

Relationship Between Caregiver Reports of Adverse Childhood Experiences and Psychological Effects of the Pandemic on Children and Adolescents

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Background

- A positive correlation between the number of adverse childhood experiences (ACEs) endorsed and poor mental health, physical well-being, and education and employment opportunities exists (CDC, 2020; Brooks et al., 2020).
- The COVID-19 pandemic has had a significant negative impact on children’s learning and mental health (Gassman-Pines et al., 2020; Patrick et al., 2020).

Current study

- Our current study investigates the relationship between ACEs and the impact of the pandemic on school-based functioning in youth.
- We examined clinical and gender differences in ACEs as well as stress and anxiety related to a pandemic.

Method

Measures

Pandemic Anxiety Screener for Students–12: Research Edition (PASS-12)

- The PASS-12 (Feifer & PAR Staff, 2020) is a 12-item screening instrument completed by caregivers of school-age children and adolescents ages 4–18 years that assesses the impact of a pandemic on school-based functioning.
- This measure was specifically designed for children attending or re-entering in-person school during a pandemic.
- Respondents rate each item for frequency of occurrence in the past two weeks using a 4-point Likert scale ranging from “Never” (0) to “Almost Always” (3).
- Scores are summed (0–36) with higher scores indicating greater symptoms of anxiety and stress related to a pandemic.

Adverse Childhood Experiences (ACEs) Questionnaire

- The ACEs Questionnaire (Felitti et al., 1998) is a 10-item instrument used to measure childhood trauma. The questionnaire assesses 10 types of childhood trauma.
 - Five items assess personal trauma: physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect.
 - Five items are related to other family members: a parent who is an alcoholic; a mother who is a victim of domestic violence; a family member in jail; a family member diagnosed with a mental illness; and the disappearance of a parent through divorce, death, or abandonment.
- Each item endorsed results in a score of 1. Scores are summed (0–10).

Participants

- Caregivers of 299 children and adolescents completed both the ACEs Questionnaire and the PASS-12.
- 45 participants in the sample rated children and adolescents with a clinical diagnosis, including learning disabilities, autism spectrum disorders, ADHD, or psychiatric disorders.

Demographic Characteristics of the PASS-12 Standardization and Clinical Samples

Characteristic	Standardization sample (n = 254)		Clinical sample (n = 45)	
	M	SD	M	SD
Age (4–18 years)	10.7	4.3	12.6	3.7
	n	%	n	%
Sex				
Male	131	52	23	51
Female	123	48	22	49
Race				
White	230	90	37	82
Black/African American	3	1	1	2
American Indian/Alaskan Native	4	2	4	9
Asian	5	2	1	2
Other	12	5	2	5
Ethnicity				
Hispanic/Latinx/Spanish	101	40	13	29
Geographic region				
South	112	44	17	38
West	60	24	4	9
Midwest	26	10	8	18
Northwest	56	22	16	35
Caretaker’s sex				
Male	17	8	2	4
Female	237	92	43	96
Caretaker’s educational attainment				
College or higher	136	54	24	53
Some college	56	22	14	31
High school	62	24	6	14
Less than high school	0	0	1	2

Note: Standardization sample includes typically developing children. Clinical sample includes children who were diagnosed with learning disabilities, autism spectrum disorders, ADHD, or psychiatric disorders.

Data analysis

- The relationship between number of ACEs endorsed and negative effects of the pandemic was investigated in the PASS-12 standardization and clinical samples using the Pearson product-moment correlation coefficient.

Results

Adverse Childhood Experiences (ACEs) Endorsed by Caregivers in Children Ages 4–18 Years

ACEs	Standardization sample (n = 254)		Clinical sample (n = 45)	
	n	%	n	%
0	195	77	27	60
1-2	45	18	11	24
3-4	8	3	6	14
5-10	6	2	1	2
	M	SD	M	SD
	0.48	1.22	1.00	1.62

- The correlation between ACEs and PASS-12 scores was higher for females ($r = .58$) than for males ($r = .03$). ACEs scores explain significantly more of the variance in PASS-12 scores for females than males ($p = .53$).
- In the standardization sample, the correlation between ACEs and PASS-12 scores was not significant ($r = .07$, $n = 254$, $p = .31$).
- In the clinical sample, there was a moderate positive correlation ($r = .40$, $n = 45$, $p = .01$) with higher adverse experiences associated with higher levels of stress and anxiety related to a pandemic.

Correlation Between Number of Adverse Childhood Experiences (ACEs) Endorsed and PASS-12 Total Score

	n	ACEs			PASS-12 Total score		r
		M	SD		M	SD	
Standardization sample	254	0.48	1.22		6.13	6.64	.07
Clinical sample	45	1.00	1.62		5.36	4.22	.40**

**Correlation is statistically significant at the 0.01 level.

Conclusions

- These findings suggest youth in the clinical sample with higher ACEs scores may be more at risk for experiencing trauma related to the pandemic. Additional research is needed in this emerging area.
- While the correlation between ACEs and PASS-12 scores was not significant in the standardization sample, future studies should re-examine this relationship with a U.S. Census-matched, geographically diverse sample.
- This research recognizes the need to increase general knowledge of the effects of childhood trauma.

References available upon request.

