## The Impact of Early Childhood Adversity on Neurodevelopment: A Comprehensive Review

#### Abstract

Early childhood is a vital period for brain development, characterized by rapid growth and high plasticity. Adverse experiences during this time, such as abuse, neglect, violence, and poverty, can significantly affect neurodevelopment and have lasting impacts on mental health and behavior. This review explores the influence of early adversity on brain development, emphasizing key mecha-nisms and outcomes. Research indicates that early adversity causes alterations in brain regions like the prefrontal cortex, amygdala, hippocampus, and corpus callosum, impairing cognitive functions such as learning, memory, and executive functioning. Chronic stress disrupts the hypothalamic-pituitary-adrenal (HPA) axis, resulting in elevated cortisol levels that hinder emotional regulation and heighten the risk of mental health disorders such as depression and anxiety. Epigenetic changes show how adversity can modify gene expression, affecting brain development without altering the DNA sequence. The repercussions of early adversity include cognitive deficits, emotional and beha-vioral problems, and social development challenges. However, resilience factors, including indivi-dual traits and supportive environments, can mitigate these negative impacts. Robust study designs, such as longitudinal and multidisciplinary approaches, are crucial for understanding the long-term effects of early adversity. Ethical considerations and precise measurement are vital for protecting vulnerable populations. Policy implications suggest that findings should inform child welfare, edu-cation, and mental health policies, focusing on early identification and intervention. Practitioners should adopt trauma-informed approaches, implement early intervention programs, and support parents and caregivers. Addressing early childhood adversity is crucial for promoting healthy neu-rodevelopment and well-being. Comprehensive interventions can reduce adverse effects, support healthy development, and contribute to a resilient society.

Keywords: Early Childhood Adversity, Neurodevelopment, Brain Development, Abuse, Neglect.

#### Introduction

The early years of childhood are crucial for brain development, characterized by rapid growth and high plasticity.<sup>[1]</sup> During these formative years, the brain undergoes significant changes in structure and function, laying the foundation for cognitive, emotional, and social functioning throughout the lifespan.<sup>[2]</sup> Adverse experiences during early Early childhood experiences, such as abuse, neglect, and exposure to violence, and living in poverty, can profoundly impact neurodevelopment and have long-lasting consequences for mental health and behavior.<sup>[3]</sup> The impact of early adversity on brain development is a critical area of research,<sup>[4]</sup> as understanding these effects can inform the development of interventions and policies aimed at mitigating the negative outcomes associated with such experiences.

Early childhood adversity comprises various forms of negative experiences that can disrupt normal development. <sup>[5]</sup> Abuse and neglect, for example, can deprive children of the necessary stimulation and security needed for healthy brain development. <sup>[6]</sup> Exposure to chronic stress, whether due to familial instability, socio-

economic disadvantage, or traumatic events, can alter the brain's stress response systems, leading to modifications in brain architecture and activity.<sup>[7]</sup> These adverse experiences can trigger a cascade of neurobiological changes that affect cognitive, emotional, and social development.[8] Recent advancements in neuroimaging and molecular biology have provided a deeper understanding of how early adversity affects brain development.<sup>[9]</sup> Studies indicate that early adversity can cause changes in brain regions responsible for emotion regulation, executive functioning, and social behavior, such as the prefrontal cortex, amygdala, and hippocampus. <sup>[10]</sup> Additionally, chronic stress exposure can disrupt the HPA axis, leading to long-lasting alterations in stress hormone levels that affect brain development.<sup>[11]</sup> Modifications in epigenetics, which affect gene expression without changing the DNA sequence, have also been identified as a crucial mechanism linking early adversity to long-term neurodevelopmental outcomes.<sup>[12]</sup>

How to cite this article: Alpugan Z. The Impact of Early Childhood Adversity on Neurodevelopment: A Comprehensive Review. J Neurobehav Sci 2024; 11:45-59.

#### Zeynep Alpugan<sup>1</sup>

<sup>1</sup> Esenyurt University, Faculty of Social Sciences, Psychology Department

Received : 28.05.2024 Revised : 02.07.2024 Accepted : 07.07.2024 Published : 30.08.2024

**Orcid** Zeynep Alpugan: 0000-0002-4260-5871

Address for Correspondence: Dr. Zeynep Alpugan, Esenyurt University, Faculty of Social Sciences, Psychology Department E-mail: zalpugan@gmail.com



Ethics committee approval: There is no need for ethics committee approval. The Journal of Neurobehavioral Sciences | Volume 11 | Issue 2 | April-August 2024 The consequences of early childhood adversity are far-reaching, affecting various domains of development. <sup>[13]</sup> Cognitively, children who experience early adversity may exhibit deficits in learning, memory, and executive functions. <sup>[14]</sup> They face a heightened emotional risk for mental health issues such as depression, anxiety, and post-traumatic stress disorder (PTSD). <sup>[15]</sup> Behaviorally, these children may exhibit increased aggression, impulsivity, and difficulties in social interactions. <sup>[16]</sup> The cumulative effect of these developmental disruptions can lead to significant impairments in academic achievement, interpersonal relationships, and overall quality of life. <sup>[17]</sup>

Nonetheless, not all children who encounter early adversity experience adverse outcomes.<sup>[18]</sup> Resilience, the capacity to adapt successfully in the face of challenges, is vital in shaping developmental trajectories.<sup>[19]</sup> Factors such as individual temperament and intelligence, as well as environmental elements like nurturing relationships and stable living conditions, can mitigate the negative effects of early adversity.<sup>[20]</sup> Programs and interventions that build resilience and offer supportive environments have shown effectiveness in lessening the impact of early adversity on neurodevelopment.<sup>[21]</sup>

This review aims to present a comprehensive overview of current literature on the impact of early childhood adversity on neurodevelopment. It will explore the definitions and prevalence of early adversity, delve into the neurobiological mechanisms underlying its effects, and discuss the cognitive, emotional, and social outcomes associated with such experiences. Furthermore, the review will emphasize resilience factors and protective interventions that can mitigate the negative effects of early adversity. By synthesizing existing research, this article seeks to inform future studies and guide practitioners and policymakers in addressing the needs of children exposed to early adversity.

#### Definitions

Early childhood adversity encompasses a range of negative experiences that can disrupt normal development and have lasting impacts on neurodevelopment and behavior.<sup>[22]</sup> Below are detailed definitions of various forms of early adversity:

#### Abuse

Abuse refers to intentional acts that cause harm or potential harm to a child. It includes three primary categories: physical abuse, emotional abuse, and sexual abuse.

## **Physical Abuse**

Physical abuse involves inflicting physical injury on a child through actions such as hitting, shaking, burning, or otherwise causing physical harm. These acts can result in visible injuries like bruises, burns, fractures, or internal damage. Physical abuse can also have long-term effects on a child's physical and mental health, leading to chronic pain, disabilities, and psychological disorders. The repeated nature of physical abuse often exacerbates its impact, leading to a cycle of fear and trauma.<sup>[23]</sup>

## **Emotional Abuse**

Emotional abuse, also known as psychological actions that harm a child's self-esteem or emotional health are forms of abuse. This form of abuse can be more challenging to recognize as it does not leave visible marks but can be equally damaging. Emotional abuse includes constant criticism, threats, rejection, isolation, and manipulation. It can lead to severe consequences, including Low self-worth, anxiety, depression, and struggles with forming healthy relationships. Emotional abuse undermines a child's sense of security and belonging, often leading to longterm emotional and psychological issues.<sup>[24]</sup>

## **Sexual Abuse**

Sexual abuse involves engaging a child in sexual activities, whether by direct contact or exploitation. This can include inappropriate touching, forced participation in sexual acts, or exposure to sexual content. Sexual abuse can cause profound physical and psychological trauma, including injuries, sexually transmitted infections, and long-lasting emotional distress. Victims of sexual abuse often suffer from guilt, shame, and fear, which can persist into adulthood and affect their mental health, relationships, and overall well-being. Sexual abuse is a gross violation of a child's trust and safety, with devastating and enduring effects.<sup>[25]</sup>

Understanding these definitions is crucial for identifying and addressing the various forms of abuse that children may endure. Each type of abuse requires specific interventions and support to help children recover and thrive despite their adverse experiences.

### Neglect

Neglect is the failure to provide for a child's basic needs, which are essential for their physical, emotional, and cognitive development. <sup>[26]</sup> Neglect can be as damaging as abuse and often co-occurs with other forms of maltreatment. It includes various types, each with specific implications for a child's well-being:

## **Physical Neglect**

Physical neglect encompasses the failure to meet a child's essential physical needs, such as providing adequate food, shelter, and clothing. Children subjected to physical neglect may suffer from malnutrition, poor hygiene, and inadequate living conditions. These children often face health issues due to improper nutrition and living in unsafe or unsanitary environments. Physical neglect can result in developmental delays and chronic health problems, hindering the child's ability to thrive both physically and academically.<sup>[27]</sup>

## **Emotional Neglect**

Emotional neglect refers to the failure to provide the essential emotional support, love, and nurturing required for a child's healthy psychological development. This type of neglect is particularly insidious as it does not leave visible scars but deeply impacts a child's emotional and mental health. Children who experience emotional neglect may feel unloved, unwanted, and isolated. They may develop low self-esteem, depression, and anxiety, and struggle to form secure attachments and trusting relationships. Emotional neglect can impair a child's ability to regulate emotions and cope with stress, leading to long-term psychological issues.<sup>[28]</sup>

## **Educational Neglect**

Educational neglect occurs when a caregiver fails to ensure that a child receives an education. This can involve not enrolling a child in school, allowing frequent absences, or failing to address special educational needs. Educational neglect can have severe consequences for a child's intellectual and social development. Children who are educationally neglected are often at a disadvantage academically, which can limit their future opportunities and perpetuate cycles of poverty and disadvantage. They may struggle with basic literacy and numeracy skills and are at a higher risk of dropping out of school and experiencing social exclusion.<sup>[29]</sup>

## **Medical Neglect**

The failure to offer necessary medical treatment constitutes medical neglect, which can include not seeking treatment for illnesses and injuries, failing to provide prescribed medications, or neglecting to attend regular health check-ups. Medical neglect can lead to untreated health conditions, chronic pain, and in severe cases, life-threatening situations. Children who do not receive appropriate medical care may suffer from preventable diseases, prolonged illnesses, and poor overall health. This neglect can impact their physical development and quality of life, as well as their ability to participate fully in educational and social activities.

By understanding the different forms of neglect and their prevalence, researchers, practitioners, and policymakers can better identify and address the needs of neglected children. Effective interventions and support systems are essential to mitigate the adverse effects of neglect and promote the healthy development and well-being of affected children.<sup>[30]</sup>

#### Witnessing Domestic Violence

Witnessing domestic violence involves children observing violent or abusive behavior between caregivers or within the household. This adversity can significantly impact a child's emotional and cognitive development, often leading to long-term psychological trauma. The following outlines the effects and implications of such exposure:

#### **Emotional Impact**

Children who witness domestic violence are often exposed to chronic stress and fear. These children may experience a constant sense of anxiety and insecurity, as their home environment, which should be a place of safety and stability, becomes unpredictable and frightening.<sup>[31]</sup> This persistent state of stress can lead to mental health conditions including depression, anxiety, and PTSD. Feelings of helplessness and powerlessness are common, as children may feel incapable of protecting themselves or their non-abusive parent. Additionally, they might internalize the violence, believing it is somehow their fault, which can lead to intense feelings of guilt and shame.<sup>[32]</sup>

#### **Cognitive Impact**

The cognitive development of children exposed to domestic violence can also be significantly affected. Chronic exposure to violence can impair the brain's development, particularly in areas responsible for learning, memory, and executive functioning. These children might have difficulty concentrating, experience delays in language development, and struggle with academic performance.<sup>[33]</sup> The constant activation of the stress response system can alter brain structures, such as the hippocampus and prefrontal cortex, which are crucial for cognitive processes. As a result, children may exhibit problems with attention, problem-solving, and impulse control.

#### **Behavioral Impact**

Witnessing domestic violence can lead to a range of behavioral issues. Children may exhibit aggressive behavior, mimicking the violence they observe, or they may become withdrawn and avoidant, attempting to escape their traumatic environment. Some children might develop conduct disorders, showing a pattern of disruptive and violent behavior.<sup>[34]</sup> Others may become overly compliant and exhibit heightened sensitivity to conflict, constantly trying to avoid any situation that might lead to violence. These behavioral issues can affect their interactions with peers and adults, leading to difficulties in forming healthy relationships.

#### **Social Impact**

The social development of children exposed to domestic violence can also be compromised. These children might struggle with trust and attachment issues, finding it difficult to form secure relationships with others. They may isolate themselves socially or have trouble maintaining friendships due to their emotional and behavioral difficulties.<sup>[35]</sup> Furthermore, witnessing violence can normalize aggressive behavior, increasing the risk that they might become perpetrators or victims of violence in their own relationships as they grow older. The social stigma associated with domestic violence can also lead to feelings of isolation and shame, further hindering their social development.

#### **Long-term Consequences**

The long-term effects of exposure to domestic violence are significant. Children who are raised in violent homes are more likely to continue the cycle of violence in their adult lives, either as victims or perpetrators. They may experience persistent mental health issues such as depression, anxiety, and PTSD, which can hinder their ability to function in various areas of life. Their educational and occupational outcomes may also suffer due to the cognitive and emotional challenges they encounter. Early intervention and supportive services are essential to mitigating these long-term effects and fostering resilience.<sup>[36]</sup>

Understanding the impact of exposure to domestic violence on children is essential for developing effective interventions and support systems. By providing a safe and supportive environment, fostering healthy relationships, and offering therapeutic interventions, it is possible to help these children overcome the adverse effects of their experiences and promote their emotional and cognitive well-being.

#### Poverty

Poverty is a pervasive form of early childhood adversity that affects millions of children worldwide. It encompasses more than just a lack of financial resources, extending to inadequate access to essential services and basic needs such as nutrition, healthcare, education, and safe living conditions.<sup>[37]</sup> The impact of poverty on a child's development is profound, influencing their physical health, cognitive abilities, emotional well-being, and social relationships.

#### **Global Prevalence**

According to UNICEF, nearly 356 million children globally live in extreme poverty, <sup>[38]</sup> defined as living on less than \$1.90 a day. These children face severe deprivation, which can hinder their overall development and limit their future opportunities. In lowand middle-income countries, the prevalence of child poverty is particularly high, exacerbating the challenges these children face in achieving healthy development.

### **Poverty in High-Income Countries**

Child poverty is not limited to low-income countries; it is also a significant issue in high-income countries.<sup>[39]</sup> In these regions, child poverty rates vary substantially, often influenced by economic policies, social safety nets, and regional disparities. For example, in the United States, the Census Bureau reports that approximately 11 million children live in poverty, representing about 16% of the child population. In European countries, child poverty rates can range from below 10% in some nations to over 30% in others, highlighting the uneven distribution of resources and support.

## **Impact on Physical Health**

Children living in poverty are more susceptible to various health problems due to poor nutrition, restricted access to healthcare, and unsafe living environments.<sup>[40]</sup> Malnutrition is prevalent, resulting in stunted growth, weakened immune systems, and higher vulnerability to diseases. Overcrowded housing and exposure to environmental toxins can lead to chronic health issues such as asthma, lead poisoning, and infectious diseases. The limited availability of healthcare services further worsens these conditions, as children in poverty are less likely to receive preventive care and timely medical treatment.

## **Impact on Cognitive Development**

Poverty can severely impact cognitive development, hindering a child's ability to learn and achieve academic success. Children in poverty often lack access to educational materials and enriching experiences that foster cognitive growth. The stress of living in poverty can disrupt brain development, especially in areas related to memory, attention, and executive functions.<sup>[41]</sup> Research indicates that children from low-income families usually start school with lower readiness levels, including poorer language skills, general knowledge, and early math abilities, which can continue to affect their educational progress.

## **Impact on Emotional and Social Development**

The chronic stress of living in poverty can also negatively impact a child's emotional and social development. Children in poverty are more prone to feelings of shame, low self-esteem, and helplessness. They often exhibit higher levels of anxiety and depression and are at a greater risk for behavioral problems. <sup>[42]</sup> The instability often accompanying poverty, such as frequent relocations, changes in caregivers, and exposure to violence, can disrupt a child's sense of security and attachment, making it difficult to form healthy relationships. Social isolation and the stigma of poverty can further intensify these emotional challenges.

## **Long-Term Consequences**

The long-term consequences of growing up in poverty can be far-reaching. As adults, individuals who experienced poverty as children are more likely to have lower educational attainment, reduced earning potential, and poorer health outcomes.<sup>[43]</sup> They may also face a higher risk of involvement in the criminal justice system and perpetuate the cycle of poverty with their own children. Addressing child poverty through comprehensive policies and targeted interventions is crucial for breaking this cycle and promoting the well-being and potential of affected children.

## **Addressing Child Poverty**

Efforts to address child poverty must be multifaceted, involving economic support, access to quality education and healthcare, and the provision of safe and stable living environments. Social safety nets, such as food assistance programs, housing subsidies, and healthcare access, play a critical role in mitigating the effects of poverty. Additionally, early childhood education programs and community support services can provide the necessary resources and support to help children in poverty reach their full potential.<sup>[44]</sup>

Understanding the prevalence and impact of poverty on children's development is essential for developing effective interventions and policies. By addressing the root causes of poverty and providing targeted support, it is possible to improve the outcomes and opportunities for millions of children worldwide.

## Parental Mental Illness or Substance Abuse

Children growing up in households where a parent has a mental health disorder or substance use disorder face unique challenges that can significantly impact their development and well-being. <sup>[45]</sup> The presence of parental mental illness or substance abuse can create an unstable and unpredictable environment, leading to various forms of stress and adversity for the child.

#### Prevalence

About 1 in 5 children in the United States live with a parent who has a mental health condition, which can range from depression and anxiety to more severe disorders such as bipolar disorder and schizophrenia. <sup>[46]</sup> Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) reports that around 1 in 8 children live with at least one parent who has a substance use disorder, including the abuse of alcohol, illegal drugs, or prescription medications.

## Impact on Emotional and Psychological Development

The emotional and psychological development of children living with a parent who has a mental health disorder or substance use disorder can be profoundly affected.<sup>[47]</sup> These children often experience high levels of stress and anxiety, stemming from the unpredictability and instability in their home environment. Parental mental illness or substance abuse can result in inconsistent parenting, emotional unavailability, and impaired caregiving. Children may feel neglected or unloved, leading to low self-esteem, depression, and difficulty forming healthy attachments.

Living with a parent who struggles with mental health issues or substance abuse can also expose children to secondary traumatic experiences, such as witnessing parental conflict, domestic violence, or even overdose incidents. These experiences can contribute to the development of post-traumatic stress disorder (PTSD) and other anxiety-related disorders. The chronic stress associated with such environments can interfere with brain development, particularly in areas related to emotion regulation and stress response.

## Impact on Cognitive Development and Academic Achievement

Children of parents with mental health disorders or substance use disorders often face significant challenges in their cognitive development and academic achievement. The chaotic and unstable home environment can hinder their ability to focus, learn, and succeed academically. These children may have higher rates of absenteeism and lower academic performance due to the lack of support and encouragement from their caregivers. Additionally, they may struggle with cognitive functions such as memory, attention, and executive functioning, which are critical for academic success.<sup>[48]</sup>

The stress and trauma associated with living in such environments can also impair brain development, particularly in areas responsible for cognitive processes. This can result in difficulties with problem-solving, planning, and organizing tasks. Furthermore, children may lack access to stimulating educational materials and enriching experiences that promote cognitive growth, further exacerbating the academic challenges they face.

#### **Impact on Social Development and Relationships**

The social development of children living with a parent who has a mental health disorder or substance use disorder can also be adversely affected. These children may experience social isolation and stigma, as they may feel embarrassed or ashamed of their family situation. They may have difficulty forming and maintaining friendships, as their social interactions are often disrupted by the chaos and instability at home. The lack of positive role models and supportive relationships can hinder their ability to develop healthy social skills and trust in others.<sup>[49]</sup>

Children may also exhibit behavioral problems, such as aggression, defiance, or withdrawal, as coping mechanisms for dealing with their stressful environment. These behaviors can further alienate them from their peers and lead to disciplinary issues at school. The absence of stable and nurturing relationships can impact their ability to form secure attachments and develop healthy interpersonal relationships later in life.

#### **Long-Term Consequences**

The long-term consequences of growing up with a parent who has a mental health disorder or substance use disorder can be significant. As adults, these individuals may be at higher risk for developing their own mental health disorders or substance use issues, perpetuating the cycle of adversity.<sup>[50]</sup> They may also face challenges in their educational and occupational achievements, as well as in forming and maintaining stable relationships. The intergenerational transmission of trauma and adversity underscores the importance of early intervention and support for these children.

## Addressing the Needs of Affected Children

Addressing the needs of children living with a parent who has a mental health disorder or substance use disorder requires a comprehensive and multifaceted approach. Providing access to mental health services for parents is crucial in creating a more stable and supportive home environment. Additionally, offering targeted support for children, such as counseling, support groups, and educational assistance, can help mitigate the impact of their adverse experiences.<sup>[51]</sup> Early intervention programs that focus on building resilience and coping skills can empower children to navigate their challenging circumstances more effectively. Community-based support systems, including schools, healthcare providers, and social services, play a critical role in identifying and supporting these children. By fostering a network of care and support, it is possible to improve the outcomes and well-being of children affected by parental mental illness or substance abuse.<sup>[52]</sup>

Understanding the prevalence and impact of parental mental illness and substance abuse on children is essential for developing effective interventions and policies. By addressing the root causes and providing targeted support, it is possible to break the cycle of adversity and promote the healthy development and future success of affected children.

#### **Natural Disasters and War**

Natural disasters and war represent severe forms of early childhood adversity that can have devastating effects on children's development and well-being.<sup>[53]</sup> The United Nations estimates that over 420 million children live in conflict-affected areas, and millions more are affected by natural disasters each year. These experiences can profoundly impact children's physical, emotional, cognitive, and social development.

## **Impact of Natural Disasters**

Natural disasters, such as earthquakes, hurricanes, floods, and wildfires, can cause immediate and long-term disruptions in a child's life.<sup>[54]</sup> The impact of these disasters varies based on their severity, duration, and the child's proximity to the event. Common effects include:

**Physical Health and Safety:** Natural disasters can lead to injuries, loss of life, and damage to homes and infrastructure. <sup>[55]</sup> Children may suffer from physical injuries or health issues resulting from poor living conditions in temporary shelters. Lack of access to clean water, food, and healthcare can exacerbate these health problems, leading to malnutrition and increased susceptibility to diseases.

**Emotional and Psychological Impact:** Experiencing a natural disaster can be highly traumatic for children, leading to feelings of fear, anxiety, and helplessness.<sup>[56]</sup> The sudden loss of loved ones, homes, and familiar surroundings can result in severe emotional distress. Children may develop post-traumatic stress disorder (PTSD), depression, and anxiety disorders. The ongoing stress and uncertainty can disrupt their sense of security and stability, affecting their overall emotional well-being.

**Cognitive and Educational Impact:** Natural disasters can disrupt education by damaging schools and displacing families.<sup>[57]</sup> Children may miss significant amounts of school, leading to delays in learning and academic achievement. The stress and trauma associated with the disaster can also affect cognitive functions such as memory, attention, and problem-solving abilities, further hindering their educational progress.

**Social Impact:** Displacement due to natural disasters often results in the loss of community networks and social support systems.<sup>[58]</sup> Children may be separated from friends, extended family, and familiar environments, leading to social isolation. The lack of stable social connections can impact their ability to develop healthy relationships and social skills.

## **Impact of War and Armed Conflict**

War and armed conflict represent extreme forms of adversity, exposing children to violence, displacement, and severe disruptions to their lives. The impact of living in conflict-affected areas includes:

**Exposure to Violence:** Children in war zones are often exposed to violence, including bombings, shootings, and other acts of aggression. <sup>[59]</sup> Witnessing or experiencing such violence can lead to severe psychological trauma, including PTSD, anxiety, and depression. The constant threat to their safety can result in chronic stress and hypervigilance.

**Displacement and Loss:** Conflict often forces families to flee their homes, leading to displacement and loss of belongings.<sup>[60]</sup> Refugee and internally displaced children face harsh living conditions in camps or temporary shelters, lacking access to basic necessities such as food, clean water, and healthcare. The loss of home and community disrupts their sense of stability and security.

**Disruption of Education:** Conflict can severely disrupt education, with schools being damaged, closed, or repurposed for military use. <sup>[61]</sup> Children may miss years of schooling, which affects their cognitive development and future opportunities. In conflict zones, education systems may be inadequate or non-existent, further exacerbating the educational disadvantages faced by these children.

**Health and Nutrition:** Children living in conflict-affected areas are at higher risk of malnutrition and health problems due to food shortages, lack of healthcare, and poor living conditions.<sup>[62]</sup> The stress and trauma of living in a war zone can weaken their immune systems, making them more susceptible to illnesses.

**Social and Emotional Development:** The loss of social networks and community support systems can impact children's social and emotional development.<sup>[63]</sup> Children in conflict zones may struggle with forming and maintaining relationships, and the pervasive atmosphere of fear and mistrust can hinder their ability to develop social skills. The long-term emotional impact of growing up in a war zone can affect their ability to lead healthy, productive lives in the future.

#### **Long-Term Consequences**

The long-term consequences of experiencing natural disasters or war during childhood can be profound and far-reaching. <sup>[64]</sup> These experiences can affect a child's development across multiple domains, leading to enduring physical, emotional, cognitive, and social challenges. As adults, individuals who experienced such adversity as children may face ongoing mental health issues, difficulties in educational and occupational achievements, and challenges in forming and maintaining stable relationships.

## Addressing the Needs of Affected Children

Addressing the needs of children affected by natural disasters and war requires a comprehensive and coordinated approach.<sup>[65]</sup> Humanitarian aid organizations play a crucial role in providing immediate relief, including food, shelter, healthcare, and psychological support. Long-term interventions should focus on rebuilding education systems, providing mental health services, and supporting family and community resilience. Psychosocial support programs are essential to help children cope with trauma and rebuild their sense of security and stability. <sup>[66]</sup> These programs should be culturally sensitive and tailored to the specific needs of the affected children. Education initiatives, such as temporary learning spaces and accelerated learning programs, can help mitigate the disruption to children's education and support their cognitive development.

International cooperation and policy efforts are also critical in addressing the root causes of conflict and promoting peace and stability. By prioritizing the well-being of children in humanitarian responses and development programs, it is possible to improve the outcomes and future prospects of children affected by natural disasters and war.

Understanding the prevalence and impact of natural disasters and war on children is essential for developing effective interventions and policies.<sup>[67]</sup> By addressing the immediate and long-term needs of these children, it is possible to promote their resilience, recovery, and healthy development.

### **Brain Development Overview**

The brain undergoes significant development from infancy through early childhood, characterized by rapid growth and high plasticity. Understanding the key stages of brain development helps elucidate how early adversity can affect neurodevelopmental trajectories.

## Infancy (0-2 years)

During infancy, the brain experiences a tremendous growth spurt, forming approximately one million new neural connections every second. <sup>[68]</sup> This period is characterized by several key developmental milestones that lay the foundation for future cognitive, emotional, and social functioning. One of the most significant processes during this time is synaptogenesis, the rapid formation of synapses, or connections between neurons, <sup>[69]</sup> which facilitates communication within the brain. This process is most intense in the first few years of life, allowing for the rapid development of neural networks that underpin learning, memory, and overall brain function.

Concurrently, myelination occurs, which is the development of the myelin sheath. This fatty layer insulates axons, the long projections of neurons, and speeds up neural transmission, <sup>[70]</sup> enhancing the efficiency and speed of communication between different parts of the brain. Myelination begins in the prenatal period and continues well into adulthood, <sup>[71]</sup> but it is particularly rapid during infancy. This rapid myelination supports the quick development of motor skills and cognitive functions that are essential for interacting with the environment.

Sensory and motor development also progresses significantly during infancy.<sup>[72]</sup> The brain areas responsible for sensory and motor functions mature early, enabling infants to gain control over their movements and start processing sensory information from their surroundings. This development allows infants to explore and interact with their environment,<sup>[73]</sup> which is crucial for cognitive and physical growth. For example, as infants develop their motor skills, they begin to reach for and manipulate objects, which helps them understand cause and effect and enhances their problem-solving abilities.

Additionally, the foundations of emotional regulation and at-

tachment are established during infancy. Infants form bonds with their primary caregivers, which are crucial for their emotional and social development.<sup>[74]</sup> These early relationships influence the child's ability to manage emotions and form secure attachments. A secure attachment provides a sense of safety and security, allowing the child to explore their environment and develop independence. It also plays a vital role in the development of social skills, empathy, and the ability to form healthy relationships later in life. Emotional regulation, the ability to manage and respond to emotional experiences appropriately,<sup>[75]</sup> begins to develop as infants learn to rely on their caregivers for comfort and support.

Overall, the first two years of life are a period of remarkable brain growth and development, with critical processes such as synaptogenesis, myelination, sensory and motor development, and the formation of attachment and emotional regulation laying the groundwork for future cognitive, emotional, and social functioning. Early experiences during this period can have lasting effects, highlighting the importance of providing a nurturing and stimulating environment to support optimal brain development.

#### Early Childhood (3-6 years)

In early childhood, the brain continues to develop at a rapid pace, with significant advancements in cognitive, emotional, and social functions. One of the key processes during this period is synaptic pruning, where the brain begins to eliminate excess synapses that are not frequently used. This process makes neural networks more efficient by strengthening the essential connections that are used regularly. By refining these neural pathways, the brain becomes more adept at processing information and performing complex tasks.<sup>[76]</sup>

Language development is particularly notable during early childhood, as this period includes critical windows for language acquisition. Children experience rapid growth in their vocabulary, grammar, and communication skills. They begin to understand and use language more effectively, which is crucial for expressing thoughts, needs, and emotions. The ability to communicate fluently supports not only cognitive development but also social interactions and learning.

Another significant development in early childhood is the maturation of executive functions, which are primarily associated with the prefrontal cortex. This area of the brain is responsible for planning, decision-making, and impulse control. As these executive functions develop, children become better at self-regulation and adaptive behavior. They learn to set goals, make plans, and control their impulses, which are essential skills for navigating their environment and interacting with others.

Social and emotional skills also undergo substantial development during early childhood. Children learn to navigate social interactions, develop empathy, and build relationships with their peers. They begin to understand social norms and expectations, which helps them function effectively in group settings. Emotional regulation continues to mature, influenced by experiences and interactions with caregivers and peers. Children learn to manage their emotions, cope with challenges, and respond appropriately to different social situations.

Overall, early childhood is a period of remarkable brain development, characterized by synaptic pruning, language acquisition, maturation of executive functions, and the development of social and emotional skills. These advancements lay the foundation for future learning and behavior, highlighting the importance of providing a supportive and stimulating environment during these formative years.

### **Critical Periods**

Critical periods in brain development are specific times when the brain is particularly sensitive to environmental influences. Exposure to positive experiences during these windows can promote optimal development, while exposure to adversity can have detrimental effects. Understanding these critical periods is essential for recognizing the impact of early adversity on neurodevelopment.

#### Early Infancy (0-2 years)

During early infancy, the development of sensory and motor systems is highly plastic, meaning the brain is especially responsive to environmental inputs and experiences. Adequate sensory stimulation and motor experiences are crucial for proper development. Infants learn about the world through their senses and movements, and these experiences help to shape the neural pathways that support sensory processing and motor skills.<sup>[77]</sup> For example, visual and auditory stimuli, as well as opportunities for grasping, crawling, and exploring, contribute to the maturation of these systems. However, adverse experiences such as neglect or sensory deprivation can lead to deficits in sensory and motor development. Without adequate stimulation, the brain may not develop the necessary connections to process sensory information and coordinate motor actions effectively, potentially leading to long-term impairments.

Attachment formation is another critical aspect of early infancy. The formation of secure attachments with primary caregivers is vital during the first two years of life. Secure attachment provides a sense of safety and security, which is essential for healthy emotional and social development. Through consistent and responsive caregiving, infants learn to trust their caregivers and develop the ability to regulate their emotions. This secure base allows them to explore their environment confidently and engage in social interactions. Disruptions in attachment, due to caregiver inconsistency, neglect, or maltreatment, can impair emotional regulation and social functioning. Children who do not form secure attachments may struggle with trust, experience anxiety, and have difficulties forming healthy relationships later in life.

The stress response system, particularly the HPA axis, is also particularly sensitive during infancy.<sup>[78]</sup> The HPA axis plays a crucial role in regulating the body's response to stress. During early infancy, chronic exposure to stress or trauma can dysregulate the HPA axis, leading to heightened stress sensitivity and long-term health consequences. Infants exposed to high levels of stress may exhibit increased levels of cortisol, the primary stress hormone, which can affect brain development and functioning. Dysregulation of the HPA axis can lead to difficulties in managing stress, increased risk for anxiety and depression, and other health problems later in life.

Overall, early infancy is a period of critical importance for the development of sensory and motor systems, the formation of secure attachments, and the regulation of stress responses. Adequate stimulation, consistent caregiving, and a stable environment are essential to support healthy development during these formative years. Understanding the significance of these processes highlights the importance of early intervention and support for infants who experience adverse conditions, to promote their well-being and optimal development.

## Early Childhood (3-6 years)

Early childhood, spanning ages 3 to 6, is a critical period for various aspects of development, including language acquisition, emotional regulation, and executive functions. During this time, the brain continues to exhibit remarkable plasticity, making it especially receptive to environmental influences and experiences.

Language acquisition is particularly significant during early childhood. This period is marked by rapid advancements in vocabulary, grammar, and overall communication skills. Adequate exposure to language through social interactions with caregivers, peers, and educators is essential for developing these skills. Children learn to understand and use language effectively, which is crucial for expressing thoughts, needs, and emotions.<sup>[79]</sup> Neglect or a lack of linguistic stimulation can result in language delays, making it challenging for children to achieve later academic success. These delays can have long-term consequences, affecting literacy, academic performance, and social interactions.

Emotional regulation also develops significantly during early childhood. The ability to manage and respond to emotional experiences appropriately is shaped by positive interactions with caregivers and peers. Children learn to identify, understand, and manage their emotions through these relationships. They develop skills such as empathy, self-soothing, and impulse control. However, adverse experiences, such as exposure to domestic violence or emotional neglect, can hinder the development of emotional regulation skills. Children exposed to such adversity may struggle with emotional and behavioral problems, including anxiety, aggression, and difficulty forming healthy relationships.

The prefrontal cortex, which is responsible for executive functions such as planning, decision-making, and impulse control, undergoes significant maturation during early childhood. Experiences that promote problem-solving, planning, and self-control are crucial for the development of these cognitive skills. Activities that challenge children's thinking, encourage exploration, and require them to follow rules and make decisions support the maturation of executive functions. However, adversity, such as chronic stress or instability, can impair the development of these critical skills. Children exposed to high levels of stress may find it difficult to focus, control impulses, and solve problems effectively, which can impact their academic performance and social interactions.

Overall, early childhood is a period of profound growth and development in language acquisition, emotional regulation, and executive functions. Ensuring that children have access to a nurturing and stimulating environment during these formative years is essential for their overall development. Understanding the critical nature of this period highlights the importance of early intervention and support for children exposed to adverse conditions, promoting their well-being and long-term success. Recognizing these critical periods highlights the importance of early intervention and support for children exposed to adversity. Providing a nurturing and stimulating environment during these sensitive windows can help mitigate the negative effects of adverse experiences and promote healthy neurodevelopment. Understanding the timing and nature of these critical periods is essential for developing effective strategies to support children at risk and optimize their developmental outcomes.

# Mechanisms Linking Early Adversity to Neurodevelopment

Early adversity can significantly impact neurodevelopment through various mechanisms, including changes in brain structure and function, alterations in stress response systems, and epigenetic modifications.<sup>[80]</sup> Understanding these mechanisms is crucial for comprehending how adverse experiences in childhood can lead to long-term cognitive, emotional, and behavioral outcomes.

## **Neurobiological Mechanisms**

Early adversity can lead to profound changes in brain structure and function. Neuroimaging studies have shown that children who experience maltreatment, neglect, or other forms of adversity often exhibit alterations in brain volume, connectivity, and function. Key areas affected include the prefrontal cortex, the amygdala, the hippocampus, and the corpus callosum.<sup>[81]</sup>

The prefrontal cortex, which is involved in executive functions such as planning, decision-making, and impulse control, is particularly vulnerable to the effects of early adversity. This region of the brain is crucial for higher-order cognitive processes and self-regulation. Studies have shown that children who experience significant adversity often have reduced volume in the prefrontal cortex, which can impair their ability to plan, make decisions, and control impulses. Additionally, altered connectivity within this region has been associated with difficulties in self-regulation, leading to increased risk for behavioral problems such as aggression, impulsivity, and difficulty in maintaining attention and focus.

The amygdala, which plays a central role in processing emotions and detecting threats, often shows increased volume and hyperactivity in children exposed to adversity. This hyperactivity can lead to heightened emotional reactivity and increased anxiety. The amygdala is essential for the emotional response to threats and stress, and when it becomes overactive due to chronic stress or trauma, it can result in a state of constant hyperarousal. This condition makes children more prone to anxiety disorders, fearfulness, and difficulties in emotional regulation. They may react excessively to perceived threats, even in safe environments, which can further impair their social interactions and overall emotional well-being.

The hippocampus, essential for memory formation and stress regulation, may exhibit reduced volume in response to chronic stress and trauma. The hippocampus is crucial for learning and memory consolidation, and its reduced volume can impair cognitive functions such as learning, memory, and spatial navigation. Chronic exposure to high levels of stress hormones like cortisol can damage hippocampal neurons, leading to difficulties in forming new memories and recalling information. This impairment can hinder academic performance and make it challenging for children to cope with new learning experiences. Furthermore, the hippocampus plays a role in regulating the HPA axis and stress responses, so its damage can contribute to difficulties in managing stress, perpetuating a cycle of chronic stress and impaired cognitive function.

The corpus callosum, which facilitates communication between the brain's hemispheres, can also be affected by early adversity. Adverse experiences can lead to reduced integrity of this structure, impacting the coordination of cognitive and emotional processes. The corpus callosum is essential for integrating information between the left and right hemispheres of the brain, allowing for coherent cognitive and emotional functioning. Damage to this structure can result in deficits in tasks that require the integration of verbal and spatial information, such as reading and problem-solving. It can also affect emotional processing, leading to difficulties in understanding and expressing emotions appropriately. Children with compromised corpus callosum integrity may struggle with complex cognitive tasks and exhibit inconsistent or inappropriate emotional responses.

Overall, the neurobiological mechanisms linking early adversity to changes in brain structure and function underscore the critical importance of early intervention and support. By understanding how specific brain regions are affected, targeted therapeutic and supportive strategies can be developed to mitigate these impacts and promote healthy brain development. Early interventions that provide stable, nurturing environments and address the specific needs of children exposed to adversity can help improve their cognitive, emotional, and behavioral outcomes, ultimately enhancing their resilience and well-being.

## **Stress Response Systems**

The HPA axis is a central component of the body's stress response system, and early adversity, particularly chronic stress, can dysregulate this system, leading to long-term alterations in neurodevelopment. The HPA axis controls the release of cortisol, a hormone that helps manage stress, and dysregulation of this system due to early adversity can result in several significant impacts on a child's development.

One major effect of HPA axis dysregulation is elevated cortisol levels. Chronic stress can lead to persistently high levels of cortisol, which can be neurotoxic and cause damage to critical brain regions such as the hippocampus and prefrontal cortex. The hippocampus, involved in memory formation and stress regulation, and the prefrontal cortex, responsible for executive functions like decision-making and impulse control, are particularly vulnerable to the damaging effects of prolonged high cortisol levels. This can result in impairments in cognitive functions, such as difficulties with learning, memory, and problem-solving. Additionally, high cortisol levels are associated with increased vulnerability to mental health disorders, including anxiety and depression, due to their impact on brain regions that regulate mood and emotions.

Altered stress responsivity is another consequence of HPA axis dysregulation. Children exposed to early adversity may develop either an exaggerated or blunted stress response. An exaggerated stress response means that the child reacts excessively to stressors, even those that are relatively minor or non-threatening. This heightened reactivity can manifest as increased anxiety, hypervigilance, and difficulty calming down after a stressful event. On the other hand, a blunted stress response indicates that the child does not react adequately to stress, which can be equally problematic. This blunted responsivity can lead to a lack of appropriate emotional reactions and difficulties in recognizing and responding to danger, potentially putting the child at risk in situations that require a rapid stress response. Both altered stress responses can interfere with a child's ability to cope with everyday challenges and regulate their emotions effectively.<sup>[82]</sup>

Dysregulation of the HPA axis can also impact other neuroendocrine functions, influencing growth, immune function, and metabolic processes. For example, chronic stress and elevated cortisol levels can suppress the immune system, making children more susceptible to infections and illnesses. This suppression can lead to frequent health issues that further disrupt a child's development and well-being. Additionally, chronic stress can affect growth hormone production, potentially leading to growth delays and other developmental concerns. Metabolic processes can also be altered, increasing the risk of conditions such as obesity and metabolic syndrome, which have their own long-term health consequences.

The combined effects of these neuroendocrine disruptions highlight the critical role of the HPA axis in linking early adversity to long-term health outcomes. The impact of chronic stress on this system underscores the importance of providing supportive environments and interventions for children who have experienced significant adversity. Early interventions that reduce stress and promote healthy coping mechanisms can help mitigate the negative effects of HPA axis dysregulation. For example, therapeutic approaches that focus on building resilience, such as trauma-informed care and mindfulness practices, can help children develop better stress management skills and improve their overall emotional and physical health. Addressing the root causes of chronic stress, such as ensuring stable and nurturing caregiving environments, can also play a vital role in supporting the healthy development of children exposed to early adversity.

## **Epigenetics**

Epigenetic mechanisms provide a crucial link between environmental experiences and gene expression, and early adversity can lead to epigenetic changes that profoundly influence brain development and function without altering the underlying DNA sequence. These changes include DNA methylation, histone modification, and the impact of non-coding RNAs, all of which play significant roles in how genes are expressed in response to environmental factors.

DNA methylation involves the addition of methyl groups to DNA molecules, typically acting to suppress gene expression. Early adversity, such as exposure to chronic stress or trauma, can increase the methylation of specific genes, which can alter their normal function. For instance, increased methylation of the glucocorticoid receptor gene has been observed in individuals who experienced early adversity. The glucocorticoid receptor is critical for regulating the body's response to stress, and its reduced expression can impair the ability to manage stress effectively. This epigenetic change can lead to heightened stress sensitivity and an increased risk for mental health disorders such as anxiety and depression.<sup>[83]</sup>

Histone modification is another epigenetic mechanism affected by early adversity. Histones are proteins around which DNA is

wound, and their modification can influence the accessibility of genes for transcription. Adverse experiences can lead to changes in histone acetylation or methylation, altering how tightly or loosely DNA is coiled around histones. These modifications can either enhance or suppress gene expression, impacting genes involved in neural plasticity, stress regulation, and emotional regulation. For example, changes in histone modification may affect genes that regulate synaptic connectivity and neural growth, leading to altered brain structure and function. These changes can contribute to difficulties in learning, memory, and emotional regulation, highlighting the long-term impact of early adversity on cognitive and emotional development.

Non-coding RNAs, which do not encode proteins but play roles in regulating gene expression, are also influenced by early adversity. These molecules, including microRNAs (miRNAs) and long non-coding RNAs (lncRNAs), can affect the expression of genes critical for brain development and function. Adverse experiences can alter the levels and activity of non-coding RNAs, impacting the regulation of genes involved in neural plasticity, synaptic function, and stress responses. For example, specific miRNAs may be upregulated or downregulated in response to stress, leading to changes in the expression of target genes that influence neuronal growth and connectivity. These alterations can have lasting effects on brain development, potentially contributing to cognitive deficits and increased susceptibility to mental health disorders.

The epigenetic changes induced by early adversity are dynamic and can be influenced by subsequent experiences and interventions. This plasticity offers potential pathways for mitigating the impact of early adversity. Positive experiences and supportive interventions can reverse some of the adverse epigenetic modifications, promoting resilience and recovery. For instance, enriched environments, nurturing caregiving, and therapeutic interventions can lead to beneficial epigenetic changes that enhance neural plasticity and cognitive function. Understanding the epigenetic mechanisms linking early adversity to neurodevelopment underscores the importance of providing supportive environments and targeted interventions for affected children.

Addressing these epigenetic changes through early intervention and support can help improve developmental outcomes and reduce the long-term impact of early adversity. Interventions that focus on creating stable, nurturing environments and promoting positive experiences can counteract the negative effects of adverse experiences on gene expression and brain development. By targeting the underlying epigenetic mechanisms, it is possible to enhance resilience and promote healthy development in children who have experienced early adversity.

## Neurodevelopmental Outcomes of Early Adversity

Early adversity has profound and multifaceted effects on neurodevelopment, influencing cognitive, emotional, behavioral, and social outcomes. Understanding these outcomes is crucial for developing effective interventions and support systems to mitigate the long-term impacts on children exposed to adverse experiences.<sup>[84]</sup>

## **Cognitive Outcomes**

Early adversity can significantly impair cognitive development, affecting learning, memory, and executive functions. Children

who experience maltreatment, neglect, or chronic stress often exhibit deficits in these areas. For instance, adversity can hinder the development of the hippocampus, a brain region critical for memory formation and retrieval. This impairment can lead to difficulties in learning new information and recalling previously learned material, which negatively impacts academic performance and overall cognitive abilities. Moreover, the prefrontal cortex, which is responsible for executive functions such as planning, decision-making, and impulse control, can also be adversely affected. Children exposed to early adversity may struggle with tasks that require these executive functions, leading to challenges in organizing their thoughts, controlling impulses, and making informed decisions. These cognitive deficits can persist into adolescence and adulthood, affecting educational and occupational outcomes and overall life success.

## **Emotional and Behavioral Outcomes**

The effects of early adversity on emotional regulation and mental health are profound. Children who experience significant adversity often struggle with emotional regulation, which is the ability to manage and respond to emotional experiences appropriately. This can manifest as heightened emotional reactivity, difficulty calming down, and challenges in coping with stress. Consequently, these children are at an increased risk for mental health disorders such as depression and anxiety. The chronic stress associated with adverse experiences can lead to persistent feelings of sadness, hopelessness, and worry, which can impair daily functioning and quality of life. Behavioral issues are also common among children exposed to early adversity. These children may exhibit increased aggression, defiance, and conduct disorders. The inability to regulate emotions and cope with stress effectively can result in disruptive behaviors both at home and in school. Such behavioral problems can lead to disciplinary issues, social isolation, and further exacerbate emotional difficulties, creating a cycle of maladaptive behavior and emotional distress.<sup>[85]</sup>

#### **Social Outcomes**

Early adversity can profoundly impact social development and relationships. Children who experience adverse conditions often face challenges in forming and maintaining healthy relationships. Attachment theory suggests that secure attachments formed in early childhood are critical for social development. However, children exposed to neglect, abuse, or instability may struggle to develop secure attachments, leading to difficulties in trusting others and forming close relationships. These children may exhibit social withdrawal, reluctance to engage with peers, and difficulties in understanding social cues and norms. The lack of positive social interactions can hinder the development of social skills, such as empathy, cooperation, and effective communication. As a result, these children may experience social isolation, bullying, and difficulties in building supportive peer networks. The impact on social development can persist into adolescence and adulthood, affecting the ability to establish and maintain intimate relationships, friendships, and professional connections.

Understanding the neurodevelopmental outcomes of early adversity highlights the critical need for early intervention and support. By addressing the cognitive, emotional, behavioral, and social challenges faced by children exposed to adverse experiences, it is possible to mitigate the long-term impacts and promote resilience. Interventions that provide stable, nurturing environments, promote positive relationships, and offer therapeutic support can help improve outcomes for these children. Early identification and targeted support are essential for fostering healthy development and ensuring that children have the opportunity to reach their full potential despite the challenges of early adversity.<sup>[86]</sup>

#### **Resilience and Protective Factors**

Understanding resilience and the protective factors that can buffer children from the adverse effects of early adversity is crucial for developing effective support systems and interventions. These factors can be broadly categorized into individual traits, environmental factors, and specific interventions that collectively promote positive neurodevelopmental outcomes.<sup>[87]</sup>

#### **Individual Factors**

Certain individual traits can enhance a child's resilience in the face of adversity. Temperament plays a significant role; children with a positive, easy-going temperament tend to cope better with stress and are more likely to form positive relationships with caregivers and peers. High intelligence is another protective factor, as it often correlates with better problem-solving skills and adaptive coping mechanisms. Additionally, children with strong self-regulation skills, including the ability to manage emotions and behaviors, are better equipped to navigate stressful situations. These traits can help children remain resilient even when exposed to significant challenges, reducing the negative impact of early adversity on their development.

#### **Environmental Factors**

Supportive relationships and stable environments are critical in mitigating the effects of early adversity. The presence of at least one stable, caring, and supportive adult in a child's life can significantly enhance resilience. This relationship can provide emotional security, model positive coping strategies, and offer practical support during difficult times. Stable environments, including consistent routines and safe living conditions, also play a vital role in promoting resilience. Schools and communities that offer supportive and nurturing environments can further bolster a child's ability to cope with adversity. These environments can provide opportunities for positive social interactions, learning, and personal growth, helping children develop the skills and confidence needed to overcome challenges.

#### Interventions

Effective interventions and programs can support neurodevelopment in children exposed to early adversity. Trauma-informed care is a comprehensive approach that recognizes the impact of trauma on development and incorporates strategies to promote healing and resilience. This approach can be applied in various settings, including schools, healthcare, and social services, to create supportive environments that address the needs of children with traumatic experiences. Parenting programs that teach caregivers positive parenting techniques and stress management can also be beneficial. These programs can help caregivers provide the stable, nurturing environment essential for healthy development. Additionally, therapeutic interventions such as cognitive-behavioral therapy (CBT) can help children process and cope with their experiences, improving emotional regulation and reducing the risk of mental health disorders. Community-based programs that offer social support, recreational activities, and academic assistance can also play a significant role in fostering resilience. By providing children with opportunities to build positive relationships, develop skills, and achieve successes, these programs can counteract the negative effects of early adversity.

Understanding the factors that contribute to resilience and implementing effective interventions can help children exposed to early adversity achieve better neurodevelopmental outcomes. By focusing on individual traits, supportive environments, and targeted interventions, it is possible to promote resilience and support the healthy development of children who have faced significant challenges.

#### **Methodological Considerations in Research**

Research on the impact of early adversity on neurodevelopment employs various study designs, each with strengths and limitations. Longitudinal studies follow individuals over time, offering insights into long-term effects and developmental trajectories but requiring significant resources and facing participant attrition. Cross-sectional studies compare different individuals at a single point, useful for identifying correlations but limited in establishing causality. Experimental studies, including randomized controlled trials (RCTs), test intervention effectiveness and control for confounding variables, though ethical constraints limit their feasibility with vulnerable populations.

Challenges in this research include ethical considerations, measurement issues, and participant variability. Ethical concerns necessitate protecting vulnerable participants from harm, ensuring informed consent, and maintaining confidentiality. Measurement issues involve accurately capturing diverse adverse experiences and neurodevelopmental outcomes, requiring sophisticated tools such as neuroimaging and cognitive assessments. Participant variability, due to differences in genetics, resilience, and environmental contexts, complicates generalization, demanding large, diverse samples and careful study design.

Future research should integrate multidisciplinary approaches from neuroscience, psychology, genetics, and social sciences to understand the complex interplay between biological, psychological, and environmental factors. More longitudinal and interventional studies are needed to track long-term effects and evaluate intervention effectiveness. Advanced measurement techniques, such as neuroimaging and biomarker analysis, can enhance accuracy and reliability, identifying specific neural pathways and mechanisms affected by early adversity. Additionally, exploring protective factors and resilience mechanisms can inform interventions that promote healthy development in at-risk children. Considering cultural and contextual factors is crucial for generalizing findings and tailoring interventions to specific settings.<sup>[88]</sup>

#### **Implications for Policy and Practice**

Research on early adversity and neurodevelopment should inform child welfare, education, and mental health policies. Prioritizing early identification and intervention can mitigate adverse effects. Child welfare policies should ensure timely support for affected children, including funding for stable environments and trauma-informed care training for caregivers. Educational policies should integrate social-emotional learning (SEL) curricula and provide resources for trauma-responsive school environments, including mental health services. Mental health policies must expand access to evidence-based therapies, increase funding, and support community-based programs addressing poverty and housing instability.<sup>[89]</sup>

Practitioners working with children who have experienced early adversity can adopt several strategies. Creating safe, supportive environments, building trust, and being sensitive to trauma signs are essential aspects of trauma-informed care. Early intervention programs, such as parent-child interaction therapy (PCIT), can strengthen attachment and support emotional regulation. Incorporating SEL into schools helps children manage emotions and build relationships. Providing access to therapies that address trauma, like cognitive-behavioral therapy (CBT) and trauma-focused CBT (TF-CBT), is crucial.

Supporting parents through education and resources can help caregivers create supportive environments. A collaborative approach among educators, social workers, and healthcare providers ensures comprehensive support. Additionally, practitioners can advocate for policies and practices that support affected children by participating in policy discussions and raising awareness.<sup>[90]</sup>

Implementing these strategies and informing policies with research findings can create environments that support healthy development and resilience in children exposed to early adversity.

## Conclusion

The review has explored the profound impacts of early childhood adversity on neurodevelopment, revealing how adverse experiences can fundamentally alter brain structure, function, and overall developmental trajectories. Neurobiological changes, including alterations in the prefrontal cortex, amygdala, hippocampus, and corpus callosum, demonstrate how early adversity can impair cognitive functions such as learning, memory, and executive functioning. These structural and functional changes underlie the observed deficits in cognitive development and highlight the critical periods during which the brain is most vulnerable to adverse experiences.

In examining the stress response systems, we found that dysregulation of the HPA axis due to chronic stress leads to elevated cortisol levels, impacting emotional regulation and increasing the risk of mental health disorders like depression and anxiety. The role of epigenetics further elucidates how early adversity can induce changes in gene expression, affecting brain development and function without altering the DNA sequence. These epigenetic changes can persist throughout life, influencing susceptibility to various neurodevelopmental and mental health issues.

The review also highlighted the diverse outcomes of early adversity, including cognitive deficits, emotional and behavioral problems, and social development challenges. Children exposed to early adversity often face significant hurdles in learning and memory, emotional regulation, and social interactions, leading to long-term implications for their academic and personal lives. The importance of resilience and protective factors was emphasized, noting that individual traits such as temperament and intelligence, along with supportive relationships and stable environments, can buffer against the negative impacts of early adversity.

Methodological considerations underscored the necessity of employing robust study designs, such as longitudinal and multidisciplinary approaches, to capture the long-term effects and complex interplay of factors influencing neurodevelopment. Ethical considerations and measurement challenges were also discussed, emphasizing the need for accurate and reliable assessment tools and the importance of protecting vulnerable populations in research.

Policy implications derived from these findings advocate for early identification and intervention strategies in child welfare, education, and mental health services. Policies should focus on creating trauma-informed care systems, integrating social-emotional learning (SEL) in schools, and expanding access to mental health services. Practitioners are encouraged to adopt trauma-informed approaches, provide early intervention programs, and support parents and caregivers through education and resources.

In conclusion, addressing early childhood adversity is paramount for promoting healthy neurodevelopment and overall well-being. The findings from this review underscore the critical need for comprehensive, multidisciplinary approaches that incorporate individual, familial, and systemic interventions. By fostering stable and nurturing environments, enhancing resilience through targeted interventions, and informing policies with robust research, we can mitigate the detrimental effects of early adversity and support the healthy development of affected children. This collective effort not only improves individual outcomes but also contributes to the creation of a more resilient and healthier society.

Patient informed consent: There is no need for patient informed consent.

Ethics committee approval: There is no need for ethics committee approval.

Financial support and sponsorship: No funding was received.

Conflict of interest: There is no conflict of interest to declare.

#### Author Contributions subject and rate:

Zeynep Alpugan (100%): create to the content, references, write manuscript

#### References

- Hochberg, Z. E., Feil, R., Constancia, M., Fraga, M., Junien, C., Carel, J. C., ... & Albertsson-Wikland, K. (2011). Child health, developmental plasticity, and epigenetic programming. Endocrine reviews, 32(2), 159-224. <u>Doi: 10.1210/er.2009-0039</u>
- 2. Kelly, B. B., & Allen, L. (Eds.). (2015). Transforming the workforce for children birth through age 8: A unifying foundation.
- 3. Mueller, I., & Tronick, E. (2019). Early life exposure to violence: Developmental consequences on brain and behavior. Frontiers in behavioral neuroscience, 13, 156. Doi: 10.3389/fnbeh.2019.00156
- Nelson, C. A., & Gabard-Durnam, L. J. (2020). Early adversity and critical periods: neurodevelopmental consequences of violating the expectable environment. Trends in neurosciences, 43(3), 133-143. Doi: 10.1016/j.tins.2020.01.002

- McLaughlin, K. A., Weissman, D., & Bitrán, D. (2019). Childhood adversity and neural development: A systematic review. Annual review of developmental psychology, 1, 277-312. <u>Doi: 10.1146/annurev-dev-psych-121318-084950</u>
- 6. Glaser, D. (2000). Child abuse and neglect and the brain—a review. The Journal of Child Psychology and Psychiatry and Allied Disciplines, 41(1), 97-116. Doi: 10.1017/S0021963099004990
- McEwen, B. S. (2017). Neurobiological and systemic effects of chronic stress. Chronic stress, 1, 2470547017692328. Doi: 10.1177/2470547017692328
- Gunnar, M., & Quevedo, K. (2007). The neurobiology of stress and development. Annu. Rev. Psychol., 58, 145-173. Doi: 10.1146/annurev.psych.58.110405.085605
- Gunnar, M., & Quevedo, K. (2007). The neurobiology of stress and development. Annu. Rev. Psychol., 58, 145-173. Doi: 10.1146/annurev.psych.58.110405.085605
- Gunnar, M., & Quevedo, K. (2007). The neurobiology of stress and development. Annu. Rev. Psychol., 58, 145-173. Doi: 10.1146/annurev.psych.58.110405.085605
- Gunnar, M., & Quevedo, K. (2007). The neurobiology of stress and development. Annu. Rev. Psychol., 58, 145-173. Doi: 10.1146/annurev.psych.58.110405.085605
- Gunnar, M., & Quevedo, K. (2007). The neurobiology of stress and development. Annu. Rev. Psychol., 58, 145-173. Doi: 10.1146/annurev.psych.58.110405.085605
- Shonkoff, J. P. (2010). Building a new biodevelopmental framework to guide the future of early childhood policy. Child development, 81(1), 357-367. Doi: 10.1111/j.1467-8624.2009.01399.x
- McDermott, J. M., Westerlund, A., Zeanah, C. H., Nelson, C. A., & Fox, N. A. (2012). Early adversity and neural correlates of executive function: Implications for academic adjustment. Developmental cognitive neuroscience, 2, S59-S66. Doi: 10.1016/j.dcn.2011.09.008
- Hedges, D. W., & Woon, F. L. (2011). Early-life stress and cognitive outcome. Psychopharmacology, 214, 121-130. Doi: 10.1007/s00213-010-2090-6
- Wade, M., Wright, L., & Finegold, K. E. (2022). The effects of early life adversity on children's mental health and cognitive functioning. Translational Psychiatry, 12(1), 244. Doi: 10.1038/s41398-022-02001-0
- Taylor, E., & Rogers, J. W. (2005a). Practitioner review: early adversity and developmental disorders. Journal of Child Psychology and Psychiatry, 46(5), 451-467. Doi: 10.1111/j.1469-7610.2004.00402.x
- Ellis, B. J., Sheridan, M. A., Belsky, J., & McLaughlin, K. A. (2022). Why and how does early adversity influence development? Toward an integrated model of dimensions of environmental experience. Development and Psychopathology, 34(2), 447-471. Doi: 10.1017/ S0954579421001838.
- Masten, A. S., & Cicchetti, D. (2016). Resilience in development: Progress and transformation. Developmental psychopathology, 4(3), 271-333.
- Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. Development and psychopathology, 2(4), 425-444. Doi: 10.1017/S0954579400005812.
- Scattolin, M. A. D. A., Resegue, R. M., & Rosário, M. C. D. (2022). The impact of the environment on neurodevelopmental disorders in early childhood. Jornal de Pediatria, 98(suppl 1), 66-72. Doi: 10.1016/j.jped.2021.11.002
- McLaughlin, K. A., & Sheridan, M. A. (2016). Beyond cumulative risk: A dimensional approach to childhood adversity. Current directions in psychological science, 25(4), 239-245. Doi: 10.1177/0963721416655883

- 23. Kalmakis, K. A., & Chandler, G. E. (2014). Adverse childhood experiences: towards a clear conceptual meaning. Journal of advanced nursing, 70(7), 1489-1501. Doi: 10.1111/jan.12329
- Çınaroğlu, M. (2024). Hormonal Catalysts in the Addiction Cycle of Muscle Dysmorphia: A Neuroendocrine Perspective. The Journal of Neurobehavioral Sciences, 11(1), 1-9. Doi: 10.4103/jnbs.jnbs\_19\_23
- Martsolf, D. S., & Draucker, C. B. (2008). The legacy of childhood sexual abuse and family adversity. Journal of Nursing Scholarship, 40(4), 333-340. Doi: 10.1111/j.1547-5069.2008.00247.x
- Blaisdell, K. N., Imhof, A. M., & Fisher, P. A. (2019). Early adversity, child neglect, and stress neurobiology: From observations of impact to empirical evaluations of mechanisms. International Journal of Developmental Neuroscience, 78, 139-146. Doi: 10.1016/j. ijdevneu.2019.06.008
- Campbell, K. A., Gamarra, E., Frost, C. J., Choi, B., & Keenan, H. T. (2020). Childhood adversity and health after physical abuse. Pediatrics, 146(4). Doi: 10.1542/peds.2020-0638
- Wilson, R. S., Boyle, P. A., Levine, S. R., Yu, L., Anagnos, S. E., Buchman, A. S., ... & Bennett, D. A. (2012). Emotional neglect in childhood and cerebral infarction in older age. Neurology, 79(15), 1534-1539. Doi: 10.1212/WNL.0b013e31826e25bd
- Oeri, N., & Roebers, C. M. (2022). Adversity in early childhood: Long-term effects on early academic skills. Child abuse & neglect, 125, 105507. Doi: 10.1016/j.chiabu.2022.105507
- Fiddler, M., Jackson, J., Kapur, N., Wells, A., & Creed, F. (2004). Childhood adversity and frequent medical consultations. General hospital psychiatry, 26(5), 367-377. Doi: 10.1016/j.genhosppsych.2004.04.001
- Mueller, I., & Tronick, E. (2020a). The long shadow of violence: The impact of exposure to intimate partner violence in infancy and early childhood. International Journal of Applied Psychoanalytic Studies, 17(3), 232-245. Doi: 10.1002/aps.1668
- 32. Shonkoff, J. P., Garner, A. S., Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, and Section on Developmental and Behavioral Pediatrics, Siegel, B. S., Dobbins, M. I., Earls, M. F., ... & Wood, D. L. (2012). The lifelong effects of early childhood adversity and toxic stress. Pediatrics, 129(1), e232-e246. Doi: 10.1016/j. ynstr.2016.11.005
- Richards, M., & Wadsworth, M. E. J. (2004). Long term effects of early adversity on cognitive function. Archives of disease in childhood, 89(10), 922-927. Doi: 10.1136/adc.2003.032490
- Choi, J. K., Wang, D., & Jackson, A. P. (2019). Adverse experiences in early childhood and their longitudinal impact on later behavioral problems of children living in poverty. Child abuse & neglect, 98, 104181. Doi: 10.1016/j.chiabu.2019.104181
- Lopez, M., Ruiz, M. O., Rovnaghi, C. R., Tam, G. K., Hiscox, J., Gotlib, I. H., ... & Anand, K. J. (2021). The social ecology of childhood and early life adversity. Pediatric research, 89(2), 353-367. Doi: 10.1038/s41390-020-01264-x
- Mueller, I., & Tronick, E. (2020b). The long shadow of violence: The impact of exposure to intimate partner violence in infancy and early childhood. International Journal of Applied Psychoanalytic Studies, 17(3), 232-245. Doi: 10.1002/aps.1668
- Siegel, B. S., Dobbins, M. I., Earls, M. F., Garner, A. S., McGuinn, L., Pascoe, J., & Wood, D. L. (2012). The lifelong effects of early childhood adversity and toxic stress. Pediatrics, 129(1), e232-e246.
- Canton, H. (2021). United Nations Children's Fund—UNICEF. In The Europa Directory of International Organizations 2021 (pp. 160-172). Routledge.
- Gornick, J. C., & Jäntti, M. (2012). Child poverty in cross-national perspective: Lessons from the Luxembourg Income Study. Children and Youth Services Review, 34(3), 558-568. Doi: 10.1016/j. childyouth.2011.10.016

- Canton, H. (2021). United Nations Children's Fund—UNICEF. In The Europa Directory of International Organizations 2021 (pp. 160-172). Routledge.
- 41. Engle, P. L., & Black, M. M. (2008). The effect of poverty on child development and educational outcomes. Annals of the New York Academy of Sciences, 1136(1), 243-256. Doi: 10.1196/annals.1425.023
- Evans, G. W., & Kim, P. (2013). Childhood poverty, chronic stress, self-regulation, and coping. Child development perspectives, 7(1), 43-48. Doi: 10.1111/cdep.12013
- 43. Harris, N. B. (2018a). The deepest well: Healing the long-term effects of childhood adversity. Houghton Mifflin Harcourt.
- Jutte, D. P., Badruzzaman, R. A., & Thomas-Squance, R. (2021). Neighborhood poverty and child health: investing in communities to improve childhood opportunity and well-being. Academic Pediatrics, 21(8), S184-S193. Doi: 10.1016/j.acap.2021.04.027
- Luthar, S. S., & Latendresse, S. J. (2005). Children of the affluent: Challenges to well-being. Current directions in psychological science, 14(1), 49-53. Doi: 10.1111/j.0963-7214.2005.00333.x
- 46. Hoyle, J. N., Laditka, J. N., & Laditka, S. B. (2021). Mental health risks of parents of children with developmental disabilities: A nationally representative study in the United States. Disability and Health Journal, 14(2), 101020. Doi: 10.1016/j.dhjo.2020.101020
- Maina, G., Ogenchuk, M., & Gaudet, S. (2021). Living with parents with problematic substance use: Impacts and turning points. Public Health Nursing, 38(5), 730-737. Doi: 10.1111/phn.12888
- Murray, J., Farrington, D. P., & Sekol, I. (2012). Children's antisocial behavior, mental health, drug use, and educational performance after parental incarceration: a systematic review and meta-analysis. Psychological bulletin, 138(2), 175. Doi: 10.1037/a0026407
- Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: from theory to practice. Social work in public health, 28(3-4), 194-205. Doi: 10.1080/19371918.2013.759005
- 50. Wangensteen, T., Bramness, J. G., & Halsa, A. (2019). Growing up with parental substance use disorder: The struggle with complex emotions, regulation of contact, and lack of professional support. Child & Family Social Work, 24(2), 201-208. Doi: 10.1111/cfs.12603
- Barth, R. P. (2009). Preventing child abuse and neglect with parent training: Evidence and opportunities. The Future of children, 95-118.
- Smokowski, P. R. (1998). Prevention and intervention strategies for promoting resilience in disadvantaged children. Social service review, 72(3), 337-364. Doi: 10.1086/515762
- Masten, A. S., & Narayan, A. J. (2012). Child development in the context of disaster, war, and terrorism: Pathways of risk and resilience. Annual review of psychology, 63, 227-257. Doi: 10.1146/annurev-psych-120710-100356
- 54. Kousky, C. (2016). Impacts of natural disasters on children. The Future of children, 73-92.
- Hidalgo, J., & Baez, A. A. (2019). Natural disasters. Critical care clinics, 35(4), 591-607. Doi: 10.1016/j.ccc.2019.05.001
- Shaw, J. A., Espinel, Z., & Shultz, J. M. (2007). Children: Stress, trauma and disaster (p. 141). Florida: Disaster Life Support Publishing.
- 57. Frankenberg, E., Sikoki, B., Sumantri, C., Suriastini, W., & Thomas, D. (2013). Education, vulnerability, and resilience after a natural disaster. Ecology and society: a journal of integrative science for resilience and sustainability, 18(2), 16. Doi: 10.5751/ES-05377-180216
- Solomon, S. (2014). Mobilizing Social Support Networks in Times of: Disaster. In Trauma and its wake (pp. 260-291). Routledge.
- Joshi, P. T., & O'donnell, D. A. (2003). Consequences of child exposure to war and terrorism. Clinical child and family psychology review, 6, 275-292. Doi: 10.1023/B:CCFP.0000006294.88201.68

- Adhikari, P. (2013). Conflict-induced displacement, understanding the causes of flight. American Journal of Political Science, 57(1), 82-89. Doi: 10.1111/j.1540-5907.2012.00598.x
- 61. Bush, K. D., & Saltarelli, D. (2000). The two faces of education in ethnic conflict: Towards a peacebuilding education for children.
- Bendavid, E., Boerma, T., Akseer, N., Langer, A., Malembaka, E. B., Okiro, E. A., ... & Wise, P. (2021). The effects of armed conflict on the health of women and children. The Lancet, 397(10273), 522-532. Doi: 10.1016/S0140-6736(21)00131-8
- Cochran, M., Larner, M., Riley, D., Gunnarsson, L., & Henderson Jr, C. R. (1993). Extending families: The social networks of parents and their children. Cambridge University Press.
- 64. Harris, N. B. (2018b). The deepest well: Healing the long-term effects of childhood adversity. Houghton Mifflin Harcourt.
- Jones, L. (2008). Responding to the needs of children in crisis. International Review of Psychiatry, 20(3), 291-303. Doi: 10.1080/09540260801996081
- Bhadra, S. (2022). Psychosocial support for protection of children in disasters. In Child Safety, Welfare and Well-being: Issues and Challenges (pp. 453-482). Singapore: Springer Singapore. Doi: 10.1007/978-981-16-9820-0 26
- Kar, N. (2009). Psychological impact of disasters on children: review of assessment and interventions. World journal of pediatrics, 5, 5-11. Doi: 10.1007/s12519-009-0001-x
- 68. Nagel, M. (2012). In the beginning: The brain, early development and learning. Acer Press.
- Petzoldt, A. G., & Sigrist, S. J. (2014). Synaptogenesis. Current biology, 24(22), R1076-R1080.
- Saab, A. S., & Nave, K. A. (2017). Myelin dynamics: protecting and shaping neuronal functions. Current opinion in neurobiology, 47, 104-112. Doi: 10.1016/j.conb.2017.09.013
- Kinney, H. C., Karthigasan, J., Borenshteyn, N. I., Flax, J. D., & Kirschner, D. A. (1994). Myelination in the developing human brain: biochemical correlates. Neurochemical research, 19, 983-996. Doi: 10.1007/BF00968708
- Cabral, T. I., da Silva, L. G. P., Tudella, E., & Martinez, C. M. S. (2015). Motor development and sensory processing: A comparative study between preterm and term infants. Research in developmental disabilities, 36, 102-107. Doi: 10.1016/j.ridd.2014.09.018
- Gibson, E. J. (1988). Exploratory behavior in the development of perceiving, acting, and the acquiring of knowledge. Annual review of psychology, 39(1), 1-42.
- Rosenblum, K. L., Dayton, C. J., & Muzik, M. (2009). Infant social and emotional development. Handbook of infant mental health, 3, 80-103.
- 75. Wranik, T., Barrett, L. F., & Salovey, P. (2007). Intelligent emotion regulation. Handbook of emotion regulation, 393-428.
- Blakemore, S. J., & Choudhury, S. (2006). Development of the adolescent brain: implications for executive function and social cognition. Journal of child psychology and psychiatry, 47(3-4), 296-312. Doi: 10.1111/j.1469-7610.2006.01611.x
- Gao, W., Lin, W., Grewen, K., & Gilmore, J. H. (2017). Functional connectivity of the infant human brain: plastic and modifiable. The Neuroscientist, 23(2), 169-184. Doi: 10.1177/1073858416635986
- Maniam, J., Antoniadis, C., & Morris, M. J. (2014). Early-life stress, HPA axis adaptation, and mechanisms contributing to later health outcomes. Frontiers in endocrinology, 5, 80176. Doi: 10.3389/fendo.2014.00073
- Whitehurst, G. J., & Valdez-Menchaca, M. C. (1988). What is the role of reinforcement in early language acquisition?. Child Development, 430-440. Doi: 10.2307/1130322

- Kramer, L. (2014). Learning emotional understanding and emotion regulation through sibling interaction. Early Education and Development, 25(2), 160-184. Doi: 10.1080/10409289.2014.838824
- Smith, K. E., & Pollak, S. D. (2020). Early life stress and development: potential mechanisms for adverse outcomes. Journal of neurodevelopmental disorders, 12, 1-15. Doi: 10.1186/s11689-020-09337-y
- Hart, H., & Rubia, K. (2012). Neuroimaging of child abuse: a critical review. Frontiers in human neuroscience, 6, 52. Doi: 10.3389/ fnhum.2012.00052
- Guilliams, T. G., & Edwards, L. (2010). Chronic stress and the HPA axis. The standard, 9(2), 1-12.
- Razin, A., & Cedar, H. (1991). DNA methylation and gene expression. Microbiological reviews, 55(3), 451-458. Doi: 10.1128/ mr.55.3.451-458.1991
- Sheridan, M. A., & McLaughlin, K. A. (2022). Introduction to the special issue on childhood adversity and neurodevelopment. Developmental Cognitive Neuroscience, 54. Doi: 10.1016/j.dcn.2022.101082
- Strüber, N., Strüber, D., & Roth, G. (2014). Impact of early adversity on glucocorticoid regulation and later mental disorders. Neuroscience & Biobehavioral Reviews, 38, 17-37. Doi: 10.1016/j.neubiorev.2013.10.015
- Luby, J. L., Baram, T. Z., Rogers, C. E., & Barch, D. M. (2020). Neurodevelopmental optimization after early-life adversity: cross-species studies to elucidate sensitive periods and brain mechanisms to inform early intervention. Trends in neurosciences, 43(10), 744-751.Doi: 10.1016/j.tins.2020.08.001
- Werner, E. E. (2000). Protective factors and individual resilience. Handbook of early childhood intervention, 2, 115-132.
- Hambrick, E. P., Brawner, T. W., Perry, B. D., Brandt, K., Hofmeister, C., & Collins, J. O. (2019). Beyond the ACE score: Examining relationships between timing of developmental adversity, relational health and developmental outcomes in children. Archives of Psychiatric Nursing, 33(3), 238-247. Doi: 10.1016/j.apnu.2018.11.001
- Taylor, E., & Rogers, J. W. (2005a). Practitioner review: early adversity and developmental disorders. Journal of Child Psychology and Psychiatry, 46(5), 451-467. Doi: 10.1111/j.1469-7610.2004.00402.x