



Make Resilience Matter

For Children Exposed to Intimate Partner Violence

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What is Make Resilience Matter?

Make Resilience Matter is a multi-year, mixed method study designed to identify resilience factors when children and youth are exposed to Intimate Partner Violence (IPV). Our goal is to increase understanding of how resilience helps children deal with IPV. Throughout, we are engaging with people who can use this knowledge and advise us on how to tailor information, materials, and other strategies to help advance practice, policy and research in this area.

Why is this research important? Consistently high rates of child exposure to IPV have been documented in child welfare and community samples, including increases in the number of cases being reported, investigated and substantiated. Children's exposure to IPV has become a significant public health issue.

In Canada half a million are exposed to IPV (Sinha, 2010). In the United States, 15 million children are exposed to domestic violence annually (McDonald et al, 2006). In the United Kingdom, 25 percent of adults retrospectively report being exposed to domestic violence (Stanley, 2011). In a European Union study, 22 percent of adults reported physical and sexual abuse by a partner and, among the victimized women with children, 73 percent stated children had been exposed in some way. Furthermore, in Canada, ongoing work is being done and the findings paint a more detailed picture:

- National Longitudinal Survey of Children and Youth (NLSYC) shows 17 percent of children between the ages of 6 and 11 witnessed violence in the home at some point in their lives (Hotton, 2003)
- Canadian Incidence Study (CIS) shows that IPV exposure (along with neglect) is the most frequently reported form of child abuse, making up 41 percent of substantiated investigations (Lefebvre, Van Wert, Black, Fallon, & Trocmé, 2013)
- Ontario studies indicate that IPV exposure makes up 48 percent of child welfare investigations (Alaggia, Gadalla, Shlonsky, Jenney and Daciuk, 2015; Fallon et al, 2015).

Why should we be concerned? Being exposed to IPV can be damaging to children and their development. Exposure to IPV is a form of child abuse as defined in provincial legislation. As with any form of child abuse, it is an adversity of considerable significance because it occurs during a child's formative years when important cognitive, social, emotional and physical development is underway. Child abuse potentially disrupts a child's well-being now and in the future because it affects the pathway into adulthood.

Exposure to IPV in particular can lead to mental health issues involving depression, anxiety, social withdrawal, hyperactivity, aggression and conduct problems, lower social competence, and serious trauma effects. Impairment in regulating emotions impedes healthy child development and includes diminished school performance and academic achievement (Holt, Buckley & Whelan, 2008; Kitzmann, Gaylord, Holy & Kenney, 2003; Kimball, 2016; Wolf, Crooks, Lee, McIntyre-Smith & Jaffe, 2003).

What role does resilience play? In the face of such potentially negative consequences, resilience offers hope and direction for helping children. Some children exposed to IPV do not experience negative effects, are able to adopt healthy relational behaviours and follow healthy developmental trajectories (Holt, Buckley & Whelan, 2008; Margolin, 2005; Stith, et al, 2000). Why is this? Resilience helps to account for these differences.

How We Make Resilience Matter:

- ✓ **Conducting an extensive review of the literature in order to get a clear picture of how resilience is currently understood in relation to children and youth exposed to IPV. We now know:**
 - a growing body of research has examined resilience specifically in this context
 - a social ecological analysis revealed specific resilience factors that fall into: individual child traits (intra-personal), relational factors (inter-personal), and environmental/contextual factors
 - while this continues to be an evolving area, we have sufficient research to begin to identify 21 resilience factors that can be translated into clinical programs, interventions and practice

- ✓ **Creating a new working definition of resilience to help make sense of numerous, potentially confusing concepts:**

Resilience is a process of navigating through adversity, using internal and external resources (personal qualities, relationships, and environmental and contextual factors) to support healthy adaptation, recovery and successful outcomes over the life course.¹

- ✓ **Learning about resilience from multiple perspectives, we are:**
 - meeting with adults exposed as children to IPV and conducting and analyzing qualitative interviews with them
 - meeting with children and their mothers and testing out child-friendly measures of resilience
 - conducting a secondary analysis of a sub-sample of Canadian children exposed to IPV from the NLSCY

- ✓ **Creating *21 Ways to Resilience Fact Sheet* identifying research-based factors promoting resilience – [check it out](#)**

- ✓ **Meeting and talking with professionals to compare research and practice notes:**
 - we organized an ‘early days’ symposium in April 2016 to share preliminary findings and new materials, and respond to questions, comments and suggestions.
 - participants:
 - appreciated the ‘friendly’ and accessible design of the materials; identified potential uses; asked for clarification and wanted more information added
 - discussed how resilience promotes hope because often only negatives are stressed
 - asked for Canadian research and more cultural diversity to be emphasized
 - appreciated the dialogue between practitioners and researchers
 - want another similar session
 - want to be actively involved in developing materials and part of professional learning conversations to delve into how they can better understand and support resilience with their clients.

- ✓ **Using [makeresiliencematter.ca](#) and a Research Contribution Framework to support knowledge mobilization with professionals in order to advance a resilience-informed approach to practice, research and policy concerning children and youth exposed to IPV.**



¹The review and definition work done by Reaching In/Reaching Out (2010) for the Ontario Ministry of Children and Youth Services has been very helpful along with the definition developed at the 29th Annual International Society for Traumatic Stress (Southwick, Masten, Bonanno, Panter-Brick & Yeshuda, 2014). Taken together, both definitions convey the important ideas that resilience is a process, occurring within a social ecological context, over the life course and that a) there must be significant threat or adversity; b) the person navigates/overcomes it through multiple, interacting factors—internal and external resources, etc.; and c) successful outcome/adaptation occurs, over time, on a continuum, varying within “individual, familial, environmental and cultural contexts.” The definition we developed is intended to generally reflect these features but was simplified to make it easier for professionals and families to use. As the project continues, we will test out its usefulness, refining as we go.