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

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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12-year-old Simone was sullen and withdrawn.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...
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Ontario Institute for Studies in Education
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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

• pre-existing factors that act as buffers for risk and stress; individual traits, interpersonal /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)

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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Subscale</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worry</td>
<td>Inhibition</td>
<td>2.06</td>
<td>.58</td>
</tr>
<tr>
<td></td>
<td>Dysregulation</td>
<td>1.72</td>
<td>.52</td>
</tr>
<tr>
<td></td>
<td>Coping</td>
<td>1.90</td>
<td>.57</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1.89</td>
<td>.34</td>
</tr>
<tr>
<td>Sadness</td>
<td>Inhibition</td>
<td>2.05</td>
<td>.42</td>
</tr>
<tr>
<td></td>
<td>Dysregulation</td>
<td>1.67</td>
<td>.57</td>
</tr>
<tr>
<td></td>
<td>Coping</td>
<td>2.02</td>
<td>.45</td>
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<tr>
<td></td>
<td>Total</td>
<td>1.91</td>
<td>.29</td>
</tr>
<tr>
<td>Anger</td>
<td>Inhibition</td>
<td>1.84</td>
<td>.50</td>
</tr>
<tr>
<td></td>
<td>Dysregulation</td>
<td>1.62</td>
<td>.62</td>
</tr>
<tr>
<td></td>
<td>Coping</td>
<td>2.04</td>
<td>.53</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1.83</td>
<td>.29</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Domain</th>
<th>Subscale</th>
<th>Child Self-report</th>
<th>Mother-rated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worry</td>
<td>Inhibition</td>
<td>2.05</td>
<td>1.94</td>
</tr>
<tr>
<td></td>
<td>Dysregulation</td>
<td>1.62</td>
<td>1.83</td>
</tr>
<tr>
<td></td>
<td>Coping</td>
<td>1.90</td>
<td>1.97</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1.86</td>
<td>1.91</td>
</tr>
<tr>
<td>Sadness</td>
<td>Inhibition</td>
<td>2.06</td>
<td>1.85</td>
</tr>
<tr>
<td></td>
<td>Dysregulation</td>
<td>1.70</td>
<td>2.06</td>
</tr>
<tr>
<td></td>
<td>Coping</td>
<td>2.04</td>
<td>1.95</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1.93</td>
<td>1.96</td>
</tr>
<tr>
<td>Anger</td>
<td>Inhibition</td>
<td>1.84</td>
<td>1.55</td>
</tr>
<tr>
<td></td>
<td>Dysregulation</td>
<td>1.62</td>
<td>1.88</td>
</tr>
<tr>
<td></td>
<td>Coping</td>
<td>2.05</td>
<td>1.72</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>1.84</td>
<td>1.72</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Sample</th>
<th>CD-RISC Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2H Children</td>
<td>64.0</td>
</tr>
<tr>
<td>Community Sample</td>
<td>64.8</td>
</tr>
<tr>
<td>Trauma Survivors</td>
<td>50.5</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Sample</th>
<th>CD-RISC Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>H2H Mothers</td>
<td>72.5</td>
</tr>
<tr>
<td>Community Sample</td>
<td>80.4</td>
</tr>
<tr>
<td>Primary Care Patients</td>
<td>71.8</td>
</tr>
<tr>
<td>Psychiatric Outpatients</td>
<td>68.0</td>
</tr>
<tr>
<td>PTSD Diagnosis</td>
<td>52.8</td>
</tr>
</tbody>
</table>

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 **


** 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.

<table>
<thead>
<tr>
<th></th>
<th>False</th>
<th>Mostly false</th>
<th>Sometimes true/Sometimes false</th>
<th>Mostly true</th>
<th>True</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>A2</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>A3</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>A4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>A5</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 False</td>
</tr>
<tr>
<td></td>
<td>1 Mostly false</td>
</tr>
<tr>
<td></td>
<td>2 Sometimes false/Sometimes true</td>
</tr>
<tr>
<td></td>
<td>3 Mostly true</td>
</tr>
<tr>
<td></td>
<td>4 True</td>
</tr>
</tbody>
</table>
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

![Graph showing the relationship between IPV exposure and gender on the x-axis (Female, Male) and externalizing problems on the y-axis. The graph compares the level of externalizing problems in individuals with no DV exposure (No DV Exposure) and those with DV exposure (DV Exposure).]
IPV Exposure and School Connectedness:

- No DV Exposure
- DV Exposure

Graph showing the relationship between Externalizing Problems and High School Connectedness/Low School Connectedness.
IPV Exposure and Social Support

The graph illustrates the relationship between IPV exposure and externalizing problems across different levels of social support. The x-axis represents high and low social support, while the y-axis measures externalizing problems. Two lines are depicted: one for No DV Exposure and another for DV Exposure. The graph shows a positive correlation between IPV exposure and externalizing problems, with a steeper increase observed in the presence of DV Exposure compared to No DV Exposure.
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.makeresiliencematter.ca

Thank you!