traumaclinic counselling

The Impact of Early Adverse Experiences on Childhood Emotional, Behavioural, and Social Development

by

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Introduction

Across the world, childhood development has become an indispensable and much needed field of research. It is estimated that each year 40 million children under the age of 14 are victims of maltreatment worldwide (Deb & Walsh, 2012). Furthermore, around 200 million children under the age of five living in developing countries experience multiple risks including malnutrition and poverty, and as a result fail to fulfil their developmental potential (GranthamMcGregor et al., 2007). Similarly, this is the case in South Africa where children grow up in an immensely unequal society, in which additional factors such as poor housing, insufficient access to adequate water and sanitation facilities, exposure to crime and violence, HIV and childhood illnesses, and a lack of early stimulation all detrimentally affect their development (Berry, Dawes & Biersteker, 2013). This article will focus on the impact of such early adverse experiences in the South African context.

Early childhood is an extremely vulnerable developmental period where the presence of adverse experiences could damage a child's developmental potential and thus, his or her future(Biersteker & Dawes, 2008). Early adverse experiences have the potential to greatly impact various domains of childhood development. This article will focus on three specific levels of development, mainly emotional, behavioural and social.Within the context of this article, childhood has been defined as between the ages of 0 to 18 years. Firstly, specific adverse experiences will be defined and explored in each section. Indications of global and local prevalence will also be included. The article will conclude with an exploration of risk factors at three differing levels: individual, parental/familial and social/environmental.

Considering the importance of optimal childhood development, research in this field is contributing to a body of knowledge that can be used for potentially life-saving interventions by preventing developmental deficits. As a result, this article focuses only on the negative impact of early adverse experiences on childhood development so as to encourage future interventions into each aforementioned facet of development. Nevertheless, it is worth mentioning that the following adverse experiences could also positively influence childhood development such as through building resilience or adaptive behaviour (Shehu & Mokgwathi, 2008). **Section 1: Individual level**

At the individual level, adverse childhood experiences include all forms of child maltreatment, i.e. physical, sexual, and emotional abuse, as well as neglect (physical, emotional, educational). Physical abuse is "the intentional use of physical force against a child that ... has a ... likelihood of resulting in harm for the child's health, survival, development, or dignity," while sexual abuse involves an adult engaging in contact (unwanted touching, digital penetration, vaginal or anal rape) or noncontact (voyeurism, exposure, showing children pornography) sexual activity with a child (Deb & Walsh, 2012; World Health Organisation, 2006, as cited in Artz et al., 2016, p. 39). Emotional abuse can be defined as "nonphysical forms of hostile treatment (verbal harassment, threats, ridicule) that have a detrimental effect on the child's health and development" (Deb & Welsh, 2012, p. 150). Finally, neglect involves"both isolated incidents as well as a pattern of failure over time... to provide for the development and wellbeing of the child, - where the parent is in a position to do so" either on a physical (nutrition, clothing, medical attention), emotional (nurturance, affection,structure), or educational level (enrolment in school, attending to special education needs; World Health Organisation, 2006, as cited in Artz et al., 2016, p. 38; Stoltenborgh, Bakermans-Kranenburg, & Van Ijzendoorn, 2013b).

Although it is difficult to accurately measure the extent to which children are maltreated given that much of it occurs in private without ever being reported or investigated, it is estimated that each year 40 million children under the age of 14 are victims of maltreatment worldwide (Deb & Walsh, 2012; Meinck, Cluver, Boyes, & Mhlongo, 2015). Nevertheless, a number of comprehensive meta-analyses by Stoltenborgh and colleagues showed combined global prevalence rates for physical, sexual and emotional abuse, as well as physical and emotional neglect of 17.7, 11.8, 36.3, 16.3 and 18.4% respectively (Stoltenborgh, Bakermans-Kranenburg, Alink, & Van Ijzendoorn, 2012; Stoltenborgh, Bakermans-Kranenburg, Van Ijzendoorn, & Alink, 2013a; Stoltenborgh et al., 2013b; Stoltenborgh, Van Ijzendoorn, Euser, & BakermansKranenburg, 2011). Locally, results of the Optimus Foundation Study indicated prevalence rates for physical, sexual, emotional abuse, as well as neglect of 34.8, 35.4, 16.1, 6.8%, with physical and sexual abuse being considerably higher than the global average (Artz et al., 2016).

Impact on emotion

Child maltreatment has the potential to adversely impact children's emotional development given their association with various negative outcomes, including internalising symptoms (depression, anxiety), low self-esteem, emotion regulation and differentiation problems (constricted emotions, attenuated empathy, inappropriate affective displays), as well as other psychological disorders such as phobias, borderline personality disorder (BPD) and posttraumatic stress disorder (PTSD; Deb & Walsh, 2012; Kim & Cicchetti, 2010; Stoltenborgh et al., 2013b). The impact of child maltreatment on emotional, as well as behavioural and social development tends to be cumulative, in that the more frequently the child experiences maltreatment, together with experiencing multiple forms of maltreatment, leads to more severe outcomes (Mbagaya, Oburu, & Bakermans-Kranenburg, 2013). Furthermore, outcomes may be more severe in low- and middle-income countries, like South Africa, due to low levels of access to mental health and social services (Meinck et al., 2015).

On a neurological level, studies have found that abused children tend to have elevated autonomic and pituitary-adrenal responses to stress, which influences emotion regulation processes, thus increasing their risk for developinginternalising symptoms (depression, anxiety; Chapman, Dube,&Anda, 2007). On a psychological level, the Hopelessness Theory of Depression posits that individuals who tend to ascribe negative events, like being maltreated, to stable, global causes and who subsequently infer negative consequences and self-characteristics, are at greater risk of developing depression (Gibb & Abela, 2008). Finally, on a social level, according to Attachment Theory, securely attached children depend on their parents to help them regulate their emotions through modulating the child's arousal following intense displeasure, fear or frustration (Kim & Cicchetti, 2010). However, parents who maltreat their children are less likely to be available to provide said support for their children, leaving them unable to learn constructive strategies to regulate their emotions, once again increasing the risk for internalising (depression, anxiety), as well as PTSD symptoms (Kim & Cicchetti, 2010).

Impact on behaviour

Child maltreatment also has the potential to adversely impact children's behavioural development given their association with the following negative outcomes, aggressive and antisocial behaviours, delinquency, use of dangerous weapons, substance abuse, self-harm behaviours and suicide, inappropriate sexualised behaviours in early childhood (inserting objects

into anus or vagina, excessive and/ public masturbation, requesting sexual stimulation from adults or other children), as well as high-risk sexual behaviours (early sexual debut, unsafe sex, multiple sexual partners, transactional sex; Deb & Walsh, 2012; Meinck et al., 2015; Merrick, Litrownik, Everson, & Cox, 2008; Ramiro, Madrid, & Brown, 2010).

On a psychological level, Attachment Theory posits that parents who maltreat their children serve as both a source of comfort as well as harm, leaving the child in a constant state of confusion and anxiety, ultimately influencing emotion regulation processes (Lansford, MillerJohnson, Berlin, Dodge, Bates, & Pettit, 2007). Consequently, children might employ maladaptive coping strategies, such as engaging in self-destructive behaviours, as a means of reducing the emotional distress associated with their abuse (Klonsky & Moyer, 2008). Sexualised behaviours in particular, might represent an effort to gain physical closeness and intimacy (Merrick et al., 2008). On a social level, Social Learning Theory posits that maltreating parents do not serve as adequate role models for their children as they often also display some of the aforementioned behaviours (Lalor, 2010). Furthermore, although maltreated children might be prone to violent and oppositional behaviour, traditional responses by caregivers and teachers, like brusque warnings and strict discipline, might sound like a prelude to actual danger to the hypervigilant child who is adapted to a high-threat environment, thus positively reinforcing their initial behaviour (Stirling, Amaya-Jackson, & Amaya-Jackson, 2008).

Impact on socialisation

Finally, child maltreatment also has the potential to adversely impact children's social development given their association with the following negative outcomes, problems with trust and intimacy, lower social competence, social withdrawal, fewer positive interactions, peer victimisation, peer rejection, re-victimisation, and dating aggression (Crawford & O'Dougherty, 2007; Deb & Walsh, 2012; Kim & Cicchetti, 2010; Wekerle, Leung, Wall, MacMillan, Boyle, Trocme, & Waechter, 2009).

On a psychological level, the stigmatisation experienced as a result of being maltreated, especially in the case of sexual abuse, could result in victims experiencing problems with trust and intimacy, thus negatively influencing their future relationships (Feiring, Simon, & Cleland, 2009). Furthermore, because children often engage in self-destructive behaviours, such as highrisk sexual behaviours, in order to reduce the emotional distress associated with their abuse, they are more likely to experience re-victimisation (Lalor, 2010). On a social level, according to

Attachment Theory, because we form relational models for future relationships based on our relationship history with their primary caregivers, child maltreatment might result in maladaptive models of self and self in relation to others (Crawford & O'Dougherty, 2007). Firstly, there are those who surrender to models of mistrust and abuse, who find the role of victim familiar and choose partners who represent their abusive parents, resulting in re-victimisation (Crawford &O'Dougherty, 2007). Secondly, there are those who expect that others are going to hurt them and therefore withdraw socially (Crawford & O'Dougherty, 2007). Finally there are those who overcompensate as a result of having developed models of mistrust and abuse, consequently lashing out in anger at the slightest indication that abuse is about to be experienced, resulting in peer victimisation and dating aggression (Crawford & O'Dougherty, 2007). **Section 2: Familial Level**

Adverse childhood experiences at a familial level refer to acts of domestic violence or 'battering', divorce, loss of a family member, mental illness of a family member, incarceration of a family member, substance abuse of a family member, and orphans or the lack of a parental figure (Edwards, Holden, Felitti, & Anda, 2003). The term 'domestic violence' or 'intimate partner violence' is used in many countries to refer to partner violence but the term can also encompass child or elder abuse, or abuse by any member of a household. 'Battering' refers to "a severe and escalating form of partner violence characterized by multiple forms of abuse, terrorization and threats, and increasingly possessive and controlling behaviour on the part of the abuser" (World Health Organization, 2005, p. 3). The family is one of the most critical risk and resiliency variables for substance abuse in adolescence and young adult life (Al-Shawi & Lafta, 2015). At the familial level of adverse childhood experiences there are numerous factors that contribute. It is therefore difficult to precisely determine the extent that these various factors occur. This is also taking into consideration the stigma that surrounds the notions of mental illness and incarceration or substance abuse of a family member, specifically in a country as culturally diverse as South Africa, where these topics are often ignored or swept under the carpet.

Research conducted in South Africa's provinces of Gauteng, Limpopo, KwaZulu-Natal and Western Cape by non-government organisation Gender Links between 2010 and 2012 has revealed alarming statistics with regards to GBV. According to Gender Link's (2012) research approximately 77% of women in Limpopo, 51% of women in Gauteng, 45% of women in the Western Cape, and 36% of women in Kwa-Zulu Natal had experienced assault of some kind. This

included emotional, economic, physical or sexual assault within and external of intimate partner relationships in their lifetimes (Gender Links, 2012). Domestic violence (DV) is a devastating problem that affects individuals around the world. Data collected in 2001–2005 from a study of non-institutionalized adults in the USA – National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) – indicated that emotional neglect was the most common childhood reported maltreatment with a prevalence of 3.4–9.2% (Tsavoussis, Stawicki, Stoicea, & Papadimos, 2014). A study conducted by Stats South Africa show the latest statistics issued with regards to Divorce. There is a consistent decline in the number of people getting married in South Africa (2014). According to the latest data the crude divorce rate was 0,5 divorces per 1 000 estimated residentpopulation. The number indicates an increase of 3,4% divorces from the previous year. 16.5% of South Africans suffered from common mental disorders like depression and anxiety in the last year and 17% of children and adolescents suffer from mental disorders (Morgan, McKenzie, & Fearon, 2008). In the low-income and informal settlements surrounding Cape Town, maternal mental health problems have reached epidemic proportions. Mental illhealth is strongly associated with poverty and social deprivation and living in poverty, exposure to stressful life events like crime and violence; inadequate housing, unemployment and social conflict, are all linked to mental ill-health. Poverty is also associated with exclusion, isolation, feelings of disempowerment, helplessness and hopelessness, which can lead to chronic insecurity and social mistrust, affecting people's mental well-being (Morgan, McKenzie, & Fearon, 2008).

Research conducted by Balistreri and Alvira-Hammond (2016) in the US indicated that over half of US adolescents have experienced at least one adverse childhood experience (ACE), 17% three or more.

Impact on emotion

Individuals who have been exposed to adverse childhood experiences have been known to experience various negative effects on their development. Anxiety, the inability to selfregulate, early stress and subsequent effects as well as negative affect are common consequences of exposure to adverse childhood experiences. In one long-term study, as many as 80% of young adults who had been abused met the diagnostic criteria for at least one psychiatric disorder at age 21 (Shonkoff, Garner, Siegel, Dobbins, Earls, & McGuinn, 2012). These young adults exhibited many problems, including depression, anxiety, eating disorders, and suicide attempts (Shonkoff et al., 2012).

Negative experiences at home, at school, or in the community have a damaging effect on the development of these core cognitive and emotional skills (Al-Shawi & Lafta, 2015). The more often familial adverse experiences occur the more severe the symptoms/consequences experienced by the individual. Studies have shown that negative direct affect, such as anxiety and depression, are common effects of childhood adverse experiences (Shonkoff et al., 2012).

Furthermore, biological pathways have proven to play a distinct role in the ways in which an individual's emotional well-being is affected by the aforementioned adverse experiences. Children who have experienced adverse experiences at a familial level e.g. witnessing domestic violence or experiencing divorce, loss or substance abuse of a family member are at increased risk of experiencing emotional, physical and sexual abuse, of developing emotional and behavioural problems and of increased exposure to the presence of other adversities in their lives (Margolin, 1998). Troubles in early childhood, such as adverse experiences at a familial level, have been shown to have serious consequences on mental health, and early life strain has been associated with cognitive difficulties such as poor academic accomplishments, lower intelligence quotients, as well as poor language skills, deficient memory, lack of inhibition, and inattention. These problems can persist into adolescence and adulthood (Tsavoussis, Stawicki, Stoicea, & Papadimos, 2014).

Impact on behaviour

Children who experience abuse and neglect are at increased risk for smoking, alcoholism, and drug abuse as adults, as well as engaging in high-risk unhealthy behaviours such as high-risk sexual behaviours and compulsive use of substances. Those with a history of child abuse and neglect are 1.5 times more likely to use illicit drugs, especially marijuana, in middle adulthood. There is also the risk of violence or re-victimization, bad decision making and ant-social behaviours.

A child who has experienced ACEs is more likely to have learning and behavioural issues and is at higher risk for early initiation of sexual activity and adolescent pregnancy. Healthy brain development can be disrupted or impaired by prolonged, pathologic stress response with significant and lifelong implications for learning, behavior, health, and adult functioning (Shonkoff et al., 2012). Emotional dysregulation may also occur and can lead to behavioural problems and can interfere with a person's social interactions and relationships at home and in school. Individuals

who have difficulty regulating emotions are at risk for eating disorders and substance abuse as they use food or substances as a way to regulate their emotions. Research has shown that failures in emotional regulation may be related to the display of acting out, externalizing disorders, or behavior problems (Coll, Kagan, & Reznick, 1984).

Impact on socialisation

An individual's socialisation is also affected as there is the potential for withdrawal, aggressive interactions/behaviours, an inability to effectively communicate their emotions and thoughts. The effect of "unacceptable behaviours" must also be taken into consideration. Resnick, Ireland and Borowsky (2004) have proven that children exposed to domestic violence frequently do not have the foundation of safety and security that is normally provided by the family. The children experience a desensitization to aggressive behavior, poor anger management, poor problem solving skills, and learn to engage in exploitative relationships and a tendency to withdraw (Resnick, Ireland, & Borowsky, 2004).

Early adversities can impact on many different aspects of children's development. Pathways for long-term conditions which are the consequence of a previous disease or injury have been argued to run though effects on individuals' models of the self and relationships, on social cognitions, on school adaptation and educational progress, and on the quality of peer relations in childhood and intimate relationships in adult life (Maughan & McCarthy, 1997). **Section 3: Community level**

This section on adverse experiences occurring at a community level will focus on the effects of poverty and exposure to violence in the community. Firstly, poverty has been shown to have widespread direct and indirect influences on a child's development, with co-factors including individual and familial aspects such as low levels of stimulation, psychosocial neglect, parent unemployment, poor nutrition and early mortality (Haushofer & Fehr, 2014; National Research Council and Institute of Medicine, 2000; Yoshikawa, Aber, & Beardslee, 2012). In fact, children in developing countries such as South Africa are exposed to the multiple, cooccurring risks of poverty linked to poor development(Grantham-McGregor, et al., 2007).

Poverty is also closely linked to the second adverse experience which will be examined, community violence (Haushofer & Fehr, 2014). According to Chen, Voisin and Jacobson (2016), community violence exposure has reached a status of serious public health epidemic. Gang

activity, shooting and stealing are some aspects of community violence, which has been shown to have multiple adverse experiences on development in childhood such as aggression and depression (Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2010; Perkins & GrahamBermann, 2011).

Unfortunately, adverse community experiences are not uncommon across the world. In the U.S., approximately ten percent of 14- to 17-year-olds witnessed a shooting in 2008 (Finkelhor, 2009). Locally, a Cape Town-based study by Shields, Nadasen and Pierce (2008) revealed that all forms of violence (including school violence, neighbourhood violence and gang violence) were experienced at high frequencies, with 48% of children in their study having been exposed to at least one murder during their lifetimes. Needless to say, poverty is also being experienced at a high prevalence. Globally, more than 1.5 billion people live on less than 1 U.S. dollar a day (WHO, 2013). In South Africa, 63% of children under the age of six live below the national upper poverty line (Hall et al., 2016).

Impact on emotion

In general, community adverse experiences have shown to have a negative impact on children's emotional development (Fowler et al., 2010; Perkins & Graham-Bermann, 2011).A study based in Cape Town schools revealed that community violence specifically resulted in psychological distress (Shields et al., 2008). Adverse community experiences have also been linked to later symptomology or psychopathology, especially poverty (Eamon, 2002). In fact, a review of 115 studies conducted in middle and low income countries found a negative association between good mental health outcomes and poverty in 79% of studies (Lund et al., 2010). Violence exposure, linked to high levels of stress, has also been linked to problems in stress-regulation, possibly hindering adolescents in poverty in dealing effectively with their ongoing stress (Perkins & Graham-Bermann, 2011).

Notably, studies have shown that poverty directly causes negative affect (unhappiness and depression) and stress (anxiety; Barbarin, Richter, & deWet, 2001; Cohen, Alper, Doyle, Treanor, & Turner, 2006; Haushofer & Fehr, 2014). Furthermore, Bacchini, Concetta and Affuso (2011) found that being a victim and low levels of parental monitoring, commonly found in circumstances of poverty, and predicted symptoms of anxiety and depression. Other than direct effects, biological pathways have been identified as indirect mechanisms through which adverse community experiences can impact negatively on emotional health. Poverty and violence exposure have deleterious effects on a child's emotional health by both negatively impacting human brain regions specialising in stress regulation and emotion processing, and through chronic activation of immune systems and stress mechanisms (Blair & Raver, 2012; Luby et al.,

2013; Perkins & Graham-Bermann, 2011). This implies that children experiencing poverty will have a lesser ability to manage their emotions effectively and will experience more stress.

Impact on behaviour

Adverse community experiences have also been found to have negative effects on behavioural development. Exposure to community violence was found to significantly and directly correlate with aggression and attention problems (Barbarin et al., 2001). In fact, a recent meta-analysis found that community violence exposure was more strongly related to externalising problems such as aggression rather than internalising problems such as anxiety or depression (Fowler et al., 2010).

Inadequate school environments including untrained or unenthusiastic teachers present in circumstances of poverty have been shown to affect a child's behaviour as well as socialisation (Pianta & Stuhlman, 2004). Unemployment and an increased exposure to violence and drugs has been said to increase hopelessness, which in turn has been linked to increased suicidal behaviour (Murry, Berkel, Gaylord-Harden, Copeland-Linder, & Nation, 2011). Neighbourhood poverty indicators were found to be linked to suicidal thoughts and attempts, independently of individual and family confounding factors such as socio-economic status and disorders (Dupéré, Leventhal, & Lacourse, 2009).

Self-regulation has been found to be a causal pathwaynot only for emotional health, but also for internalising and externalising behaviours (Perkins & Graham-Bermann, 2011). As mentioned above, violence exposure has been found to negatively affect self-regulation (Kim & Cicchetti, 2009). Deficits in self-regulation are then connected with declines in other, essential brain functions such as cognitive control, executive functioning and attention, which can be connected to behavioural deficits (Perkins & Graham-Bermann, 2011). It could also be posited that community violence desensitises children into perceiving violence and aggression as the norm, and thus perpetuating it.

Impact on socialisation

Positive school experiences such as school climate and effective instructional practices have been found to be less likely experienced by children living in poverty (Pianta, La Paro, Payne, Cox, & Bradley, 2002). This can result in increased student-teacher conflict, which has consequently been linked to social adjustment and behaviour problems (Pianta & Stuhlman, 2004). In particular, these authors found that children as young as kindergarten age display a

decline in prosocial behaviour and an increase in aggression towards their peers if in conflict with their teacher.

A review by Murry et al. (2011) found that several studies had found that neighbourhood poverty specifically, controlling for family socio-economic status, increased sexual risk outcomes such as early sexual initiation and teenage pregnancy. The life opportunity cost framework explains this direct effect as individuals relinquishing short-term gains, such as education, in favour of potential later success as educational investment is perceived as not beneficial in the long term (Murry et al., 2011).

Declines in emotion and behaviour development as a result of self-regulation deficits are also associated with deficits in socialisation (Perkins & Graham-Bermann, 2011). In fact, these researchers posit that executive functioning, self-regulation, language and cognitive processing have a circular relationship where each variable affects one another and a deficit in each one of these has been linked to internalising mental health problems, externalising behaviours such as acting out, and a decrease in socialising abilities.

Risk factors

The following represent neither non-inclusive nor exhaustive lists of factors that influence optimal childhood development factors at individual, parental/ familial, and social/ environmental levels. The incidence of which represent risk factors for childhood development, while the inverse, or the absence, constitute protective factors (Artz et al., 2016). It should also be mentioned that these factors do not imply causality and should therefore not be interpreted as such.

Firstly, on an individual level, factors include earlier age, difficult- or slow-to-warm up temperament, aggression, behavioural problems, attention deficits, lack of education, disability, substance abuse, and being an orphan (Anon., 2004; Artz et al., 2016; Meinck et al., 2015). Other individual level risk factors include history of violent victimization, low IQ, deficits in social cognitive or information-processing abilities, high emotional distress, history of treatment for emotional problems, antisocial beliefs and attitudes, exposure to violence (Resnick, Ireland, & Borowsky, 2004). Finally, factors such as lack of resilience and future expectations, as well as not participating in extra-curricular activities were also found to be significant individual risk factors (Barbarin et al., 2001; Chen et al., 2016; Hardaway, McLoyd, & Wood, 2012).

Secondly, on a parental/ familial level, factors affecting the child-parent relationship directly include inaccurate knowledge and expectations of child development, lack of empathy and resilience or coping skills, insecurity, poor impulse control, external locus of control, low tolerance for frustration, use of physical or inconsistent discipline, lack of sensitive and authoritative parenting, rejection of child, lack of rules and structure, and low parental involvement (Anon., 2004, 2006; Deb & Walsh, 2012; Resnick, Ireland, & Borowsky, 2004). Furthermore, factors pertaining specifically to parental figures include history of abuse, substance abuse, mental health problems, disability, hospitalisation, low level of education and income, domestic violence, separation or divorce, absence of one or more parent, lack of warm relationship or insecure attachment with their own parents, parental isolation or lack of social support especially with regards to childcare responsibilities, and parental criminality (Artz et al., 2016; Meinck et al., 2015; Stoltenborgh et al., 2013a). Studies have revealed that family bonding seemed to help to build individual holistic resilience and the ability to adapt later in life. It has been reported that the family is one of the most resilient variables for normal development (Morgan, McKenzie, & Fearon, 2008).

Finally, on a social/ environmental level factors include unemployment, homelessness, lack of access to medical care, adequate child care, social services, dangerous/ violent neighbourhoods, poor schools, social upheavals, as well as corruption and exposure to racism or discrimination. Furthermore, other factors include the adoption of culturally irrelevant and poorly developed child protective systems, religious views that involve non-interference in families, acceptance of authoritarian parenting styles, cultural tolerance for sexual coercion, breakdown in traditional communal childcare systems among black South Africans and the overburdening of grandparents taking on parenting roles due to children being orphaned by the HIV/Aids epidemic (Anon., 2004; Artz et al., 2016; Mbagaya et al., 2013; Meinck et al., 2015).

Lastly, other social/ environmental level factors include association with delinquent peers, involvement in gangs, social rejection by peers, high concentrations of poor residents, low levels of community participation, and socially disorganized neighbourhoods (Resnick, Ireland, & Borowsky, 2004). These risk factors serve as indicators of possible future interventions at individual, family and community levels which can truly reduce the negative impact of adverse community experiences on childhood development.

Conclusion

This paper has primarily focused on the effects of early adverse experiences on childhood development, namely emotional, behavioural and social development. After exploring individual, family and community levels, it is evident that early adverse experiences mainly have negative, over-arching effects on development. Furthermore, such harmful experiences have been shown to have a persistent, harmful effect throughout one's life, rather than a once-off impact. These negative experiences have been shown to be especially prominent and especially damaging in developing countries such as South Africa.

However, it must be taken into consideration that the sources applied in this article provide their own sets of limitations. To begin, there is a paucity of research specific to the South African context as well as the population itself. This implies that the knowledge gathered, originating elsewhere, could not be applicable to the South African context. The lack of research within the South African context has directly impacted the ability of researchers to accurately measure or assess the impact of early adverse childhood experiences. It must also be noted that childhood development can be influenced by countless factors, and so that it is difficult, if not impossible, to identify causality between factors and outcomes.

In brief, the period of childhood development is a significant one in terms of impacting the rest of one's life. It is imperative that awareness is raised about the importance of optimal childhood development, and the adverse experiences which could hinder it. This research contributes to this cause and can be used to predict future deficits in development, while also being a possible source for interventions aimed at children who have been exposed to adverse experiences.

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