Child Maltreatment Exposure and Child Trauma Symptoms: The Moderating Role of Child Resilience

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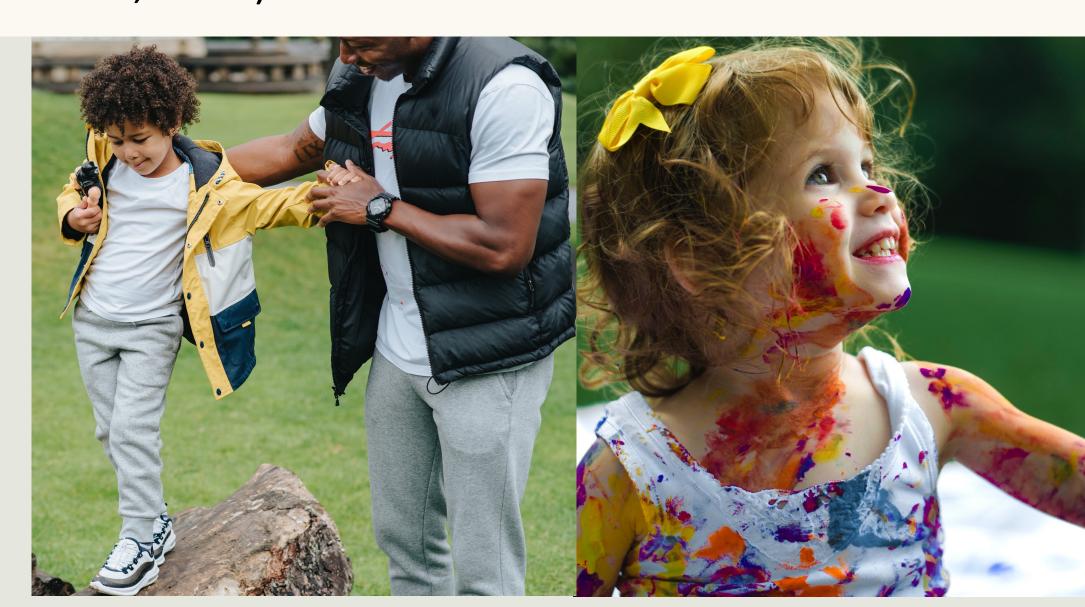
INTRODUCTION

- In Canada, over 30% of children will experience 1+ forms of abuse before the age of 18 years old, which is associated with numerous poor mental and physical health outcomes across the individual's lifespan (Afifi et al., 2014)

- Research has that exposure to childhood maltreatment is not deterministic with many children showing resilience in the face of adversity (Afifi & MacMillan, 2011; Racine et al., 2022)

- Limited research has examined these phenomena in clinical samples of children exposed to high levels of maltreatment

RESEARCH AIMS

- Conduct an exploratory analysis of the associations among cumulative child maltreatment, child resilience and child trauma symptoms

- Examine whether child maltreatment and resilience predict child trauma symptoms

- Examine the influence of child resilience on the relationship between cumulative child maltreatment and child trauma symptoms
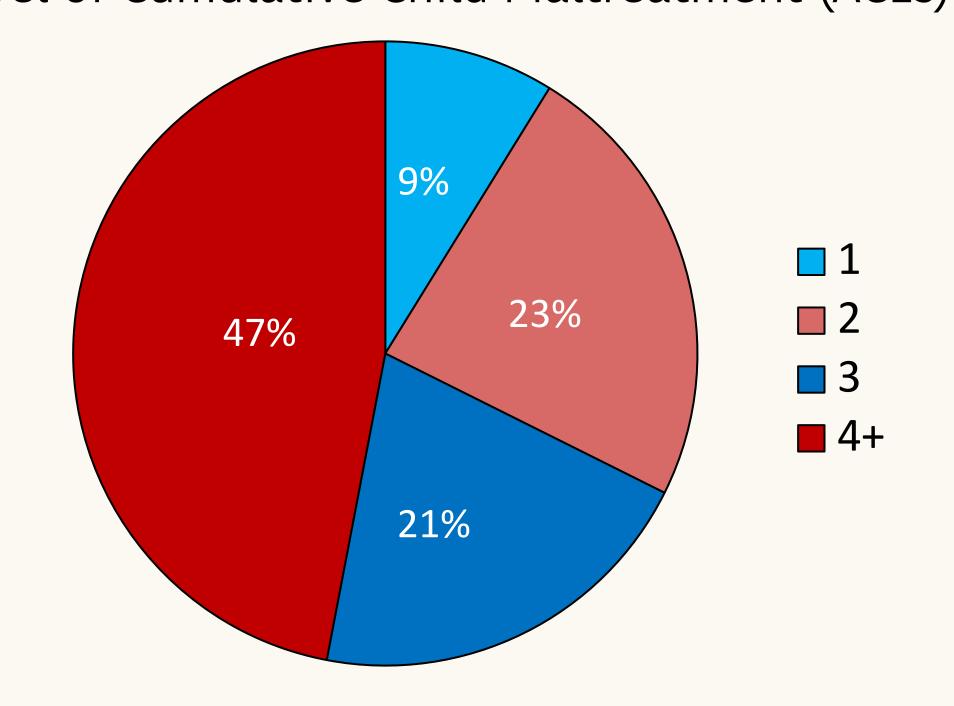
METHODOLOGY

- Reviewed and coded files of 39 children referred to the LUNA Child and Youth Advocacy Centre in Calgary, AB

- Cumulative maltreatment coded via retrospective file review using the ACE's Questionnaire (Felitti et al., 1998)

- Child resilience coded via Child and Youth Resilience Measure (CYRM-R) (Resilience Research Centre, 2018)

- Child trauma scores coded via the Child PTSD symptom scale (CPSS) (Foa et al., 2001)

DEMOGRAPHIC INFORMATION

- Child **age** : ranged from 0 – 17 (M = 11.90, SD = 3.07)

- Child **sex** : 84.2% female, 15.8% male

Level of Cumulative Child Maltreatment (ACEs)

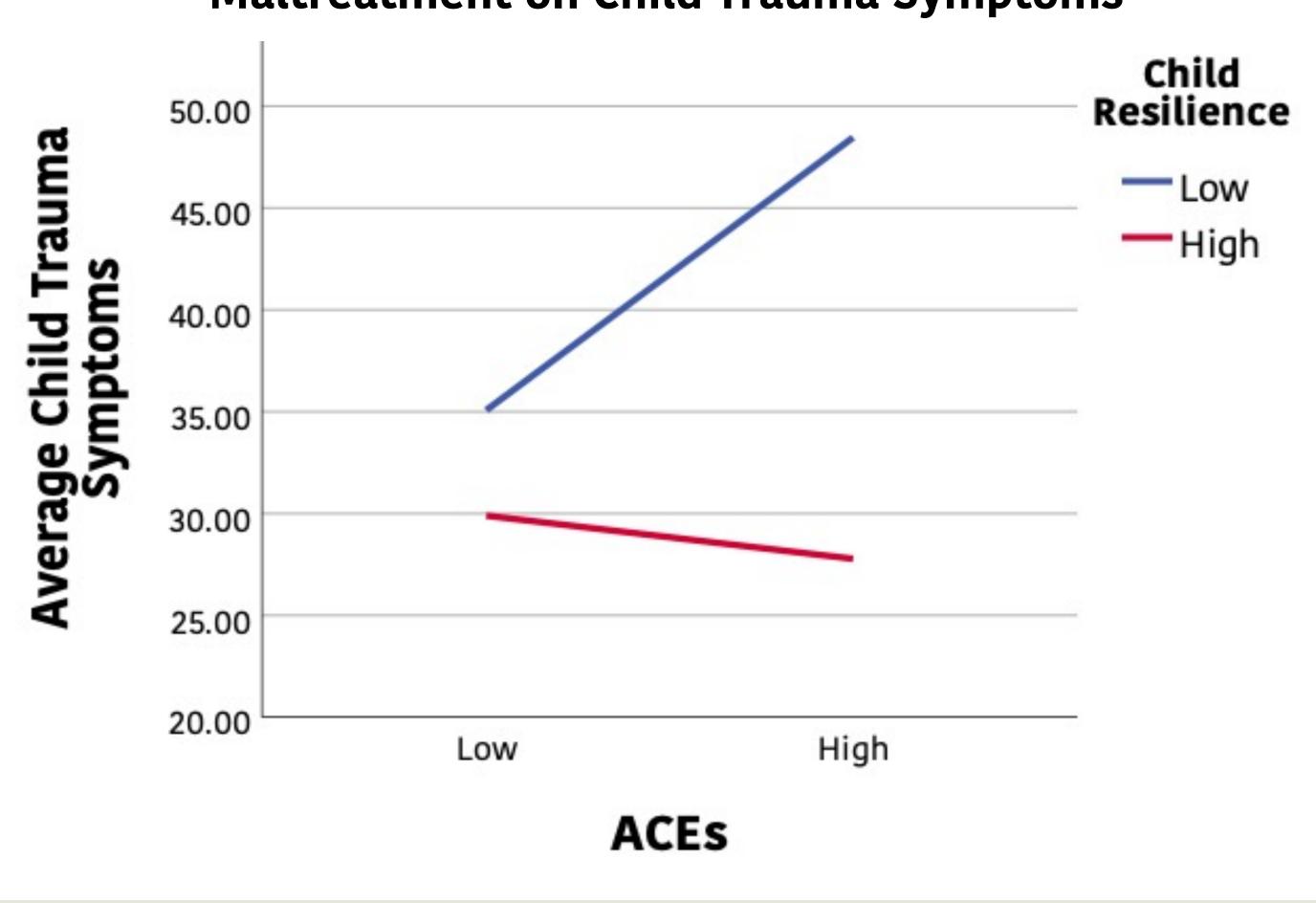Pie chart: 9% (1), 23% (2), 21% (3), 47% (4+)

FINDINGS

- Child age is positively correlated with child trauma symptoms suggesting that older children may be at greater risk for trauma symptoms
  - Parent reported CPSS: r = .281, p = .031, N = 59
  - Child reported CPSS: r = .368, p = .0.20, N = 40

Interaction Plot for Child Resilience and Cumulative Child Maltreatment on Child Trauma Symptoms

- Multiple regression demonstrated child resilience negatively predicts child trauma symptoms, suggesting that higher levels of resilience are associated with fewer trauma symptoms (B = -.50, p = .044)

- Child resilience did not significantly moderate the association between child trauma exposure and child trauma symptoms (r = -.58, p = .54)

CONCLUSIONS

- Children with greater individual, family, and community resources are less at risk for trauma symptoms following maltreatment

- Older children have a greater risk for trauma symptoms

IMPLICATIONS

- Acknowledging child resilience during trauma treatment could significantly improve clinical outcomes.

- Exploring the co-occurrence and interaction of factors (risk and protective) at multiple levels of the child's social ecology could provide further understanding of the mechanisms that underlie the negative effects of child maltreatment.

- Using a larger sample size, future research should further examine the relationship between child resilience and child trauma symptoms.

- Further research should also examine age-related factors that may influence the association between maltreatment exposure and trauma symptoms.

References

Afifi, T. O., MacMillan, H. L., Boyle, M., Taillieu, T., Cheung, K., & Sareen, J. (2014). Child abuse and mental disorders in Canada. *CMAJ, 186*(9), E324–E332. https://doi.org/10.1503/cmaj.131792

Afifi, T. O., & MacMillan, H. L. (2011). Resilience following child maltreatment: A review of protective factors. The Canadian Journal of Psychiatry, 56(5), 266–272. https://doi.org/10.1177/070674371105600505

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine, 14*(4), 245–258. https://doi.org/10.1016/s0749-3797(98)00017-8

Foa, E. B., Johnson, K. M., Feeny, N. C., & Treadwell, K. R. H. (2001). The Child PTSD Symptom Scale: A Preliminary Examination of its Psychometric Properties. *Journal of Clinical Child & Adolescent Psychology, 30*(3), 376–384. https://doi.org/10.1207/S15374424JCCP3003_9

Racine, N., Eirich, R., & Madigan, S. (2022). Fostering resilience in children who have been maltreated: A review and call for translational research. *Canadian Psychology / Psychologie Canadienne, 63*, 203–213. https://doi.org/10.1037/cap0000312

Resilience Research Centre. (2018). *CYRM and ARM user manual*. Halifax, NS: Resilience Research Centre, Dalhousie University. Retrieved from http://www.resilienceresearch.org/

QUESTIONS?

*Additional questions can be directed to droy015@uottawa.ca
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