Child and Adolescent Resilience: Building International Connections

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Globally, it is estimated that 40 million children are maltreated, with neglect and exposure to intimate partner violence being most common. Research strongly suggests that much maltreatment is not reported officially. Child maltreatment is costly. In the US, estimates are over $120 billion annually, with over $200,000 per victim and $ 1 million per death. Child maltreatment prevention work seeks to forge and connect broadly to international efforts that take into consideration the unique needs of communities, optimizes strengths and promoting evidence-guided decision-making. To bolster resilience, research is the chief means of maximizing efficiency and impact of practice and policy. Recognizing fiscal constraints, resilience work may be seen as an on-going dialogue that increasingly considers technology for health innovations. Health innovations can strengthen human and social capital within a community.

Resilience in the context of maltreatment

Child maltreatment – the sexual, physical, emotional abuse and neglect of children primarily by their parents – is a focal domain for studying resilience. Resilience requires adversity, an overwhelming stressor that requires the individual to interact with their environment and, ideally the social safety nets and the resources they provide, to repair, recover, and rebound robustly. Resilience does not negate the health risks that maltreatment confers; rather, it provides the health promotion parallel to violence, injury, disease and impairment prevention. The phenomenology of maltreatment is that the home environment for learning and growing is a place where safety and security is not present, injury becomes more likely, and care is inadequate and inconsistent. The messages to the child centre on learning that one is not worthy, lovable, or valuable and, without intervention, can become a patterned self-approach. In the maltreating home, child rights are non-existent. A child's life is not their own and, certainly, not what they would want or wish. If safety can be established, then the child can engage in resilience processes where their focus can shift from apprehensively monitoring others and their environment, to themselves, as it is in normative development. In the context of maltreatment, personal safety is the pre-requisite. When children are safe in schools, in friends' homes, on sport teams, in their communities, resilience starts to become realizable. The child welfare system is one service arena, mandated in many countries to be provided to maltreated children, and is an important locale for studying resilience in the context of maltreatment.[1]

Resilience factors beyond the maltreatment events

Current research in maltreatment emphasizes that the central component is the dysregulation that accompanies the body's best efforts to handle an over-prompted stress and defense response system. Candidate psychological processes that may contribute to this dysregulation include: negative information processing bias, emotional over-reactivity, violence in close relationships, and a de-investment in self-health. The visible signs of maltreatment-related impairment in adolescence and adulthood are the increased likelihood of psychiatric disorder (notably, anxiety, mood, and aggression areas), self-harming stress management (disordered eating, cigarette smoking, binge and heavy drinking), organ disease (lung, liver, heart), premature death (child abuse fatalities, domestic violence fatalities, suicide, disease processes), and impaired financial health.[2]

Present resilience research: Coping challenges faced by child welfare-involved adolescents

This child maltreatment and resilience research focuses on adolescence as a critical time of transition from dependent to independent living, where risk-taking can become risk tolerance and risk-seeking, compromising resilience. Collaborations on the Canadian Institutes of Health Research (CIHR)-funded meeting grant to link to international resilience research (Lead: C. Wekerle) was among partners: (1) The Maltreatment and Adolescent Pathways (MAP) Longitudinal Study group (Lead: C. Wekerle); (2) The Resilience Research Centre @ Dalhousie University (Lead: M. Ungar); (3) The Prevention of Violence Across the Lifespan Centre @ McMaster University (Leads: H. MacMillan, N. Wathen, D. Stewart); and (4) Canadian government resilience working group (T. Thornton, Health Canada; L. Tonmyr, Public Health Agency of Canada), as well as (5) child welfare groups, the Child Welfare League of Canada, First Nations Child & Family Caring Society of Canada.

In working with child welfare-involved youth, a potential resilience context is the provision of state mandated child welfare service provision. Research on child welfare populations is emergent. Contributions from our work (MAP Longitudinal Study) include findings that child welfare-involved youths, compared to their non-involved counterparts, report higher levels of high school bullying, distress, greater prescriptions for mood/anxiety medication, and health professional visits.[3,4] As compared to literature-based estimates, child welfare-involved teens have high levels of dating violence,[5] including among those with mild-to-moderate intellectual disability.[6] Among child welfare-involved youths, emotional maltreatment levels help to understand impairment. [7,8,5] Teens seem to be at higher risk for dating violence with an avoidant attachment style (lower emotional closeness, more dismissing of the importance of the relationship),[8] which may be linked to risks linked to avoiding experiencing emotions. Posttraumatic stress disorder (PTSD) symptoms among child welfare-involved youths are linked with dating violence,[5] and problem drug and alcohol use.[9] Comparing child welfare-involved males and females, the former were more engaged in fighting (fights, gangs, instrumental aggression).[10,11]

In terms of resilience factors, to date, our contributions include that most child welfare-involved adolescents have average and above IQ[6] and that youths with higher self-compassion scores have better outcomes.[7] Upcoming work considers community-level resources, school engagement, verbal fluency, positive identification with caseworker, and length of caseworker support.

Key Objectives: In an effort to forge a research program in resilience among child welfare-involved youth, our research objectives include: (1) to establish partnerships for the study of maltreatment and resilience that could advance knowledge in (a) resilience conceptualization for maltreated youths; (b) consolidation of quantitative measurement of maltreatment and resilience factors; and (c) review of resilience programming and application to child welfare systems. Given the need for understanding child welfare-involved youths as compared to (a) non-maltreated and (b) maltreated, but not child welfare-involved youths, epidemiological study is critical that taps the social determinants of health and adolescent health. This can be as simple as including a query on child welfare system involvement in population-level studies as a low effort, but high yield knowledge creation opportunity.

Results to date: In terms of measurement advancement, we have identified brief measures of maltreatment history,[12] and distress.[13] Collaborators in this grant are partners in a new venture in knowledge mobilization in the area of children and youth in challenging contexts. We understand that youth with historical child welfare involvement emerge in study of urban homeless population.[14] We are presently completing a review on evidence-based, readily transportable resilience programming for child welfare-involved youths.

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