental health disorders such as depression, substance use, and high parental stress. Previous literature has also stressed how parental ACEs are considered to be a risk factor for the child to also experience ACEs. Therein creates a cycle of increased likelihood for adversity and negative health outcomes. We know there is increased risk, but how? How do certain adversities impact parenting practices and in what ways would a parent's ability to parent effectively be compromised? The following section seeks to answer these questions.

a. Parental incarceration

The incarceration of a parent is considered to be an adverse childhood experience (Jackson et al., 2021; Tadros & Durante, 2022). Millions of people are currently incarcerated in the United States. According to researchers Clark and colleagues (2024), the majority of those people are parents to children under the age of 18. This leaves about 2.6 million children experiencing an incarcerated parent at some point in their life (Jackson et al., 2021).

Parental incarceration can cause significant distress to the entire family unit, and it can impact them socially, emotionally, physically, and financially. It can also impact a child's health, well-being, and overall development. In fact, Jackson and colleagues (2021) found through their study that parental incarceration is the most disruptive form of parental separation, ahead of both

death and divorce. This can be observed through two different perspectives: the unique effects perspective and the selection effects perspective.

The unique effects perspective, introduced by Shlafer and colleagues in Jackson et al. (2021), states that there are unique risks to a child due to parental incarceration. These include separation of the parent and child, changes in the living environment, and other disruptions caused by an absence of a parent. The selection effects perspective, on the other hand, states that other adversities occur due to secondary effect of parental incarceration, rather than the parental incarceration itself. These might include family instability, exposure to violence, substance use, mental health problems, and financial hardship. A finding in support of the selection effects perspective comes from Jackson and colleagues (2021). They found through their reference group that exposure to parental incarceration alone may not have had an independent influence, indicating the need to consider other potential adversities.

The idea of co-parenting is a major challenge experienced by parents when one spouse is incarcerated. There are psychological and social aspects to consider. Firstly, the psychological effects can be devastating and difficult to reverse. Parents may start to experience distrust and hypervigilance, leading to withdrawal and detachment from their relationships (Tadros & Durante, 2022). It is also common for families to experience both anger and shame. This can have a negative effect on the parental relationship as willingness to compromise decreases, violent behavior when angry increases, and intimacy, interactions, and quality time are all impacted (Tadros & Durante, 2022).

Incarcerated parents experience a range of challenges once released from prison that can impact their ability to parent effectively. The first of which is managing the risk for adversities that are common among parents who are incarcerated. Clark and colleagues (2024) identified poverty, abuse, mental health, substance use, and lack of social support as frequent adversities experienced by incarcerated parents. Mental health, substance use, and poverty are discussed further in chapter two.

There are also significant challenges associated with re-entry back into the family and the community. Parents often struggle finding adequate housing and employment (Clark et al., 2024; Jackson et al., 2021). Education, the type of jobs, and finances in general can create significant strain as they are at a disadvantage socioeconomically. This stress and strain take up emotional capacity needed for nurturing, responsive parenting.

b. Parental mental health

The previous section explored the associations between parental ACEs and the development of clinical depression in mothers. The articles in this section of the review specifically look at how depression impacts parenting practices. The results of a study conducted by researchers Hentges and colleagues (2021) found that depression symptoms during both prenatal and postnatal developmental periods predicted greater use of hostile parenting practices. Hostile parenting was the strongest link to maternal depression as opposed to other parenting practices such as insensitivity or disengagement.

Another difficulty when it comes to parental mental health and parenting is the role the child can play in the dynamic. Hentges and others (2021) pointed out the importance of the transactional model, which states how children play an active role in their environment. This means that just how maternal depression can impact parenting practices and child behaviors, child behaviors can also impact maternal depression and parenting practices. Results of studies investigating these associations have been rather mixed. However, Hentges and colleagues (2021) were able to conclude from their study how a child who is low in effortful control may elicit more negative parenting from a mother with depression. Children who are low in effortful control struggle to listen and pay attention, control their impulses, and regulate their emotions. Mothers who are already experiencing distress from mental illness such as depression, often experience frustration. It results, then, in more hostile and negative parenting when the child is being reactive (Hentges et al., 2021).

I think it is important to note here that while maternal depression is one of the most common mental health illnesses stemming from early childhood adversities, it is not the only mental health disorder that can have an impact on child development. Researcher Ros-DeMarize and colleagues (2022) investigated how symptoms of ADHD in parents can impact their parenting practices. Studies have shown that symptoms of ADHD in mothers have resulted in higher levels of inconsistent parenting practices (Ros-DeMarize et al., 2022). Impairments to one's executive functioning are characteristic of an ADHD diagnosis. It can impact important parenting practices such as organization, home routines, and

remembering certain skills (Ros-DeMarize et al., 2022). That is why many parents often exhibit more inconsistent discipline styles and greater negative parenting practices rather than higher positive parenting practices.

c. Parental substance use

i. Prescription substance use

Parental substance use is another adversity this paper is going to look at more in depth. The discussion around substance use can go in a couple of different directions. The first of which is with prescription drug use. Many adults take prescription drugs to assist with a host of physical and mental health conditions. Researchers Wolf and others (2021) reported 29% of parents use prescription drugs daily with that number increasing with age. The literature investigating prescription drug use is rather mixed regarding its effect on parenting practices.

Certain prescription drug use can improve parenting behaviors. This is typically the case with parents taking ADHD medication. Prescription medication for ADHD can help to improve parental focus. Studies have shown reduced negative talk towards children and greater praising (Wolf et al., 2021). However, the findings are still mixed.

It isn't necessarily the specific drug use itself but the side effects that can contribute to problematic parenting. According to the social information processing theory, the physiological effects of prescription drugs can alter important aspects of parenting including attentiveness, decision-making, and responses (Wolf et al., 2021). For example, drowsiness is a side effect that can

contribute to parental incapacity. Drowsiness may result in parent's being less watchful and their having an increased risk to injury or they might not be able to drive or run errands to meet the needs of the child, which are known by Wolf and colleagues (2021) as supervisory neglect and physical neglect.

Another side effect, sleep disturbances, is a common side effect among anti-depressants that can also cause negative parenting. Not sleeping or having low quality sleep hinders a parent's ability to be emotionally available for their child. Wolf and others (2021) found in their study that parents who took medication for depression or anxiety were at higher odds of physical neglect. Medications for physical health conditions such as arthritis or hormone prescriptions also showed an increased risk for negative parenting. Instead of physical neglect, though, there was a greater risk for physical abuse (Wolf et al., 2021).

ii. Substance use disorder

Substance use disorder, or SUD, can pose significant risks to positive parenting practices as well as quality relationships between the parent and child. Several research studies that have investigated different dynamics of substance use disorder and parenting practices concluded similar results. Clark and colleagues (2024), Moreland and others (2023), as well as Porreca and colleagues (2020) reported the association between substance use disorder harsh, dysfunctional parenting practices. Clark et al. (2024) described less responsiveness and empathy towards children as well as harsh, inconsistent parenting. Moreland et al. (2023) listed lower parental warmth and sensitivity in

addition to greater parenting stress. Porreca et al. (2020) spoke about dysfunctional parenting practices and lower emotional availability and connection.

Important aspects of parenting including sensitivity, structuring, non-intrusiveness, and non-hostility can be negatively impacted by SUD. Literature exploring SUD and parental sensitivity and emotional connection have shown decreased sensitivity towards infant communication (Moreland et al., 2023; Porreca et al., 2020). Mothers with SUD are often less responsive and show less reciprocity in exchanges with their child. They also show less positive emotional expressions, less praise and encouragement, as well as higher hostility (Moreland et al., 2023; Porreca et al., 2020).

In addition to struggles exhibiting sensitivity and emotional connection, there are also challenges in structuring or interactions between mother and child. Scaffolding is an essential aspect of early child development where a child learns new skills and concepts. Scaffolding is where caregivers or other adults can provide temporary support or structure to help children learn within their zone of proximal development and accomplish new tasks. Mothers with SUD struggle with scaffolding and structuring either providing too much or not enough. Porreca and others (2020) wrote about how mothers with SUD may experience challenges in providing their child with guidance and instances for scaffolding. They may struggle to give their support and offer suggestions. On the other hand, mothers with SUD may instead be more intrusive with their support, more directive, and interfere with a child's activities (Porreca et al., 2020).

These impairments to parenting practices can be attributed to neurophysiological, cognitive, and psychopathological effects of SUD. Porreca and others (2020) wrote how the brain's ability to tap into the reward system is compromised. An infant's signal, which would typically be perceived by mothers as rewarding and fulfilling, is instead a source of stress. This increases hostile behaviors in mothers (Porreca et al., 2020). Cognitively, there are neurophysiological impairments that occur due to substance use. These impact a parent's ability to recognize stimuli in the environment and perform specific, appropriate behaviors (Porreca et al., 2020). The result, then, is intrusive and abrupt behaviors by the mother. Comorbidities among substance use disorder are also common such as depression and anxiety. Additional psychopathology can create greater risk for negative caregiving as well as further exacerbate current difficulties in parenting (Porreca et al., 2020).

Beyond depression and anxiety, posttraumatic stress disorder, or PTSD, is also a very common comorbidity with substance use disorder. Research, including the results from Moreland et al. (2023), reported over 50% of individuals with substance use concerns also meeting thresholds for PTSD. A history of trauma often co-occurs alongside struggles with substance use, and it can further exacerbate the symptoms and influence parenting practices. PTSD has been shown to contribute to negative parenting behaviors such as hostility, intrusiveness, and controlling (Moreland et al., 2023).

Similarly, there is an aspect of mental health, not necessarily a disorder, that can also influence parenting practices. Porreca and others (2020) sought to

explore the prevalence of the alexithymia in the context of parental substance use. Alexithymia is a trait characterized by affect dysregulation. Individuals with alexithymia struggle to identify and communicate emotions (Porreca et al., 2020). Alexithymia has shown an association with substance use, with prevalence rates reported at about 30-49% in those with SUD. This has a profound effect on one's ability to parent as caregiving is adequate and effective caregiving is rooted in emotional and affective responses and interactions. Alexithymia can hinder a parent's responses, sensitivity, and emotional support towards child (Porreca et al., 2020). It can also take a toll on a parent's express negative emotions in a healthy way.

The study results of Porreca and others (2020) revealed a small effect of alexithymia on reading child's emotional signals and creating connections. There were, however, challenges in providing structure, guidance, and scaffolding. Lower scores were reported on structuring support, guidance, and setting age-appropriate limits for the child. Parents were often providing too much or too little structuring, illustrating the lack of higher order mentalizing abilities in parent's after extended use of substances (Porreca et al., 2020). This makes it difficult for the parent to assume the child's perspective, experience, and feelings. Low quality parenting behaviors were also observed. Parents often exhibited inconsistent, incoherent, detachment, and/or unpredictability (Porreca et al., 2020). Lastly, the results by Porreca and colleagues (2020) showed low sensitivity and structuring among mothers, with high intrusiveness.

A final impact of child development that is influenced by parental substance use is the home conditions. Parental intoxication or withdrawal behaviors can compromise the living environment for the child. Ideally, children will have a safe, stable, and nurturing environment. However, oftentimes individuals with SUD do not have households or social environments that offer stability or support (Porreca et al., 2020). Not only does this impair parenting practices, but it can also negatively influence recovery attempts. There are also distal factors that can contribute to poor parenting as well. These include socio-demographic stressors such as single parenting, minority status, poor living conditions, and a limited education (Porreca et al., 2020). Moreland and colleagues (2023) added to these contextual risks by including food and housing insecurity, conflict among family, and an overall chaotic and unstable home environment.

d. Family poverty

Poverty is one life event that was not included in the original ACEs assessment. However, it is an adverse life event that is considered in the more recent extended ACEs research (Sasaki et al., 2024; Zhen-Duan et al., 2023). Poverty can place significant stress and strain on parents as well as the entire family unit. Researchers Ho and others (2022) as well as Ward and Lee (2020) acknowledged the family stress model, stating how familial stressors, such as poverty and economic disadvantage, increase stress and inter-personal conflict among parents. The family stress model works in sort of a cycle format. Family/environmental stressors such as financial strain negatively impact

parental psychological states. This, then, negatively influences how the parent interacts with their child, leading to negative child outcomes (Ward & Lee, 2020). Greater stress and conflict among parents lead to the use of harsher parenting practices, which is characteristic of the authoritarian parenting style and insecure attachments.

Parents of lower-income families are more likely to experience parental stress. Statistics show that 19% of parents with low-income reported parental stress, compared to 11% among the general population in the United States (Ward & Lee, 2020). Stress for parents can stem from a variety of factors including challenges in child rearing, financial struggles, and behavior management. Parenting stress is associated with reduced parent-child interactions. The findings from Ward and Lee (2020) illustrated how parents under great parenting stress due to low-income engage less positively and responsively toward their child. Mothers stress and responsiveness specifically was shown to have a greater effect on the child (Ward & Lee, 2020).

Qualitative data from the study by Ho and colleagues (2022) revealed several themes in regard to parental experiences living in poverty. Parental roles have been reported by 90% of participants to be a struggle to navigate. Mothers are typically left to care for the child while fathers work to provide for the family. However, with the father working, it doesn't allow for much involvement of the father in the child's life. Little to no time is often spent between father and child, resulting in a weak parent-child relationship (Ho et al., 2022).

Parenting roles can also be very overwhelming for families with a single parent. The results of the study by Ho and others (2022) showed that single parents show greater parental stress, more severe symptoms of depression, and lower levels of self-esteem. There is also significant financial pressure being placed on single parents. Furthermore, poverty can result in struggles for parents to regulate their own emotions when under that much stress and strain. Ho and colleagues (2022) reported that many single parents spoke on not knowing how to get along well with their children, leading to greater conflict between parent and child. With the greater conflict and pressure components of single parenting in a low-income family combined, it often leads to heightened emotions and greater negative emotions during interactions with the child (Ho et al., 2022). This greater parental stress and parent-child conflict puts families at higher risk for low quality relationships.

As stated, financial pressure is a significant stressor among single parents, but it is also a common struggle among dual-parent households. In fact, 100% of low-income parents in the study by Ho and others (2022) experience financial pressures. They reported long working hours due to low education levels. Long workdays were also seen as barriers to financial relief and strong relationships with their child. Material deprivation was also a theme that emerged from the study. Many parents felt great stress in trying to provide for their child's personal and social wants. Especially among young children, pre-school aged, many children want the things that their classmates have. When the parents can't afford it, the child reacts angrily as they are too young to

understand the family circumstances. Ho and colleagues (2022) stated how oftentimes young children just think parents do not love them because they are not satisfying their needs, thus the anger reaction. In turn, parents also struggle to hide their own negative emotions in response to their child's outbursts (Ho et al., 2022).

Lastly, forming and maintaining social networks were stated as a substantial struggle by 81% (Ho et al., 2022). In our current society, online social groups are very common among parents. Local community parents with children around the same age often create groups on social media or group messaging to stay in contact with. However, it was reported that parents of low-income families feel a great deal of pressure and stigma in these social groups. They would feel pressured when other parents shared their parenting practices or they would feel guilt and shame when they cannot afford the same activities for their child as other families (Ho et al., 2022). Many felt shame and didn't want to admit their family circumstances. Ultimately, they would either quite group chats and social networking, or not even join them in first place out of fear or reluctance to disclose family circumstances (Ho et al., 2022). A lack of social network does not help parental stress or strain. And, in this case, the available social networks create greater stress.

Impact on child

a. Parental Incarceration

It has been said that parental incarceration is one of the most disruptive forms of parental separation and that it has strong negative effects on the child

than other forms of separation, such as divorce or death. This can be due to the traumas associated with parental incarceration, partly specifically due to stigma. Parental incarceration can be a very stigmatizing experience for the child and the entire family. Jackson and others (2021) stated that forced removal of a parent can be stigmatizing. The arrest itself or the witnessing of criminal activity prior can cause physical and emotional distress (Tadros & Durante, 2022). Neighbors and communities can see the event happen, further exacerbating the stigma. Social interactions decrease (Tadros & Durante, 2022) and the stigma associated with parental incarceration can discourage parents from seeking help for their child. There have also been significant health challenges observed among children with incarcerated parents. Jackson and others (2021) found an increased risk in poor health outcomes across four different health outcomes including health difficulties, chronic physical conditions, developmental disorders, and mental health conditions.

Instability in the home due to parental incarceration causes significant stress and trauma as well. Many children are removed from their home, schools, and communities, which is a traumatic experience all on its own. They may be placed in foster care where there are a host of possible additional adversities. Tadros and Durante (2022) identified abuse (physical, emotional, verbal, and sexual), homelessness, failure in school, economic struggles, and even parenting as possible ACEs. Even more so, it can be difficult for children to form a bond and connection with new caregivers due to the trauma they have gone through.

Now the child is at risk of experiencing greater adversity with less social and emotional support.

Academically, children of incarcerated parents suffer. Children are more likely to be held back in school or receive special education services (Tadros & Durante, 2022). Children are more likely to be suspended or expelled from school. The study results of Tadros and Durante (2022) specifically pointed out the occurrence of these when parents argue and do not co-parent effectively. Additionally, there are also higher rates of attention deficits, learning disabilities, and other behavioral and conduct problems (Tadros & Durante, 2022). Studies have found that fathers specifically are less likely to be involved at home or in school once incarcerated. Children experience higher dropout rates and behavioral problems as well as lower academic achievement, poor performance, and greater absences from school (Tadros & Durante, 2022).

Lastly, the parent-child relationship is severely hindered when a parent becomes incarcerated. Parent-child relationships and attachment are extremely important for healthy development for the child. Oftentimes children feel hurt, abandoned, and confused. They are having to manage and learn how to cope through feelings of instability, inadequacy, and stressful living environments (Clark et al., 2024).

b. Parental mental health

When a child has a parent with mental illness, not only is this considered an adverse childhood experience, but one also needs to consider the potential risk for intergenerational transmission of mental illness. Mental health disorders

including depression can be passed down through genetics (Hentges et al., 2021). That is why just having a parent with a mental illness alone, no other factors, is still considered an ACE because the risk for the child experiencing a mental illness is greater. In fact, Hentges and others (2021) reported a three times greater likelihood for mental illnesses such as depression, anxiety, or substance use problems when there are high rates of maternal depression. Ros-DeMarize and colleagues (2022) also reported high heritability of externalizing behaviors, characteristic of ADHD, among parents and children. These externalizing behaviors include hyperactivity, impulsivity, aggression, and oppositionality. It was stated previously that a parent with ADHD may struggle with executive functioning. Having a child who also struggles with the same functioning and displays problematic externalizing behaviors can increase the likelihood for stress, strain, and the use of negative parenting practices.

It is important to discuss the possibility of co-occurring disorders and how they relate to child outcomes. Ros-DeMarize and others (2022) reported the comorbidity rates of ADHD and autism spectrum disorder (ASD) being around 60%. They found through their study that parental ADHD symptoms were associated with high levels of parenting stress for children exhibiting both symptoms of ASD and ADHD. This finding holds implications for the challenges associated with parenting a child who has co-occurring mental health disorders. Especially if the parent struggles with mental health themselves, caring for a child with multiple chronic conditions can exacerbate the parent and significantly

increase stress. The greater stress results in further struggles with parent mental health as well as negative parenting.

There is also the concept of social transmission, where, aside from the genetic risk, the environment also poses risk for intergenerational transmission. The social transmission framework notes the impact of maternal depression on the child through the parent-child interactions and relationships formed (Hentges et al., 2021). Children may be subjected to more harsh parenting behaviors and negative affect due to parental depression. This impacts the child because, as Hentges and others (2021) found, this style of parenting due to maternal depression increases the risk for a child to experience internalizing symptoms. A child's sense of self, self-esteem, and their self-regulation skills can be undermined.

c. Parental substance use

When mothers use substances while pregnant with the child, the child can suffer from a number of different adverse effects. According to Porreca and colleagues (2020), there can be an increased risk of premature birth, complications with birth, altered functioning of the placenta, abnormalities to the child, reduced growth, or neonatal abstinence symptoms. There have also been several difficulties observed in relation to attention, emotions, and behaviors. Examples include decreased alertness, impaired autonomic regulation, impaired behavioral and emotional regulation, and developmental delays (Moreland et al., 2023; Porreca et al., 2020). Later in the child's life, they can experience reduced academic achievement.

Scaffolding, structuring, and guided support was reported earlier as significant impairments to caregiving by mothers with SUD. Proper scaffolding instills greater cognitive activities, metacognitive strategies, and problem-solving skills (Stern & Herkel, 2022). Children learn, according to Stern and Herkel (2022), the skills to plan, achieve a goal, monitor, and evaluate. Children build essential skills such as autonomy, confidence, emotional management (working through frustrations), and resiliency. Without scaffolding and appropriate support, children are not learning or building on these skills. Instead, they can become discouraged, stuck, and not grow in their skills due to not enough scaffolding. On the other hand, they may go backwards in development and become stuck in a comfort zone due to too much scaffolding and intrusive parental behaviors. All in all, scaffolding and appropriate support and guidance is important to healthy child development and later life skills and successes.

Dysfunctional parenting practices that are observed from mothers with SUD can result in increased risk to other childhood adversities. These include child neglect, maltreatment, and involvement with the child welfare system. In fact, Porreca and colleagues (2020) stated that up to 40% of cases involved child maltreatment stem from parental substance use. Likewise, parental substance use also doubles the likelihood of child abuse.

PTSD specifically was reported by Moreland and others (2023) to have a significant impact on a child's behaviors. Substance use combined with PTSD has shown associations with externalizing behaviors in the child. The severity of PTSD specifically has shown a greater relation. Moreland and colleagues (2023)

found higher levels of conduct issues among children who had mothers with higher levels of PTSD symptoms and severity.

The environment in which a child grows up plays a significant role in their overall life outcomes. The environment is what can influence certain genetics or exacerbate specific events and experiences. The household environment was stated to be a cause for concern in families with parental substance use. It was reported by Porreca and others (2020) that 80% of foster care cases in the United States are a result of parental substance use. It can cause instability for the child and impact their relationship with their parent. It can also expose the child to other opportunities for ACEs. Children who grow up experiencing negative parenting are at greater risk for mental health problems and substance use disorders in adulthood (Moreland et al., 2023).

d. Family poverty

High parenting stress was discussed among parents with low-income living in poverty in the section prior. Greater parenting stress is a strong predictor of negative childhood outcomes. These include problems with child behavior, such as hyperactivity and aggression, attention, and cognitive development (Ward & Lee, 2020). Additionally, researchers Ward and Lee (2020) discussed prosocial behaviors among children. Having warm, responsive parents as well as a strong father-child relationship can be predictive of prosocial behavior, positive cognitive development, and fewer externalizing behaviors. However, without the warmth and responsiveness of a parent, children do not have a model to follow.

They are not taught appropriate, prosocial behaviors. This also hinders a child's opportunity for enhancing cognitive development (Ward & Lee, 2020).

Poverty can also place high strain on parent-child relationships. Parent-child relationships are critical for healthy psychological development of children (Ho et al., 2022). Studies have shown that lower quality relationships between parent and child hold significant risk for negative cognitive development and behavioral and psychological problems. It was specifically stated by Ho and colleagues (2022) that preschool children are at a five times greater likelihood for behavioral problems among low-income families.

Evidence-based strategies & recommendations

Adversities can impact a parent's ability to parent. This is true of both adversities experienced when the parent was a child as well as adversities experienced by the family, as discussed by sections one and two. The impact these adversities have on the child are very apparent through the literature highlighted in section three. More than one aspect of a child's development can be impacted including psychological, social, academical, and physical. The following section outlines evidence-based suggestions for each adversity, highlighting effect practices, strategies, and solutions.

a. Parental Incarceration

Several suggestions were made to help support the family and the child when they are experiencing an incarcerated parent. Given the selection effects perspective, human service professionals need to screen for and address other forms of adversity that may co-occur (Jackson et al., 2021). Simply reducing exposure to incarceration of parents will likely not have the same

effect as also considering other forms of adversity at play. Human service professionals need to treat all aspects of the situation and work through all traumas and adversities experienced, not just the incarceration.

Positive co-parenting is an essential component to improving outcomes for the child. Successful co-parenting involves effective communication between partners, a shared responsibility of the family, and the well-being of the child as the center focus. Since the finding by Tadros and Durante (2022) found arguments between parents to have a direct impact on a child's academic outcomes, it is essential, then, that positive co-parenting interventions should seek to target effective communication strategies to help minimize arguments.

The need for parent-child contact through parental incarceration was a strong finding by Clark and others (2024). Maintaining parent-child contact can be beneficial for both the child and the parent, during and after incarceration. Parents may experience fewer depressive symptoms, have less anger, better overall physical health, and even a lower recidivism rate (Clark et al., 2024). For the child, regular contact with parents can buffer against insecure attachments, negative mental health issues, criminal behavior, antisocial behavior, and any adversities experienced by the family due to incarceration (Clark et al., 2024). However, this can be difficult to accomplish due to a number of factors. There is limited time for the family, financial constraints, transportation barriers, restrictions within the prisons, structural constraints, and even family conflicts (Clark et al., 2024).

A structural family therapy (SFT) guideline is suggested. The views of SFT hold systematic principles. The family is viewed as a whole, and the structure of the family needs to be established. The goals of an SFT framework seek to determine family rules, roles, and boundaries while also strengthening parent-child relationships (Tadros & Durante, 2022).

Especially due to the continued absence of an incarcerated parent, an SFT guideline can help reestablish the hierarchy, rules, roles, and boundaries to help create change and cohesion among families. It can help alleviate dysfunction and gain some degree of consistency.

Implementing programming within prison establishments that help foster parent-child relationships can help mitigate the harmful impact to the child, as discussed in the section before. Prisons can offer parenting skills classes as well as coached parenting visits (Clark et al., 2024). Changes to the structure and procedures of the prison can help, too. Extending visiting times, programs, and policies and decreasing the cost of easy access contact such as phone and video can improve parent-child outcomes (Clark et al., 2024). Placing family members closer to their communities or offering transportation reimbursement can help eliminate barriers. One final structural suggestion made by Clark and others (2024) was to make the prison environment as family friendly as possible by creating child-friendly visiting spaces, greater eligibility for visits from family, and having security screening that isn't as intrusive for children.

i. Resiliency Models

Among the literature on supports and interventions for families with incarcerated parents, there have been several articles that focus on resiliency models. Parents and caregivers play a very critical role in the development of resiliency. Utilizing a family resiliency perspective can help foster resiliency in children through supports designed for caregivers. Researchers Berkel and others (2023) described the family resiliency perspective as emphasizing the crucial role of relational functioning to protect against adverse events.

A family resiliency perspective focuses very specifically on adaptive parenting practices such as positive relationship quality, effective discipline, and

creating an environment that is nurturing (Berkel et al., 2023). Adaptive parenting supports positive child development and helps to prevent negative health outcomes for the child. In fact, having positive relationships between caregiver and child can also help lessen the negative impact as well as buffer against any risk for behavior concerns (Berkel et al., 2023). It has been shown to lower both internalizing and externalizing behaviors in children, aid in school adjustment, and predict higher flourishing among youth.

The Parenting Inside Out program, or PIO, is a form of family resiliency model that involves cognitive-behavioral parent management training (Berkel et al., 2023). The goal of PIO is to promote adaptive parenting skills in whoever is caring for the child. The approach includes presentations, video clips, opportunities for role play, both large and small group work, as well as class projects. It teaches aspects of adaptive parenting such as communication skills, positive reinforcement, involvement with the child, monitoring, discipline practices, and problem-solving (Berkel et al., 2023). Previous research on PIO as well as results from Berkel and colleagues (2023) demonstrate the association between adaptive parenting skills in caregivers and positive child health outcomes.

PIO is an approach that doesn't necessarily seek to include the incarcerated parent. There are numerous barriers that stand in the way of inclusion of the incarcerated parent(s). Berkel and others (2023) identified them as a lack of content for that population, not having a home practice of the program skills with children, and inability to regular practice the skills learned, thus not likely for

skills to become routine. Instead, PIO focuses on the current caregiver, building up adaptive parenting skills to hopefully build resiliency in the child as they navigate the adverse experience. PIO recognizes the barriers that may inhibit a caregiver's ability to exhibit adapting parenting practices. There are several factors that caregivers who are caring for a child whose parent is incarcerated experience. Such factors may include struggles with finances, unsafe living conditions, challenging interactions, a lack of time, and a lack of support (Berkel et al., 2023).

b. Parental mental health

The findings from Hentges and colleagues (2021) clearly identified the associations between maternal depression and maternal health and child development. It was reported that 12-18% of expecting mothers experience clinical signs of depression during early pregnancy. I think that this statistic holds significant value as an opportunity for prevention. Expecting mothers visit the doctor's office regularly. There is an opportunity there to screen for parental mental health. Doctors or other facilitating staff members can assist expecting mothers to the appropriate supports.

Parent-child interaction therapy, or PCIT, is a therapy suggested by Ros-DeMarize and colleagues (2022) as studies have shown it decreases parenting stress. PCIT is an evidence-based therapy practice that utilizes aspects of play therapy and behavioral therapy. In PCIT, parents are taught and then coached through interactions with their child. The purpose is to build on the child's emotional competence and their emotional regulation abilities (Luby et al., 2018). Ros-DeMarize and others (2022) wrote that PCIT can help buffer the impact of maternal ADHD symptoms on the child while also building up a sense of social support through group-style

interventions. Greater social support has also shown implications towards lower parental stress. Likewise, researchers Luby and colleagues (2018) also stressed the use of PCIT to manage child depression symptoms. In their study, which utilized strategies of PCIT as well as an additional emotional development component, found higher rates of emotional functioning in children as well as lower rates of depression, depression severity, and impairment (Luby et al., 2018). Reports on parental stress and levels of depression were also improved through the use of PCIT strategies.

c. Parental substance use

The National Sobriety Treatment and Recovery Teams model, or START, is a child-welfare led treatment strategy for families experiencing parental substance use disorder (SUD) and child maltreatment. The goal of START is to decrease instances of out-of-home placement for children while also increasing parental capacity and skills, recovery, and stability (Yoon et al., 2024). In doing so, the program aims to ensure the safety and well-being of the child, improve parental attitudes and behaviors, and improve the child-welfare systems' capacity for managing families dealing with these issues. The approach utilizes collaboration among providers, case management, peer mentors, coaching for parenting and life skills, and counseling, whether it be individual, group, or family based (Yoon et al., 2024). Studies and evidence on the effectiveness of START, according to Yoon and colleagues (2024) report success in reducing child abuse, neglect, and out-of-home placements as well as improvements in reunification, parenting capacity, and achievement and maintenance of parental sobriety.

When researchers Yoon and others (2024) conducted a study gathering changes in parenting attitudes and behaviors after involvement in a START program, they utilized a different version of START known as Ohio START. Ohio START only differs from the original

model in that it expands eligibility criteria to families with a child 18 years and younger in the child welfare system (as opposed to under the age of 5), as well as incorporating a trauma-informed focus (Yoon et al., 2024). It sought to achieve the same goals as the original START but added an additional focus to the underlying trauma. Results of the study revealed significant improvements to positive parenting and parental attitudes and behaviors. Specifically, parents reported being more present with their child, both physically and psychologically (Yoon et al., 2024). Parents were more engaged in appropriate child and family activities, and they experienced a greater enjoyment in parenting and caring for their child. In regard to parent capacity, parents were able to maintain employment and gain financial stability for their family (Yoon et al., 2024). This finding alone can help reduce parental stress, and therefore improve parent-child relationships. Additionally, Yoon and others (2024) stated better emotional regulation, stress management, and a sense of pride as other significant findings from their study on Ohio START. The approach shows promise as a potential strategy to improve parenting practices and life outcomes for both the family and the child.

d. Family Poverty

The Care Group is a group-based intervention developed in the United States by the University of Colorado. The purpose of Care Group is to increase caregiver knowledge and skills, thus promoting child development. The structured curriculum incorporated five components of caregiving including responsive caregiving, sense of security and safety, good health, proper nutrition, and the importance of opportunities for early learning (Xu et al., 2023). It also centered around five fundamental philosophies of parenting. Xu and colleagues (2023) identified them as responsive caregiving, play and communication, encouragement and praise, early stimulation, and security.

The group-based style of the approach holds several benefits. To begin with, group-based interventions with young children and learning parents offer ample opportunities for modeling appropriate behaviors. Parents and children learned through observations and modeling (Xu et al., 2023). Secondly, group-based interventions can help foster a sense of belonging, according to Xu and others (2023). Parents and children are among other families in similar situations, learning similar skills. It can help reduce stigma and develop social support networks. Lastly, group-based interventions such as Care Group can be considered cost-effective. Cost of treatments and therapies are significant factors to consider among poverty-stricken families. Many are turned away from seeking support due to high costs and little income. Care Group is one such approach that was found to be cost-effective by Xu et al. (2023) and a viable option for families struggling with poverty.

Chapter 3: Implications, strategies, and solutions

The focus of this paper was to explore both parent and child adverse experiences in childhood. It looked at how parental experiences with adversity in their childhood impacted parental practices in later adulthood. Then, the specific impact of the parenting practices and attachment styles formed due to past parental trauma were also discussed. The purpose was to explore the association between the two and investigate how ACEs impact parenting practices and, therefore, child outcomes. The results show that parents who experience adversity in childhood do show more inconsistent, avoidant, and harsher parenting styles. The child is then significantly impacted as they experience deficits to their physical, psychological, cognitive, and social development. The practical implications of these findings are discussed below as well as suggestions for future research.

Practical Applications

Research and literature on adverse childhood experiences is applicable to many different fields and disciplines within the human service field. ACEs are very common among the populations served, with Miccoli and colleagues (2022) reporting nearly seven out of 10 adults and one in every two children experiencing at least one adversity in childhood. The human services are devoted to serving people by providing access to services, support, and improving quality of life in individuals and families. Chances are when working with someone in the human service field, whether they be an adult or a child, they are likely to have had exposure to some kind of adversity.

I think these statistics on ACEs alone hold great significance. Human service professionals need to be aware of underlying traumas that may be influencing attitudes,

behaviors, and well-being. It's imperative that ACEs are assessed and screened for. With knowledge and recognition of the history of trauma, adequate supports and treatments can be put in place that target the root of the issue.

This research comprising recent literature on parental and child ACEs allows for the analysis of the possibility for intergenerational transmission of trauma. It speaks to the idea that there is a cycle. The cycle may start with parental ACEs stemming from their own childhood. The impacts that childhood adversity hold can impact behaviors, attitudes, and outcomes in adulthood, like parenting practices. Inconsistent, avoidant, and harsh/negative parenting, then, impacts the child's health and well-being as well as their own likelihood and risk for experiencing ACEs themselves. Thus, a cycle of trauma and trauma exposures is reinforced.

The idea of intergenerational transmission of trauma also highlights the importance of family work. Family work looks at all aspects of the family dynamic, not just the presenting issues. It can address full family trauma, any psychological, behavioral, emotional, or historical underlying problems that may be causing distress to individuals and their families. Family work can provide individuals with more comprehensive care, and it can increase support, belonging, and relations.

Understanding the family history and the family dynamic can better inform supports and interventions. Several different treatment recommendations were made in part four of this review. In order to choose the appropriate intervention strategy, a human service professional needs to understand the root cause. This is why it is important to look at both the child's and the parent's experiences. This is also why research like this one holds great significance as it looks at how the two are interrelated to one another.

Recommendations for Further Research

a. Current Study

The original study on ACEs was done just over 25 years ago by researchers Felitti and colleagues (1998). We are just getting to the point where we can investigate the intergenerational effect of ACEs as children experiencing adversity when they were a child are at the age where they may become or already are parents. Much of the research reviewed in this paper was recent, within the past four to eight years. The intergenerational effect of ACEs is an area that needs continued investigation.

I believe this topic would benefit from a longitudinal study design. A longitudinal study follows participants over time, collecting data at significant points during the study time period. Within a longitudinal design, researchers would be able to look at children who experience adversity and how it specifically impacts their parenting in later adulthood. Much of what was reported in section three, impact of the child, in chapter two was reporting risks and likelihoods. I think a longitudinal design would allow for researchers to turn statistics and likelihoods into more concrete facts and conclusions.

b. Consideration for Other ACEs

This review focused primarily on four different adverse childhood experiences. They included parental incarceration, parental mental health, parental substance use and poverty. Not every adversity could be addressed in-depth under this one literature review as it is simply beyond the means addressed in this specific review, it does leave the door wide open for further research.

Mother treated violently is a fourth domain among the household dysfunction category in the original ACEs study. This domain was not addressed in this research review simply due to higher relevance placed on the role of poverty as it relates to parental ability and attachment. However, the adverse experience is still one that needs consideration. Felitti and colleagues (1998) asked questions about the participants' mothers, such as if they have ever been pushed/grabbed/slapped, kicked/bitten/hit, repeatedly hit, or ever threatened or hurt by a knife or gun. A second category amongst the original ACEs study that was not exclusively covered in this review was abuse. Abuse was a category on the original ACEs questionnaire, and the items asked about psychological, physical, and sexual abuse. A second literature review could be done similar to this one using abuse as the overall category for adversities.

Beyond the adversities identified by Felitti et al (1998), there are additional ACEs that are considered in more recent research. Poverty was an additional ACE considered in this review. There were several others, though, that also came up among the background literature explored. Community-level factors seem to be considered in greater detail more recently as an adverse event (Sasaki et al., 2024; Zhen-Duan et al., 2023). Difficulties among peers in the form of peer dysfunction (Karatekin & Hill, 2019) and school bullying (Sasaki et al., 2024) have also been discussed.

Researchers Zhen-Duan and others (2023) specifically explored adversities rooted in racial and ethnic disparities among substance use disorders. Experiences such as systematic racism and discrimination are now considered to be an adverse experience. I think these are adversities that aren't talked about enough and require greater attention. The influence of historical trauma may be at play as well. Much of the underlying trauma goes under addressed, and it continues to impact generation after generation.

Nevertheless, there are an abundance of adversities that can and need to be explored themselves. The adversities focused on in this review have shown significant impacts to child's life as well as abilities and outcomes in adulthood. Each adversity may have its own unique impacts, but the likelihood for adverse outcomes is still very much prominent. Each individual experiences adversity in their own unique way. Not all ACEs are treated equally as individuals have varying levels of resiliency, support, and other factors. That is why I believe it is important to continue exploring how ACEs are impacting the lives of people in our communities.

Conclusion

It is clear from the literature reviewed that parental ACEs have a significant negative effect on their parenting practices in later adulthood. Parents who experience adverse events in their childhood are more likely to form insecure attachments with their children and engage in harsher parenting practices such as lack of warmth, responsiveness, and empathy. This, in turn, has a profound effect on a child's growth, development, and overall well-being. A child is at greater risk for a host of adverse outcomes including increased risk for further adversity as well as deficits in physical, psychological, and social well-being. It is imperative that human service professionals screen for ACEs in both parent and child, and then selecting the appropriate supports and interventions to reduce the cycle of intergenerational transmission of trauma.

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