RESILIENCE IN MALTREATED CHILDREN

Child maltreatment exemplifies one of the most harmful and stressful challenges to confront children today. Although the experience of abuse or neglect has a severe impact on most children, not all maltreated children are negatively affected to the same degree. Examining how and why certain maltreated children show resilience despite adverse conditions may lead to key insights into the complex processes that result in vastly different developmental outcomes.
Exploring the Effects of Gene-Environment Interactions in Predicting Resilient Functioning

Gene-Environment (G x E) interactions are one way to examine why certain maltreated children show resilience. Resilience can be explained as a dynamic process that allows individuals to adapt and cope within adverse conditions. G x E interactions describe situations in which genetic factors (inherited characteristics) have a different effect on individuals depending on the features of their environment (e.g., home, school, peers, caregivers) and when environmental influences have a different effect depending on an individual's genetic make-up (genotype). Research on G x E interactions relevant to resilience has focused on how genes may serve as protective factors against the development of problem behaviors in individuals who have experienced maltreatment. Recent work by Cicchetti and Rogosch (2012) looked for the potential G x E interactions among particular candidate genes that have been implicated in processes associated with resilience in maltreated children. The gene that codes for the serotonin transporter (5-HTT), a protein that regulates the concentration of the neurotransmitter serotonin in the brain, is known to be involved in brain development and in individual differences in mood and emotion regulation (Caspi et al., 2010), factors that have been related to resilience (Curtis & Cicchetti, 2007). Overall, maltreated children showed significantly lower resilient functioning than non-maltreated children. However, within the maltreated and non-maltreated groups, children's functioning varied according to their genotype differently.

Individuals carry one of three variants (SS,SL,LL) of the 5-HTT gene and this investigation found that non-maltreated children with the SS variant were significantly more likely to have higher resilient functioning. In contrast, maltreated children who also have the SS variant showed lower resilient functioning. In other words, a child's genes (having the SS genotype in this case) interact with the environment (healthy child-rearing versus maltreatment) to produce significantly different outcomes. While maltreated children generally have lower resilient functioning scores than non-maltreated children, the difference between maltreated and non-maltreated children was even larger among children with the SS genotype. It is important to know that G x E interactions can affect the expression of a trait or behavior in various ways. For example, even though a child may be genetically predisposed to show antisocial behavior, he may not display this trait unless he experiences abuse or neglect in childhood. In contrast, a protective environment may offset genetic influences. For example, a person with a genetic risk for depression may not display depressive symptoms because protective environmental factors (e.g., close, supportive relationships, low stress levels) may buffer against or reduce the impact of the genetic factors.

Practice Considerations

In light of the research that has been presented in this issue of Practice Notes, let's consider the role of a social worker or supervisor and how to apply this knowledge to families and children who have experienced maltreatment. When considering resilience in the children you work with, here are some ideas for practice:

» For children in out of home placement, a connection to a stable and caring adult that existed.
prior to removal may help alleviate some of the worries and uncertainty they may have. When thinking of who this connection might/could be, consider family members, school staff, mentors, and general community members. Ask the child who they feel safe with, who they can call on when they need help; it may help identify potential supportive connections in their life. Help children and youth identify supportive adults with the Youth Connections Scale: http://ow.ly/VdYFK

Supportive social attachments amongst peers at school and in the community can be difficult for children in out of home placement. Consider brainstorming with school staff, community program staff, and mental health providers on what interventions could be put in place to ensure a child is developing positive social attachments with their peers. Learn more about how you can promote healthy peer relationships here: http://ow.ly/VVG15

Development of cognitive (reasoning, perception, intuition) and self-regulation (managing emotion) skills may need extra attention for a child undergoing a great deal of change and stress. There are a few different places we can ensure these skills are being sharpened, whether it be a foster parent working on them in the home, a teacher assisting at school, or other providers (skills workers or mental health professionals). Learn more about how you teach emotional regulation skills here: http://ow.ly/VVUQ5

Children that have experienced maltreatment may possess lower self-esteem and may struggle with remaining optimistic during stressful times. Helping a child learn how to explore and embrace positive things about themselves and their experiences can contribute to resilience. Learn how to help children and teens develop positive self-image here: http://ow.ly/VqW8k

Similarly, it is important to teach and promote positive coping skills for when dealing with stressful and/or fearful situations. Learn more on how to help children cope with stress here: http://ow.ly/VqZ8g

Motivation to be accepted in surrounding environments is important, whether at school or in the community. This can be tied in with building self-esteem and positive social attachments to peers. Assist youth in exploring self-esteem and positive social attachments in this well-being tool: http://ow.ly/VuQY5.

To learn more about resiliency in early childhood watch this short video: http://ow.ly/VUyZs.

CASE EXAMPLE

A 10-year-old boy named Aaron was removed from his father's home and placed into foster care due to neglect. Aaron's father lived with depression off and on his whole life and he is currently unable to provide adequate supervision and care for his son. Aaron's father is very loving and motivated to be active in Aaron's life. However, he was laid off from his job, is at risk of losing their home, and has very little financial resources to support himself and Aaron. Aaron has been diagnosed with depression and anxiety; he is failing all of his classes at school and is having a hard time staying in the classroom due to disruptive and aggressive behaviors. Aaron reports he feels safe with his father but sometimes they don't have enough food at home or transportation to get to doctor appointments. Aaron's father has identified multiple family members that live near them and appear to be stable. Aaron's father wants to do everything he can to provide a safe and stable home for him and Aaron.

Using this case example and the information you have learned in this issue of Practice Notes, consider the questions below. If you are able to, share this issue with colleagues and discuss the questions for further collaborative learning.

➢ What would your next steps be in working with Aaron, resource family, and his father?
➢ What were some possible reasons for Aaron's behavior and academic struggles in school?
➢ How might the research you've read about in this issue of Practice Notes apply to this case?
➢ How could you help establish a stable and supportive network for Aaron and his father?
➢ What genetic and environment factors may or may not contribute to resilience for Aaron?
Summary

Research has helped the field of child welfare understand more clearly that while maltreatment can impact a child’s development, some children can still show resilience. In your work with children and families, you have the opportunity to intervene with children, their caregivers, and other professionals. As practitioners, you can use the research knowledge found in this issue of Practice Notes by sharing it with co-workers, integrating it into your own practice with children and families, and looking for creative solutions for assisting children in their relationships and environments. Below, please find some questions for reflection as you take this research knowledge into your daily child welfare practice.

Reflection Questions

1. How can you bring this research/information to your work team(s) or into supervision?

2. What are some other examples of resilience that you’ve seen in your work?

3. What impact does this research have for your specific work with families and children who have experienced maltreatment?

4. What could you do to share this information with the collaborative professionals working with the children on your case-load (school social worker, children’s mental health worker, resource family, kinship family, guardian ad litem, etc.)?

References


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