

Prevalence of Adverse Childhood Experiences in adolescents with special educational and care needs

A case-file study in The Netherlands

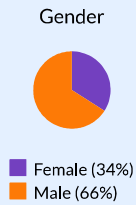
Introduction

- To date, adverse childhood experiences (ACEs) in adolescents with special educational and care needs have received little attention as a risk factor for behavioral, emotional, and learning problems (Masseti et al., 2020).
- Limited available findings on the prevalence of ACEs in this vulnerable group show relatively high prevalences (Morgart et al., 2021; Offerman et al., 2022; Vervoort-Schel et al., 2021).
- Family functioning is linked to children's exposure to adversities. When parents, for example, experienced childhood adversities or experience financial problems, it can be challenging to provide a supportive, nurturing environment for their children (Schofield et al., 2018; Scully et al., 2020).
- In order to advance research, policy and practice in the area of ACEs in this underrepresented group, this study provides insight into ACE prevalences and family risk factors in adolescents with special educational and care needs.

Methods

- A convenience sample from 3 retrospective cross-sectional studies in The Netherlands investigating ACEs by means of a structured analysis of case-files (Offerman et al., 2022; Pronk et al., 2020; Vervoort-Schel et al., 2021).
- The combined sample existed of 268 adolescents, between 10-18 years old, assigned to a specialized care and/or educational setting due to severe and persistent problems at the individual, family and contextual level.
- Setting 1: special education (n = 59); Setting 2: residential care center (n = 86); Setting 3: alternative educational facility (n = 123).
- Operationalizations were extensively compared. For some variables minor recoding was done on the original data to guarantee conformity.
- Measures were: (1) The 10 ACEs of the ACE framework Wave II (Anda et al., 2009; Felitti et al., 2019); (2) Family risk factors: residential care placement, debts, housing problems, intellectual disabilities of the parent(s), parental ACEs and limited social network.

Demographics and setting information



- Setting 1:** Special education schools providing education, care and guidance for youth with severe and persistent behavioral and social emotional problems.
- Setting 2:** Residential care center providing specialized observation, diagnostics and treatment for children with intellectual disabilities and borderline intellectual functioning and mental and behavioral health problems.
- Setting 3:** Alternative educational facility providing education and care for youth at risk for school drop-out or (secure) residential placement because of a complex combination of individual, family, and social context problems.

Age at admission setting

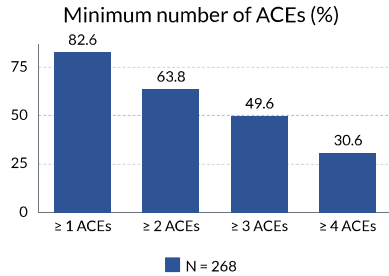


M = 14.2
SD = 1.7
range 10-18

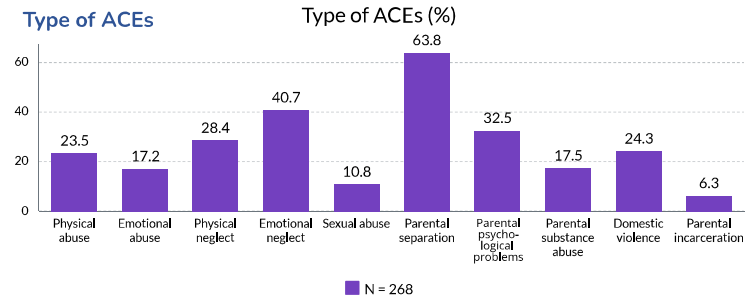
Results

Number of ACEs

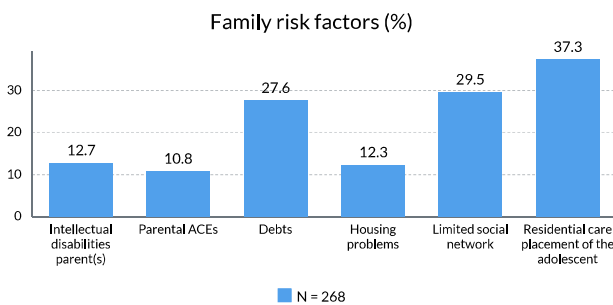
- The mean number of ACEs of the total sample was 2.7 (SD = 2.0; range = 0-9).
- 82.6% of the adolescents experienced at least one ACE.



Type of ACEs



Family risk factors



Differences between settings

- Settings significantly differed from each other in the mean **number of ACEs**. In setting 1, 2 and 3 the mean was respectively 1.6 (SD = 1.9); 2.4 (SD = 1.8); 3.3 (SD = 2.0).
- Regarding the **type of ACEs**, the prevalence of physical abuse, physical neglect, emotional neglect and parental separation was significantly higher in setting 3 compared to setting 1 and/or 2.
- Regarding **family risk variables**, the prevalence of intellectual disabilities in parents was the highest in setting 2. Debts and housing problems were more prevalent in setting 3.

Conclusion

- The ACE prevalence in the current sample is relatively high. In our study 82.6% of the adolescents experienced at least 1 ACE and almost half of the adolescents at least 3, compared to 45% - 66% in the general population with at least 1 ACE and 4% - 10% with at least 3 (Bright et al., 2016; Carlson et al., 2020; Turney, 2020; Vink et al., 2019).
- The prevalence of physical and emotional abuse and parental psychological problems is relatively high compared to the ACE study of Felitti and colleagues (2019).
- Family risk factors were clearly present. These risk factors can impair parental and family functioning, and may have contributed to the ACE prevalence in our study sample.
- A higher ACE prevalence was found in the alternative educational facility, followed by the residential care center. This may be explained by differences in admission reasons and associated severity and extent of the problems.

Recommendations

- The high ACE prevalence of adolescents with special educational and care needs underlines the need for ACE awareness and early ACE detection in education, healthcare, policy and in society in general.
- Sufficient attention to ACEs and their potential impact on a wide range of health outcomes is needed to prevent the risk of treating symptoms rather than underlying causes.
- Appropriate education and care can be provided by integrating trauma-informed approaches, in which past and present positive and adverse experiences are included to understand development, learning and behavior (Thirkle et al., 2021).
- Future research should shed more light on possible associations between ACEs, family risk factors and mental and behavioral problems for a better understanding of the complex interactions between the child, family and (social) context.