Resilience in Victims of Child Maltreatment

Chapman University

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The U.S. Department of Health and Human Services (2017) reported an estimated 674,000 victims of child maltreatment in 2017. Child maltreatment is considered an act of harm to a child, intentional or not, including the potential for harm and the failure to protect from harm (Centers for Disease Control and Prevention, 2019). A substantial amount of research evaluates child maltreatment in relation to risk factors and adverse outcomes for victims (Dubowitz et al., 2015). For example, child maltreatment victimization is associated with higher rates of psychosocial adversities in adulthood, such as self-harm, substance abuse, posttraumatic stress disorder (PTSD), anxiety, and delinquency (Hahm, Lee, Ozonoff, & Van Wert, 2010; Rogosch, Oshri, & Cicchetti, 2010; Schaefer, Howell, Schwartz, Bottomley, & Crossnine, 2018). However, the protective factors and long-term adaptive outcomes many individuals experience following child maltreatment exposure are vastly overlooked in research.

The current study aims to fill the gap by examining a population that displayed resilience in adulthood despite experiencing adversities as children. Three women shared their histories with child maltreatment and the factors that contributed to the process of living resilient lives, including: (a) social support from family, (b) required helpfulness, and (c) future orientation.

Child Maltreatment Types

The four commonly recognized types of child maltreatment are physical abuse, sexual abuse, emotional (or psychological) abuse, and neglect (Centers for Disease Control and Prevention, 2019). These forms of maltreatment can occur in isolation or a variety of combinations. Physical abuse is defined as a deliberate physical injury inflicted by a caregiver, typically as a form of discipline or punishment. Physical abuse may result in visible marks on the skin or may be severe enough to result in death. Sexual abuse is any act of coercion to involve a

child in sexual activity, including touching, simulating, intercourse, or exposure to pornography. Emotional abuse refers to a caregiver's repeated pattern of communication to a child that causes any level of emotional damage, such as feelings of worthlessness, endangerment, or a lack of love. Neglect, the most frequently occurring type, is defined as a failure by a caregiver to adequately provide for a child's basic needs, resulting in significant harm or the threat of significant harm. Socioeconomic factors are taken into consideration when identifying victims of neglect. For example, withholding resources that result in the failure to meet a child's basic needs qualifies as neglect while living in poverty does not. (Child and Family Services Reviews, 2019)

Risk Factors and Outcomes

A substantial body of literature evaluates risk factors and outcomes related to child maltreatment. Several parental socioeconomic, demographic, and behavioral factors contribute to the risk of being a victim of childhood abuse and neglect. For instance, Frioux et al. (2014) found an association between parent unemployment and home foreclosure rates and a higher number of child maltreatment reports in a state-wide population. Additionally, another study indicated that living in impoverished and disadvantaged neighborhoods or single-mother households increases the risk for child maltreatment occurrence (Morris et al., 2019). Finally, parents with criminal records related to domestic violence, drug, and murder offenses are at higher risks to be involved in child abuse and neglect cases (Morris et al., 2019).

When multiple adversities impact a family, caregivers are less able to provide a nurturing environment with adequate support and attention for children (Bridgett, Burt, Edwards, & Deater-Deckard, 2015). Thus, understanding the contextual stressors that may influence parents to engage in child abuse and neglect is crucial when researching child maltreatment.

From 1995-1997, the Centers for Disease Control (CDC) and Kaiser Permanente conducted a renowned study on adverse childhood experiences (ACEs), including maltreatment, witnessing domestic violence, and losing a family member to suicide. Research findings suggested a relationship between the number of ACEs individuals were exposed to and an increased risk for health problems later in life (e.g., alcoholism, depression, sexually transmitted diseases, diabetes, heart disease) (Felitti et al., 1998). The ACEs study illustrated the lasting impacts childhood traumatic events could have on human development.

Current research has further supported the ACEs study findings that survivors of child maltreatment face a variety of adversities in adulthood. Psychological adversities, such as depressive symptoms, toxic stress, and lifetime PTSD, are prevalent at higher rates for adults who were previously abused and neglected (Henry, Fulco, & Merrick, 2018; Kulkarni, Graham-Bermann, Rauch, & Seng, 2011). Other difficulties that this population may experience are related to greater economic hardships (Henry et al., 2018), negative impacts on social relationships (Ford, Clark, & Stansfeld, 2011), and more high-risk behaviors (e.g., unsafe sexual behavior, delinquency, and suicidality) (Hahm et al., 2010). In some cases, the intergenerational cycle of abuse continues as victims have children and engage in abusive parenting styles of their own (Bridgett et al., 2015).

While the literature on the risk factors and outcomes of child maltreatment is extensively documented, it is essential to acknowledge that not all findings apply to all victims. A lack of attention is given to individuals who thrived in their environments, relationships, and well-being despite their exposure to child maltreatment.

Resilience

Resilience, as described by Masten (2014), is a broad term referring to an individual's

ability to positively adapt, cope, grow, and recover when faced with risk and adversity. Masten (2014, pg. 6) further identifies resilience as "ordinary magic" because it emerges from resources and protective factors that are ordinary to humanity (e.g., supportive relationships, healthy brain development, safe communities). Despite variability in the circumstances, universal themes of resilience among populations faced with adversity are evident in research. In particular, the interaction between one's individual strengths and social supports has a powerful influence on resilience (Hass, Allex, & Amoah, 2014; Masten, 2014).

Individual Strengths

Personal attributes are associated with positive adaptation following childhood traumatic events, including self-regulation skills, self-efficacy, hope, and meaning-making (Masten, 2014). Optimism, specifically, is a fundamental component of research related to resilience following traumatic events (Brodhagen & Wise, 2008). Schaefer et al. (2018) examined individual protective factors in a population of college students who were victims of trauma. They found that optimism is highly associated with resilience and posttraumatic growth (Schaefer et al., 2018). Optimism contains aspects of meaning-making, positive expectancy, positive future-orientation, self-efficacy, and a reconstructed view of life that fosters resilience (Schaefer et al., 2018).

Similarly, personal strengths that promote resilience can be evident in individual skills and behaviors. Yoon (2018) found that higher rates of prosocial skills, such as self-control, assertion, and responsibility, are associated with positive adjustment following childhood maltreatment. Children who display strong prosocial skills can express their feelings appropriately, without externalizing problem behaviors, which leads to positive social interactions (Yoon, 2018). Yoon's (2008) research was consistent with other findings that a

majority of maltreated children engage in average to low rates of externalizing problem behaviors, and greater prosocial behaviors, following traumatic events (Tabone et al., 2011; Woodruff & Lee, 2011).

Social Support

Although child maltreatment disrupts adaptive family functioning and perpetrators are typically related to victims, social support from a variety of sources is a significant protective factor following trauma (Evans, Steel, & DiLillo, 2013). Relationships with parents, friends, and romantic partners can promote resilience in adulthood and mitigate the impacts of depression, anxiety, and PTSD symptoms on well-being (Folger & Wright, 2013). While any social support can influence positive adaptation for victims of child maltreatment, parent-child relationships continue to have the most substantial impact on resilience in adulthood. Parental warmth, particularly emotional closeness, can lead to less severe mental health problems for victims of child abuse in adulthood (Lind et al., 2018). On the other hand, authoritarian and overprotective parenting has a negative impact on resilience for this population (Lind et al., 2018). It is important to acknowledge that other capable adults (e.g., extended family members, appointed caregivers) may step in as primary caregivers when biological parents are unavailable and may still have a positive influence on resilience (Masten, 2014).

Methods

Procedure

Journal articles for this study were retrieved from Chapman University's ERIC-EBSCO online library database. Relevant phrases and keywords were used to search for articles, including "child maltreatment," "resilience," "protective factors," and "risk factors".

Data were gathered from semi-structured interviews with three women who were victims

of child maltreatment. Subjects volunteered to participate by responding to the researcher's statement of recruitment on social media sites (e.g., Facebook and Instagram). Interviews were one to two hours long and were conducted at locations chosen by the participants, including a park, a coffee shop, and a place of residency. Before beginning the interviews, participants were given an informed consent form to sign, which indicated that information shared with the researcher is confidential and will only be discussed during class activities. Participants provided verbal consent for the researcher to take notes during the interview and to use pseudonyms in place of their real names.

The researcher asked open-ended questions to gather information on the participants' experiences with child maltreatment and to identify sources of resilience. Example items include "what kinds of challenges have you overcome in your life?", "what gives your life meaning and purpose?", "what are your goals for the future?", and "were there turning points in your life when you changed directions or were given a second chance?". Data from the interviews were synthesized to determine common themes of resilience in former victims of child maltreatment.

Participants

Three adult women from the Los Angeles area were interviewed for the current study. Their ages ranged from 27 to 44 years old, and they identified as Hispanic/Latina. All participants experienced a combination of two or more maltreatment types throughout their childhood. Two participants were abused by their biological mothers, and one participant was abused by her stepfather.

Amanda, the first interviewee, grew up with her mother and younger brother. When Amanda was in the seventh grade, her mother began dating a man, who will be identified as Raymond. Over time, Raymond moved into her home and gradually began binge drinking, using

drugs, and arguing with her mother. Raymond first became physically abusive to Amanda when she asked him to stop using substances in their house or stood up for her mom during arguments. Over time, Amanda became the primary victim of physical and emotional abuse when she, her mother, or younger brother did something to upset Raymond. She recalled Raymond dragging her by her hair, slapping her, and pushing her into walls.

Amanda's mother convinced her to stay quiet about the abuse, and she covered up any evidence of bruising with long-sleeved shirts and pants. Amanda is also diagnosed with Type II diabetes and recalled a specific doctor's appointment when her mother was referred to parenting classes for not meeting her medical needs. Her mom and Raymond attended the meetings, but she did not experience a change in their willingness to help her take care of her medical issues. Eventually, Amanda's grandmother witnessed the physical abuse and contacted the Department of Child and Family Services (DCFS). A social worker visited her house, and Amanda denied the abuse to save her mother from getting in trouble. She continued living with her mother and Raymond, who prevented her from having any contact with her grandmother and other extended relatives. She felt the need to protect her younger brother from Raymond's abuse by continuing to make herself his primary victim. The abuse persisted while Amanda was in high school, and Raymond sexually abused her on one occasion. This instance led Amanda to take a bus to her grandmother's house, where she lived until her mother left Raymond.

The turning point in Amanda's life occurred when her mother left Raymond, and she finally felt safe. She became more open to friendships because she no longer had a secret to hide. She felt like she could finally be a normal teenager and enjoyed going to the park with friends after school and having sleepovers. She shared her past experiences with her best friend during this time, who became a significant source of support. Amanda is now married, and the couple

has two children together. Her past influences the way she interacts, disciplines, protects, and responds as a mother. She was previously a dental assistant and hopes to return to school to become a registered dental assistant once her children are both in school.

The second interviewee, Tara, is 44 years old and has a history of child abuse and neglect inflicted by her mother. Tara and her younger sister were primarily raised by their grandparents and other relatives because their mother was not consistently in their lives. Tara recalled living with her mother in an apartment that only had a bed, a refrigerator, and a television. She was fed vitamins as meals and walked home alone from school at the age of six. Tara was physically and emotionally abused when her mother had a hard day at work, broke up with a boyfriend, or when Tara caused any inconvenience (e.g., spilling food, asking for help with washing her hair). She frequently stood up for her sister and took the blame for her actions to protect her from being physically abused. Tara's grandparents were aware of the abuse and neglect but were unwilling to contact authorities in fear of getting their daughter in trouble.

Tara moved away from her mother when she was sixteen years old. At seventeen, she had two sons and met her current husband shortly after, which were turning points in her life because she wanted to be a better person for them. The couple now has two daughters together, and Tara's four children give her life meaning and purpose. She enjoys her job as a senior credit analyst and hopes to go back to school to receive an associate degree in business administration. It was very important for Tara to share her past adversities with the people she is closest to, especially her husband and children. Tara attends individual therapy and has made progress on her ability to process and cope with her past.

Julianna, the last participant, began the interview by recalling her earliest childhood memory. In this memory, Julianna was four years old when she spilled a drink and her mother

threw her on a bed, causing her head to make a hole in the wall. Julianna expressed that her mother physically and emotionally abused her from early childhood until adulthood. Growing up, she lived with her mother, her younger brother, who was also abused, and her younger half-sister, who was not abused. Julianna's mother abused her daily, for situations such as not understanding her homework, leaving dishes in the sink, or coming home from school sweaty. Julianna avoided homework because her mother would abuse her when she did not understand it, resulting in poor grades in school. Her mother would also punish Julianna and her brother for roughhousing by making them fistfight each other until one of them cried. Julianna considered her brother to be a threat, and they would attempt to get each other in trouble to avoid being the target of abuse.

As a teenager, Julianna was referred to therapy by her father for depression. In one particular session, her brother was brought in to be counseled with her, and he exposed that their mother physically abused them. A Child Protective Services (CPS) worker visited their home, and Julianna denied the abuse because her mother threatened that she would be separated from her siblings if she admitted to it. Julianna chose to stay in her mother's home until she was 23 years old to help protect her siblings from being abused. Eventually, she and her brother began supporting each other when their mother abused them, and they developed a more stable sibling relationship as they entered adulthood.

The turning point in Julianna's life occurred after she was hospitalized for a medical reason as a young adult. She gained a new perspective on life and moved out of her mother's home. Julianna now works as a caregiver for an adult with special needs and is in the process of establishing her own microblading and eyelash extension business. She considers her strong points to be offering comfort to others and using her experiences to understand that other

people's feelings matter.

Findings

Social Support from Family

When asked about whom they feel most connected to in life and whom they turn to for help, participants described the impact of family member relationships on their resilience process. It was evident throughout the interview that Tara's grandparents had a significant influence on her childhood because they were in her life more often than her mother. She refers to her grandfather as her dad because she has no contact with her biological father. Tara's most prominent supporter was her grandmother, who passed away two years ago. She was her role model, taught her how to be a supportive mother, and she regularly reached out to her for help with raising her children.

Julianna's greatest supporter, her father, passed away three years ago. She lived with him during his struggle with cancer, and he visited her every day that she was hospitalized, while her mother never did. She reached out to him for advice and had daily phone conversations with him. The relationships described by Tara and Julianna are similar to other research findings that having a positive relationship with a non-abusive caregiver who displays warmth, emotional support, and guidance can promote resilience beyond the abusive parent-child relationship (Lind et al., 2018; Sousa et al., 2011).

Amanda did not explicitly mention a caregiver as a significant source of support. However, she stated that she feels most connected to her husband because he knows everything about her past, and he continuously supports her through it. Additionally, he helps her destress, listens to her, and displays empathy for what she experienced. This result is consistent with a recent finding that marriage is a significant protective factor for victims with high rates of

exposure to physical abuse (Wright, Turanovic, O'Neal, Morse, & Booth, 2019). Amanda's stable relationship with her husband is a contributing source of social support that enhances her resilience.

Required Helpfulness

A second major theme implied by the current research was required helpfulness. Rachman (1979) originally defined required helpfulness as engaging in difficult or dangerous acts as a social requirement to protect others from suffering. Acts of required helpfulness in an immediate adverse situation yield long-term prosocial behaviors as a result of greater feelings of self-efficacy (Rachman, 1979; Vollhardt, 2009). This study's participants demonstrated acts of required helpfulness to prevent their siblings from being abused. All three women were the eldest siblings in the household and reported a level of protectiveness for their younger siblings. Both Amanda and Julianna did not admit the abuse to social workers who visited their homes because they wanted to protect their younger siblings. A similar trend occurred in a study with victims of child abuse and attempted filicide. Katz (2013) reported that children were reluctant to discuss their abuse with interviewers due to "concern for their siblings and their desire to protect them" (pg. 767).

All participants reported being victims of physical abuse to protect their siblings. Amanda stated that she was abused for her brother's actions and continued living with her mother following DCFS involvement to protect her family members. Similarly, Tara took responsibility for her sister's actions because she did not want her to be a victim. While Julianna initially viewed her brother as an enemy, she began physically intervening when he was being abused as they reached young adulthood. Additionally, she did not move out of her mother's house to protect her siblings, even when she was financially capable of leaving. Consistent with

research on required helpfulness, Kaye-Tzadok and Davidson-Arad (2016) found that first-born and middle siblings exhibit higher levels of posttraumatic growth following maltreatment. The researchers related this to older siblings' meaning-making during their abuse, through the perception of themselves as protectors of younger siblings (Kaye-Tzadok & Davidson-Arad, 2016). The current participants held similar protective qualities that contributed to their process of resiliency.

Future Orientation

All three interviewees expressed future plans related to furthering their education and employment. Amanda aspires to become a registered dental assistant because she enjoys helping patients feel better about themselves and their smiles. Tara hopes to complete her associate degree to be a role model for her children. Julianna's ambition to start up a microblading and eyelash extension business is driven by her passion for making others feel comfortable and confident. These participant goals are consistent with research on future orientation, defined as having positive expectations for the future while setting goals and making plans to achieve them (Oshri, Duprey, Kogan, Carlson, & Liu, 2018). Victims of child maltreatment have historically displayed high rates of future orientation, reflecting their resilience (Oshri et al., 2018). Similarly, the three participants in this study have future goals that are driven by their motivation to improve their lives and the lives of others.

Likewise, when asked about ways in which they cope with their past adversities, the mothers involved in the study gave responses related to future-oriented aspirations to improve their children's lives. First, Amanda stated that she is mindful of the way she responds to her children:

"I do not want them to be afraid of me, and I can discipline them without raising my

voice or abusing them."

Similarly, Tara's experience with maltreatment influenced her to treat her kids well and never take her problems out on them. She relies on encouraging self-talk to cope with her adversities, such as:

"I know my kids need a mom. Since I was 20 years old, I've wanted to do more for myself, and for my kids to see me do things for them."

Resilience research has also found associations between child maltreatment and positive aspirations in motherhood (Woods-Jaeger, Cho, Sexton, Slagel, & Goggin, 2018). Mothers with ACEs histories not only aspire to provide better lives for their children, but they also cultivate their emotional needs by deliberately displaying love, nurturance, and communication in the home (Woods-Jaeger et al., 2018). The mothers in this study expressed resilience through raising their children in an environment that was more stable, compassionate, and nurturing than their own.

Early research on resilience indicates that living through adversity commonly results in more positive outlooks on life (Masten, 2014). Two of the participants in this study expressed future-oriented optimism that contributed to their existing views on life. During Julianna's experience with abuse, she relied on optimistic thinking to encourage her to keep going. She stated:

"I always told myself that life wasn't going to stay this way" and "my abuse happened for me, not to me."

Now, her primary goals in life are to accept her past fully and to forgive herself. Similarly, Tara expressed that she encourages herself to be better than her past experiences by:

"Taking it day by day, focusing on something other than [my abuse], and knowing life

isn't perfect".

These participant statements are representative of qualities related to dispositional optimism, the belief that positive outcomes can be achieved despite adversities (Brodhagen & Wise, 2008). Dispositional optimism is associated with lower levels of distress among populations exposed to trauma, including victims of child maltreatment (Brodhagen & Wise, 2008). The current subjects' optimistic thinking contributed to their abilities to live resilient lives and view their past experiences as assets to who they are.

Discussion and Implications

The purpose of this study was to examine common themes in resilience among three adult survivors of child maltreatment. Each participant's experience was unique, although they shared similar childhood adversities. The acknowledgment of individual and social protective factors that fostered resilience was universal across all three women. Recurring responses related to factors of resilience led to the development of three themes: (a) social support from family, (b) required helpfulness, and (c) future orientation. Data collected through interviews provide information reflective of previous research on the adverse lifetime effects victims of child maltreatment face. The current research gives more considerable attention to how this population prospers through challenges with the support of internal and external factors of resilience.

This study's findings have implications for individual, school, and community mental health professionals working with youth or adult victims of child maltreatment. The implications are particularly aimed at informing school psychologists of best practices when working with this population of students. School psychologists have access to children in the second-most influential environment besides their homes, making them a potential source of support for adverse situations. Considering their expertise in mental health, school psychologists are in a

prime position to help meet the needs of the vast number of youths who are experiencing maltreatment. School psychologists may encounter students who are experiencing abuse and neglect in the present, or students who are experiencing symptoms of trauma as a result of previous abuse and neglect. However, as exemplified by the current interviews, it is essential to note that students may not always be willing to admit their abuse due to fears and worries regarding the safety of themselves or their loved ones.

The National Association of School Psychologists (NASP) website provides a resource for school psychologists about identifying and reporting child maltreatment. NASP presents an extensive list of warning signs for abuse and neglect that school personnel should be aware of, including: (a) sudden changes in school performance, (b) depression or loss of interest in activities, (c) a lack of appropriate adult supervision, and (d) medical problems that the parents are aware of but do not address (Cruise, 2010).

The three participants in this study experienced these warning signs but did not mention any school support, which is inconsistent with NASP's recommendations. Julianna's grades dropped because she was afraid of doing her homework incorrectly and being abused. However, she did not report any academic-based intervention offered by her school. Tara's mother allowed her to walk home from school at an unusually young age, and Amanda's mother was not attentive to her Type II diabetes medical needs, which are warning signs for neglect. Although identifying child abuse and neglect can be challenging (Cruise, 2010), the current research suggests that school psychologists should be more aware of the warning signs. They can collaborate with teachers and school personnel to recognize possible concerns in student and family behaviors, such as the ones mentioned by this study's subjects, and develop a plan for reporting and intervening.

Furthermore, NASP provides another resource about school psychologists' role in supporting victims of trauma, including those exposed to maltreatment. The resource not only specifies risk factors and warning signs but also emphasizes schools' responsibilities for trauma intervention. School psychologists are required to be knowledgeable about the impact of trauma on student well-being, as well as how to respond to victims using trauma-informed practices (NASP School Safety and Crisis Response Committee, 2015). Additionally, they can take action by developing modifications for victims of maltreatment in the school setting until the trauma is addressed (e.g., modified academic assignments, mental health counseling, teaching coping strategies) (NASP School Safety and Crisis Response Committee, 2015). Finally, NASP lists resiliency factors (e.g., having at least one supportive caregiver, peer support, and problem-solving skills) that may contribute to positive outcomes for students exposed to trauma (NASP School Safety and Crisis Response Committee, 2015). School staff are required to be familiar with factors of resilience that can support them in their work with this population.

NASP's suggestions for working with victims of trauma were not reflected in the narratives given by the current participants. They did not receive any school-based interventions for their adverse experiences, even when DCFS and CPS were involved. It is unknown whether or not the agencies contacted the participants' schools about the investigations. School personnel may not have known about the maltreatment cases, and therefor school psychologists were unable to provide school-based services. However, if the school system was notified, the school psychologist should have been required to implement individualized interventions based on NASP's recommendations.

Limitations

While this study provided valuable information about child maltreatment from an

individual's perspective, there are clear limitations regarding the sample. Only three subjects were involved, and they all identified as Hispanic/Latina females. Generalization of the findings to diverse populations of victims of child maltreatment (e.g., people of different ethnicities, genders, and demographic locations) may put reliability at risk. Also, data were collected through self-report measures, and the interview questions varied based on the subjects' responses. The objectivity of findings related to resilience may be limited because personal emotions and experiences were involved. Future research can deliver more consistent interview questions paired with evidence-based tools to measure resilience objectively. Lastly, the current study did not synthesize data based on age, rate, and type of exposure to maltreatment related to resilience outcomes. This research can be enhanced by evaluating the effect of variability in child maltreatment histories and themes of resilience.

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