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Introduction

- Early childhood experiences have important impacts throughout the life course. Research with Indigenous communities has demonstrated the detrimental impacts of historical and intergenerational trauma and resulting Adverse Childhood Experiences (ACEs) that result in negative health and behavioral outcomes in adulthood (Brockie, Elm, Walls, 2018; Evans-Campbell, 2008)
- The concept of Benevolent Childhood Experiences (BCEs) provides an alternative opportunity to assess positive early life experiences and the impact these experiences may have on wellbeing.
- The Benevolent Childhood Experiences scale (see Figure 1) assesses favorable experiences between birth and age 18 characterized by perceived safety, security, and support; and positive and predictable qualities of life.
- BCEs have been shown to predict less post traumatic stress symptoms and stressful life events, above and beyond ACEs (Narayan, Rivera, Bernstein, Harris, & Liberman, 2018).
- Greater number of positive childhood experiences have also been shown to impact adult well-being (Sroufe, Egeland, Carlson, & Collins, 2005).
- High levels of well-being have been shown to be associated with good relationships, pro-social behavior, and good health and life expectancies (Diener, Helliwell, & Kahneman, 2010).
- While there has been growing emphasis on family, community, and school influences in Indigenous adolescents, we are unaware of any studies that look at how positive childhood experiences may be protective into adulthood among Indigenous young adults.

Objective

The purpose of this study is to examine how BCEs impact Indigenous young adults' wellbeing.

Methods

- Participants are from the Healing Pathways (HP) Study, a longitudinal, community-based participatory research panel study with Indigenous families.
- The baseline (2002) HP sampling procedure involved contacting all families with a tribally enrolled adolescent aged 10-12 living on or within 50 miles of the reservations/reserves. Trained interviewers contacted participants and completed survey interviews annually from 2002 – 2010 (average adolescent age 11 – 18), then re-contacted participants in 2017 when the average age was 26 years.
- Data for the current analyses are derived from the 453 young adult participants interviewed at wave 9 of the study (2017-2018).

Measures:

- Benevolent Childhood Experiences were measured using a tribally adapted version of the Benevolent Childhood Experiences scale (Narayan et al. 2018).
- Adverse Childhood Experiences was measured using the Behavioral Risk Factor Surveillance System ACEs questionnaire.
- Receiving Emotional Support was measured using a subscale of the Two-Way Social Support Scale (Shakespeare-Finch and Obst, 2011).
- Family Satisfaction was measured using an adapted version of the Marital Satisfaction Scale (Schumm, Paff-Bergen, Hatch, Obiorah, Copeland, Meens, & Bugaighis, 1986)
- Well-being was measured using the Flourishing Scale (Diener, Wirtz, Tov, Kim-Prieto, Choi, Oishi, Biswas-Diener, 2010).

Results

Participants reported very high endorsement of BCEs, with 86.5% of the sample reporting that they had experienced six or more out of seven BCEs.

Figure 1. In your first 18 years of life...

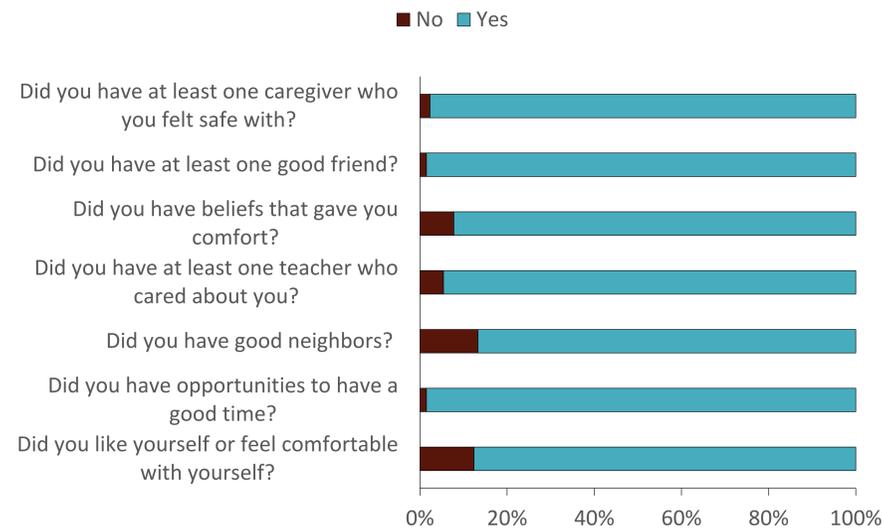


Table 1. Results from Correlations

Measure	1	2	3	4	5
1. Flourishing	-				
2. BCEs	.32**	-			
3. ACEs	-.15**	-.18**	-		
4. Family Satisfaction	.39**	.34**	-.19**	-	
5. Receiving Emotional Support	.49**	.27**	-.16**	.41**	-

Table 2. Results from Linear Regression Analyses

	Flourishing							
	N = 453		N = 453		N = 453		N = 453	
	B (SE)	β	B (SE)	β	B (SE)	β	B (SE)	β
Constant	13.36 (5.38)		14.92 (5.39)		13.48 (5.08)		9.4 (4.75)	
Age	.02 (.2)	.01	.01 (.2)	.002	.04 (.18)	.09	.13 (.17)	.03
Gender	.30 (.4)	.04	.44 (.39)	.05	.50 (.37)	.06	.05 (.35)	.01
BCEs	1.55 (.2)	.32***	1.45 (.23)	.30***	.83 (.23)	.17***	.62 (.21)	.13**
ACEs			-.21 (.09)	-.11**	-.13 (.08)	-.07	-.08 (.08)	-.04
Family Satisfaction					1.4 (.19)	.34***	.84 (.19)	.21***
Receiving Emotional Support							.54 (.07)	.37***

***p </.001; **p </.01; *p </.05; two-tailed tests

Discussion

- High endorsement of BCE items shifts the too common, deficits-based narrative about Indigenous families by demonstrating overwhelmingly positive childhood experiences for the majority of participants.
- BCEs were associated with young adult Flourishing. This relationship persisted even when accounting for Adverse Childhood Experiences and adult positive experiences.
- While ACEs were negatively correlated with young adult Flourishing, those effects are not significantly associated with Flourishing when considering Family Satisfaction and Receiving Emotional Support.
- In a study with pregnant women who have experienced childhood adversity, 28% of the sample reported all 10 BCEs (Narayan, 2018). While our study uses an adapted questionnaire with 7 of the BCEs, 66.4% of the HP sample reported experiencing all of the BCEs. Research using the BCEs has demonstrated that higher levels of BCEs predicted lower odds of psychological distress and predicted lower levels of posttraumatic stress disorder even after accounting for ACEs (Narayan et al. 2018; Merrick, Narayan, DePasquale, & Masten, 2019). Benevolent Childhood Experiences may have similar and potentially greater protective influence in our sample given the high endorsement of BCEs among the majority of participants.

Future Directions

- Future analyses will examine:
 - A) The co-occurrence of ACEs and BCEs and how these interact with other general and culturally relevant risk/protective factors to influence health over the early life course (i.e., the stress-buffering effects of BCEs in conjunction with other resilience factors).
 - B) "Dosage" effects of increasing positive returns with accumulating BCEs.
 - C) The relative impact of *individual* BCEs on young adult health.

References and Acknowledgements

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