

CREATING A SAFE HAVEN



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Relational impact of child maltreatment

- The interpersonal nature of CM presents particular challenges to recovery
 - Feelings of betrayal
 - Mistrust of others
 - Powerlessness
 - Stigmatized identity
 - Disconnection from others



Child maltreatment is associated with disturbances in a variety of affective, behavioral, and self-regulatory capacities

- Depression
- Anxiety
- Suicidal Thoughts and Attempts
- Anger & Aggression
- Hostility
- Dissociation
- Shame
- Self-criticism
- Low Self Worth
- Eating Disorders
- Alcohol Abuse
- Acting Out Behaviors



Need to consider severity, duration, and cumulative exposure to CM

- More severe and chronic maltreatment is associated with increased psychological and interpersonal difficulties (Evans et al., 2013; Seltmann & Wright, 2013; Trickett et al., 2001)
- Cumulative exposure to multiple types of CM has a stronger relationship to negative sequelae than experiencing any single type (Finkelhor et al., 2007; Hamby & Grych, 2013; Vranceanu et al., 2007)

However, many individuals are resilient

Social support may be a protective factor

- ❑ Some studies have explored positive social relationships and support as protective factors in overcoming negative effects of abuse
- ❑ May contribute to variability in long-term outcome
- ❑ Theorized to shield trauma survivors from development of symptoms by attenuating the stress appraisal response (Cohen & Wills, 1985)
 - Individual may evaluate the experience as less stressful if he/she *perceives* that others will provide resources needed to cope



Mechanisms of effect

- Social support has been proposed to impact later well-being following abuse in two different ways:
 - As a **promotive (compensatory)** factor that positively impacts outcome regardless of the severity of abuse experienced (a statistical main effect)
 - As a **protective** factor that has a differential impact on outcome depending on severity of abuse exposure (an interaction effect).
 - To date, past research exploring social support as a protective factor has presenting mixed and conflicting findings

Focus of talk: The complicated nature of social relationships in fostering resilience among survivors of child maltreatment



3 different aspects of social relationships

- Social Support: Received and Perceived
 - “Social interactions or relationships that provide individuals with **actual assistance** or that embed individuals within a social system **believed to provide** love, caring, or sense of attachment to a valued social group or dyad”. (Hobfoll, 1988, p. 121)
- Social Integration vs Social Isolation
 - Active engagement in a wide range of social activities or relationships
 - Cognitive component—sense of community and identification with one’s social role
- Negative Social Interaction
 - Conflict, exploitation, stressful interactions, misguided attempts to help, controlling behaviors from others

Mechanisms Accounting for the Effect of Social Relationships

(Cohen, 2004, American Psychologist)

Social construct	Mechanism	Specific processes
Social support	Stress buffering	Eliminates or reduces effects of stressful experiences by promoting less threatening interpretations of adverse events and effective coping strategies.
Social integration	Main effect (independent of stress)	Promotes positive psychological states (e.g., identity, purpose, self-worth, and positive affect) that induce health-promoting physiological responses. Provides information and is a source of motivation and social pressure to care for oneself.
Negative interactions	Relationships as a source of stress	Elicits psychological stress and in turn behavior and physiological concomitants that increase risk for disease.

Survivors of child maltreatment have a heightened risk of relationship difficulties, and may have more difficulty accessing social support

- ❑ Smaller social networks, less satisfaction with these networks, and perceive their relationships as less supportive (Gibson & Harthorne, 1996)
- ❑ Safety and trust in interpersonal relationships have often been severely damaged (Herman, 1992)
- ❑ Difficulties maintaining close and safe intimate partner relationships (Cole & Putnam, 1992; Davis et al., 2001; DiLillo, 2001)
- ❑ Subsequent risk for revictimization and/or perpetration of abuse (Ertem et al., 2000, Messman-Moore & Long, 2003)
- ❑ Particular struggles when becoming a parent (Seltmann & Wright, 2013; Wright et al., 2012)

Select findings from our research lab across three developmental periods

- **Adolescence:** Allbaugh, Wright, Kaufman, Folger, & Noll (in preparation)
 - Developmental consequences of quality of attachment to mother, fathers, and peers among teenage females who have a history of substantiated child maltreatment

- **Emerging Adults:** Folger & Wright, 2013
 - Family and friend support as protective factors for young adults experiencing various types of CM

- **Parenthood:** Seltmann & Wright, 2013
 - The importance of partner support for CSA survivor mothers in strengthening their parenting effectiveness and satisfaction



Quality of attachment to parents and peers as predictors of adolescent risk outcome following child maltreatment

Allbaugh, Wright, Kaufman, Folger, & Noll (in preparation)

Importance of early attachment relationships for later developmental outcome

- Quality of attachment has long-lasting implications for relational interactions across the lifespan (Sroufe, 2005)
- Impacts internal working models of the self, others, and self-in-relation to others (Bowlby, 1988)
- Attachment security has been shown to be negatively impacted by CM (Cicchetti & Toth, 2013)
- Attachment to caregivers is malleable over time (Lieberman et al., 2005; Phelps, Belsky, & Crnic, 1998)
- Quality of attachment can particularly change in adolescence (Scott et al. 2013; Buist, 2002)

Sample

- 287 urban adolescent females who had experienced substantiated child maltreatment for a variety of types of child maltreatment
- 187 demographically matched controls
- Approximately half of the sample was Caucasian and half African-American
- Predominantly low-income
- Analyzed data across 5 consecutive waves of data collection, beginning when the sample was 13-14 years of age

Study Aims

- Study assessed adolescent girls' perceived quality of attachment (QOA) to caregivers (both mothers and fathers)
 - ▣ Degree to which they reported feelings of trust in the availability, sensitivity, and supportiveness of these caregivers
- Examined perceived quality of attachment to peers as well
- Explored changes over time in QOA to all three figures
- Examined how initial QOA and changes in QOA impacted later adjustment

Separate regression analyses predicting depressive symptoms and externalizing behaviors entered in 4 steps

- 1. Race and family income
- 2. Substantiated abuse status and cumulative traumatic experiences
- 3. Perceived attachment to mother, father, and peers
 - Inventory of Parent and Peer Attachment (Armsden & Greenberg, 1987; Gullone & Robinson, 2005)
- 4. Change in attachment to mother, father, and peers over 3 or more years

Results

□ Predictors of depressive symptoms

- Caucasian ethnicity
- Greater cumulative trauma exposure
- Low peer attachment
- Change in peer attachment (trend)
- Low attachment to mother significant in step 3, but not in the final step

□ Predictors of externalizing behaviors

- Greater cumulative trauma exposure
- Low father attachment
- Low peer attachment
- Negative changes in attachment to father (trend)
- Substantiated CM a significant predictor in step 2 and a trend in final step

Conclusions

- Findings highlight the importance of asking about adolescents' exposure to numerous traumatic experiences, beyond that related to their CPS maltreatment experience (e.g. witnessing and experiencing community violence, disaster, traumatic bereavement etc)
 - Cumulative trauma exposure, not substantiated CM, was one of the most robust predictors of each outcome

- The protective effects of positive peer attachment was clearly seen with respect to both internalizing and externalizing symptoms.

- The impact of QOA to caregivers on outcomes
 - When QOA to father was initially low or declined during adolescence, there was a greater risk of acting out behaviors
 - Mothers' contribution was more in buffering against depressive symptoms, but this was not significant when change in QOA scores were entered

- Findings suggest some continuing importance of caregivers as a secure base from which to explore new social relationships and perhaps as a safe haven to return to in times of distress, but growing importance of QOA to peers

Conclusions

- This transitional period is likely hazardous for high risk teens, but can provide possibilities for establishing greater sources of social support
- Weakening of investment in parents leads to a diversification of emotional investment in other figures
 - Teens don't put all their eggs in one basket (Sharp & Mayseless, 2007)
 - Can lead to identification of new and rewarding sources of support, particularly when family based support is lacking or problematic, but can also lead to unsafe and/or exploitative attachments
 - Particularly problematic when access to peer support is low (e.g. low social integration)
 - Instability in QOA with peers and with fathers was also of particular importance in predicting outcomes

Attenuated benefit of social support with increasing CM exposure and severity

- When adolescents were exposed to high levels of domestic violence, high levels of perceived social support from friends was related to more dating violence. In the group with low levels of domestic violence in their families, more friend support was related to less dating violence (Levondosky et al., 2002).
 - Normalization or expectation of violence in relationships may be more likely
- High support from families who exhibited high levels of aggression towards its own members did not buffer against children's symptoms of psychopathology (McCloskey et al., 1995).
- In a study examining adolescents and young adults transitioning out of child welfare, the effect of perceived social support in buffering relationship between CM and depression lessened as the number of types of CM increased (Salazar et al., 2011).
- In a sample of children who experienced maltreatment, boys with higher levels of abuse and higher levels of perceived social support indicated more negative self-esteem, which was related to poor outcome (Appleyard et al., 2010).

Friend and family support as a protective factor following CM (Folger & Wright, 2013)

- To provide a better understanding of the benefits and the limits of social support following child maltreatment

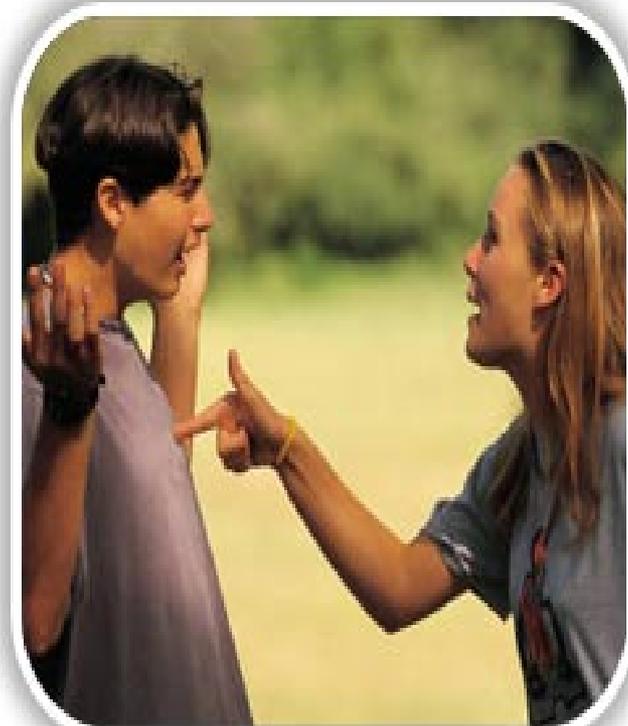
- Our study built on limitations of previous research by:
 - ▣ (a) focusing on the cumulative impact of multiple types of maltreatment experiences
 - ▣ (b) including both men and women in the sample to explore gender effects
 - ▣ (c) assessing outcomes across a variety of affective (depression/anxiety; anger/hostility) and behavioral domains (verbal and physical aggression; dating abuse)
 - ▣ (d) exploring two sources of support, family and friends

Sample

- 344 young adults (160 men, 184 women)
- Mean age of 20.36 years (SD=4.58 years)
- Predominantly Caucasian
- Mean family income was between \$50,000 and \$74,999

Measures

- Life Experiences Questionnaire (Gibb et al, 2001)
- Trauma Symptom Checklist (Elliott & Briere, 1992)
- Index of Dating Abuse (Hudson and McIntosh 1981)
- Aggression Questionnaire (Buss & Perry, 1992)
- Perceived Social Support (Procidano and Heller 1983)
 - Family and Friend support



Findings

- Strong promotive (main) effects of social support from family and friends that were associated with a reduction in symptoms of depression/anxiety and anger/hostility, regardless of the severity of abuse experienced.
- Effects of friend support were more robust
 - ▣ As people enter adulthood, friend support may become especially important
- Social support generally acted as a buffer (moderator) against negative outcomes for individuals with **lower**, and not higher, levels of CCM.

The buffering effect of social support from friends for those exposed to high levels of CM

- Men with lower levels of friend support had higher levels of depression and anxiety than men with higher levels of support when both groups experienced high levels of child maltreatment
- Women with lower levels of friend support reported less aggressive behavior than men with low levels of friend support when both experienced high levels of CM

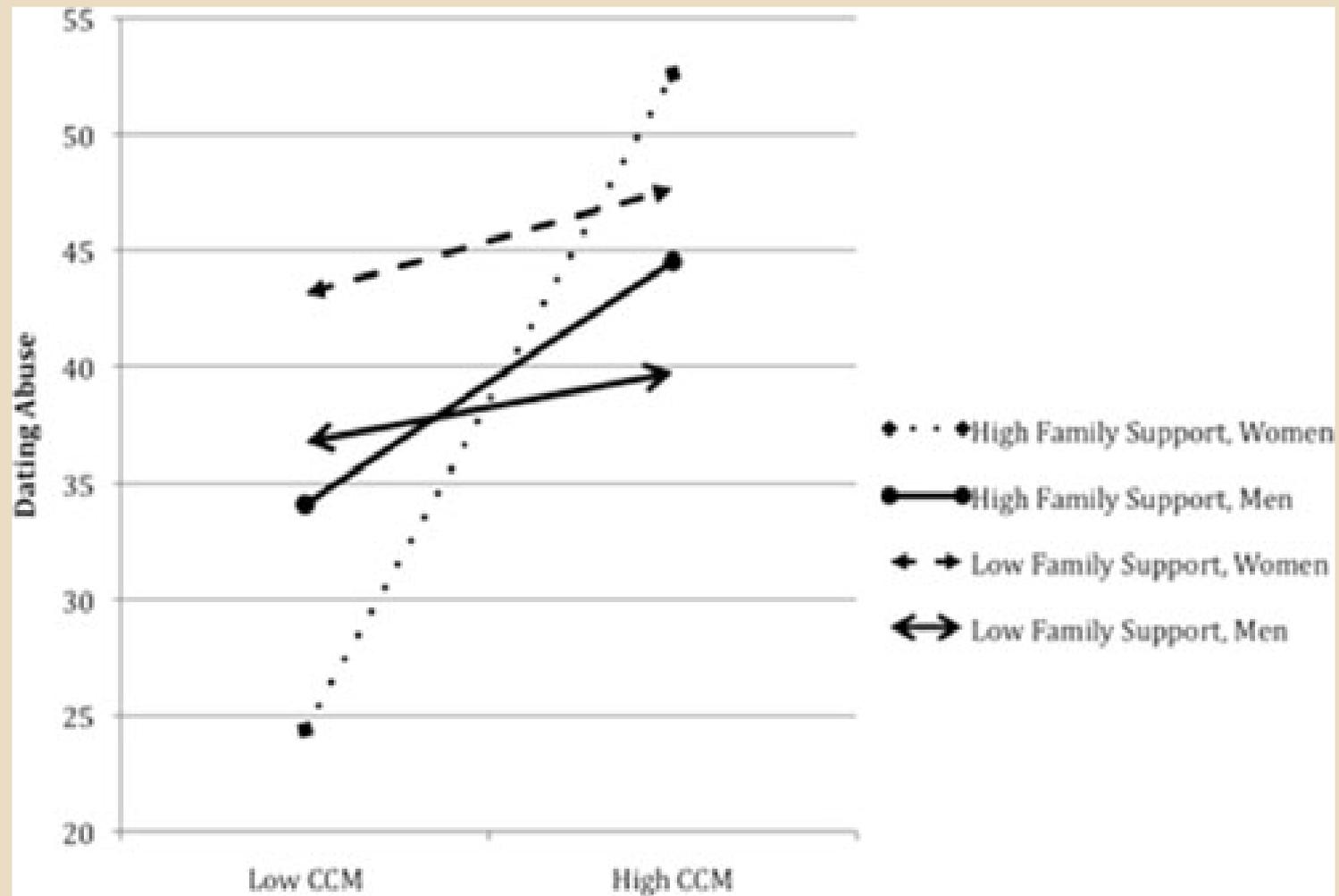


Family support and dating victimization

- The role of family support in moderating outcome was complex, particularly with respect to women's later dating victimization
- Family support functioned as a protective factor at low CCM, but as a vulnerability factor at high CCM.



Three-way interaction between cumulative childhood maltreatment (CCM), family support, and gender with dating abuse as the outcome





May be limits to the protective function of social support, particularly in cases of severe and extensive exposure to cumulative CM and abuse within the family

Clinical implications

- Many empirically supported treatments emphasize the importance of social support in recovery
- These findings suggest the need for caution in encouraging adult survivors to seek support from the same family environment that may have perpetuated or colluded in the abuse
- Strengthening support from extra-familial sources may be more effective than work to repair very strained or abusive family relationships

□ *Some of us think holding on makes us stronger but sometimes it is letting go.*

□ *Hermann Hesse*

Final study examined current partner support as a moderator of perceived effectiveness of parenting (Seltmann & Wright, 2013)



Background Information

- Survivors of CSA have more problems in adult romantic relationships, including being less satisfied, having poorer communication with their partners, and being more likely to be physically or sexually abused (DiLillo 2001; Messman-Moore & Long 2003; Roberts et al. 2004; Schuetze and Das Eiden 2005).
- However, there is significant variability in the quality of CSA survivors' intimate adult relationships and having a supportive partner may serve as an important protective factor against negative parenting outcomes

Positive effects of partner support on parenting

- Survivors who feel well supported report:
 - Higher self-perceived parenting competence and satisfaction (Cole et al. 1992; Zuravin and Fontanella 1999)
 - Lower depressive symptoms (Banyard 1999)
 - Decreased parenting stress (Alexander et al. 2000)
 - Higher use of authoritative parenting practices (Ruscio 2001)
 - Being less likely to engage in severe physical discipline and make more age-appropriate demands on their children (Banyard et al. 2003; Cole et al. 1992)

Sample

- 54 mothers who were sexually abused by at least one family member in childhood and who were married (96.3 %) or had a domestic partner (3.7%)
 - Mean duration of abuse was 7.43 years (SD=4.11)
 - Digital or genital penetration reported by 78%
 - Force reported by 55%
 - Abuse by 2 or more perpetrators reported by 59%

- Predominantly Caucasian (94.4 %) and had a mean age of 37.31 years (SD=6.78).
- Participants had an average of 2.3 children; mean age of their children was 9.66 years old (SD=6.60).
- The educational attainment of the sample ranged from partial high school to completion of graduate school, with a mean of partial college.
- The average household SES was 66.83 (SD=18.35), indicating a career in a managerial or technical field.

Measures

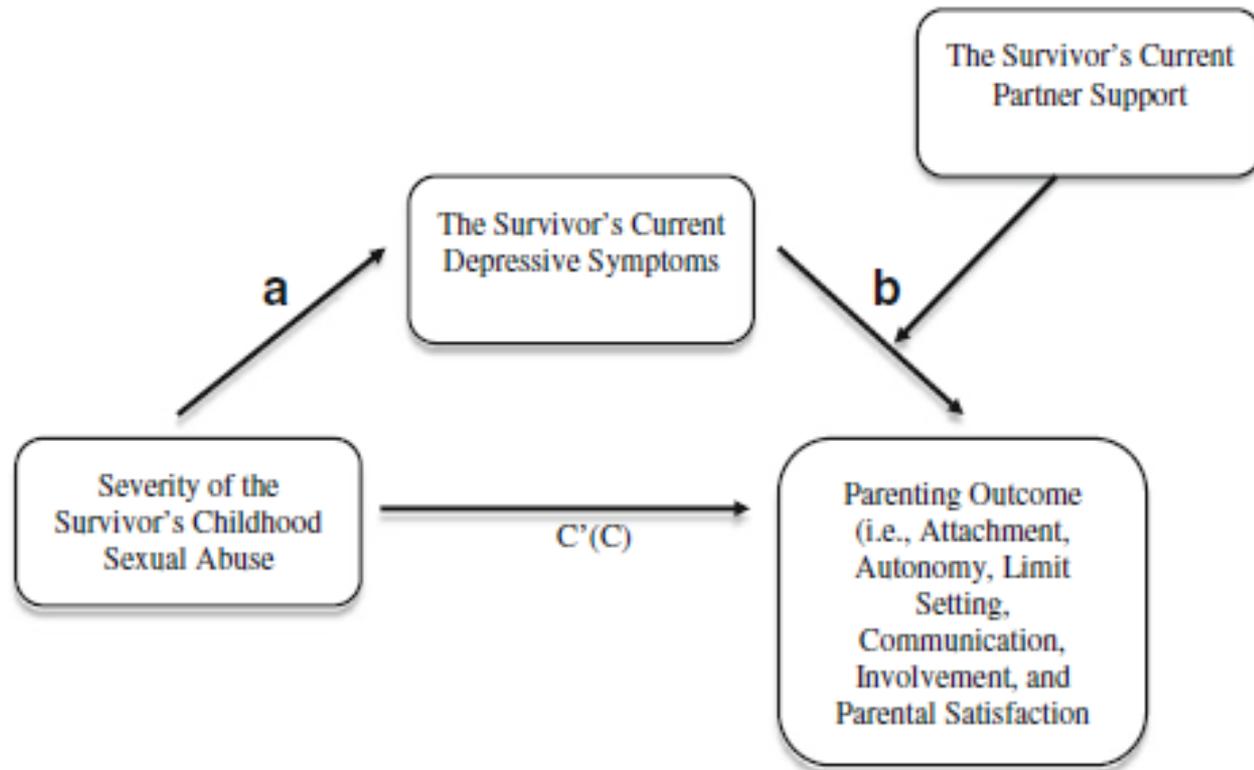
- Severity of child sexual abuse rating

- Parenting Stress Inventory (PSI)
 - ▣ Attachment subscale
 - ▣ Spouse support subscale

- Parent-child Relationship Inventory (PCRI)
 - ▣ Autonomy, Limit Setting, Communication, Involvement, & Parental Satisfaction subscales

- Center for Epidemiologic Studies—Depression Scale (CESD)

Moderated Mediation Model

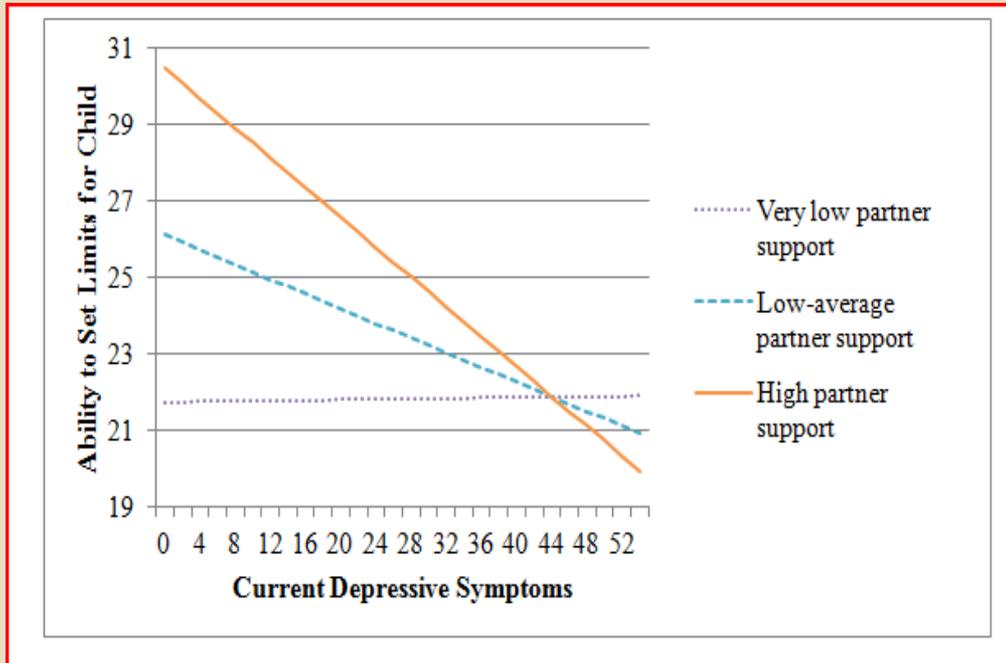


Findings

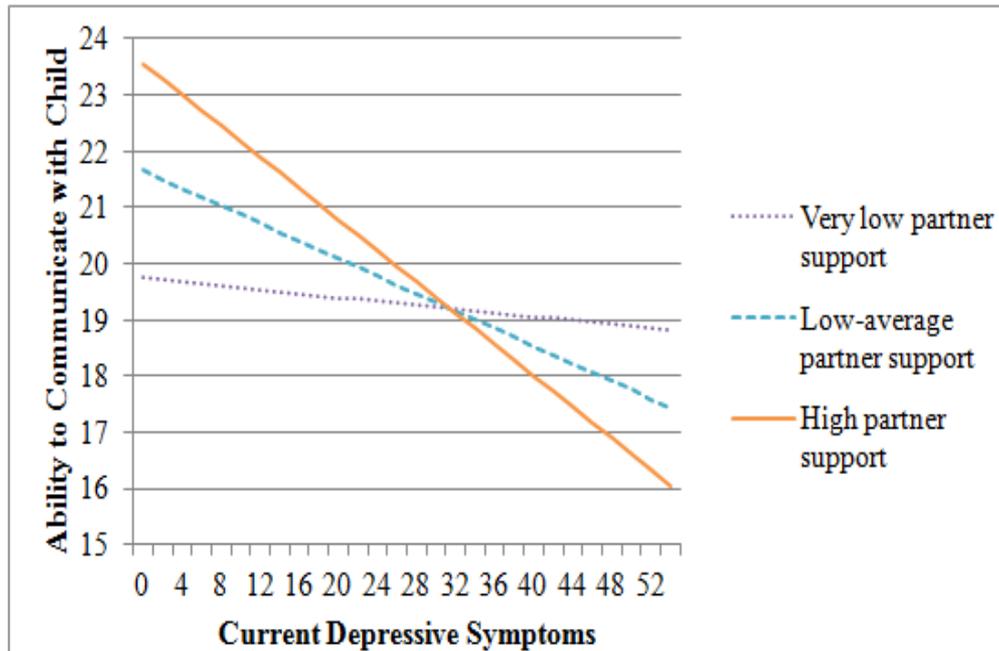
- Six moderated mediational models revealed that CSA severity indirectly impacted the following variables through depressive symptoms at high levels of partner support:
 - Attachment bond with child
 - Limit setting ability
 - Communication
 - Parental involvement

- Partner support was protective against many difficulties in parenting at low levels of depressive symptoms, but did not promote, and at times hindered, effective parenting at high depressive symptoms.

Partner support and ability to set limits



Partner support and communication with child



Conclusions

- Mothers with a history of CSA who reported very low partner support consistently struggled to set limits, communicate effectively, or be involved in their children's lives, regardless of their level of depressive symptoms.
- Contrary to prediction, partner support was not found to be protective at high levels of depressive symptoms.
- At high levels of depressive symptoms, survivors with high partner support reported more problems in communication and involvement than survivors with low partner support.

Explanations for the puzzling findings

- Survivors with high depressive symptomatology may rely on their partners to take over some of their parental duties, so that their partners spend more time communicating with their children and being involved in their children's lives than the survivors do. While possibly helpful for the children and alleviating some stress for the survivor, it does not strengthen the survivor's parenting skills.
- It is also possible that while the partner is supportive in parenting the child, the interactions between the survivor and her partner may in fact be critical, demanding, or conflicted.
- Research in this area suggests that many depressed individuals are often interpersonally rejected, due to their excessive reassurance seeking and negative feedback seeking (Joiner and Timmons 2009).

Clinical implications

- Our findings revealed that many survivors were struggling in their parental role and might benefit directly from interventions to assist in this area as well as interventions directly addressing their depressive symptoms.
- The findings emphasize the importance of a strong partner relationship in helping mothers with a history of CSA parent effectively, but also illustrate the difficulty mothers who are depressed might have in drawing positively on their partners' support.
- Results indicate the importance of further research that examines the marital adjustment of survivors of CSA and how this impacts parenting competence. Exploration of specific marital relationship problems such as decreased satisfaction, difficulties in maintaining intimate relationships, communication problems, sexual maladjustment, and interpersonal distrust might be particularly important (DiLillo, 2001).
- Partner counseling may strengthen the survivor-partner relationship and may be especially important when survivors are severely depressed.

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Questions?

