

Parent exposure to adverse childhood experiences and subsequent outcomes in offspring: A meta-analysis



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INTRODUCTION

Exposure to Adverse Childhood Experiences (ACEs) is associated with poor mental health outcomes, such as: (Bellis et al., 2019; Hughes et al., 2017)

- Developmental delay
- Difficult temperament
- Emotional and behavioral difficulties

Parent exposure to (ACEs) spans generations (Moog et al., 2022).

Current gaps in the literature:

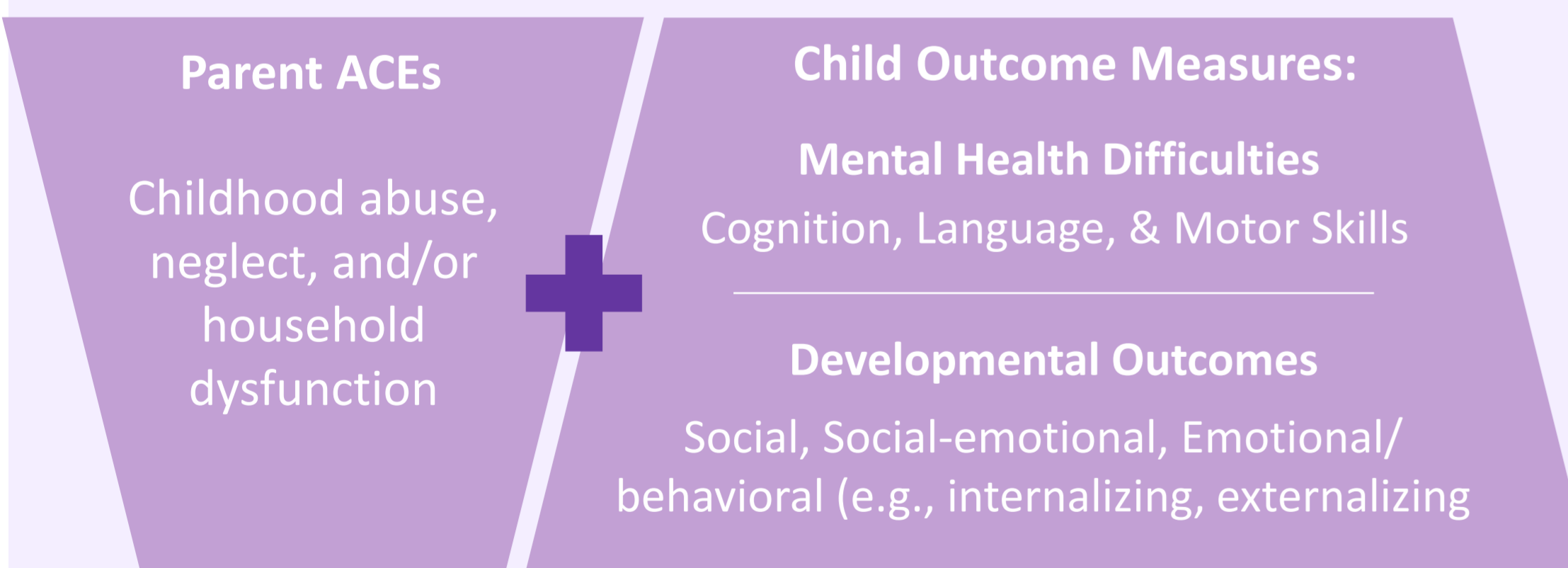
- Previous systematic reviews have uniquely focused on maternal ACEs.
- Previous studies have focused on the association between parents ACEs and child behavior difficulties or child psychopathology.

A comprehensive review across multiple domains of child functioning (e.g., cognitive, socioemotional, language, motor, social, and behavioral outcomes) is needed.

METHODS

Aim: Synthesize the findings of studies examining parent exposure to ACEs and the developmental and behavioral outcomes of their children.

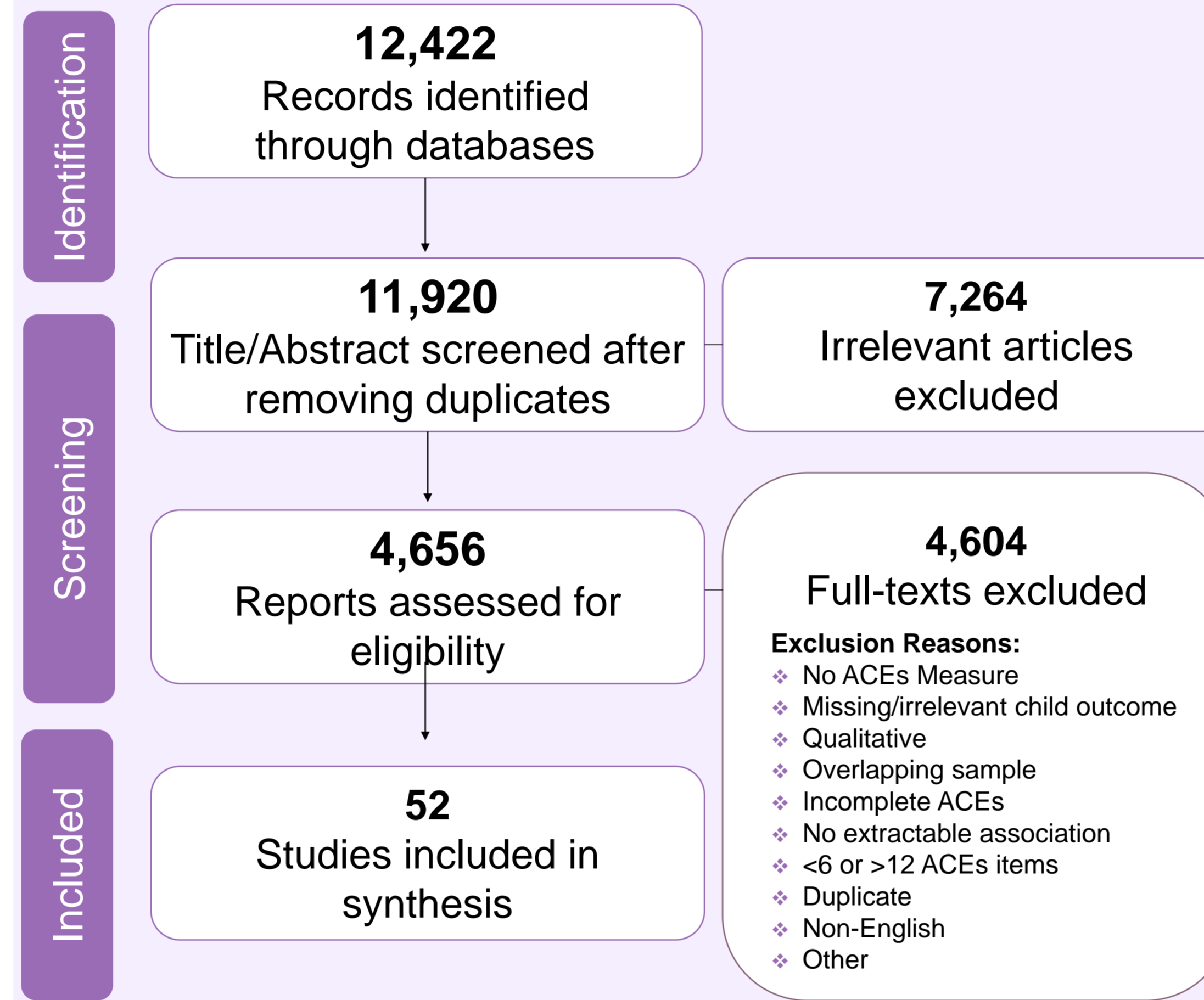
Included studies measured parent ACEs and ≥1 child outcome:



Sociodemographic information and moderators were extracted. Study quality assessment was conducted.

- ❖ **Databases:** PsycINFO, MEDLINE, and Embase.
- ❖ **Search dates:** January 1998 to August 2021
- ❖ **Effect sizes:** effect sizes were converted into Fisher's z format. Correlations of .10, .20, and .30 were interpreted as small, moderate, and large in magnitude.
- ❖ **Reliability:** 20% of the studies, randomly selected.

RESULTS



EMOTIONAL & BEHAVIORAL DIFFICULTIES

- ❖ 27 studies (22 unique samples)
- ❖ 40 effect sizes
- ❖ N = 1,268 children

Emotional and behavioral difficulties: Overall

- ❖ $r = 0.17$, CI [.12, .21], $p < .001$
- ❖ **Internalizing difficulties**
❖ $r = 0.17$, CI [.12, .22], $p < .001$
- ❖ **Externalizing difficulties**
❖ $r = 0.20$, CI [.14, .26], $p < .001$

DISCUSSION

Small to moderate pooled associations for child mental health outcomes, as in other studies (e.g., Cooke et al., 2019)

- ❖ No significant moderators for these associations (study design, child age or sex, ethnicity, maternal age, family income, study quality).

No significant associations with child developmental outcomes:

- ❖ <6 studies per developmental domain
- ❖ Parental ACEs influence may child developmental outcomes through indirect pathways
- ❖ Most studies relied on parental reports: It may be easier for parents to perceive mental health difficulties, as opposed to developmental delays

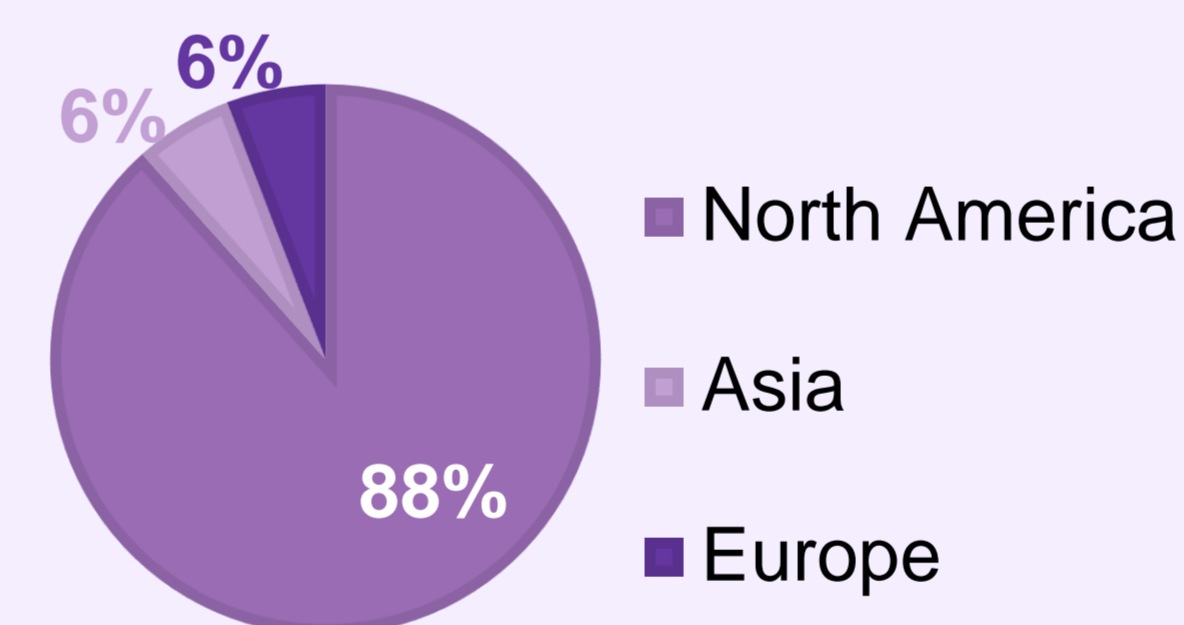
Future directions

- ❖ Examine potential mechanisms of transmission using multi-informant assessments
- ❖ Study paternal exposure to ACEs and child outcomes
- ❖ Clarify timing and type of adversity
- ❖ Investigate stability of associations over time

Conclusion: The intergenerational impact of ACEs is not inevitable: developmental trajectories can be shifted away from risk.

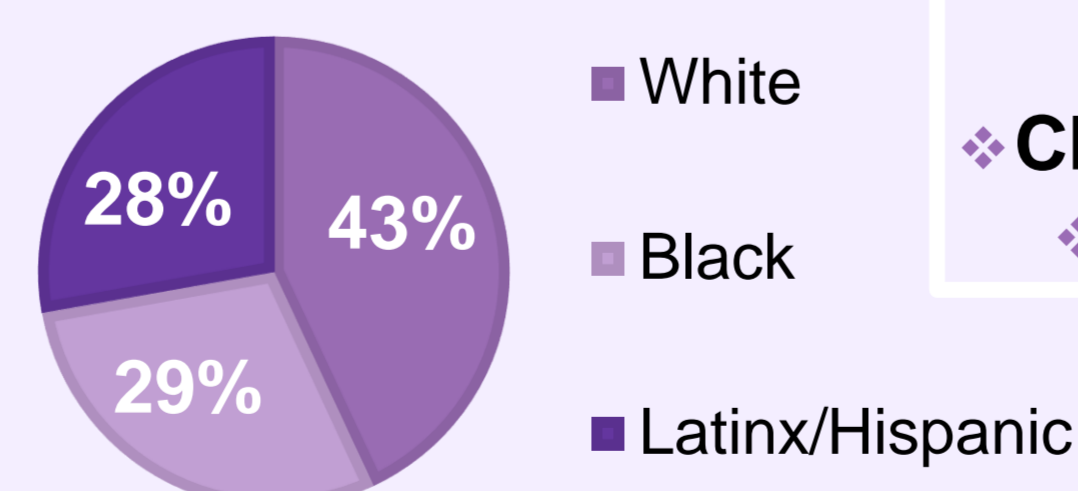
STUDY LOCATIONS

- ❖ USA (n = 38)
- ❖ Canada (n = 8)
- ❖ Norway (n = 2)
- ❖ The Netherlands (n = 1)
- ❖ Japan (n = 2)
- ❖ South Korea (n = 1)



PARTICIPANT CHARACTERISTICS

ETHNICITY



- ❖ **Parents: 94.3% mothers**
❖ Mean age = 30.7 (20.2 – 43.2)
- ❖ **Children: 47.4% male**
❖ Mean age = 4.35 (0.5 – 13.9)

META-ANALYTIC RESULTS

- ❖ Parental ACEs **did not** predict cognitive development, language development, motor development, early social emotional outcomes, or social difficulties ($ps = .07 - 0.61$)
- ❖ Parental ACEs **did** predict emotional & behavioral difficulties, including internalizing and externalizing domains.

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