

A critique of 'Effects of positive and negative childhood experiences on adult family health' by Chantel L. Daines, Dustin Hansen, M. Lelinneth B. Novilla and AliceAnn Crandall.

This study aims to understand the impacts of positive childhood experiences (PCEs) and adverse childhood experiences (ACEs) on adult family health and seeks to provide insights into how these early experiences shape family dynamics and health outcomes later in life. The study also examined the interaction between PCEs and ACEs and suggests a protective role of PCEs, hypothesising that PCEs may mitigate the harmful effects of ACEs on family health outcomes.

This research builds on the knowledge that ACEs are associated with poor health outcomes for individuals and hypothesises that the interdependence of shared relationships conjectured by life theory, means ACE's will have an intergenerational effect on the families these individuals are a part of, furthermore, the research aims to uncover how the resilience of these families and PCEs counter the effect of ACEs.

The ontology of this study refers to the foundational set of concepts used by the authors to define key elements in the study and how these inform the design of the study. The authors define ACEs as "potentially traumatic events or environments experienced during childhood" that can have long-lasting negative effects on an individual's health and well-being and PCEs as "supportive, nurturing, and enriching experiences during childhood" that contribute to healthy development and resilience (Daines, *et al*, ).

The epistemology refers to how the concepts that form the ontology are acquired and understood, how the authors have gathered data on the subject of ACE's and to what extent has their experience and values impacted the interpretation of that data, i.e. the researchers referred to the lack of data around family health patterns to be the catalyst for this study, the current ACE research made up part of the epistemology, another

is theoretical frameworks, an important resource for researchers to refer to, in order to ground their studies in relevant theories to guide how the data is analysed and interpreted. Using a theory gives broader context to the questions being asked and gives readers background knowledge and understanding of the social, cultural, historical and political environments the study has taken place in and been influenced by (Li, *et al.*2023).

The research team refer to Resiliency Theory and Life course theory as the theoretical framework for their own research.

Resilience theory is the study of how communities, can adapt to changes and recover from disturbances, while maintaining their ability to function. It focuses on the ability to be flexible to withstand stress, adapt to changes, and respond to challenges.

There is a debate within resilience theory around whether resilience is an inherent 'trait' of the individual that effects their ability to overcome adversity, or a quality that is influenced by situational factors, or 'the state' (Connor and Davidson, 2003).

Life Course Theory is a framework that examines the development of individuals over time, it emphasises the importance of historical and social contexts. It posits that human development is a lifelong process influenced by social, economic, and environmental factors (Burton-Jeangros *et al*, 2015). Looking at the data from both perspectives of resiliency theory framework has given a more comprehensive understanding of how participants have experienced challenge. The authors describe ACE's as "potential traumatic life events", and the qualitative nature of the study that was carried out observing resilience theory, leaves room to explore the traits of individuals who experience ACE's without being traumatised by them

These theories have been criticised for being difficult to measure as they are rooted in the field of psychology (Baruth and Carroll, 2022) but the quantitative nature of the research methods in this study seeks to overcome this by providing a rich collection of experiences to extract data

from, which can then be categorised into more structured areas for measurement.

ie. The four areas of family health which are:

- Social and emotional health
- Healthy lifestyle
- Health resources
- External social support.

By examining both PCEs and ACEs, the study provides a balanced perspective on how childhood experiences shape adult outcomes, underscoring the importance of promoting positive experiences to build resilience and improve future family health. The researchers cite peer reviewed research throughout the paper to support the discussion and development of definitions of aspects of family health.

The question the authors want to research in the article "Effects of Positive and Negative Childhood Experiences on Adult Family Health", is clear and addresses a specific issue in the area of family health, which is still open-ended enough to explore the insights, and meanings along with the quantitative data gathered from the participants, Bryman (2016) informs us that the clarity of the question plays a pivotal role in determining quality of the information gathered, this will influence the outcome of the research. To obtain the data to answer this question, researchers administered a self-report survey to 1030 adults, recruited via quota sampling, as opposed to random sampling, to reflect the demographic characteristics of adults in United States of America.

Qualitative surveys allow participants to provide in-depth, nuanced responses, capturing the complexity of their experiences and this depth of data can reveal insights that quantitative methods might miss, such as personal stories, emotions, and contextual factors (Hayes, 2013).

Self-report surveys are a useful way to collect data that allows you to measure aspects of human behaviours and opinions, the method is flexible

and user friendly conducting these surveys online is also cost effective (VanderStoep, 2008). However, there are also disadvantages to this kind of data collection technique. Respondents may answer questions in a way that they believe is socially acceptable downplaying negative behaviours, rather than being fully honest, possibly to avoid any consequences associated with the potential of being linked with criminal activity (Ashra, H. 2022).

With such a large study, cross referencing all the data against the different perspectives within resilience and life course theory without being biased towards one view or another, could be problematic (Nassaji, 2020).

This type of study is participant centred, and removes many gatekeepers to information, 'gatekeepers' are those who can grant, deny or influence the access to information, this means the study is designed to reflect opinions and perspectives of the participants. Gatekeepers do have a positive role in research as they are able to ensure participants are not pressured to participate (Andoh-Arthur, 2019), the authors have used a regulatory body to ensure the survey was administered in an ethically sound manner, the study was approved by the e Brigham Young University's Institutional Review Board to ensure it met ethical guidelines.

The survey included questions about childhood experiences across four domains of family health,

- Family social and emotional health
- Family healthy lifestyle
- Family health resources
- Family external social support.

Respondents were asked to answer questions, recalling their childhood experiences, both positive and negative, and report on their current family health status.

Surveys give participants the opportunity to express their experiences in their own words, ensuring their perspectives are central to the findings, this can lead to a more empathetic and person-centred understanding of

the questions (Gao *et al.* 2023). There is potential for the way that questions are worded to be confusing or open to misinterpretation by the respondents, this may affect the validity of the answers or lead to sampling bias, where type of respondents who are willing and able to participate in the survey may not represent demographic of the population being studied (Taherdoost, 2024).

Another reason for researchers to give time and thought into phrasing questions clearly, is to reduce the possibility of leading the responses to support the researchers own bias. The authors gave examples of the questions in the survey to demonstrate that the questions had been sensitively framed and neutral. The questions also allowed for the participants to answer based on who they considered to be their family, so the study was not constrained to a biological definition of family which ensure the data collected was truly reflective, with a diverse range of perspectives that Kvale and Brinkmann, (2009) tell us is what good research hopes to gain.

The authors used The Family Health Scale (Crandall, *et al.*, 2020) as a measure to triangulate the research using tables depicting statistics of how the data was analysed and showed numerically that family models with higher PCEs had higher family health factors even when ACEs were also present, which shows the data from a more positivist point of view.

The ACEs were measured using the ACE module from the Centre for Disease Control which is based on the original ACE study by Felitti *et al* (1998).

This study has been criticised for associating individuals with high ACE with stigma or a sense of hopelessness, the pioneer study focused on overweight individuals and could be seen as bringing the cultural bias of overweight people to the theory, i.e., ACEs mean a person is predetermined to face physical and emotional challenges (Lacey and Minnis, 2020).

Research around ACEs is often addressed through a 'deficit perspective' which is an approach that focuses on the weaknesses, failures or problems of individuals, groups, or communities (Palma, *et al*, 2024), this perspective can frame the issues being studied with disempowerment, and particularly in the discussion of ACEs, fails to recognise the agency of the individuals being researched (Kolluri and Tichavakunda, 2022).

This study challenges the narrative around ACEs research by measuring them against PCEs in the context of family patterns and the findings were consistent with the hypothesis, ACEs lead to stress and ill health later in life, the stress and anxiety linked to these experiences affects the way these individuals are able to process emotions, relate to and support others, build emotional bonds and connections that form the family dynamic that then becomes the generational legacy of that family (Webster, 2022). Furthermore, the research findings show ACEs can be countered by PCEs, the ability to foster healthy relationships is related to higher self-esteem and resilience that occur at a higher rate with the presence of PCEs.

These findings are supported by Bellis *et al* (2017) whose research observed, when an always available adult (AAA)- who like in this study by Daines *et al*, (2021), does not necessarily mean an adult who is biologically linked to the child- was present in a child's life, the results of being exposed to traumatic events was mitigated, due to the relationship with an AAA building resilience within that child, which they were able to use to avoid health harming behaviours as they grow into adulthood.

The paper gives a detailed definition of what the researchers mean by 'Family health' - "a resource at the level of the family unit that develops from the intersection of the health of each family member, their interactions and capacities, as well as the family's physical, social, emotional, economic, and medical resources" (Daines *et al*, 2021).

The researchers acknowledge that family health is shaped by nurture and nature with genetics playing an important role in family health, but with

the experiences of individuals within that family having an impact on their abilities to adapt and respond to the challenges of life, similarly, Hart, Little, and van Bergen, (2021) seek to provide a combined view of parenting, which concludes that children's outcomes influenced by the parents providing both the environmental and genetic factors.

The research team states that the measurement of family health is a relatively new practise there are gaps in the understanding of how an individual's family experience in childhood creates intergenerational pattern. Therefore, the aim of this study is to explore and better understand how these intergenerational patterns reoccur in the family health of adults. The purpose of the research should be to discover new information that contributes to the existing knowledge base it should gather new perspectives and meaningful insights that deepen the understanding of the topic in order to improve outcomes for future generations, this study seeks to add depth to the discussion around childhood trauma and resilience by examining how traumatic factors interact with protective measures and overall family health.

The paper does not discuss the potential triggering aspect that answering questions about potential Adverse Childhood Experiences may have on the surveys participants or address any harm mitigation tactics the team may have employed to care for its participants in the event that the survey they administered had a negative effect on their wellbeing. Ethical consequentialism is a moral theory that evaluates whether an action is morally right or wrong depending on whether it leads to the best possible outcome, one principle of ethical consequentialism is to maximise good and minimise harm, so although the research could be criticised for not offering ongoing support for participants, we could argue that under the framework of ethical consequentialism, because the data could be deemed useful in creating a supportive culture in the health and social care system to help the participants, it is morally sound (Johnson and Singer, 2024). However, Iphofen, R. and Tolich (2018) argue that protecting vulnerable

participants should be a consideration, not only when designing a study, but throughout the whole process to ensure good practice that ensure that the research is worth the disruption to the participants involved in the pursuit of accurate and worthwhile knowledge.

This study was conducted in the US, however, due to the UK and the US sharing many cultural similarities due to their historical ties, shared dominant language (English), and shared popular and consumer culture (Murray, 2006), I feel the ethos and implications of the study are relevant to readers in Wales.

One significant difference between the UK and the US, is in the Healthcare and Social Services, The UK has the NHS, a publicly funded healthcare system, while the US relies on a mix of private and public healthcare, often leading to different attitudes about health and treatment (Greener, 2020). Our NHS is currently under strain and studies like this make a convincing argument for more funding to be secured to protect our health and social services here in Wales and the wider UK (Williams, 2025).

The Early Intervention Foundation (2020) acknowledges that childhood neglect and abuse rarely occur in the absence of family adversity and present risk factors for practitioners to look out for, further research can support initiatives to increase funding to promote community engagement to improve the mental health and social resilience of caregivers.

There is a weight of evidence that shows that early intervention in families with problems, leads to better outcomes for those families and their children (Welsh government, 2024). The research could strengthen the importance of these government initiatives and be used as evidence to improve these services to enable Wales to achieve its goals under the well-being Wales act (Welsh Government, 2015).

A report from the Senedd expressed how budget cuts to sports and cultural sectors in Wales pose a threat to enriching experiences that add to the character and well being of people in Wales (Senedd, 2025), treating

sport and culture as a luxury removes another opportunity for families to add to their bank of PCEs and leaves them more vulnerable to trauma. Morris, (2023) informs us of budget cuts expected to hit these services, studies like this, empirically prove that improving outcomes by providing positive experiences for families under these services, will help create healthy and active contributors to society who will go on to be part of the economic growth of the country, making investment in social care a sound financial decision for our government.

The study suggests Family health screening that could be a useful tool for health care providers such as health visitors, general practitioners, and community nurses to help identify families who would benefit from social support. A routine questionnaire with questions drawn from this study covering the four family health factors could flag reasons to work closely with the family, not only to gain a better picture of the individual, but the generational trauma that may affect the environmental factors of those individuals' living situation, and how the entire family unit could benefit from further support. The NHS Wales supports this idea and uses 'targeted psychosocial programmes' to identify individuals in need and recommend interventions currently being used in the US such as the Big Brother/Sister programme to provide mentorship and resilience building strategies to support those at risk of Adverse Childhood Experiences (Early Intervention Foundation, 2025).

This type of action would support The Well-being of Future Generations Act (Welsh Government, 2015), which is an act that is unique to Wales, that aims to improve the social, cultural, environmental and economic well-being of future generations through a blend of preventative programmes provided by integrated public services, mental health resources, financial support and an effort to tackle problems such as climate change to create a long term impact that supports the financial stability of Wales.

Research into how PCEs impact on the health of individuals, as well as family health, aligns with the aims of the act, which is closely connected to Trauma Informed Wales, an initiative aimed at creating a society that understands, recognises, and responds to the impact of trauma, seeking to ensure that services and communities are equipped to support individuals who have experienced trauma (Trauma-Informed Wales, 2022).

Trauma-informed approaches align with the Well-being of Future Generations Act 's (Welsh Government, 2015)

prevention and integration principles, by addressing trauma early and holistically, the initiative contributes to the well-being goals, providing the means for families to avoid adversity that ACEs more prevalent within, and creating healthier patterns of family life that will maintain a more equal healthier resilient and prosperous country in the future.

The study links the accrual of resources to the struggles people with ACEs experience with their ability to emotionally regulate and communicate with others, who in turn are unable to build connections with others to find comfort, support and belonging in and outside of the family unit (Harter and Harter, 2022), their experience becomes insular and creates the dysfunctional blueprint for future generations, another implication from this study is hope for parents and carers of children with ACEs and for those with ACEs themselves. The overarching view of research into childhood trauma gives a bleak outlook for those who already score high on the ACE scale (Davies, 2024), this study offers a different perspective where adverse experiences can be overcome with the presence of positive experiences provided by engagement with healthy, bonding activities that may otherwise be considered a treat when things are well (Senedd, 2025).

The authors use medical language to explain sociological terms, the sentence "transmissibility of family health" could trigger an unconscious, negative association of sickness and the participants of the study, research shows that implicit bias can affect the reliability and quality of research an

lead to less equitable distribution of funding for further research (Sabin, 2022).

When defining ACEs and PCEs, more descriptive examples of what positive experiences were could be useful for professionals to use this article to make suggestions for better practice.

In future, it would be interesting to see if positive experiences could be categorised and if there are casual links to be found between certain types of traumatic experiences or environments and a category of positive experience, for example, is resilience higher in low-income families who spend time together outdoors?

The overarching message in this study is, regardless of whether a person experienced childhood trauma, having a higher number of positive childhood experiences is associated with a greater likelihood of maintaining healthier and more stable relationships in adulthood, increased self-confidence, and improved stress management abilities, all of which contribute to fostering healthy families. This research goes beyond the individual ACE prevention previous research supports and successfully layers on family factors as a holistic perspective to be considered when looking at designing initiatives to support resilience in individuals, and the communities they belong to, the outcome of the study provides hope and agency to them within the field which could change the perception of demographics where adversity is higher, such as low income areas, implicit and explicit biases are among many factors that contribute to disparities in health and social care, readdressing implicit bias of professionals who are duty bound to provide care in these areas, could make public services more equal as attitudes and understanding change and develop (Vela, 2022).

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