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## Research article

# Developmental effects of childhood household adversity, transitions, and relationship quality on adult outcomes of socioeconomic status: Effects of substantiated child maltreatment



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## ABSTRACT

The degree to which child maltreatment interacts with other household adversities to exacerbate risk for poor adult socioeconomic outcomes is uncertain. Moreover, the effects of residential, school, and caregiver transitions during childhood on adult outcomes are not well understood. This study examined the relation between household adversity and transitions in childhood with adult income problems, education, and unemployment in individuals with or without a childhood maltreatment history. The potential protective role of positive relationship quality in buffering these risk relationships was also tested. Data were from the Lehigh Longitudinal Study ( $n = 457$ ), where subjects were assessed at preschool, elementary, adolescent, and adult ages. Multiple group path analysis tested the relationships between childhood household adversity; residential, school, and caregiver transitions; and adult socioeconomic outcomes for each group. Caregiver relationship quality was included as a moderator, and gender as a covariate. Household adversity was negatively associated with education level and positively associated with income problems for non-maltreated children only. For both groups, residential transitions was negatively associated with education level and caregiver transitions was positively associated with unemployment problems. Relationship quality was positively associated with education level only for non-maltreated children. For children who did not experience maltreatment, reducing exposure to household adversity is an important goal for prevention. Reducing exposure to child maltreatment for all children remains an important public health priority. Results underscore the need for programs and policies that promote stable relationships and environments.

## 1. Introduction

Adverse childhood experiences (ACEs), such as child maltreatment, are important public health concerns with wide-ranging and long-lasting consequences (Middlebrooks & Audage, 2008). These include adolescent and adult mental health problems, such as depression, as well as a range of health-related risks, such as substance use and obesity (Batten et al., 2004; Felitti et al., 1998; Herrenkohl et al., 2015; Middlebrooks & Audage, 2008; Molnar et al., 2001; Widom et al., 2012). Evidence also shows links of ACEs

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to low educational attainment, unemployment, and financial difficulties in adulthood (Font & Maguire-Jack, 2015; Merrick et al., 2013), but the extent to which early adversity relates to later socioeconomic challenges over the long term and independently of additional risk factors is poorly understood.

The family process model (Conger et al., 1992) and related research (Mersky et al., 2009; Zielinski & Bradshaw, 2006) highlight that family functioning and child outcomes, including maltreatment experiences, are impacted by financial hardships for many families. Such families include those struggling to break a cycle of poverty (Bird, 2007; Herrenkohl et al., 2018; Rumberger, 2010), which contributes to the stability of economic difficulties from childhood to adulthood and over multiple generations. Thus, an adequate understanding of child maltreatment must be sensitive to the broader context that includes the financial demands on families (Herrenkohl et al., 2018). In particular, household adversities, including financial hardship, might interact with child maltreatment to exacerbate risk for poor adult socioeconomic outcomes in vulnerable children; however, this remains to be tested. If so, then current efforts to break the cycle of poverty, which tend to emphasize educational and occupational opportunities, might attend to the unique needs of individuals who have experienced child maltreatment to build resilience against adverse long-term outcomes.

Residential, school, and caregiver transitions are associated with child maltreatment and later adult health and well-being (Herrenkohl et al., 2016). Additionally, childhood maltreatment is associated with greater residential instability and disruptions in education by adulthood (Jung et al., 2016). Further, children who experience maltreatment are more likely than those who are not maltreated to have multiple caregivers over time, either through formal arrangements made by child welfare (e.g., removal from the home) or through informal arrangements in which children are cared for by relatives or friends when the primary caregiver is unavailable or unable to parent (Herrenkohl et al., 2016). However, it is not well established whether certain types of transitions (e.g., residence changes versus school or caregiver changes) are more strongly associated with those outcomes than are others (Herrenkohl et al., 2003). For example, housing instability may increase or reflect household disorganization, including poor parenting (Evans & Wachs, 2010), which could affect students' academic performance and, ultimately, educational attainment. Likewise, school changes, when they are large in number, may reflect disruptions that make it difficult for parents to engage with schools and students to progress typically through the educational experience. Caregiver transitions likely contribute to disruptions in social support and attachment (Ellis et al., 2009); as these internal working models are carried forward into the relationships of adulthood, the types of employment opportunities that emerge from social networks and the relationship skills needed to secure and maintain employment may be limited. Moreover, the degree to which the potential adverse consequences of transitions differ for maltreated versus non-maltreated individuals is uncertain.

As an additional consideration, the Centers for Disease Control and Prevention's Safe, Stable, Nurturing, Relationships and Environments framework (Fortson et al., 2016) organizes the literature on social support and suggests the potential role it can play in building resilience in vulnerable children. This framework and related research highlight that positive, high quality adult-child relationships and support are critical for children's prosocial development and necessary to lessen or counteract the adverse effects of child maltreatment and toxic stress (Herrenkohl et al., 2015; Merrick et al., 2013). However, social support variables often have been analyzed only as main effect predictors and less often as moderators of risk factors, such as transitions or child maltreatment (Herrenkohl et al., 2016; Klika & Herrenkohl, 2013; Masten, 2001).

The current project uses data from a longitudinal dataset to examine predictors of socioeconomic status for adults with and without a history of child maltreatment. Specifically, we examined the extent to which education, employment, and income in adulthood are related to stressful experiences in childhood (e.g., household and school moves, caregiver changes, household strain) and whether social support from positive caregiver-child relationships moderates the path from childhood stressors to adult outcomes. Based on prior research and relevant theory (e.g., the family process model), it was expected that household adversity in childhood would predict more income problems and lower education and employment levels in adulthood, reflecting in part the stability of economic difficulties, and that these risk relationships might be stronger for maltreated versus non-maltreated children. Transitions also were hypothesized to predict the adult socioeconomic outcomes over-and-above adversity, although specific patterns were not anticipated given the limited literature on differential prediction of multiple transition types. Finally, it was hypothesized that relationship quality would buffer the risk relationships. Because there are gender differences in the rates of different child maltreatment experiences and in the consequences of those experiences for later functioning (Herrenkohl, 2011), gender was included as a covariate. Examining the influences of childhood stressors on adult outcomes for individuals with a history of maltreatment can provide important information to help public health practitioners focus prevention programs on the children most at risk, on their families, and on those with whom the children have positive relationships.

## 2. Methods

### 2.1. Sample/procedures

Data are from the Lehigh Longitudinal Study (Herrenkohl et al., 2013), which began in 1976 with 457 children ages 18 months to 6 years of age. Data were subsequently collected when children were in elementary school (average age was 8 years), and again in adolescence (average age was 18 years, range 14–23). From 2008 to 2010, data collection was completed again when participants were an average age of 36 years (range 31–41). Parents of the study subjects were administered surveys by trained interviewers for the preschool and elementary school waves, while the participants themselves were interviewed for the adolescent and adult waves. Study procedures were approved by the Human Subjects Division at the University of Washington and the Office of Research and Sponsored Programs at Lehigh University.

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