



RESEARCH BRIEF:

Resilience, Mental Health and Family Violence

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Resilience and its Role in Reducing Impacts of Family Violence

- A multidisciplinary definition of resilience was developed by consensus by the PreVAiL Research Network (Wathen et al., 2012): ***Resilience is a dynamic process in which psychological, social, environmental and biological factors interact to enable an individual at any stage of life to develop, maintain or regain their mental health, despite exposure to adversity.***
- Exposure and re-exposure to child maltreatment (CM) and intimate partner violence (IPV), as well as other forms of inter-personal and collective violence, are potentially traumatizing events with differential outcomes across the lifespan. Some of this difference in outcome is likely due to differences in the presence of risk and protective factors**, and in how individuals, at various points in the lifespan, are able to mobilize, or not, multi-dimensional resilience processes.
***For more information please see PreVAiL's [IPV and CM Research Briefs](#).*
- Relationships form the foundation of resilience, and these are set in the broader environmental context of family, peers, schools, community, social support, and policy.
- The two key concepts for clinical and public health work are (Herrman et al., 2011):
 - the dynamic nature of resilience across the lifespan, and;
 - the differing interactions of resilience with major domains of life functions, including intimate relationships and attachments.
- Additional aspects of a comprehensive conceptualization of resilience include:
 - A focus on strengths, not deficits, and the capacity of individuals and systems (families, groups, communities) to cope in the face of significant adversity or risk, i.e., “[t]he protective factors, processes and mechanisms that contribute to a good outcome despite experiences with stressors shown to carry significant risk for developing psychopathology” (Hjemdal et al., 2007).
 - Understanding that resilience is dynamic throughout the lifespan; it interacts in different ways with major domains of life function including intimate relationships and attachments (Herrman et al., 2011).

Some adverse experiences

- “Negative life events that are statistically associated with adjustment difficulties or subsequent mental disorders”
- Poor/absent parenting
- Violence/war
- Traumatic events (e.g., violence & abuse)
- Poverty
- Parental mental illness
- Physical illness

Some individual factors contributing to resilience

- Hardiness
- Optimism/hope
- Resourcefulness
- Self efficacy/self esteem
- Adaptability
- Internal locus of control
- Cognitive appraisal
- Sense of coherence
- Personality type



What We Know About Resilience, Violence and Mental Health

Multi-level approaches

- The ‘first wave’ of resilience research focused on individuals, i.e., that “people possess selective strengths or assets to help them survive adversity”. Newer theories of resilience focus on individuals and also on the social determinants of health and systems more broadly.
- Resilience is not as much an individual construct as it is a quality of the environment and its capacity to facilitate growth (***nurture trumps nature***); it looks both the same and different within and between populations, with the mechanisms that predict positive growth sensitive to individual, contextual, and cultural variation (***differential impact***); and the impact that any single factor has on resilience differs by the amount of risk exposure, with the mechanisms that protect against the impact of trauma showing contextual and cultural specificity for particular individuals (***cultural variation***) (Ungar, 2013).

Individual factors:

- Resilience is affected by personality, neural, neuroendocrine and genetic molecular contributions (Cicchetti, 2010). Secure attachments, positive emotions, having a purpose in life and rewarding experiences are important psychological building blocks of resilience (Rutten et al., 2013).
- Chronic exposure to stress increases cortisol ("stress hormone") production, which damages neurons; affects synthesis of reuptake neurotransmitters and affects sensitivity of receptors. Epigenetics (DNA methylation/demethylation) may play a vital role in resilience. Adversity alters stress response (Szyf, 2013).
- Resilience in the physically ill is associated with personal factors such as self-efficacy, self-esteem, internal locus of control, optimism, mastery, hardiness, hope, self-empowerment, acceptance and determination. Social support is vital and strategies such as positive cognitive appraisal, active coping, mastery and spirituality are also associated with resilience (Stewart & Yuen, 2011).
- A systematic review on victims’ influence on intimate partner violence revictimization found weak evidence that resilience in the abused partner may reduce the risk of revictimization but further research is needed (Kuijpers et al., 2011).
- The ability to protect oneself enhances resilience in street youth (Kolar et al., 2012).
- Physical health and the ability to engage in intellectual pursuits were strongly linked to resilience in physically ill elderly individuals who had experienced child maltreatment (Rodin & Stewart, 2012).

Environmental/contextual factors:

- Harsh early environments affect developing brain structure, function and neurobiological systems, including changes in neural networks, brain size, and the hypothalamic-pituitary-adrenal (HPA) axis. The best evidence to date comes from animal studies (e.g., the Meaney-Szyf Paradigm and maternal care in rats) (Szyf, 2007). Replication in humans is required.
- Supportive, sensitive caregivers in infancy and childhood increase resilience by reducing “toxicity” during brain development. There may be “sensitive periods” when interventions work best.
- Stable family environment and supportive relationships with a caring and competent adult are linked to resilience across studies of children who have been mistreated (Afifi & MacMillan, 2011). Adults can enhance children’s chances of doing well by providing consistency, building trust and encouraging inner strengths (Rutter, 1979).
- Resilience in old age has been linked to individual and social-environmental factors including age, health perception, cultural and religious factors. (Cardenas-Jimenez & Lopez-Diaz, 2011).



System-level factors:

- South Asian immigrant women IPV survivors sought multiple resources at micro, meso and macro levels including the support of government policies, signifying the need for socio-ecological approaches in programs and policies along with inter-sectorial coordination to foster resilience (Ahmad et al., 2013).
- International migrant women found internal psychological and coping resources, external social supports, and systemic factors including government policies to be vital to their resilience (Gagnon & Stewart, 2013).
- Children and youth exposed to armed conflict, displacement (including refugees) and natural disasters are more likely to be resilient if they have a strong bond with their primary caregiver, a stable settlement, social support of teachers and peers, and shared social values. Interventions should be holistic and community level (Drury & Williams, 2012; Werner, 2012).
- Among the community factors that can increase resilience in children-at-risk, are schools with attentive caring teachers and good social support networks (Hanewald, 2011).

Measuring Resilience

- A methodological review of resilience measurement scales found 15 measures but all had some missing psychometric information. Overall, the Connor-Davidson Resilience Scale, the Resilience Scale for Adults and the Brief Resilience Scale had the best ratings (Windle et al., 2011).
 - Resilience Scale for Adults (RSA) (Friborg et. al, 2003; Hjemdal, 2007).
 - The Brief Resilience Scale (Smith et al., 2008).
 - Connor Davidson Resilience Scale in 25-item (CD-RISC) (Connor & Davidson, 2003), 10 item (CD-RISC-10) (Campbell-Sills & Stein, 2007) and 2-item versions (CD-RISC-2) (Vaishnavi et al., 2007).
- Qualitative research on the topic is a rich source of exploratory data that provides different views about the same questions, for example:
 - Adolescents value sense of agency, self-reliance, and investment in relationships outside of their family of origin (Samuels & Pryce, 2008).
 - Women exposed to intimate partner violence in India greatly valued the support of other women (Decker et al., 2013; Shanthakumari et al., 2013).

Resilience Interventions

- Current thinking about resilience interventions emphasizes the following (Luthar & Cicchetti, 2000):
 - focus on competence (strengths) rather than maladjustment (deficits);
 - explore links between vulnerability and protective factors;
 - look beyond the individual to the environment;
 - foster resilient pathways, not just resilient behaviours/people.

Promising intervention research

- A Cochrane systematic review of cognitive-behavioural therapy (CBT) interventions for children who have been sexually abused found that most studies were of poor quality but data suggests that CBT may have a positive impact on anxiety, post traumatic stress disorder and depression symptoms (MacDonald et al., 2012).
- Recent work has explored mindfulness and acceptance as interventions to enhance resilience after exposure to trauma to reduce posttraumatic stress disorder symptom severity (Thompson et al., 2011).



- Family focused interventions that integrate protective factors for children affected by parental mental health, substance abuse and violence show promise (Finkelstein et al., 2005).
- Ethnic identity may protect youth's self-esteem from stressful events (Toomey & Umana-Taylor, 2012).

Practice & Policy Implications of Current Best Evidence

- Policies should target strengthening family dynamics, increasing capacity for counseling and mental health services, supportive school environments, development of community programs, promotion of socioeconomic improvement and adoption of a more comprehensive conception of resilience. Evaluations of resiliency-informed policy initiatives are limited in number, with the better ones focused on very specific programs (Ager, 2013), and initial studies indicating the importance of tailoring intervention to context (Tol et al., 2013).
- Resilience is increasingly recognized as key to preparing future professionals. Self-efficacy, self-control, ability to engage support, learning from difficulties, meditation and persistence may support clinicians in resilience-oriented practice. However, there is almost no mention of specific ways to support professionals in developing these skills (Howe et al., 2012; Shapiro et al., 2011).
- Given the early stage of research in resilience, especially as it pertains to trauma and violence exposure, further work is required to develop the evidence-base to inform policy and practice.

What We Don't Know – Research Gaps

- This is an emerging area of inquiry with large gaps in knowledge and the need for extensive research across the spectrum from epidemiology through to intervention studies. Many factors affect resilience; we need multi- and trans-disciplinary perspectives for better understanding and implementation of resilience-oriented interventions, including examining:
 - the multiple and interrelated factors and domain affecting resilience: psychology, neuroimmunology, epigenetics, neuroscience, psychiatry, sociology, philosophy, theology;
 - the dynamics of resilience across the lifespan, its role in healthy aging, and in managing loss, such as changes in cognitive functioning (Windle, 2011);
 - gender and cross-cultural differences in resilient responses to adverse and traumatic exposures, including the nature, limits and antecedents of resilient adaptation in diverse at-risk groups.
- An integrated research agenda in resilience should determine the critical requirements for evidence-based interventions at individual, family, community and systemic levels. However, a focus should always be on efforts to evaluate prevention of violence and abuse in the first place.
- Those planning research should consider integrated knowledge translation and exchange approaches integrating knowledge user in developing and evaluating resilience interventions to expedite uptake of new knowledge into policy and practice.

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For more information

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