

Resilience and Children's Exposure to Intimate Partner Violence: A Snapshot of the Research Literature



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Resilience and children's exposure to Intimate Partner Violence (IPV) has become an area of great interest for clinicians, researchers and policymakers, especially since a number of studies have indicated that not all children are negatively affected by exposure to IPV. Some IPV-exposed children and youth retain healthy functioning, or develop positive adaptation, and are able to follow normal trajectories of development.¹ In a recent review of the literature, Laing and colleagues (2013) found that 26 -50 percent of children exposed to IPV were doing as well as those who were not exposed. By identifying resilience factors related to the children who are functioning well, we can help foster resilience with the children who are not.

While resilience in the context of IPV exposure is a more recent area of research, there are enough rigorous studies with this specific focus for us to extrapolate the significant factors to be considered for practice and policy interventions. For this article, we organized these findings into a social ecological framework—a useful and comprehensive framework given that resilience is a process, multiply determined by an individual's social ecology.² The person-in-environment framework has long been held as compatible with social work practice with each level of the human ecology being addressed—individual child factors (intra-personal), relational factors (inter-personal), and contextual/cultural factors³ (environmental). (See [21 Ways to Resilience Fact Sheet](#) for a list of the factors.)

Intra-personal factors

Studies show positive correlations between specific intrapersonal characteristics and resilience. The most frequently cited characteristics contributing to the resilience process include self-confidence, greater self-worth, emotion regulation, connection to spirituality, commitment to breaking the cycle of violence, motivation/goal orientation, academic success, internal locus of control, and easy temperament.⁴

The next most frequently cited group of individual characteristics include empathy/compassion, social competence, autonomy, sense of purpose, belief in gender equality, and

¹ Edleson, 1999; Graham-Bermann, et al., 2009; Herman-Smith, 2013; Holt, Buckley & Whelan, 2008; Kimball, 2016; Laing, Humphreys & Cavanagh, 2013; Margolin, 2005; Stith, et al., 2000.

² Anderson & Bang, 2012; Ungar, 2013.

³ Bogo, 2006.

⁴ Gonzales, et al., 2012; Howell, & Miller-Graff, 2014; Martinez-Torteya, Anne Bogat, Von Eye, Levendosky, 2009; Suzuki, Geffner & Bucky, 2008.

positivity/positive outlook/optimism.⁵ Characteristics identified less frequently but of note include: trust in one's instincts, resourcefulness, positive acceptance of change, humour, agreeableness, and emotional intelligence.⁶ Whether these qualities are the result of post-adversity growth, or an extension of protective pre-existing factors is less clear; however, these findings are important for identifying sources for fostering resilience.

Inter-personal factors

Having a safe relationship with one adult; one close, secure relationship, usually maternal; and being protected by the parent who was the victim of IPV, all emerge as contributing factors leading to increased resilience.⁷ Maternal sensitivity and parental warmth have been associated with higher levels of resilience, especially in warding off externalizing and internalizing problems.⁸ Further, maternal mental health, positive parenting skills, maternal attunement, and lower levels of maternal trauma have been related to increased resilience in IPV-exposed children.⁹

Not surprisingly, secure attachment with caregivers has also been associated with resilience in IPV-exposed children. A number of findings place healthy parent-child relationships at the centre of positive adaptive functioning,¹⁰ with children having better emotion regulation, positive peer and adult relationships, and better school performance. With secure attachment acting as a protective factor, it is important to focus on strengthening attachment relationships and supporting attachment repairs to promote resilience.

Miller (2014) further found that large in-home social networks were associated with less internalizing and externalizing behaviours, suggesting that the presence of extended family members and other caregivers in the home positively affected children's adjustment in the aftermath of IPV exposure. Inter-personal factors, such as peer and social support outside of the family, have similarly been found to increase resilience in IPV-exposed children.¹¹

Contextual/cultural factors (environmental)

Studies probing contextual factors for sources of resilience have been more difficult to locate as significantly less research has been conducted in this area.¹² Contextual factors refer to

⁵ Franklin, Menaker, & Kercher, 2012; Graham-Bermann, Gruber, Howell, & Girz, 2009.

⁶ Franklin, 2012; Gonzales et al., 2012; Howell, & Miller-Graff, 2014.

⁷ Anderson & Bang, 2012; Gonzales et al., 2012; Ungar, Ghazinour, & Richter, 2013.

⁸ Graham-Bermann, Gruber, Howell, & Girz, 2009; Manning, Davies & Cicchetti, 2014.

⁹ Bogat, DeJonghe, Levendovsky, von Eye & Davidson, 2006; Graham-Bermann et al., 2009; Hughes et al., 2001; Laing, Humphreys & Cavanagh, 2013; Martinez-Torteya, et al., 2009.

¹⁰ Carpenter & Sacks, 2009; Graham-Bermann et al., 2009; Herman-Smith, 2013.

¹¹ Howell & Miller-Graff, 2014; Kassis, Artz, Scambor, Scambor, & Moldenhauer, 2013; Owen, Thompson, Mitchell, Kennebrew, Paranjape, Reddick, & Kaslow, 2008; Tajima, Herrenkohl, Moylan, & Derr, 2011.

¹² Anderson & Danis, 2006; Ungar, Ghazinour, & Richter, 2013.

influences attributed to the individual's environment, such as neighbourhoods, cultural communities, and socio-political conditions that are directly connected to resource availability and supports. In one of the few studies conducted on environmental factors, Anderson and Bang (2012) found that the mother's education and secure, full-time employment were connected to higher resilience in their daughters who had been exposed to violence and trauma. This is one clear example of how contextual factors are important contributors to growth opportunities. Affordable education, secure employment, and access to affordable daycare, for example, are dependent on enriched environments and socio-political conditions that make resources available and accessible to mothers, and in turn, increase the likelihood of higher resilience in their children.

In another study, Gonzales et al (2012) identified having a safe haven and engaging in extra-curricular activities as contributing to resilience. Access to extra-curricular activities is indicative of an environment (neighbourhood, community) that makes resources available to youth for escaping to, and engaging in, school and/or community-based activities. Similarly, investigators in a study of resilient women exposed to IPV as children found that contextualizing the violence and developing strategies such as exiting to safe places to block out the abuser, contributed to their resilience processes.¹³ Adequate resources outside the home, such as community centres, libraries, and programming for youth offered within their community environments, provide vital avenues for escape, support and development.

Finally, the context of the violence itself can influence resilience processes. Investigators in one study found that children's resilience scores were related to the frequency of incidences of IPV exposure, with higher levels of perceived threat resulting in lower levels of child adjustment.¹⁴ In other words, as IPV intensifies, perceived threat elevates and children are more adversely affected. If early intervention is not available due to lack of resources, or because hostile environmental conditions dissuade victimized parents from disclosing and/or seeking help (Author, 2012), the contextual/community level must be considered for intervention. Contextual factors have a direct bearing on how long children are exposed to IPV. From a social ecological standpoint, these are distal factors directly connected to proximal issues. As such, contextual and community factors necessitate we extend our usual focus for intervention beyond intra and inter-personal factors.

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¹³ O'Brien, Cohen, Pooley & Taylor, 2013.

¹⁴ Fortin, Doucet, & Damant, 2011.