ENCYCLOPEDIA
on Early Childhood
Development

Early Resilience and Multidimensional Health Outcomes: Positive Childhood Experiences (PCEs) in the Context of Childhood Adversity

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April 2024

Introduction

Developing children encounter adversity and have opportunities for resilient functioning at many ages and stages. Developmental pathways of risk and resilience begin to take form during conception and the prenatal period, and the roots of these pathways also stem from the adaptation and maladaptation of previous generations.[1,2] In the case of child development, we define resilience as the dynamic capacity to successfully develop, thrive, and maintain positive functioning despite the presence of risks to healthy adaptation.[3,4] In other words, resilient functioning cannot be observed in the absence of risk or adversity that threatens children's

positive development.

Subject

Knowledge of how to identify and promote resilience processes across development is key to understanding points at which child functioning may continue on a positive trajectory or diverge towards maladaptation.[5] Early childhood, defined as birth to age five, is a foundational period when positive development – and the capacity for long-term resilient functioning – begin to consolidate and form the building blocks of subsequent development.[2] For instance, secure attachment bonds, strong emotion regulation skills, mastery motivation, and the emergence of self-esteem all begin to develop during early childhood and set the stage for healthy relationships, socioemotional competence, educational and vocational achievement, and life satisfaction across the lifespan.[5,6] The presence of safe and predictable relationships, coping skills, and self-confidence in the early years also protect against the effects of childhood adversity, such as abuse, neglect, exposure to violence in the family and community, and poverty on long-term health problems and premature mortality.[7]

Problems and Gaps in the Literature

To date, research has more heavily focused on the negative side of this story – that early adversity predicts long-term health problems – rather than the positive side of the story – that early resilience factors can counteract the effects of adversity and promote better lifespan health and wellbeing. Indeed, the last 25 years of research in psychology, medicine, and public health have yielded a wealth of studies on the effects of childhood adversity on health problems,[8] but much less on the role of positive childhood experiences (PCEs) on better health outcomes. However, the vast majority of individuals who experience childhood adversity do not have negative health outcomes, which points to the commonly-occurring phenomenon that resilience processes are often at play, although they remain under-studied.[4]

Research Context

In the last five years, increasing research on PCEs has shown that adults who report having had safe and supportive childhood relationships (e.g., with caregivers, teachers, friends, and mentors), predictable structure and home routines, connections to the community, and a positive self-image have fewer current health problems and health-risk behaviors, and less exposure to stress, even

after accounting for the effects of childhood adversity and contemporaneous supportive resources on health problems.[9,10] This pattern illustrates the particularly robust association between PCEs in the early years on adulthood functioning. Furthermore, recent studies confirm that the vast majority of individuals have PCEs as well as some degree of childhood adversity; PCEs and childhood adversity naturally coexist, and PCEs often work behind the scenes to counteract the effects of childhood adversity on negative life outcomes.[10,11,12,13]

Globally, researchers have also taken interest in assessing PCEs in developing as well as developed countries and with individuals and families of diverse identities and backgrounds. Several studies have found that PCEs, especially when operationalized and assessed with cultural sensitivity and responsiveness, are common in many populations and directly predict better health outcomes, at times even more robustly than the effects of childhood adversity on negative health outcomes.[11,14,15]

Key Research Questions and Recent Research Results

Emerging PCEs research has examined the mechanistic processes by which PCEs relate to better outcomes despite childhood adversity. A recent systematic review reported that for many individuals around the world, higher levels of PCEs directly relate to better mental health (e.g., fewer depression, anxiety, and post-traumatic stress disorder, PTSD symptoms) and less psychosocial stress.[11] Although few in number, some studies have shown that PCEs directly interact with and buffer against the effects of childhood adversity. However, this line of inquiry remains underdeveloped.[13] Studies have also begun to examine whether the developmental timing of PCEs specifically in early childhood (birth to age 5) rather than later in childhood and adolescence, uniquely predicts better outcomes, with some studies supporting that early childhood PCEs relate to lower stressful life events later in life.[16]

Strategies to Address Research Gaps

Until recently, research on childhood adversity has primarily employed a deficit-based model, focusing on negative implications of childhood adversity on poorer health outcomes. However, research that underscores the critical importance of PCEs on positive outcomes also highlights opportunities for resilience. This resilience-based lens instills hope and empowers individuals, particularly those who are minoritized and marginalized and experience systemic and structural racism and oppression.[4]

A unique advantage of focusing on and assessing PCEs is that it can be done with brief yet effective instruments, such as the Benevolent Childhood Experiences (BCEs).[10,13] These scales include 20 items reflecting favorable experiences, resources, and relationships from childhood, with 10 items being common in many diverse populations and 10 items beings slightly less common but nonetheless critical in the face of adversity.[13] Moreover, assessing for PCEs even in the absence of assessing for childhood adversity provides unique and important information. For instance, while screening for childhood adversity informs understanding of individuals' childhood exposure to adverse events, it does not provide understanding of the presence or extent of early protective resources. In other words, even if individuals do not report having experienced childhood adversity, this only confirms that negative life events did not happen (but it does not give information on what did happen that was good). However, screening for PCEs informs understanding of childhood resources that were present and could be leveraged for long-term resilience, and it also informs understanding about which resources were not present but should have been. Put differently, the presence of PCEs signals potential for resilience, and the absence of PCEs signals an under-resourced childhood, both of which are highly informative for screening, assessment, referral, and intervention strategies.[4,12]

Conclusions

Research on PCEs is exponentially increasing each year, with the potential for exciting future endeavours to also link adults' PCEs to their lifespan physical health and relationship quality (e.g., as romantic partners and also as parents), and the intergenerational transmission of resilience to PCEs in offspring. One of the most powerful aspects of PCEs is that many adults have had them, yet they do not even know it. When adults or parents face overwhelming stressors due to oppression, marginalization, and poverty, they often do not have the time to reflect on their positive experiences from childhood, which themselves could be used as existing templates to recreate positive experiences with their children.[2] When PCEs are introduced into the conversation to assess traumatized adults' and parents' childhood resources, the vast majority of these individuals react favourably and convey an appreciation for the opportunity to reflect on positive experiences. For example, most parents who are overwhelmed with securing unmet basic needs for themselves and their family and coping with ongoing stressors do not regularly take the opportunity to reflect on PCEs as potential resources they possess that could be harnessed into templates to recreate PCEs with their children.[17]

Implications for Parents, Services, and Policy

In practice, assessing PCEs provides individuals the chance to reflect on their childhood assets, resources, and strengths. Providers should not only assess adversity, but also assess PCEs using scales such the BCEs scales. The BCEs scales take under five minutes to administer and reflect many common and favorable childhood experiences that are mostly independent of socioeconomic status.[13] Experiences of adversity are often inevitable for most people, but the presence of PCEs, such as safe and caring adults, predictability and support in the home, school and community; and opportunities to develop a positive self-concept may prove to be stronger predictors than childhood adversity of long-term outcomes.[10,18]

A disproportionate amount of ACEs impact youth from marginalized communities given that poverty, oppression, and childhood trauma co-occur.[19,20] However; social policies that help adults and parents recover from traumatic stress linked to their own childhood adversity and promote opportunities and access to high-quality services for all diverse families will ultimately strengthen the presence of PCEs and promote positive development for all youth despite adversity. Focusing on childhood resources may be a separate, but equally important concept to assess in addition to (or in place of) childhood adversity. Ultimately, reducing barriers to health services and health disparities and strengthening less commonly-reported PCEs (e.g., access to nutritious food, adequate public safety, and perceived acceptance and belongingness in one's family and community) will promote positive adjustment and resilience for all people.

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