

## Introduction

The purpose of this study was to understand the relationship between adverse childhood experiences (ACEs) and family participation in Early Head Start home visiting. This study sought to determine if there is a relationship between child ACEs scores, enrollment, and participation. The study used administrative data from an EHS program in the Mid-Atlantic during the 2017-2018 and 2018-2019 program years. EHS serves low-income families of children ages 0-3 years old. Point-biserial bivariate correlational analysis was conducted to identify the relationship between child ACEs and family enrollment and participation. Additionally, ACEs related to child maltreatment and family functioning were compared to identify any differences in prevalence and participation. Results indicate no significant relationship between ACE scores and enrollment. However, ACEs related to maltreatment negatively correlate to lower home visit rates and positively correlate to higher home visit cancellation rates.

## Research Questions

- RQ1: Are families with higher ACE scores more or less likely to have greater duration of participation with EHS home-based programs?
- RQ2: Due to the age range of children served in EHS (0-3 years old) which type of ACEs, maltreatment or family functioning, will be found to be more prevalent?
- H1: Families with higher overall ACE scores will have shorter duration of participation with EHS-home based programs than families with lower overall ACE scores.
- H2: Due to the age range of children served by EHS programs family functioning will be found to have a higher prevalence than maltreatment.

## Results

Families that newly enrolled during the 2017-2018 and 2018 2019 program years and completed an ACE questions from the Family Map Inventory (McKelvey, et al., 2018) were included in this study ( $n=88$ ). Child total ACE scores and enrollment rates (actual/possible) nor did total ACEs scores and home visit compliance (actual/possible). However, maltreatment ACEs negatively correlated with home visits rates and positively correlated cancellation rates. There was no difference in the prevalence between maltreatment and family functioning ACEs.

Table 1. Demographic information of sample

Factor	n	%	
Child demographics			
Gender	Female	44	50
	Male	44	50
Race	Bi-or multi-racial	7	7.95
	Black	15	17.05
	Latinx	46	52.27
	Other	2	2.27
	White	18	20.46
Age in months (M, range)	8.09	0-32	
Primary caregiver demographics			
Gender	Female	82	93.18
	Male	5	5.68
	Missing	1	1.14
Race	Asian	1	1.14
	Bi-or multi-racial	3	3.41
	Black	17	19.32
	Latinx	42	47.73
	Missing	3	3.4
Language at home	Other	3	3.41
	White	19	21.59
	English	44	50
	Spanish	43	48.86
Education	Other	1	1.14
	No High School Degree	39	44.32
	GED	3	3.41
	High School Degree	20	22.73
	Votech, Technical Certificate/License	7	7.95
Employment	AA or AS Degree or Some College	11	12.5
	College Degree	8	9.09
	Full-time (>30 hours/week)	8	9.09
	Part-time (<30 hours/week)	12	13.64
	Seasonally employed	1	1.14
Age at enrollment (M, range)	Training or school only	2	2.27
	Unemployed	65	72.86
	4	29.8	18-49
Mother's age at index child's birth (M, range)	29.1	18-40	
8			

Figure 1. Individual ACEs by prevalence and type

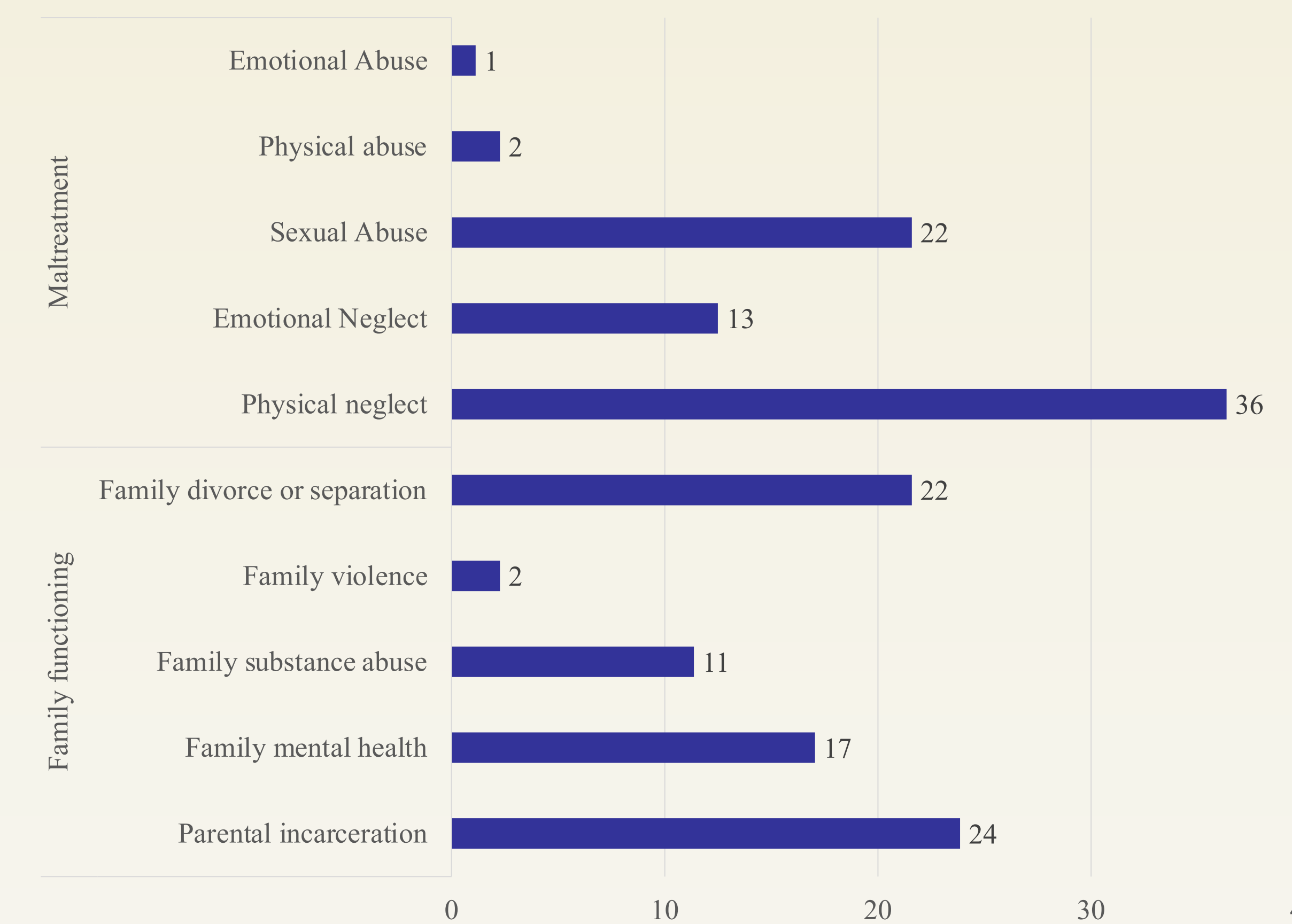


Figure 2. Low and high ACEs by percent

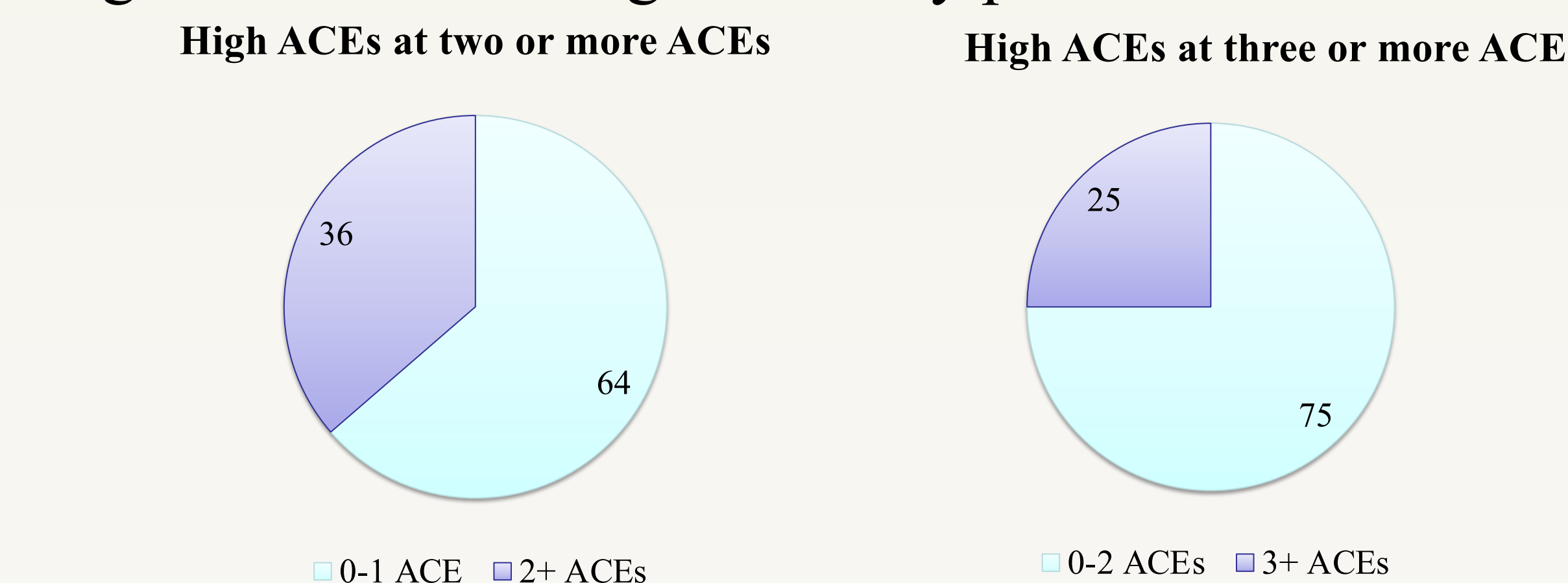


Table 2. Partial correlations of ACEs and participation

	1	2	3	4	5	6	7	8	9	10	11	12
<b>1. ACE Total</b>	.											
<b>2. Low-High ACEs at 2+</b>	0.79**	.										
<b>3. Low-High ACEs at 3+</b>	0.83**	0.67**	.									
<b>4. Total maltreatment ACEs</b>	0.82**	0.61**	0.71**	.								
<b>5. 2+ Maltreatment ACEs</b>	0.69**	0.55**	0.70**	0.82**	.							
<b>6. 3+ Maltreatment ACEs</b>	0.55**	0.28**	0.42**	0.69**	0.52**	.						
<b>7. Total family functioning ACEs</b>	0.85**	0.71**	0.68**	0.39**	0.36**	0.24*	.					
<b>8. 2+ family functioning ACEs</b>	0.70**	0.61**	0.65**	0.31**	0.30**	0.17	0.85**	.				
<b>9. 3+ family functioning ACEs</b>	0.71**	0.38**	0.54**	0.41**	0.30**	0.40**	0.76**	0.60**	.			
<b>10. Enrolment ratio</b>	-0.04	0.01	-0.08	-0.05	-0.06	0.13	-0.02	0	0	.		
<b>11. HV ratio</b>	-0.17	-0.11	-0.01	-0.17	-0.17	-0.22*	-0.12	-0.02	-0.07	0.04	.	
<b>12. Cancel to HV ratio</b>	0.09	0.09	0.06	0.18	0.23*	0.13	-0.02	-0.1	-0.06	-0.46**	-0.63**	.

\*\* Correlation is significant at the  $\leq 0.01$  level (2-tailed).

\* Correlation is significant at the  $\leq 0.05$  level (2-tailed).

## Conclusions

Families of children with low and high levels of ACEs totals participated at similar rates regarding of actual/possible enrollment and actual/possible home visit completion. These differences did not correlate once controls related to employment, English proficiency, education, and child race. This means that families with ACEs do indeed participate in programs like EHS home-based, although families that do not enroll or drop early may be different than families who remain in the program long enough to complete assessments. However, lower home visits and cancellation to visit ratios correlate to high maltreatment ACEs. Families with maltreatment ACEs have higher rates of cancellations on top of completed visits. This suggests that families may desire support from programs like EHS home-based but may struggle to participate in at the desired higher visit dosage.

## Team

Deborah Drain is a Ph.D. student in the HDFS department interested in research in early attachment, parenting, and intergenerational transmission of trauma and their application to child and family policy.

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