

# The Perpetuation of Intergenerational Abuse as Assessed by Adverse Childhood Experiences

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## Introduction

•Annually, Louisiana children aged 0-5 years old are placed in the foster care system due to allegations of child maltreatment (i.e., neglect, abuse, exploited, without guardianship).

•Experiencing abuse and multiple moves in living situations can negatively impact a child's physical and psychological development, no matter how young the child may be. The Department of Children and Family Services (DCFS) provides foster children with a safe home and creates a case plan to ensure permanency in the child's living situation.

•Children exposed to trauma are at risk of negative neurodevelopmental, psychosocial, and physical outcomes. The LSU Infant Team provides psychological services to these children and their caregivers to minimize trauma-related psychological distress.

•Adverse Childhood Experiences (ACEs) have been found to have a highly significant relationship with negative effects on health and life opportunities in adulthood. It has also been found that when parents have ACEs, their offspring may be at a higher risk of also being exposed to ACEs.

•According to the CDC-Kaiser Study, there are 10 original ACEs: physical abuse, sexual abuse, verbal abuse, physical neglect, emotional neglect, having a family member with mental illness, having a family member with a substance use disorder, having a family member in prison, witnessing domestic violence, and losing a parent to divorce, death, or separation.

•Experiencing abuse by a caregiver or having a parent with a substance abuse disorder qualify as ACEs.

•We hypothesized that a parent's history of ACEs would predict the number of ACEs experienced by their child and that children with higher numbers of ACEs would experience longer time in foster care. Therefore, we hypothesized that these metrics would measure and predict the perpetuation of intergenerational trauma within a family.

## Methodology

•Data was collected from 527 cases in the LSU Infant Team's archival data from 1998-2023.

•Two independent-samples *t*-tests were conducted to compare the effect of a mother's history of Adverse Childhood Experiences (ACEs) on their child's ACEs score.

•296 cases were chosen where the mother did and did not have an abusive caregiver. A *t*-test was performed comparing a mother's history with an abusive caregiver on their child's ACE score. Similarly, in another *t*-test, 222 cases were chosen to compare the mothers' history with a caregiver with a SUD on their child's ACE score.

•Using a linear regression analysis, the relationship between a child's ACE score (as a continuous variable) and the length of their case was also compared.

## References

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## Data

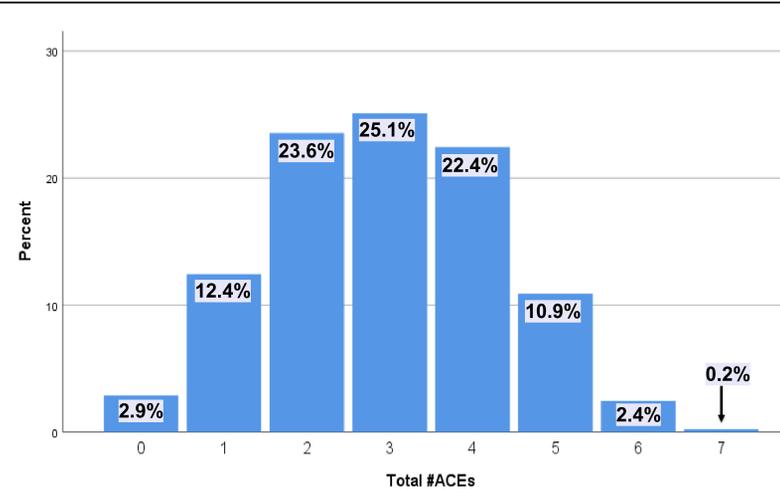


Figure 1. Percentage of Child ACE Scores

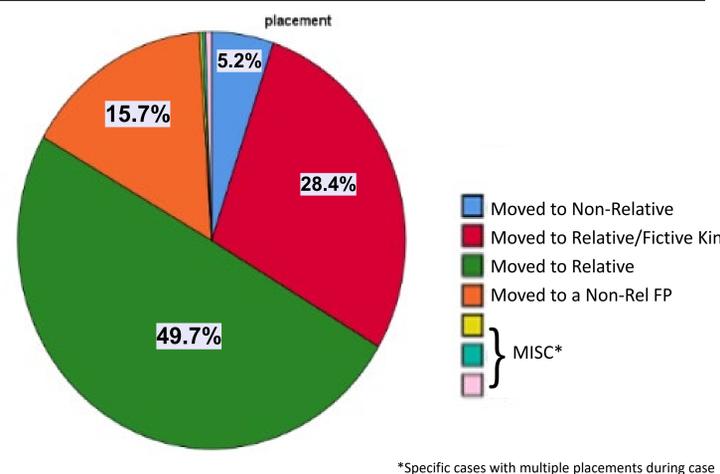


Figure 2. Percentage of Children's Placement During Case

## Demographics

•Amongst the mothers in the Infant Team cases, 50.6% had no High School diploma, 10.5% earned a High School diploma, and 12% had completed some Post-Secondary/Technical education.

•The breakdown of the mothers' race in these cases is approximately 77.9% African American and 17.1% Caucasian.

•While 71% of the mothers in these cases were unemployed, 11.4% were employed 21-40 hours per week and 6.7% were employed 1-20 hours per week.

•In these cases, 51.9% of the children were male and 47.9% were female.

•The breakdown of parental allegation types in these cases is approximately 13.7% physical abuse, 28.7% neglect, 17.8% drug-exposed baby, and 26.7% multiple allegations.

•During the case, 28.4% of the children were placed with a relative or fictive kin, 49.7% were placed with a relative, and 15.7% were placed with a non-relative foster parent.

## Results

•Across 321 cases, the mean case length was 16.4 months and the highest percentage of children (25.1%) had 3 documented ACEs, though more than half of the children (71.1%) have 3-5 ACEs.

•A *t*-test compared the ACEs score of two groups of children: those with mothers with abusive caregivers and those without.

•Children whose mothers were abused as a child (N = 156) demonstrated a significantly higher mean number of ACEs (M = 3.37, SD = 1.335) as compared to children whose mothers were not abused (N= 140, M = 2.97, SD = 1.211). We found that this comparison of groups was statistically significant,  $t(293.962) = -2.662$ ,  $p = 0.008$ .

•In another *t*-test, we compared the ACEs score of children whose mothers had a caregiver with a substance use disorder (SUD) and those who did not.

•Children whose mothers had caregivers with a SUD (N = 112) demonstrated a significantly higher mean number of ACEs (M = 3.46, SD = 1.335) as compared to children whose mothers had a caregiver without a SUD (N= 110, M = 2.97, SD = 1.267). Once again, this difference was statistically significant,  $t(220) = -2.762$ ,  $p = 0.006$ .

•A linear regression analysis was conducted to compare the effects of the children's ACE scores (ranging from 0-7) on the time the child was in foster care (case length).

•We found that a child's ACE score significantly and positively predicted the length of the case; with a higher ACE score, a child's case tends to be longer,  $F(1,319) = 8.376$ ,  $p = 0.004$ .

## Conclusions

•These results suggest that parents' trauma impacts the likelihood of their children experiencing traumatic events, which perpetuated the cycle of intergenerational trauma/abuse. This, according to research on ACEs, leads to adverse health/life outcomes.

•Early intervention, as well as an acute understanding of parents' trauma, is crucial for helping families involved in the foster care system.

•Although the relationship between a child's ACE score and their time in foster care may be impacted by the parent's participation in services, the results suggest that those children with the highest number of ACEs are at the highest risk for further negative life events.

•Previous research has found that entering foster care is traumatic enough for children to develop psychological and health problems. To that end, our findings also demonstrate the need for children and parents to build resilience to current and potential stressful events.

•We must build resilience against adversity in families and develop a complex understanding of each member's trauma. By doing so, we can work towards ending the intergenerational cycle of abuse and the unfavorable health outcomes that come with it.

•Further research should continue investigating different and additional parental ACEs (such as exposure to racism, community violence, or foster care in youth) to better understand their impact on children's outcomes in foster care.