

Make Resilience Matter (MRM) **for Children Exposed to Intimate Partner Violence**

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Child and Youth Exposure to IPV

Scope

Adverse Childhood Events Study (ACES) cites that 13% of respondents reported seeing their mothers be treated in violent ways
(Felitti & Andas, 2014)

10-13% of Canadian youth report living with violence between adults in their households (Burczycka & Conroy, 2017; NLSCY)

Close to a million children in Canada experience IPV exposure in their households (Sinha, 2010)

IPV exposure is the most frequently investigated and substantiated form of maltreatment in Ontario (Fallon, et al., 2015)


IPV Exposed Children & Youth: Heightened Vulnerabilities

- Multiple vulnerabilities; multiple adverse events (Adverse Childhood Events Study - ACES)
- Complex trauma –co-occurring maltreatment
- Developmental trauma; relational trauma
- Chaotic and unpredictable living environments
- Dangerous neighbourhood -other violence exposure
- Poverty, isolation
- Developmental delays; disabilities



TRAUMA INFORMED CARE

Growing Together: Ministry of Children & Youth Services (MCYS) Strategic Plan (2014-18)



Every time a young person comes into contact with MCYS services, it is an opportunity to help them build their resilience. The Ministry has increased its focus on both preventing adversity and fostering the skills and resources children, youth and families will need when they do face challenges (Teresa Piruzza , Minister of Children and Youth Services, March 2014)

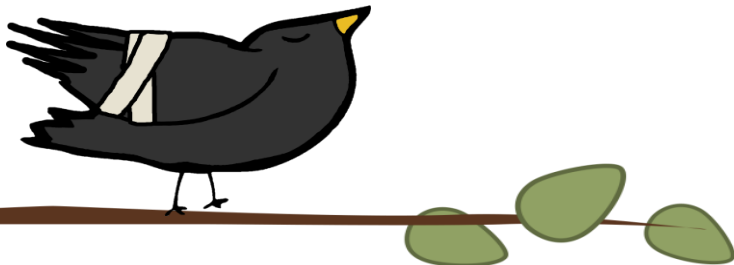
Children and youth have a naturally resilient nature but it must be nurtured and strengthened, particularly in the face of one or more risk factors (A Shared Responsibility, MCYS, May 2016)

Not a rationale for scaling back on services

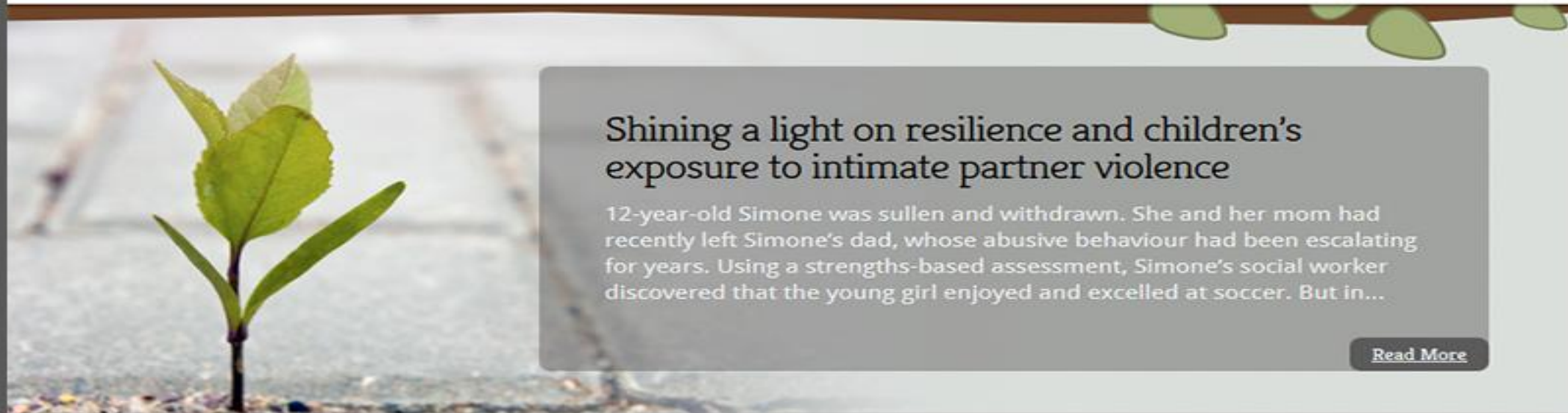
What is Resilience?

Resilience is a process of

- navigating through adversity
- using internal and external resources (personal qualities, relationships, and community and cultural factors)
- to support healthy adaptation, recovery and successful outcomes over the life course.



Think about
**resilience as a
process and
opportunity**, not
something children
have or don't have



Shining a light on resilience and children's exposure to intimate partner violence

12-year-old Simone was sullen and withdrawn. She and her mom had recently left Simone's dad, whose abusive behaviour had been escalating for years. Using a strengths-based assessment, Simone's social worker discovered that the young girl enjoyed and excelled at soccer. But in...

[Read More](#)

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Make Resilience Matter
For Children Exposed to Intimate Partner Violence

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*Safe, non-violent, nurturing
families and communities
are the bedrock of healthy
child development*

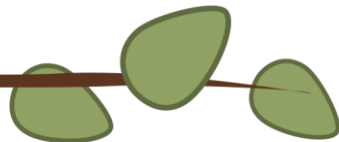
Adverse Effects of IPV Exposure

- IPV exposure sets a number of children down a difficult path impacting child development
 - Difficulties managing and expressing emotions; dysregulation in affect
 - Relationship problems
 - Aggression and/or depression
 - Externalizing behaviours and internalizing symptoms
 - Trauma effects
 - Problems in academic achievement
 - Inter-generational transmission of violence risk



Resilience Outcomes are Possible

- Laing and colleagues (2013) in a review of the literature found that 26—50% of IPV-exposed children were functioning as well as non-exposed children
- Some research shows that a number of children show resilience with healthy adaptation (Holt, Buckley & Whelan, 2008; Margolin, 2005; Stith, et al., 2000)
- No two children respond the same way
 - What are resilience factors and processes for IPV exposed children?
 - What role does resilience play over the life course?
 - How can we foster resilience in all children adversely affected by IPV?



Protective Factors, Resilience and the Connection

Protective Factors

- pre-existing factors that act as buffers for risk and stress; individual traits, inter-personal /relational strengths, and contextual factors /positive environmental influences
- protective factors can help in adaptation and recovery in the aftermath of adversity

Adversity


- adverse event or events; acute or chronic; significant threat to psycho-social functioning
- important to establish the onset, duration, frequency and impact of adversity

Resilience

- a process of adaptation and recovery resulting in successful outcomes -post adversity
- positive adaptation and recovery can occur despite a long period of disruption in functioning; over the life course

Key Findings – Social Ecological Framework

“Take These Broken Wings and Learn to Fly: Applying Resilience Concepts to Practice with Children and Youth Exposed to IPV” (Alaggia & Donohue, 2016)



Intra-personal Factors	Inter-Personal Factors	Contextual and Cultural Factors (Environmental)
Easy temperament, agreeable Socially competent Self-confident, independent Intelligent, academically successful Emotionally regulated, self-controlled Positive, optimistic, hopeful Motivated, goal focused, perseverance Good problem solver, resourceful Skills, talents, humor Spirituality Can retreat/escape i.e. sports, reading, music Insight: Accurately assigns abuse responsibility Committed to breaking cycle of violence	One secure attachment Access to one safe adult Protective mother Maternal warmth, sensitivity, and good mental health In-home social network Family cohesion Peer and social support	Safe havens , accessible community resources School connectedness Exit options—post-secondary education Educated mother with stable employment Connection to spirituality, faith Inter-cultural influence

Here to Help Research – In Progress

Mothers and children attending Here to Help (H2H) programs are invited to participate in resilience research. Their participation is voluntary. Ethics was approved by the University of Toronto and CDI.

1. Started data collection at CDI Here to Help groups in 2015 (4 cycles of data collection)
2. Yorktown Family Services started data collection with H2H clients in 2017 (2 cycles of data collection)

Demographic Information

- Participants:
 - 59 mothers
 - 42 children (42% female)
 - 34 matched pairs of mothers and children
- Average mother's age: 35
- Average children's age: 7
- 35 divorced/separated; 4 in co-habiting relationship; 16 single
- Ethnicities include Caucasian, Latin American, African American, Asian, Aboriginal
- Well educated, 44 mothers reported at least some post-secondary education
- Majority of women reported income of between \$10,000 and \$30,000 per year

Measures (Questionnaires)

Child Emotion Management Scale (CEMS)

- Children fill these out for themselves and their mothers fill these out about their children
- Measures affect regulation on three domains: worry, sadness, and anger
- Each domain includes three subscales that look at the extent to which children inhibit, become dysregulated, or cope with their emotions

Child Emotion Management Scale (CEMS): Child Self-Report

Findings:

- Children in H2H manage their worry and sadness in ways that are similar to children drawn from community samples
- However, H2H children manage their anger in a way that is more similar to anxious children

Domain	Subscale	Mean	Standard Deviation
Worry			
	Inhibition	2.06	.58
	Dysregulation	1.72	.52
	Coping	1.90	.57
	Total	1.89	.34
Sadness			
	Inhibition	2.05	.42
	Dysregulation	1.67	.57
	Coping	2.02	.45
	Total	1.91	.29
Anger			
	Inhibition	1.84	.50
	Dysregulation	1.62	.62
	Coping	2.04	.53
	Total	1.83	.29

Child Emotion Management Scale (CEMS): Mother-Child Comparison

- 34 matched mother-child pairs

Findings:

- Mothers report greater levels of affect dysregulation when their children are sad
- Children report inhibiting anger more often as well as greater use of coping strategies

Domain	Subscale	Child Self-report	Mother-rated
Worry			
	Inhibition	2.05	1.94
	Dysregulation	1.62	1.83
	Coping	1.90	1.97
	Total	1.86	1.91
Sadness			
	Inhibition	2.06	1.85
	Dysregulation	1.70	2.06
	Coping	2.04	1.95
	Total	1.93	1.96
Anger			
	Inhibition	1.84	1.55
	Dysregulation	1.62	1.88
	Coping	2.05	1.72
	Total	1.84	1.72

Measures (Questionnaires)

Connors-Davidson Resilience Scale (CD-RISC)

- Examines a child's level of self-reported resilience
 - Because of the language of the questionnaire, only children 10 years and older were asked to complete
- Mothers also completed this scale, rating their own level of resilience
- Scores range from 0 to 100

Connors-Davidson Resilience Scale (CD-RISC): Child Self-Report

Findings:

- H2H children are reporting considerable resilience
- Their scores were similar to children drawn from community samples
- In comparison to children who experienced trauma (major earthquake), H2H children report greater resilience

Sample	CD-RISC Score
H2H Children	64.0
Community Sample	64.8
Trauma Survivors	50.5

Range: 38 to 87

Connors-Davidson Resilience Scale (CD-RISC): Mother Self-Report

Findings:

- Overall, mothers are reporting higher levels of resilience compared to their children
- Mothers in the H2H sample reported lower resilience compared to a community sample but fare better than individuals with psychiatric/PTSD disorders

Sample	CD-RISC Score
H2H Mothers	72.5
Community Sample	80.4
Primary Care Patients	71.8
Psychiatric Outpatients	68.0
PTSD Diagnosis	52.8

Range: 39 to 99

CEMS and CD-RISC Summary

- H2H children manage their worry and sadness in ways similar to community samples
- However, H2H children are similar to anxious youth in terms of how they manage anger
- H2H children report considerable resilience
- Mothers report even higher levels of resilience, but still lower than women in community samples

Qualitative Interviews: Thematic Analysis*

- Escapism
- Perseverance
- Hope
- Strong sense of positive self
- Insight
- Self-efficacy
- One supportive adult/caregiver
- Committed to breaking cycle of violence
- Supportive others and community
- Social support **
- Family cohesion -extended family **
- School connectedness **

*Jenney, A., Alaggia, R. & Niepage, M. (2016). "The lie is that it's not going to get better": Narratives of resilience from childhood exposure to intimate partner violence: *International Journal of Child and Adolescent Resilience*, 4(1), 64-76.

** Secondary analysis

National Longitudinal Survey of Children and Youth (NLSCY): Methodology

- A study of Canadian children that follows their development and well-being from birth to early adulthood
- Collects information on social, emotional, and behavioural development over time
- The current study uses data from the last 4 cycles (2000 to 2008)
 - N = 8,272 youth (8% IPV exposed)
 - Average age 12.4 years
 - 49.7% female



SECTION A Friends and Family

Please answer the following statements about your friends and others your age.

	False	Mostly false	Sometimes true/ Sometimes false	Mostly true	True
A1 I have many friends.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
A2 I get along easily with others my age.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>
A3 Others my age want me to be their friend.	⁰ <input type="radio"/>	¹ <input type="radio"/>	² <input type="radio"/>	³ <input type="radio"/>	⁴ <input type="radio"/>
A4 Most others my age like me.	⁵ <input type="radio"/>	⁶ <input type="radio"/>	⁷ <input type="radio"/>	⁸ <input type="radio"/>	⁹ <input type="radio"/>

For the rest of this questionnaire, by "close friends", we mean the people that you trust and confide in. They may be friends that you hang out with at school or outside school.

A5 I feel that my **close friends** really know who I am.

⁰ ☐ False

¹ ☐ Mostly false

² ☐ Sometimes false/Sometimes true

³ ☐ Mostly true

⁴ ☐ True

National Longitudinal Survey of Children and Youth (NLSCY): Methodology

- Outcome variables
 - Externalizing behaviour
 - Internalizing problems
- Social cohesion variables
 - Social support
 - Family cohesion
 - School connectedness
 - Neighbourhood Cohesion

National Longitudinal Survey of Children and Youth (NLSCY): Intimate Partner Violence

- In order to assess IPV exposure, a child's primary caregiver was asked:
 - How often does your child see adults or teenagers in your house physically fighting, hitting or otherwise trying to hurt others?
- Responses are rated on a 4 point scale
 - 0 (Never)
 - 1 (Seldom)
 - 2 (Sometimes)
 - 3 (Often)

National Longitudinal Survey of Children and Youth (NLSCY): Analysis

- Hierarchical regression revealed that the social cohesion variables were related to reduced levels of internalizing and externalizing problems in youth
 - The impact of social support, family cohesion, and school connectedness was stronger for externalizing behaviour
 - Neighbourhood cohesion was not significant
- We also looked at several interactions
 - IPV exposure X Gender
 - IPV exposure X cohesion variables

What's Gender Got to Do with It?

Are there differences between exposed girls and boys in relation to resilience? Very little data around resilience and gender.

Boys are at greater risk for developing externalizing behaviours including aggression manifesting in adult romantic relationships (Gonzales et al., 2012).

Exposure to traditional masculine socialization and violent male gender roles play a part in less resilience with boys.

Men who resist traditional male gender roles show more resilience (Gonzales et al., 2012).

"Turning points" in men can reduce aggression and delinquency (Ungar, 2013).

MRM Resilience Data

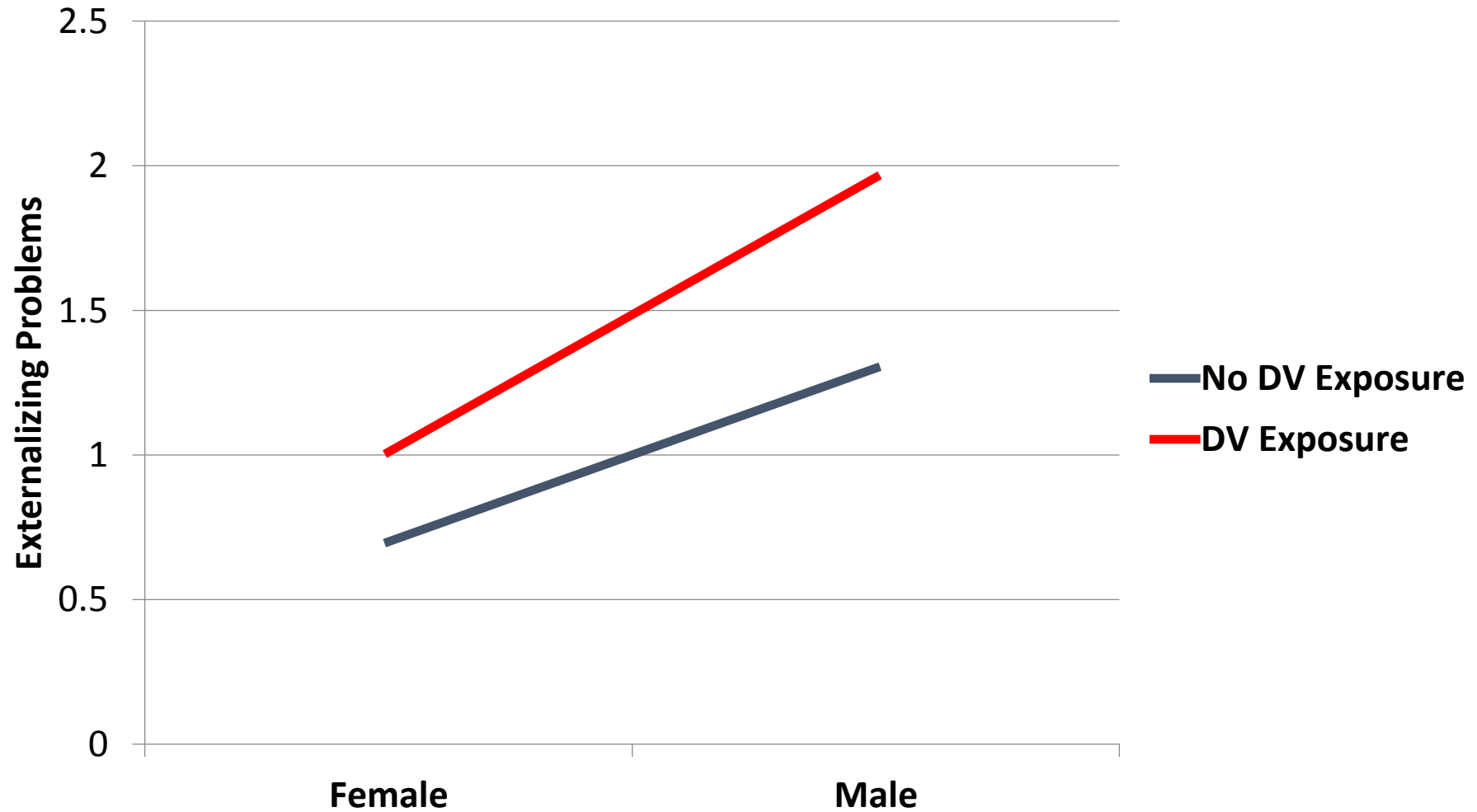
Theme: Ability to recognize violence. Commitment not to repeat perpetrator or victim behaviour in relationships.

It just seems to be an instinctual feeling of this is not a right way to handle a situation. It could be empathy for the person on the receiving end of abuse that things were terrible. (2m)

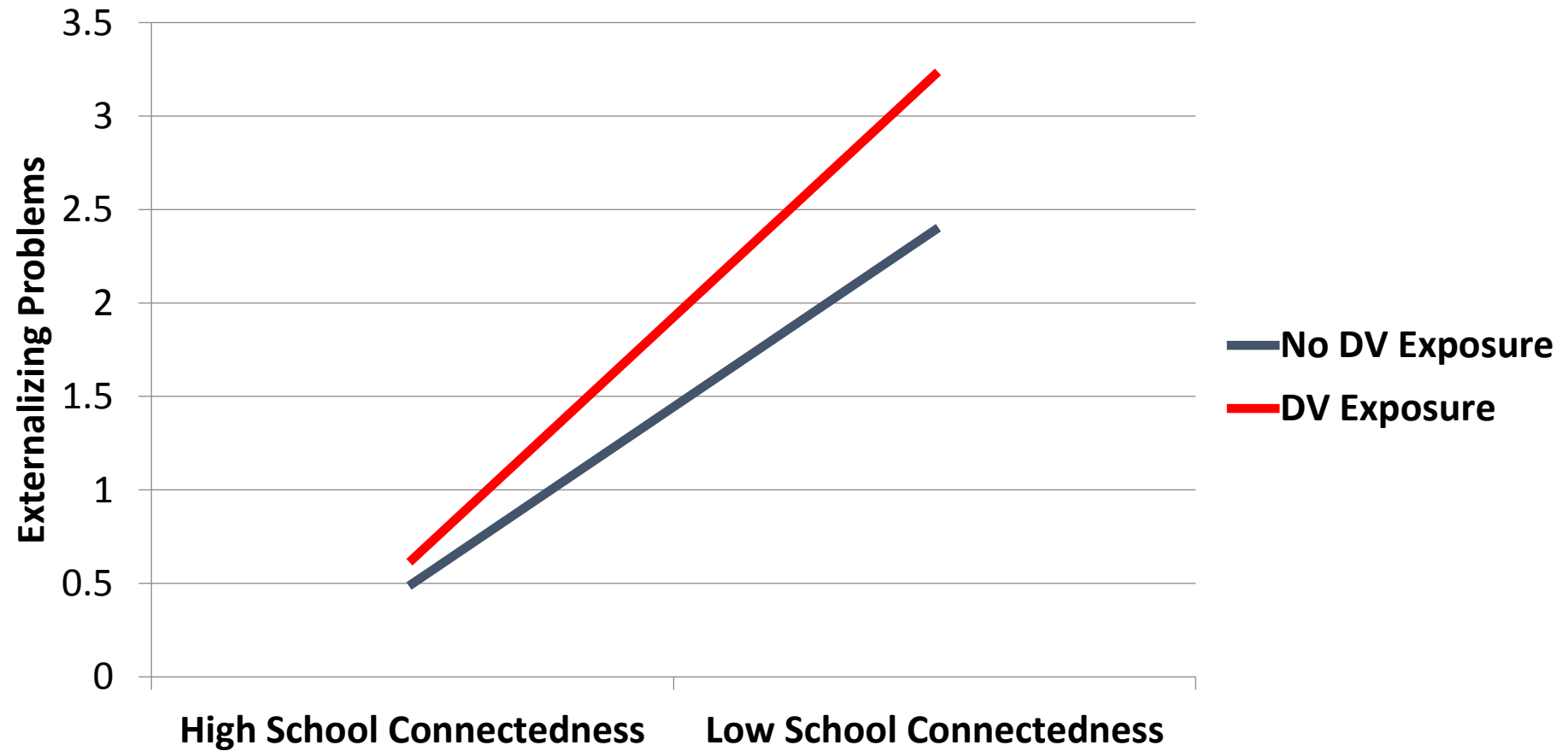
Like I usually see my dad's problems as his and not really impacting me in anyway except for how I interact with him. That's how I see it . . . that point of realizing that my dad is a violent guy. (7m)

In terms of my boyfriend I basically picked someone who is the complete opposite of my father. So he's very reliable, dependable. (6 f)

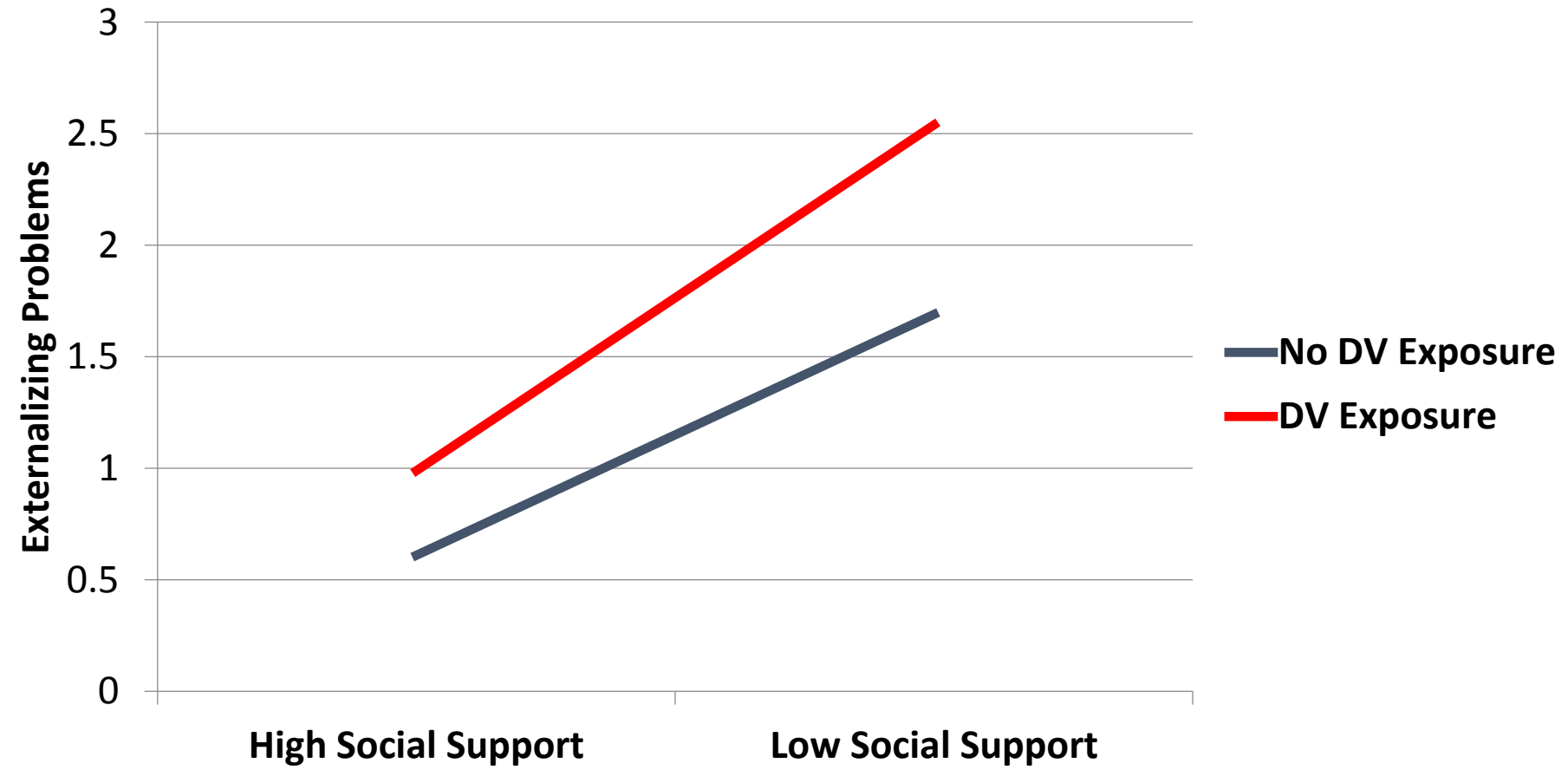
IPV Exposure and Gender



IPV Exposure and School Connectedness:



IPV Exposure and Social Support



Recommendations



- Programs should embed a resilience-informed approach: strengths based
- Use of measures such as:
 - Resilience
 - Affect regulation
 - Attachment
 - Trauma
- Use a trauma-informed practice approach
 - Trauma and resilience should go hand in hand
 - Safety, trust, collaboration, choice and control, empowerment, strengths based

Implications for Fostering Resilience: What can we do?

Service providers, care-givers, parents/foster parents, educators can promote resilience by:

- Taking a strengths based stance
- Using emotion regulation exercises (breathing for stress reduction; healthy routines; predictability; role modelling)
- Using openness exercises; practicing positivity; correcting cognitive distortions
- Facilitating esteem building activities i.e. talents and skills
- Making connections to supportive adults
- Using attachment based interventions
- Labeling and validating feelings about the violence -challenging and changing traditional gender roles
- Educating about healthy relationships –egalitarian relationships as the norm
- Connecting with cultural strengths and resources
- Promoting healthier communities with access to child and youth activities

Wrap-up: Q&A

Come visit us at:

www.makesilencematter.ca

Thank you!

