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Research article

Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the benevolent childhood experiences (BCEs) scale

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ABSTRACT

This pilot study examined the psychometric properties of the Benevolent Childhood Experiences (BCEs) scale, a new instrument designed to assess positive early life experiences in adults with histories of childhood maltreatment and other adversities. A counterpart to the Adverse Childhood Experiences (ACEs) questionnaire, the BCEs was developed to be multiculturally-sensitive and applicable regardless of socioeconomic position, urban-rural background, or immigration status. Higher levels of BCEs were hypothesized to predict lower levels of psychopathology and stress beyond the effects of ACEs in a sample of ethnically diverse, low-income pregnant women. BCEs were also expected to show adequate internal validity across racial/ethnic groups and test-retest stability from the prenatal to the postnatal period. Participants were 101 pregnant women ($M = 29.10$ years, $SD = 6.56$, range = 18–44; 37% Latina, 22% African-American, 20% White, 21% biracial/multiracial/other; 37% foreign-born, 26% Spanish-speaking) who completed the BCEs and ACEs scales; assessments of prenatal depression and post-traumatic stress disorder (PTSD) symptoms, perceived stress, and exposure to stressful life events (SLEs) during pregnancy; and demographic information. Higher levels of BCEs predicted less PTSD symptoms and SLEs, above and beyond ACEs. The BCEs showed excellent test-retest reliability, and mean levels were comparable across racial/ethnic and Spanish-English groups of women. Person-oriented analyses also showed that higher levels of BCEs offset the effects of ACEs on prenatal stress and psychopathology. The BCEs scale indexes promising promotive factors associated with lower trauma-related symptomatology and stress exposure during pregnancy and illuminates how favorable childhood experiences may counteract long-term effects of childhood adversity.

1. Introduction

The enduring role of early life experiences on lifespan development has been well-documented, both in terms of the negative effects of early adversity on long-term maladaptation, and the beneficial influences of positive early experiences on subsequent

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Table 1
BCEs Items and Frequencies for Prenatal Sample and Postnatal Follow-up.

<i>When you were growing up, during your first 18 years of life...</i>			
Item	Question	Prenatal (n = 101)	Postnatal (n = 77)
1	Did you have at least one caregiver with whom you felt safe?	90%	96%
2	Did you have at least one good friend?	87%	92%
3	Did you have beliefs that gave you comfort?	69%	75%
4	Did you like school?	67%	81%
5	Did you have at least one teacher who cared about you?	82%	90%
6	Did you have good neighbors?	59%	71%
7	Was there an adult (not a parent/caregiver or the person from #1) who could provide you with support or advice?	78%	81%
8	Did you have opportunities to have a good time?	86%	91%
9	Did you like yourself or feel comfortable with yourself?	67%	79%
10	Did you have a predictable home routine, like regular meals and a regular bedtime?	81%	82%

wellbeing (Masten & Cicchetti, 2016; Sroufe, Egeland, Carlson, & Collins, 2005; Waters & Cummings, 2000). Regarding the former, a wealth of research has demonstrated that childhood exposure to maltreatment, intimate partner violence, and other forms of interpersonal dysfunction (e.g., parental psychopathology, addiction, and absence) within the family environment predict long-term problems with mental health, relationships, and parenting into adulthood (Belsky, Conger, & Capaldi, 2009; Narayan, Englund, Carlson, & Egeland, 2014; Narayan, Englund, & Egeland 2013; Thornberry, Freeman-Gallant, Lizotte, Krohn, & Smith, 2003). These effects have been confirmed both prospectively (e.g., Radke-Yarrow, 1998; Sroufe et al., 2005) and retrospectively, such as via the Adverse Childhood Experiences (ACEs) study, which found that higher numbers of 10 different childhood adversities portend poorer adulthood health and wellbeing (Center for Disease Control and Prevention, 2016; Felitti et al., 1998).

Research has also focused on understanding how positive early life experiences may confer resilience in the context of adversity. Resilience investigators have identified several key favorable early experiences, including healthy attachment bonds, effective parenting behaviors, and other resources within communities and societies, as comprising conceptual “short lists” of positive childhood influences on long-term development (Masten, 2001, 2014; Wright, Masten, & Narayan, 2013). Currently, there is a need to aggregate these positive influences into a brief yet effective index, similar to the 10-item ACEs composite but reflecting favorable early experiences, that may counteract or outweigh the long-term effects of early adversity.

The present study introduces the Benevolent Childhood Experiences (BCEs) scale (Narayan, Ghosh Ippen, Rivera, & Lieberman, 2015), a new instrument that assesses favorable experiences between birth to age 18 characterized by internal and external perceived safety, security, and support; and positive and predictable qualities of life (Table 1). Similar to the ACEs questionnaire (CDC, 2016), the BCEs scale yields a cumulative score of up to 10 positive childhood experiences. This study tested the psychometric properties of the BCEs scale in a high-risk and ethnically diverse sample of low-income pregnant women with high levels of childhood adversity. Examining the BCEs in a high-risk perinatal sample not only informs understanding of the BCEs in relation to the well-established ACEs questionnaire, but it also affords the opportunity to examine the predictive validity of the BCEs for adulthood psychopathology and stress during the sensitive developmental period of pregnancy.

1.1. Theoretical perspectives on the role of positive childhood experiences

According to a developmental psychopathology (DP) perspective, early social experiences such as attachments with caregivers; relationships with peers, teachers and extended kin; and a positive sense of self provide the foundation for future healthy relationships and integration of social experiences (Cicchetti & Toth, 2009; Masten, 2006; Sroufe, 1979; Waters & Cummings, 2000). Positive self and relational experiences are particularly important in the context of early adversities such as maltreatment and violence exposure because they serve to buffer adaptation (Luthar, Crossman, & Small, 2015; Masten, 2014; Wright et al., 2013). Positive childhood experiences comprising the BCEs scale would be expected to contribute to resilient functioning, defined as manifestations of sustained or restored positive functioning despite or in the aftermath of adversity (Masten & Cicchetti, 2016; Narayan, 2015; Wright et al., 2013). Higher levels of BCEs would not directly index or measure resilience, which cannot be quantified as a state or trait, but would signal higher potential for more resilient outcomes.

Developmental psychopathologists distinguish between mechanisms of resilience operating through promotive versus protective factors. Promotive factors are evident by direct or main effects and are associated with favorable outcomes for individuals in both low- and high-risk contexts, whereas protective factors typically serve as moderators or buffers that reduce the probability of harm as risk rises (Masten & Cicchetti, 2016; Narayan, 2015; Narayan, Sapienza, Monn, Lingras, & Masten, 2015; Wright et al., 2013). Presently, BCEs were operationalized as promotive factors that directly reduce risk for psychopathology and stress for all women in this sample, including those who experienced low and high levels of childhood adversity.

Empirical evidence supports favorable childhood experiences as promotive factors for positive functioning in adulthood. A recent study conducted on women from the original ACEs study found that increasing numbers of family-specific strengths, such as closeness, support, loyalty, protection, and love, predicted lower odds of adolescent pregnancy and adult psychosocial maladjustment (e.g., occupational, financial, familial, and emotional problems; Hillis et al., 2010). A study of low-income pregnant women also

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