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Practical strategies

Resilience after maltreatment: The importance of social services as facilitators of positive adaptation☆

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ABSTRACT

This practice note will show that resilience among children who have been maltreated is the result of multiple protective factors, including the quality of the services provided to children exposed to chronic adversity. This social ecological perspective of resilience suggests that resilience is a process resulting from interactions between individuals and their environments, and depends upon individual characteristics (temperament and personality), the social determinants of health that affect children and children's families, formal interventions by multiple service providers (child welfare, special education, mental health, addictions, public health, and juvenile corrections), and the social policies that influence service provision to vulnerable populations. Clinicians and researchers concerned with the resilience of chronically abused and neglected children have tended to overlook the protective processes unique to children who have been abused that are different from the protective processes that promote positive development among children who have experienced no maltreatment. Most importantly, studies of resilience among maltreated children have rarely investigated the impact child welfare interventions have on the resilience of children who have been maltreated, mistakenly attributing children's abilities to cope to be the result of individual factors rather than the responsiveness of service providers and governments to tailor interventions to children's needs. To enhance the likelihood of resilience among maltreated children, those who design and implement interventions need to address three aspects of resilience-related programming: make social supports and formal services more available and accessibility; design programs flexibly so that they can respond to the differential impact specific types of interventions have on children who are exposed to different forms of maltreatment; and design interventions to be more focused on subpopulations of children who have experienced maltreatment rather than diffuse population-wide initiatives.

Although estimates of child maltreatment are complicated by problems related to definitions of abuse and identification of cases, a substantial number of children come to the attention of child welfare authorities each year as the result of exposure to cumulative ecological risks (MacKenzie, Kotch, & Lee, 2011). Many more receive interventions from other service providers (education, youth corrections, mental health) for conditions linked to maltreatment such as delinquency and learning challenges (Wekerle, Waechter, & Chung, 2012; Wingo, Wrenn, Pelletier, Gutman, Bradley, & Ressler, 2010). In this brief practice note, the focus is on children who have experienced chronic maltreatment but who show resilience, often in contexts where they are not only exposed to maltreatment, but also multiple other risk factors associated with marginalization, such as poverty, racism, or physical and intellectual disability.

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A growing body of research is showing that a large proportion of children who experience chronic maltreatment develop normally without repeating patterns of violence and show no above average rates of mental illness or behavioral problems (Masten & Wright, 2010). The study of resilience began in the late 1970s with independent longitudinal studies of child populations exposed to heightened levels of family and community risk factors such as the mental illness of a parent (Rutter, 1990), poverty (Werner & Smith, 1982) and racial marginalization (McCubbin et al., 1998). A minority of the children in these studies showed few long-term developmental challenges as a consequence of their risk exposure (Haskett, Nears, Ward, & McPherson, 2006; Ungar, 2011b). The processes that predict these positive outcomes (resilience) have been the subject of great debate, with a shift over time from a focus on individual characteristics (called resiliency) to processes associated with individual × environment interactions (Masten, 1994; Rutter, 2006). Recent studies of neurobiology, epigenetics, and epidemiology (Anda et al., 2006; Kent, 2012) have helped to inform our understanding of resilience as the result of interactions between individuals and their social ecologies (Ungar, 2011b, 2012).

Four sources of resilience are relevant to children who have been exposed to maltreatment: (1) individual temperament and psychological coping styles influence children's abilities to avail themselves of resources (i.e., a safe foster home) when these resources are provided (Folkman & Moskowitz, 2004; Peterson, Park, Pole, D'Adrea, & Seligman, 2008); (2) the social determinants of health influence the resourcefulness of children's environments, making physical, social and economic capital (i.e., safe streets, adequate housing, food, education) available directly to children or children's caregivers (Browne et al., 2001; Murray & Zautra, 2012; Wekerle, 2011); (3) interventions by mental health, social welfare, and education service providers delivered through government and non-governmental organizations shape opportunities for children to recover from maltreatment (Bottrell & Armstrong, 2012); and (4) government policies influence which resources are made available and accessible to children who have been maltreated (Leadbeater, Dodgen, & Solarz, 2005; Ungar, 2011a). For example, among children who are abused and living in countries where there is a social welfare state mandated to protect and nurture children, there is evidence to suggest services may exert far more influence on child developmental outcomes than individual factors such as temperament or psychological traits like self-esteem (American Psychological Association, Task Force on Resilience and Strength in Black Children, and Adolescents, 2008; Beckett et al., 2006; DuMont, Widom, & Czaja, 2007).

Though all four sources of resilience are important, there is far more study of individual, family, and school factors associated with resilience than the nature of the formal services that are mandated to mediate the impact of maltreatment on children's development and treat the resulting biological and behavioral sequelae. Contextualized explanations of protective processes have still not influenced the dominant discourse that shapes our perception of resilience as a psychological quality of the individual alone (Bottrell, 2009; Obrist, Pfeiffer, & Henley, 2010; Ungar, 2011b). A social ecological theory of resilience (Ungar, 2011b) suggests that resilience is a consequence of the quality of the individual's environment to make health-enhancing resources (e.g., child welfare services) available. Remarkably little work, however, has been done that links resilience to service design or culturally distinct (emic) factors that are indigenous to those who are marginalized (Edwards & Apostolov, 2007).

Among the studies addressing this problem is a multisite team coordinated by Dalhousie University's Resilience Research Center in Halifax, Canada (www.resilienceresearch.org) that is documenting protective processes among children and adolescents in more than 20 countries (for information on the many partners of the Resilience Research Center, please see their webpage). Findings from a series of qualitative (Theron, Cameron, Lau, Didkowsky, Ungar, & Liebenberg, 2011; Ungar et al., 2007) and quantitative (Ungar & Liebenberg, 2011) studies support a view that resilience is both the innate capacity of young people and the quality of their family systems to find ways of coping following exposure to acute and chronic stressors, as well as the capacity of their schools, communities, service providers, and government legislators to provide resources in ways that are meaningful to those who are impacted by maltreatment (Ungar, 2008; Ungar et al., 2007, 2008).

Quantitative work has used self-report measures, such as the Child and Youth Resilience Measure-28 (Liebenberg, Ungar, & van de Vijver, 2012), the Resilience and Youth Development Module (RYDM) of the California Healthy Kids Survey (Sun & Stewart, 2007), or the Connor–Davidson Resilience Scale (Connor & Davidson, 2003) to document correlations between risk factors such as maltreatment and positive developmental outcomes in individual, relational and contextual domains. These measures have been criticized for their lack of validity (Windle, Bennett, & Noye, 2011) and cultural bias in their construction (Ungar & Liebenberg, 2011). Qualitative studies of resilience among children who have been maltreated are less common (see, for example, Amaya-Jackson, Socolar, Hunter, Runyan, & Colindres, 2000; Munford & Sanders, 2005), though those that do exist are more likely to account for the services children receive as one component of resilience. There is little evidence in most of the quantitative literature of questions designed to assess the impact of child welfare services on resilience among maltreated children.

A growing body of research on resilience among child welfare populations and across cultures and contexts suggests the need to conceptualize resilience as the result of processes associated with services and the actions of service providers (Anctil, McCubbin, O'Brien, & Pecora, 2007; Pecora, 2012; Ungar, 2011a). Unfortunately, most studies of resilience adopt indicators of positive development known to be relevant to helping all children succeed regardless of maltreatment history (e.g., a close relationship with a safe, caring adult) which may explain why services are not well studied when children's resilience is investigated. External factors and internal coping strategies associated with resilience that are protective for children who have been maltreated may be different from those that affect non-maltreated populations (e.g., parental monitoring, parentification, delinquency, avoiding psychological distress through psychological numbing–Burton, 2007; McMahon & Luthar, 2007; Ng-Mak, Salzinger, Feldman, & Stueve, 2010; Van Voorhees et al., 2012). To understand this pattern of specificity with