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Overcoming Child Maltreatment: A Focus on Social Support and Resiliency

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The experience of maltreatment early in life may be traumatic and can cause both long and short-term difficulties for the victim (see Fleming & Updegrave, 2018). There is evidence that exposure to child maltreatment is linked with a range of negative social and health outcomes, including low educational attainment, mental health problems, criminal behavior, and sexual dysfunction; but not all individuals who experience child maltreatment go on to develop negative outcomes typically linked with this type of victimization. Although several factors have been identified that influence resiliency following victimization, research has pointed to interpersonal relationships as a salient factor when coping with the outcomes of child maltreatment. One's social network and the quality of interpersonal relationships can either help a person overcome the effects of maltreatment or create a context in which the effects of maltreatment are worsened.

One aspect of interpersonal relationships that has received much attention in existing research is social support. Social support is defined as "the perceived or actual instrumental and/or expressive provisions supplied by the community, social network, and confiding partners" (Lin & Ensel, 1989 as cited in Cullen, 1994, p. 530). Social support is the most frequently studied psychosocial resource in the literature (Cohen & Wills, 1985; Thoits, 1995). It has influenced the choice and/or efficacy of coping strategies. Also, the availability of social support has fostered adaptive or positive coping (Cohen & Wills, 1985; Runtz & Schallow, 1997; Thoits, 1995). In other words, social support can be thought of as a social "fund" from which people may draw when handling stress (Cohen & Wills, 1985; Dohrenwend & Dohrenwend, 1984; Lovallo, 2016; Thoits, 1995).

As it relates to child maltreatment, evidence has shown that social support plays several important roles in protecting individuals from the negative effects of this type of victimization. For instance, those exposed to child sexual abuse, but do not go on to develop adjustment difficulties, have reported higher levels of parental care (Lynskey & Fergusson, 1997). The presence of a supportive, non-offending parental figure or teacher also has positive effects on adjustment after exposure to child maltreatment (Stice, Ragan, & Randall, 2004; Ullman, 1999). In addition, victims of child maltreatment that perceive people in their social network capable of providing support and positive reactions to their victimization experiences have been more likely to seek out social support from others (Mason, Ullman, Long, Long, & Starzynski, 2009; Schumm, Briggs-Phillips, & Hobfoll, 2006; Ullman, 1999).

The availability of social support crucial in helping healthy adjustment following exposure to child maltreatment, but also may increase reporting and intervention efforts, especially if the victim

feels that it is safe to seek help. For these reasons, it is important to understand the role of social support as compared to other resiliency factors. This report will discuss different resiliency factors and how they relate to child maltreatment. Focus will then be given to social support in helping individuals cope, and finally its role as a tool for intervention in Texas is discussed.

Resiliency Factors and Child Maltreatment

Although child maltreatment is often linked with negative outcomes, it is important to note that this is not the case for all individuals exposed to child maltreatment. Some estimates have suggested that about 20% to 40% of child maltreatment victims do not develop problems of personal adjustment (Fergusson, Horwood, & Lynskey, 1996; Lynskey & Fergusson, 1997). In other words, these victims are resilient to the negative effects of abuse and neglect. Resilience refers to the process by which individuals cope successfully with trauma and avoid the negative trajectories associated with it. Existing research has pointed to certain salient protective factors, including assets and resources, available to people within their social context. Assets are positive factors that are internal to the individual, such as personality traits. Resources are positive factors that are external to the individual, such as social support (Fergus & Zimmerman, 2005).

In general, research has identified three broad categories of protective factors: personality traits, event-specific factors, and interpersonal relationships. Several personality traits, or assets, seem to dictate the severity of outcomes after exposure to child maltreatment. In general, individuals who possess traits of agreeableness, and can perceive the event and the meanings attached to the event in an optimistic manner, have been less likely to report negative outcomes associated with child maltreatment compared to those who are less agreeable and frame the trauma in a pessimistic manner (Brown & Kolko, 1999; Finkelhor & Browne, 1985; Lovallo, 2016; Scheier & Carver, 1992). Event-specific factors that concern the severity and duration of maltreatment can also influence the likelihood of negative outcomes. Specifically, those exposed to violence that is long lasting have tended to have worse outcomes compared to those victims not exposed to violence and/or long-lasting maltreatment (Beitchman, Zucker, Hood, Da-Costa, & Akman, 1991; Beitchman et al., 1992; Martin & Elmer, 1992; Wind & Silvern, 1992).

Social Support

Factors concerning interpersonal relationships seem to be most important in terms of adjustment after exposure to child maltreatment (Fergusson et al., 1996; Lynskey & Fergusson, 1997). That is, a supportive social net-

work is a critical factor for resiliency. Scholars have argued that social support is the most important psychological resource externally available to an individual (Cohen & Wills, 1985; Thoits, 1982; 1995). Experiencing social support from an early age has the potential to protect an individual from several negative life outcomes. Not only is social support critical for improved physical and mental well-being, but it has influenced the choice and/or efficacy of coping strategies. The availability of social support has also fostered adaptive or positive coping (Cohen & Wills, 1985; Thoits, 1995). It is for these reasons that social support can be thought of as a kind of social “fund” from which people may draw from when handling stress (Cohen & Wills, 1985; Thoits, 1995).

Social support as a tool for coping. Exposure to child maltreatment, a form of trauma, puts stress on an individual and many times requires a response by that person to address its negative effects. Social support as a type of social “fund” has facilitated the process by which resources in the social environment are brought to endure the functional needs of a person in crisis and routine situations (Cullen, 1994; Lin & Ensel, 1989). When individuals feel supported and connected to their community and social networks, it is easier for them to adjust to strain, such as child maltreatment (Cohen & Wills, 1985; Cullen, 1994).

The basic life-stress process has assumed that psychological distress (and related outcomes) stem from exposure to stress and one’s ability to cope. A “stress” or “stressor” is defined as “any environmental, social, or internal demand, which requires the individual to readjust his/her usual behavior patterns” (Holmes & Rahe, 1967 as cited in Thoits, 1995, p. 54). In the psycho-social model of stress and health, stressors are expected to influence efforts to cope with behavioral demands and the emotional reactions evoked by these demands (Lovallo, 2016; Thoits, 1995). As the level of stress increases, a person’s ability to cope can become overburdened, which drains their psychological resources. In turn, a depletion of psychological resources will increase the probability that psychological distress or disorder will follow (Dohrenwend & Dohrenwend, 1984; Lovallo, 2016; Thoits, 1995). A person who is able to cope without draining their psychological resources, then, is expected to have a lower probability of psychological disorder compared to a person whose ability to cope results in depletion of psychological resources. One’s ability to cope depends on coping resources and coping strategies (Dohrenwend & Dohrenwend, 1984; Thoits, 1995). Coping resources are considered social and personal features upon which individuals may draw when dealing with stress. “Resources... reflect a latent dimension of coping because they define a potential for action, but not action itself” (Gore, 1985 as cited in Thoits, 1995, p. 59). As mentioned above, social support is a crucial coping resource.

Social support is a coping resource that is, in part, contingent on the social environment. This implies that the level and quality of social support from various sources can be affected by factors that are beyond the individual’s control. Informal sources of social support include family, friends, and teachers. Social support can also be more formal in nature and provided by law enforcement and social service agencies.

What sets social support apart from other coping resources is that it is external to an individual. This means that it is more amenable to fast change and intervention compared to an internal coping resource, like perceived control (Thoits, 1995). Changing personality factors to increase perceived control would take

more time and effort than changing the environment to increase the level of social support. A central focus on social support will help inform researchers on ways to improve adjustment after victimization.

Overall, the potential effects of social support on child maltreatment victims’ mental well-being and coping strategies have suggested that it could be a worthwhile tool for intervention. The more we know about the effects of social support on victims of maltreatment, the better we can help address the problem in Texas, nationwide, and globally. There are several gaps, however, surrounding an understanding of social support and its role in overcoming the consequences of child maltreatment. These gaps are discussed below. Following this discussion, efforts to address these gaps are highlighted.

Moving Forward and Addressing the Problem

What we need to know about social support. To better understand child maltreatment and how to address the needs of victims, there are several areas of development for future research. Exposure to child maltreatment is associated with a range of negative outcomes. Simply knowing, however, that child maltreatment leads to adverse outcomes is not enough to effectively understand and address the problem. It is also not enough to simply know that social support and the quality of interpersonal relationships can protect victims from the harmful effects of child maltreatment. More work needs to be done to understand the processes by which social support affects victims of child maltreatment.

Evidence has demonstrated that exposure to child maltreatment affects male and female victims differently. There are several potential reasons why this may be the case. First, boys and girls are not at risk for the same types of maltreatment. Although males and females are equally likely to experience child maltreatment, females are more likely to experience child sexual abuse than males (Gilbert et al., 2009; Sedlak et al., 2010; U.S. Department of Health & Human Services, 2016). Males are more likely to be exposed to child physical abuse and are also more likely to sustain injury and death related to injury as a result of abuse (Sedlak et al., 2010; U.S. Department of Health & Human Services, 2016). Boys are also more likely to experience other forms of maltreatment, such as emotional abuse and neglect (Gilbert et al., 2009). Male victims, however, are less likely than female victims to be abused at the hands of a family member (Finkelhor, 1990).

The differences in abuse experiences between sexes may be one factor that contributes to differences in the development of negative outcomes. This is especially true as it relates to mental health outcomes. Although all forms of child maltreatment can be damaging to a person’s mental health, experiences of violence and neglect may have differential effects compared to sexual abuse. Exposure to sexual abuse, especially when perpetrated by a family member, may be more closely linked to depression and could account for the reason why female victims of child maltreatment are more likely to develop depression than male victims (Cooke & Weathington, 2014).

Knowing that males and females are at risk for different types of child maltreatment may be useful in identifying the differing effects social support may have across contexts. Particular sources of social support may be more closely tied to certain types of maltreatment. A recent study suggested that the relations between maltreatment, social support, and subsequent outcomes are complicated (Sperry & Widom, 2013). More information is needed on which forms of social support matter across differing contexts of maltreatment. If

we know what social support is linked with various types of maltreatment, especially across sex, we may be better equipped to address the differing needs of male and female victims.

Related, the effectiveness of social support may stem from the varying ways females and males cope with traumatic experiences. Female victims of child sexual abuse are more likely than male victims to disclose to friends and seek emotional support (Powers, Ressler, & Bradley, 2009). Differences in coping may be why females experience protective benefits from social support when males do not. Other research, however, has found that male victims are affected by higher levels of social support than females in terms of reducing negative outcomes, like depression and anxiety (Sperry & Widom, 2013). The mixed findings in this area need to be reconciled to further understand why male and female victims are not affected in the same ways by social support (Powers et al., 2009; Sperry & Widom, 2013).

In addition, several issues exist with the ways in which social support has been studied. Definitions of social support used in research are often vague and broad (Cohen & Wills, 1985; Thoits, 1982; 1995). Yet, the nature of social support is complex, requiring researchers to make distinctions when defining the construct (Cullen, 1994). It is important that measures of support capture all dimensions. Although many researchers acknowledge this (Brezina & Azimi, 2018; Dohrenwend & Dohrenwend, 1984; Cullen, 1994; Lin & Ensel, 1989), few studies have captured all aspects of social support (Thoits, 1995). Not properly defining social support across studies is problematic because evidence has shown different effects based on type of maltreatment and victim sex.

Additionally, studies have not used standardized measures of social support and rely on single-item measures (Ullman, 1999). It is important to use standardized measures or measures that are similar to one another across studies. Without consistency, it is difficult to make meaningful conclusions about the utility of social support for victims of child maltreatment. Moreover, single-item measures are not able to capture the full scope of social support, which limits the understanding of this construct as a whole. It is important for future research to assess the level and sources of social support available to an individual before and after exposure to child maltreatment, for these factors may play differing roles in affecting negative outcomes.

Implications for Texas. Although child maltreatment is a pervasive social issue that affects people around the world, the information covered in this report has practical implications for the state of Texas. According to the Children's Advocacy Centers of Texas (CAC; 2018), about 175 children will be victims of abuse in a given day. In 2017, there were 65,000 confirmed cases of child abuse in Texas. About 740,000 children will be sexually abused before their 18th birthday, which translates to 1 in 10 children in Texas. CAC of Texas (2018) acknowledges that, without early intervention, many of these children will experience the negative outcomes described above.

For effective intervention to occur, however, there must be an effective response in place. Recently, the state of Texas approved funding and undertook other legislative measures to address a series of critical problems in the Child Protective Services (CPS) system. Caseworkers of the CPS system in Texas were leaving their jobs at excessive rates and caseloads were so high it made it difficult for caseworkers to check on vulnerable children in a timely manner. Governor Greg Abbott signed Senate Bill 11 into law,

which became effective September 1, 2017 in response to CPS problems. The law created a Child Protective Services Legislative Oversight Committee and outlined several additional Department of Family and Protective Services requirements, including the shift to a community-based care model (Houston, Ritter, & Zedaker, 2018).

One aspect of the community-based model described in Senate Bill 11 involves engaging the community to help. Engaging the community to help address the needs of children exposed to child maltreatment is an example of social support in action. Both informal (i.e., connectedness between community members) and formal (i.e., law enforcement and non-profit organizations) social support is potentially available within the community. Given the gaps in research described above, however, the full potential of social support as an intervention tool for child maltreatment has not yet been realized. Child welfare advocates in Texas are pushing for better training and education for caseworkers and foster parents. If the state of Texas has recognized that community engagement is a key ingredient to effective intervention for child maltreatment, then for all of those involved, there must be a fundamental understanding of the social support process and how it specifically affects all victims of maltreatment. This information needs to be incorporated within education and training as researchers move the area of child maltreatment and social support forward. Continued collaboration between scholars, law enforcement, CPS, and the community is the only way we can successfully address the needs of people exposed to child maltreatment here in Texas and globally.

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