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BRIEF 38

Understanding Resilience in Children Exposed to Intimate Partner Violence — What We Know From Current Literature

Western
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LEARNING NETWORK

Written By:

Jassamine Tabibi, Research Associate, Learning Network, Centre for Research & Education on Violence Against Women & Children, Western University, Canada

Linda Baker, Learning Director, Centre for Research & Education on Violence Against Women & Children, Western University, Canada

Robert Nonomura, Research Associate, Learning Network, Centre for Research & Education on Violence Against Women & Children, Western University, Canada

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Learning Network

The Learning Network is an initiative of the Centre for Research & Education on Violence against Women & Children, based at Western Education, Western University, London, Ontario, Canada, on the unceded territories of the Anishinaabeg, Haudenosaunee, Lunaapeewak and Attawandaron peoples.

The Learning Network is committed to ending gender-based violence through knowledge mobilization that identifies gaps and emerging issues, establishes meaningful collaborations, and values diverse ways of knowing.

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Introduction

Intimate partner violence (IPV) continues to be a serious issue in Canada. The most severe violence and injuries are experienced by women as a result of the abusive behaviours of their current or former male partners. This violence has negative consequences for children and youth, who may or may not be present during the incident. In fact, exposure to IPV is the most investigated form of maltreatment in Ontario, Canada.[1] The evidence between exposure to IPV and negative child outcomes has been well established. Cross-sectional and prospective longitudinal studies have shown that children exposed to IPV have higher rates of depression, anxiety, and post-traumatic stress reactions, as well as behavioural difficulties, sleep disturbances, lower levels of cognitive functioning, and peer problems.[2] However, some children who are exposed to IPV do not experience such adjustment difficulties.[3] For instance, a 2013 review of the literature found that 26 to 50 percent of children exposed to IPV were doing as well as those who were not exposed.[4]

As resilience research continues to expand, it has become apparent that resilience in children exposed to IPV is a complex process relating not just to individual characteristics but also to children's environments, relationships, and resources. This indicates that children's resilience can be strengthened. Understanding why some children do well and experience good health and wellbeing despite their exposure to IPV helps build a blueprint for supporting children and their families, and improving the effectiveness of prevention and intervention efforts for children exposed to violence.

This Brief provides an overview of what the current literature tells us about resilience in children exposed to IPV. We begin by examining the definition of resilience. We then look at key themes that have emerged from recent research to help frame a contextual understanding of children's resilience following exposure to IPV. Lastly, we provide several considerations for research and practice.

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Children's Exposure to IPV

Exposure to IPV extends beyond a child witnessing violence directly; it also captures incidents when children hear or experience the results of the violence but never directly witness it. Thus, exposure to IPV may include auditory, visual, or inferred exposure.[5] For instance, a child may see injuries on their caregiver after the incident, know that their father is in jail as a result of being charged with assault, or hear the violence while in the next room. In some jurisdictions, children's exposure to IPV is included in the definition of child maltreatment.[6]

Children's exposure to IPV continues to be recognized as a major public health concern in Canada. In 2008, 34% (25, 259) of the over 85, 000 substantiated investigations of child maltreatment were specific to witnessing IPV. It is important to note that these statistics only account for IPV cases that are reported; there are many incidents of exposure to IPV that go unreported.[7]

What is Resilience?

Despite a significant amount of research dedicated to the study of resilience, there is no single universal definition for the term. "Resilience" is often used to describe "positive or successful adaptation in the face of significant adversity."[8] More recently, researchers have offered a broader definition of resilience to capture the essential elements of resilience: a process of recovery, occurring over time, in response to an adverse event and/or ongoing adversity, best understood within a socioecological framework.[9] Thus, they propose resilience to be

"a process of navigating through adversity, using internal and external resources (personal qualities, relationships, and environmental and contextual factors) to support healthy adaptation, recovery, and successful outcomes over the life course."[10]

This conceptualization of resilience underscores the complexities of childhood resilience and wellbeing. In other words, resilience is not static, and it is not a trait that children inherently possess to overcome adversity at any given time. Rather, it is a dynamic process that is shaped by a variety of factors including individual characteristics, external supports, and current stressors.[11] This also tells us that resilience is not an all-or-nothing phenomenon, and that at any given time we may have more or less resilience. For instance, children may display resilience after experiencing a traumatic event at a particular time and age, but may not do so if another trauma occurs at a later times or ages.[12] Such changes in resilience have been demonstrated in one study that followed survivors of maltreatment from childhood into adulthood.[13] Almost half (48%) of the maltreated children in the sample of 676 were considered resilient as adolescents (in areas of education, substance abuse, and psychological well-being) but in adulthood, only 24% were classified as resilient in the same domains.

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Lucy's Experienece

Case example: Lucy is a 12-year-old girl who has witnessed several incidents of IPV in her home. She is happy when she is at school and does well in many subjects. She participates in extra-curricular activities after school and these activities help take her mind off the violence she experiences in her home. Due to the COVID-19 pandemic and the closure of schools, she is no longer able to attend school or participate in these activities, nor continue to receive emotional support from her friends and teachers. As the violent incidents continue to intensify in her home due to the loss of her father's job and increased use of substances, she becomes withdrawn and anxious.

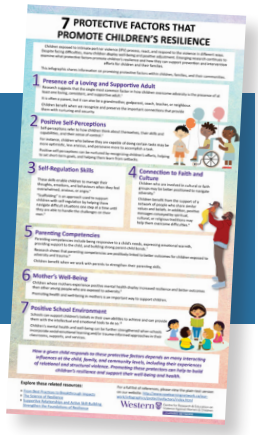
In this situation, we see how Lucy was able to navigate IPV using resources (e.g. extra-curricular activities), relationships (e.g. teachers, peers), and time spent outside of the home in an environment where she felt safe (e.g. school). The COVID-19 pandemic and associated lockdowns have changed the constellation of factors influencing Lucy's resilience since she is spending more time at home and increasingly exposed to the violence with reduced access to a safe haven and positive relationships.

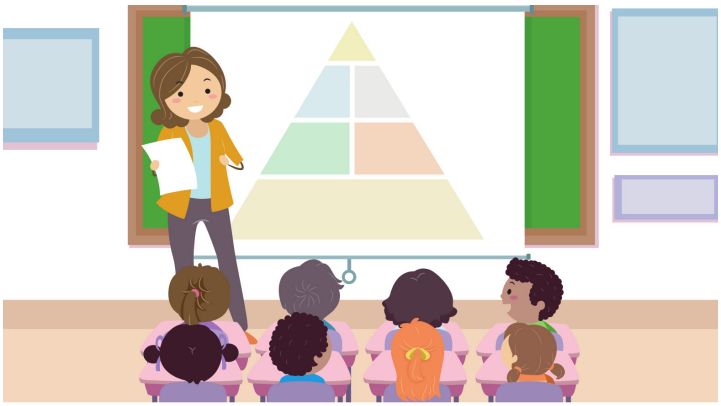
PROTECTIVE FACTORS

Protective factors are those characteristics existing within the child and his/her/their environments (e.g. family, schools, peers, community) that contribute to healthy development. These protectors create buffers for children when adverse events, such as exposure to IPV, are experienced.[14]

Understanding resilience to be a dynamic process dependent on protective and contextual factors rather than a fixed trait in a child offers possibilities for fostering or strengthening resilience in children at any point in their lives. For instance, multiple systems (e.g. families, schools, communities) can interact together to build resilience in children through a number of approaches. For children who have faced adversity such as exposure to IPV, recognizing that there are factors beyond their individual characteristics that can bolster or suppress resilience supports them to replace "failure" narratives with ones of agency and hope. Further, this understanding of resilience summons adults to act to build resilient children.

Learn more by reviewing our infographic: ***7 Protective Factors that Promote Children's Resilience*** *on the Learning Network website*





Important Findings from Current Research

Increased interest and a growing concern for the long-term impacts of childhood adverse events (e.g. exposure to IPV) continues to fuel research on children's resilience and the role of protective factors. While much is still unknown about the way in which children build and access resilience in different situations, below is a summary of key findings from the current literature to help further an understanding on resilience among children exposed to IPV.

Some of the strongest protective factors that support children's resilience are found within their environments and relationships.

Recent research has examined children's resilience following exposure to IPV within an ecological framework. This framework identifies specific contexts that interact together to influence children's development, allowing for greater attention to be paid to potential protective factors within the individual, home, school, and community.

A 2019 meta-analysis indicated that protective factors with the strongest empirical support for promoting resilience in children exposed to IPV include self-regulation, family support, school support, and peer support.[15] Warm and nurturing relationships with parents, other family members, peers, and school personnel provides children with emotional and instrumental support and can help increase their self-worth. Supportive relationships with adults provide children with meaningful interaction responsive to their needs. This includes scaffolding and protection needed to build key capacities to respond adaptively in the face of adversity.[16]

Scaffolding: offering children structure and support that is gradually lessened over time until they can master the skill independently

While supportive relationships are valuable for all children, they may be of particular importance for children exposed to violence. In addition, though parental relationships are often seen as the only source of support for very young children, one study also highlighted the importance of teachers and peers in fostering resilience.[17] This may be critical to children whose parents are not in a position to be a consistent source of support or nurturance.[18] Given the amount of time that children spend in schools and the associated positive impacts of teachers on academic and behavioural outcomes in childhood and adolescence, teachers are uniquely positioned to play a role in children's health and wellbeing.[19]

Potential protective factors at the community level have received limited attention in research on resilience in children exposed to IPV, although there are promising effects for involvement in a religious organization.[20] This may be because participating in a supportive network of people who share similar values and beliefs and foster spiritual growth has been shown to increase health and functioning in adults.[21]

Mothers play a key role in fostering resilience and creating safety for children.

Children depend on secure attachments and safe relationships with adults to overcome adversity and build resilience. In particular, there has been a significant amount of research that supports the protective role of maternal mental health in promoting resilience in children exposed to IPV, though further investigation is needed to better understand this.[22] It is likely that when mothers experience good mental health, they are better able to provide a consistent and nurturing home environment and model emotional intelligence through responding adaptively to stress, therefore assisting their children to regulate their own emotional responses.[23]

A 2020 study examining characteristics associated with positive emotional-behavioural outcomes in 4-year-old children exposed to IPV in early life has also pointed to maternal physical wellbeing as a protective factor.[24] This may be because mothers who are physically well and have higher energy levels are able to provide support to their child and a nurturing home environment.[25] The presence of maternal sensitivity (mother's ability to respond to infants' cues in a timely and appropriate manner) in the context of IPV has also been shown to buffer the harmful effects of violence on children.[26] In one longitudinal study, maternal sensitivity was a protective factor in the development of children's externalizing behavior problems and prosocial skills.[27]

Caregiver interactions and attachment are critical in the development of children's emotional regulation and prevention and intervention programs to support parents may be the most effective way to promote and develop self-regulation capacities in children.[28] Scaffolding supports for healthy parenting and parental sensitivity are especially important considerations for mothers navigating IPV and the health outcomes associated with it.

The context of the violence itself can influence resilience processes.

While children can demonstrate resilience following exposure to adversity such as IPV, the context of the adversity or violence experienced can affect children's reactions and responses. In fact, several studies have indicated that children's ability to be resilient can be related to the frequency of IPV-exposure events, known as a "dose-response gradient."[29] For instance, one study found that higher levels of perceived threat resulted in lower levels of child adjustment.[30] Thus, as IPV intensifies, perceived threat increases, and children are more affected.

In a 2020 study examining children exposed to IPV in early life and resilience, "no longer being exposed to IPV between 3 and 4 years of age was associated with emotional-behavioural resilience."[31] This may have been a result of the mother leaving the relationship or the partner seeking support and/or accessing other services. This finding reinforces the importance of early intervention to support families in order to eliminate or decrease exposure to IPV.[32]

Contextual factors may also influence how long children are exposed to IPV. For example, if early intervention is not available due to the underfunding of social services or a lack of culturally safe support resources, IPV exposure may be prolonged and children may experience more adjustment difficulties.[33] This will ultimately affect children's resilience and their health and well-being.

Children may be affected by exposure to IPV even if they do not outwardly display adjustment problems

It is not safe to assume that children who appear to be doing well are in fact doing well or will continue to cope with the situation. In fact, the impacts of exposure to IPV in children are not always immediate and may surface later. Recent research suggests that it can take months to years for difficulties to emerge following exposure to IPV, particularly internalizing problems.[34] This means that some children may be

initially observed as “unaffected” or “resilient” and therefore, do not receive the appropriate supports and services they need.[35]

One explanation for the later emergence of adjustment problems is that it reflects a process where challenges unfold and may materialize over time in the context of subsequent events and experiences that follow exposure to IPV.[36] Thus, there is a need for a long-term view of resilience. Those working with children and adolescents may find it helpful to assess history of exposure to IPV and if violence is present, continue to check on their adjustment and safety.[37] An alternative explanation for this is due to the cumulative effects of IPV over time. Since children’s exposure to IPV rarely occurs as a single event (often it is a repeated—and in some situations a chronic—occurrence), it may be that the longer lag time captures the effects of greater cumulative exposure to IPV.[38]

Most resilience-related research has been conducted with children, yet resilience may occur throughout a person’s life and therefore inquiry should not be limited to a focus on childhood only.[39] Further longitudinal research is needed to better understand this phenomenon.

Similar protective factors may exist for children exposed to different types of violence.

New research indicates that just as there are similar risk factors for children exposed to different types of violence (i.e. maltreatment, IPV, community violence), the same may be true for protective factors.[40] If this is indeed the case, focusing on the same set of protective factors would benefit children regardless of whether they experience maltreatment, exposure to IPV, or violence in their neighborhood or community.

This is important to note as children exposed to IPV or violence towards another adult in the home are likely to experience further forms of child maltreatment. For instance, findings from the 2014 General Social Survey demonstrate that the majority of adults who witnessed violence as children (70%) also reported having been a victim of childhood physical and/or sexual abuse.[41] Children who are both a witness to violence between adults and a victim of abuse may experience compounding negative effects and may need extra supports (i.e. protective factors) to maximize resilience.

Considerations for Research and Practice

Resilience research on children's exposure to IPV continues to shed a light on how and why children can become resilient following this exposure. We present several considerations for research and practice to help further support children's resilience and ensure their safety and well-being.

Resilient children may still be living in a lethal situation.

Even if children appear to be managing well, or seem "resilient," or have protective factors that exist in their lives, this does not mean that their safety is not at risk. In addition, fostering resilience does not mean that risk or adversity is ignored. Risk assessment and safety planning remains critical and should continue to be a top priority for those working with children exposed to violence in the home.[42] This is especially important as children who witness IPV may be at an increased risk of polyvictimization (i.e. experiencing multiple forms of victimization such as domestic violence exposure with physical abuse and sexual abuse).[43]

Trauma- and violence-informed approaches can help strengthen children's resilience.

Children exposed to IPV may experience traumatic effects and significant challenges across multiple areas of development. Since trauma- and violence-informed (TVI) care approaches incorporate a strengths-based perspective that emphasizes resilience instead of pathology, children may benefit from receiving such supports. Children who experience trauma and IPV are also more likely to exhibit resilience when their environments (e.g. schools, services, programs) understand the impact of childhood trauma, avoid re-traumatization, and are responsive to their specific needs.[44] TVI approaches can also provide a sense of safety and predictability, protect children from further adversity, and offer pathways for their recovery.[45]

Learn more by reviewing our Learning Network Newsletter: ***Trauma- and Violence-Informed Approaches: Supporting Children Exposed to Intimate Partner Violence*** *on the Learning Network Website*

More research is needed to understand children's resilience in different contexts.

Despite a growing amount of research on children's resilience following exposure to IPV, there have been limited studies on what resilience looks like in different contexts. In fact, there have been growing calls for intersectional approaches to the overall study of children's exposure to IPV to better understand the context of violence experienced, and children's responses.[46] For instance, research remains limited on children exposed to IPV within D/deaf and disabled communities, as well as children from immigrant and refugee communities and LGTBQ communities.

Just as intersectionality is seen as a valuable framework to understand experiences of IPV, it can also be useful in better understanding experiences of children exposed to IPV.[47] For adult survivors of IPV, intersectionality impacts whether, why, how, and from who help is sought; experiences and interactions with service providers and the justice system; and how abuse is defined and understood.[48] What remains unclear is how the intersection of multiple identities may influence such concerns for children who are exposed to IPV. This has implications for understanding and addressing the diverse ways children may experience health and well-being, resilience, violence, coping, and appropriate interventions.

Resilience in Children from Indigenous Communities

Among its limitations, current research on resilience often excludes the macro-level context of children's lives, such as sociocultural norms, values, beliefs, and practices. This is important as resilience and well-being may have different meanings in different cultures with unique protective factors that are not currently examined in current models.[49] For instance, current understandings and definitions of resilience have emerged largely from research involving non-Indigenous children and youth and thus may not capture the unique characteristics from Indigenous perspectives on health and well-being. The research is also limited in identifying specific adverse factors endured by Indigenous populations such as historical trauma associated with systemic marginalization, colonization, and discrimination by non-Indigenous mainstream society.[50] Thus, factors that can contribute to Indigenous resilience may differ from non-Indigenous communities because of these historical traumas and holistic models of well-being. Furthermore, while many resilience-promoting individual characteristics and environmental resources identified in mainstream resilience research are recognized as universally important, there are several key cultural distinctions in the way in which Indigenous Peoples conceptualize resilience.[51] For instance, family and community level factors contribute significantly more to Indigenous Peoples' resilience than do individual factors.[52] These include cultural connectedness demonstrated by factors such as: a strong Indigenous identity; connections to family, community, cultural traditions, and the natural environment; and Indigenous worldviews and spirituality.[53]

Conclusion

All children have the capacity to be resilient. However, they are best supported when they have the right combination of external factors (e.g. high-quality environments, meaningful resources, supportive relationships with adults) and individual factors (e.g. temperament, self-confidence). Since the context of the violence experienced (e.g. duration, severity, co-occurrence with other forms of violence) can also impact children's resilience processes, there is no one size fits all "right" combination. Children benefit when services and supports view resilience through an ecological approach that considers the varying strengths, potential sources of resilience, and protective factors of each individual child.

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