



Resilience among adult survivors of childhood neglect: A missing piece in the resilience literature



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ABSTRACT

Despite the established long-term effect of childhood maltreatment, some proportion of adult individuals, who suffered childhood maltreatment, appear more resilient than others and continue to function well in life. We searched the databases of MEDLINE, PsycINFO and ERIC in order to identify relevant studies on resilience among adult survivors of child neglect, which constitutes the most common form of child maltreatment. We found that the vast majority of quantitative ($n = 41$) and qualitative ($n = 45$) studies on resilience among adult survivors focused on survivors of sexual and physical abuse rather than neglect. Only few studies examined neglect often along with other forms of child maltreatment. We reviewed the studies, identified gaps in the existing literature, and suggested directions for future research.

1. Introduction

Research has demonstrated a connection between a childhood history of maltreatment (CM) and a wide array of long-term health-related consequences as well as negative social outcomes in adulthood (e.g., Herrenkohl & Herrenkohl, 2007; Jonson-Reid, Chung, Way, & Jolley, 2010; Jonson-Reid, Kohl, & Drake, 2012; Widom, DuMont, & Czaja, 2007; Widom, Czaja, & Dutton, 2008). The economic toll of child maltreatment on society is also high (e.g., Fang, Brown, Florence, & Mercy, 2012; Wang & Holton, 2007). These consequences have been found regardless of whether a child has suffered abuse or neglect (Gilbert et al., 2009). Child neglect, however, is the most common form of CM (USDHHS, 2016) and therefore drives much of the personal and social costs. Not all children with histories of neglect, however, experience negative outcomes. These children are often called resilient. Understanding the factors and processes that significantly contribute to positive adaptation and successful functioning can inform intervention designed for victims.

While studies of resilience among children with adverse experiences exist, few studies have examined resilience in adult survivors of neglect. This paper reviews the literature on resilience among adult survivors of child neglect, identifying the gaps in the existing literature, and suggesting directions for future research.

We organized the introduction in four parts. In the first part we reviewed the concept of resilience in the specific context of child maltreatment, since the focus of the paper is on resilience of adult victims of child neglect. In the second part we explained the focus on

childhood experience of neglect rather than other forms of child maltreatment. We conclude in the third part with explanation on why it is important to study resilience of adult survivors separately from resilience of children and adolescents.

1.1. Resilience in the context of child maltreatment

Resilience is generally defined as successful adaptation in spite of high risk for poor outcomes (Luthar, Cicchetti, & Becker, 2000; McGloin & Widom, 2001; Rutter, 2006) or competence in face of adversity (Hyman & Williams, 2001). In other words, resilience reflects the capacity to recover from significant challenges (Masten, 2011, 2014a, 2014b). Despite the established long-term effect of CM, some proportion of adult individuals, who suffered CM, appear more resilient than others and continue to function well across several life domains (Collishaw et al., 2007; McGloin & Widom, 2001; Pitzer & Fingerman, 2010; Topitzes, Mersky, Dezen, & Reynolds, 2013).

Scholars argue about whether resilience can be measured according to objective functioning across several domains in life or through the absence of negative behaviors or conditions (Afifi & MacMillan, 2011; Bonanno & Diminich, 2013; Collishaw et al., 2007; McGloin & Widom, 2001; Nasvytiene, Lazdauskas, & Leonavičiene, 2012). Resilience is viewed as a multidimensional or multi-determined process (Walsh, Dawson, & Mattingly, 2010), that is more accurately captured using multiple rather than single indicators. The way an individual responds to and interacts with various social-ecological systems is assumed to impact on adaptive and non-adaptive adjustments, thus attesting to the

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interactive nature of resilience (Masten, 2011; Rutter, 2006; Ungar, Ghazinour, & Richter, 2013).

There are also somewhat differing views regarding the underlying mechanism that produces resilient results. Resilience is considered a dynamic process. The relationship between resilience at a particular point in time and a later outcome is not fixed or deterministic and may vary over time and across developmental phases (Klika & Herrenkohl, 2013; Rutter, 1987, 2006, 2012). While a great deal of focus is placed on children, evidence suggests that adult experiences may mediate the relationship between CM and adult psychopathology (Coid et al., 2003; Horwitz, Widom, McLaughlin, & White, 2001). Such experiences may provide important turning points for at-risk individuals (Rutter, 2006).

1.2. Why study resilience in neglect survivors?

Understanding resilience in *neglect* survivors is of particular importance. Neglect comprises the largest percentage of official reports and estimates of incidence of child maltreatment (Sedlak et al., 2010; USDHHS, 2016) and is heavily associated with recurrence (Jonson-Reid et al., 2010). This means that most of the negative outcomes of child maltreatment are experienced by neglect survivors. Studies suggest that the consequences of neglect are enduring and may result in profound developmental deficits, which are at least as serious as or surpass those resulting from physical abuse (Berry, Charlson, & Dawson, 2003; DeBellis, 2009; Gilbert et al., 2009; Herrenkohl & Herrenkohl, 2007; Hildyard & Wolfe, 2002; Jonson-Reid et al., 2012; Widom, Czaja, Wilson, Allwood, & Chauhan, 2013). Studies on resilience among neglect survivors can inform interventions designed for this particular high-risk subgroup.

Neglect differs in nature from abuse since it reflects the omission rather than commission of a particular behavior: neglect occurs when there is a deficiency in appropriate parenting behavior, rather than when there is an occurrence of inappropriate parenting behavior (English, Thompson, Graham, & Briggs, 2005; Schumacher, Slep, & Heyman, 2001). Neglect is more frequently chronic in nature (Jonson-Reid, Drake, Chung, & Way, 2003). According to Masten (2001) resilience reflects ordinary rather than extraordinary processes, and usually arises from the normative function of human adaptation systems. Chronic exposure to trauma may compromise the normative protective, adaptation systems and make the individual more vulnerable to maladaptive adjustment. Indeed, in the general resilience literature, the nature of resilience following chronic adversity, as in the case of neglect, is assumed to differ from the nature of resilience following a single-incident trauma (Bonanno & Diminich, 2013). One can, therefore, conclude that the literature on resilience in sexual and physical abuse victims may not apply to neglect survivors.

1.3. Why study resilience among adult survivors of neglect?

Young adulthood and adulthood are recognized as distinct developmental life phases, separate from childhood and adolescence (Arnett, 2006; Bynner, 2005; Masten et al., 2004). A review of the literature on resilience following CM indicates that our understanding of resilience among *adult* survivors is limited (e.g., McGloin & Widom, 2001; Topitzes et al., 2013) because most of the research on resilience following CM was conducted on children and adolescents (e.g., Alvord & Grados, 2005; Conte & Schuerman, 1988; Klika & Herrenkohl, 2013; Masten, 2007, 2011, 2014a, 2014b). Given the hypothesis that resilient processes may develop or be enhanced during adulthood, this gap is concerning. Further, given the unique attributes of the experience of neglect, what is known about resilient survivors of sexual or physical abuse may not be applicable to survivors of child neglect.

Another argument justifying the focus on adult survivors rather than children is that the negative outcomes associated with child maltreatment are different in childhood and adulthood (Jonson-Reid et al., 2012; Widom et al., 2013). There is thus a need to study resilience of

adult survivors separately from resilience of children.

This review of the literature was conducted to summarize what is known in this area and identify gaps to inform future research.

2. Search strategy and selection criteria

Due to the interest in summarizing rather than comparing variables explored or effect sizes, a search and critical review was conducted rather than a formal systematic review (Afifi & MacMillan, 2011). Given the scant literature on resilience in adult survivors specific to neglect, we decided to expand our search to include studies on resilience in *adult* survivors of child maltreatment generally and consider the possible relevance. The search focused on MEDLINE, PsycINFO and ERIC databases aimed at identifying relevant studies up to April 2017. We used these three major databases that were used in previous studies (e.g., Afifi & MacMillan, 2011) and added an additional comprehensive search of Google Scholar. References from retrieved articles were also reviewed for additional relevant citations. Terms used in the search included resilience, resilient, adult survivors of neglect, child abuse, and child maltreatment. We included in our examination studies and doctoral dissertations. Both quantitative and qualitative studies were included. Studies were included in the sample if resilience and child maltreatment were the focus of the examination.

3. Results for resilience in adult survivors of childhood maltreatment

The review process resulted in a total of 86 studies. The vast majority of quantitative ($n = 41$) and qualitative ($n = 45$) studies on resilience among adult survivors focused on survivors of sexual and physical abuse rather than neglect (e.g., Anderson & Hiersteiner, 2008; Banyard & Williams, 2007; Banyard, Williams, Siegel, & West, 2002; Bogar & Hulse-Killacky, 2006; Collins, O'Neill-Arana, Fontes, & Ossege, 2014). Forty seven studies (55%) focused on women, ranging in age from 18 (e.g., Howell & Miller-Graff, 2014) to 72 (e.g., Morrow & Smith, 1995). Of the 41 quantitative studies, 25 studies (60%) included men and women participants and fourteen studies included only women (35%). With regard to qualitative studies, 33 studies (73%) focused exclusively on women; 7 studies included men and women (15%). Five studies (11%) were conducted on male survivors: two studies focused on sexual abuse (Crete & Singh, 2015; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005) and sexual and/or physical abuse (Buckhout, 2001), and another study included a sample of three participants survivors of neglect (Eshed Bar-Sade, 2008). Another study was a case study of one male who was followed from early childhood to adulthood (Stein, Fonagy, Ferguson, & Wisman, 2000). Resilience among adult survivors of neglect was not the focus of any published study located.

Resilience was conceptualized in various ways. In some studies resilience was conceptualized as successful functioning in several life domains such as employment, education attainment, absent of criminal behavior or psychiatric problem (e.g., six out of eight in the study of McGloin & Widom, 2001; or five out of seven in the study of Topitzes et al., 2013); others measured resilience as the absence of negative symptoms or events such as absence of mental health problems in adult life (e.g., Afifi & MacMillan, 2011; Collishaw et al., 2007; Liem, James, O'Toole, & Boudewyn, 1997) and still others focused on a lack of sexual revictimization (Jankowski, Leitenberg, Henning, & Coffey, 2002). The summary of quantitative and qualitative studies is presented in Tables 1 and 2, respectively. The Tables summarize studies by name of author/s, year of publication, sample size and participants' gender, type of childhood maltreatment, resilience definition and measures used to assess child maltreatment for quantitative studies only (Table 1).

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