Resilience from Child Abuse and Childhood Exposure to Domestic Violence

Results of an Extended Longitudinal Study

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Presentation Overview

- Researcher-practitioner lens; orientation to prevention
- Background: child abuse and children’s exposure to domestic violence
- Conceptual definitions: Risk, protection, and resilience
- Lehigh Longitudinal Study
  - Overview and relevant findings
  - Trajectories of resilience in maltreated children: Illustration using case studies
Child Maltreatment

A global problem; rates of moderate and severe forms of abusive discipline vary by societies and culture; definitions and data sources.

In 2005, approximately 3.3 million referrals for alleged maltreatment were made to child protective service agencies in the U.S. (USDHHS, 2007).

- 899,000 children in the U.S. were officially documented as having been maltreated

Highest rate of victimization: Children birth to age 3; just more than half are girls (50.7%).

Physical child abuse is second to neglect in overall prevalence.

Officially documented cases are a fraction of the total (physical abuse prevalence >10%).
Developmental Consequences

**Childhood**
- Low Academic Achievement; School Dropout
- Isolation, Shame, Fear, Guilt; Insecure Attachment
- Early Onset Depression/Anxiety
- PTSD Symptoms/Disorder
- Childhood Suicide Aggression; Bullying

**Adolescence**
- Overall Less Education and Unemployment
- Alcohol and Drug Use
- Additional Health Risks: Smoking; Sexual Risk Taking (STDs); DUI; Suicide Attempts...and Teenage Pregnancy
- Eating Disorders; Obesity

**Adulthood**
- Somatic Complaints; Chronic Pain and Fatigue; Cardiovascular Disease; Poorer Overall Health; More Use of Services
Context of Family Violence

Compounding Stress in the Surrounding Environment

Family stressors
- Low income
- Parental unemployment
- Parental substance use and mental health

Community stressors
- Community poverty
- Neighborhood disadvantage and violence
- Social Isolation
- Overcrowding

Child Abuse

DV Exposure

Overlap in Child Abuse and Childhood Exposure to IPV
Additive or Cumulative Risk Exposure and Developmental Effects

- A graded (additive) association: more adverse childhood events = more risk of serious health and mental health consequences.

- A caveat: research on child maltreatment includes numerous findings from cross-sectional studies using retrospective measurement...and few account for overlapping stressors and/or prior and current exposures.
Resilience and Protection

- Some children are “resilient” – they overcome the odds of negative outcomes.

- Studied as an end-point determination a child’s having adjusted well (i.e., achieved positive outcomes or avoided negative outcomes) despite earlier risk exposure…

  …but better conceptualized as a dynamic, changeable quality, or “relative concept” influenced by the surrounding environment.
Interaction of Stressors and Protective Factors—Leadbeater et al., 2004

Figure 2.1. Interplay of protective and stress processes and their influence on individual competence across the life span.
## Study of Resilience in Victims of Child Abuse—Replicated in Two or More Longitudinal Studies

<table>
<thead>
<tr>
<th>Individual</th>
<th>Family/Community</th>
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</thead>
<tbody>
<tr>
<td>Low Distress (low emotionality)</td>
<td>Maternal Competence</td>
</tr>
<tr>
<td>Affectionate/Engaging Temperament</td>
<td>Close Bond with Primary Caregiver</td>
</tr>
<tr>
<td>Sociable</td>
<td>Supportive Grandparents</td>
</tr>
<tr>
<td>Average or Above Average IQ</td>
<td>Supportive Siblings</td>
</tr>
<tr>
<td>Internal Locus of Control</td>
<td>Competent Peer Friends</td>
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(Werner, 2005)
Lehigh Longitudinal Study

Started as an evaluation project on a child abuse and neglect treatment and prevention program in two counties of eastern Pennsylvania.
Lehigh Longitudinal Study

- Longitudinal panel study began in 1976-1977
  - preschool, 18 mths.- 6 yrs
  - schoolage (1980-1982)
  - adolescence (1990-1991) with 91% retention
  - *adult assessment (2008-2010)*—extensive survey of current and prior experiences, interpersonal relationships, mental and physical health, aspirations, child rearing practices (brief open-ended questions about turning pts and transitions)

- Multiple data sources, including parents about their disciplining of children, and children (as adolescents) about their experiences growing up.
Study Sample

Sample Composition:

- Child welfare abuse (n=144) - 248 (54%) males and 209 females.
- Child welfare neglect (n=105) - 52% (n=155) of families with 1 child; 43% (n=128) of families with 2 children; 5% (n=14) with 3-4.
- Head Start programs (n=70) - 80.7% White; 5.3% Black or African American; 11.2% more than one race; 1.3% American Indian/Alaska Native; 1.5% other/unknown.
- Day care (n=64)
- Middle income nursery (n=74)

Total: 457 children from 297 families.
Measuring Child Maltreatment

- Developed as a non-equivalent control group design.

- However, analyses of case records and then mothers’ own reports of their disciplining revealed that abuse and neglect were present in all groups.

- Case records: incidents of child physical abuse in the “neglect” group were comparable in severity to those in the “abuse” group; 46% had been physically abused.
Mothers’ prospective reports also revealed abuse in other groups.

Mother: “hit a child so as to bruise”

- 91% in child welfare abuse; 64% in child welfare neglect;
  - 88% in Head Start; 68% in day care; and 40% in the middle income group.

Analyses use original group status and full group models with prospective and retrospective data (approach supported by evidence that indicators of child well-being do not differ on the basis of substantiation status --NSCAW).
Continuation Study: Overlapping Forms of Violence and Resilience in Adulthood

- Co-occurrence of DV exposure, child abuse, and other stressors
- Unique and combined effects of exposure to DV and direct abuse on outcomes in adolescence and early adulthood
- Psychosocial mechanisms leading to adverse outcomes
- Sources of protection and resilience, including late-onset, adult recovery from early violence exposure
Typologies, Developmental Outcomes, and Protection from Maltreatment and DV Exposure

Child characteristics (e.g., IQ; self-reflection)
Qual and Availability of Caregiving
Attachment to parents/others
Peer involvement and support

Adolescent Outcomes:
- Violence/ Delinquency
- Depression
- Drug/ Alcohol Use
- Running Away
- School Dropout
- Teenage Pregnancy

Socioeconomic factors

Children’s Exposure to DV
Child Maltreatment
Physical
Emotional
Sexual
Neglect

Sex differences
Resilience from Child abuse and Children’s Exposure to DV

- Preschool
  - N=457
  - CW Abuse (144)
  - CW Neglect (105)
  - Head Start (70)

- Schoolage
  - Of those from child welfare, 25 children were high functioning “resilient”
    - N=345
    - High Functioning (88)

- Adolescence
  - Fewer assaults, index and property crimes, less juv. detention
    - N=23/25
    - Resilient: HS completion (14/23~61%)

- Adulthood
  - Multidimensional Assessment of Resilience:
    - Employment
    - Schooling
    - Interpersonal Connections
    - Mental Health
    - Criminal Behavior

Who remains resilient?
- child’s average or above-average intelligence
- Middle Income
- clear expectations from one or more caregivers for success in various life domains (e.g., school)
- a stable living environment (fewer transitions) and/or stable caretaking
- Who doesn’t?
- Low Functioning
  - Who emerges as resilient later?

- Nursery (70)

- "resilient"
Defining Resilience in Early Adulthood

- McGloin and Widom (2001): Resilience among adults (ages 18-41) who had been maltreated in childhood.

- At least 6 of 8 criteria:
  - achieved successful employment
  - avoided becoming homeless
  - graduated high school
  - been involved in social activities
  - not developed a psychiatric disorder
  - not developed a substance use disorder
  - not been arrested
  - not perpetrated violence
Challenges in Defining Adult Resilience

- What is it? (e.g., interviewers’ observations vs. research-derived definitions).

- Thresholds of positive functioning. What qualifies as resilient? (e.g., absence of depressive symptoms vs. absence of diagnosis).

- Accounting for developmental shifts toward resilience:
  -- case exclusions based on prior behavior, although an individual may have experienced--but then overcome-- one or more life challenges.

- Case studies on the dynamic features of resilience:
  -- goal to increase understanding of developmental patterns and influence of social, contextual, and situational factors that promote, sustain, and lessen growth and positive change.
Who remains resilient?
Continuity from childhood to adulthood

✓ achieved successful employment
✓ avoided becoming homeless
✓ graduated high school
✓ been involved in social activities
✓ not developed psychiatric or substance use disorders
✓ not been arrested

(?) not perpetrated violence
Who doesn’t?
Discontinuity from childhood

✓ achieved successful employment

✓ avoided becoming homeless

(-) graduated high school

(-) been involved in social activities

(-) not developed psychiatric or substance use disorders

✓ not been arrested

(-) not perpetrated violence
Who doesn’t?

Discontinuity from Adolescence

✓ achieved successful employment

✓ avoided becoming homeless

✓ graduated high school

✓ been involved in social activities

(-) not developed psychiatric or substance use disorders

(-) not been arrested

(-) not perpetrated violence
Who emerges as resilient later?

✓ achieved successful employment

✓ avoided becoming homeless

✓ graduated high school

✓ been involved in social activities

✓ not developed psychiatric or substance use disorders

✓ not been arrested

(-) not perpetrated violence
Overall Findings

- Resilience IS a relative concept: individual- and between-individual differences in trajectories and outcomes.

- Person-environment interactions (mix of individual qualities, relationships, and surrounding context).

- Key factors: IQ; self-reflection and goals (attribution of responsibility); social support; group participation that facilitates prosocial involvement with peers; access to adult mentors, community.
Implications for Further Research

- Further study of resilience as a life course process; individual, social, and environmental interactions.

- Multidimensional assessments and measurement of risks, processes, and outcomes.

- Attention to overlapping forms of violence exposure (and abuse types); unique and combined effects.
Implications for Practice and Policy

- Primary prevention with attention to multiple risks and stressors; to lessen violence potential and strengthen families.
  -- Parenting interventions to reduce punitive disciplining; promote stable, positive relationships.

- Social and emotional skill-building in children--selective and more universal approaches.

- Supports to enhance academic achievement and high school graduation; motivate goals for the future.
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References


