CHILD MALTREATMENT AND RESILIENCE

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Childhood maltreatment is associated with numerous negative effects throughout an individual’s lifespan. Yet, not all maltreated children experience negative consequences and many manage to function well despite their history of adversity. Resilience research is limited, although it has been used throughout a variety of fields.

There are many different pathways to resilience which can include the mixture of dispositional, biological and psychological elements (Herrman et al. 2011). Previous research has found that protective factors such as ego-control, ego-resiliency or feeling safe in your neighborhood and school help “modify, ameliorate, or alter how a person responds to the adversity” (Afifi and MacMillan 2011:268). The Primary purpose of the current study was to examine the relationship between gender, race, micro and mezzo protective factors and resilience in maltreated children.

Additionally, resilience is examined from an attachment and resilience theory perspective. The first years of a child’s life are crucial to their development and quality of the relationship between children and their parents plays an important role. Children develop different styles of attachments which are based on their experiences
and interactions with their parents and/or caregivers (Atwood 2011). Not developing the correct attachments as a result of traumatic experiences such as childhood maltreatment may explain the difficulties that may arise in children or later in life. On the other hand, resilience theory focuses on strengths and the understanding of healthy development despite the risks one has faced by identifying the relationship between risk and protective factors (Masten 2011). The goal is to promote resilience and prevent harm to all individuals (Masten 2011).

The goal of the current study is to investigate the predicting relationship between race, gender, micro and mezzo protective factors of resilience. Using a secondary data set the current study uses correlations, bivariate and multivariate regression analysis. Results show that the micro protective factors ego-control, ego-resiliency and feeling safe in your school were significant predictors of resilience in childhood maltreatment. Ego-resiliency was the most significant predictor in every model. No gender and racial differences were found and surprisingly feeling safe in your school was found to have no effect on promoting resilience in maltreated children.

These results indicate the importance of implementing programs that support maltreated children through multiple outlets. Yet, findings show the important role the self plays in overcoming this type of adversity. Further, they suggest that various indicators and protective factors of resilience should continue to be explored.
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Chapter 1
INTRODUCTION

Four million children in the United States are exposed to traumatic events annually such as severe abuse and neglect (Lowenthal 1999). According to the U.S. Department of Health and Human Services (2011) there were approximately 436,321 validated reports of child abuse and neglect in the United States in 2010. More than 75% of these cases were victims of neglect, 15% suffered physical abuse and 10% suffered sexual abuse (National U.S. Department of Health and Human Services 2010). Child maltreatment is an ongoing problem as many children live in an environment that is surrounded by abuse and neglect. Child maltreatment includes neglect, emotional, sexual and physical forms of abuse inflicted on children.

Neglect is the failure to provide for or lack of supervision for a child (Manly and Cicchetti 1993). Emotional abuse is defined as the persistent or excessive thwarting of a child’s basic emotional needs (Manly and Cicchetti 1993). Sexual abuse is any sexual contact or attempt of sexual contact between a caregiver or parent and a child (Manly and Cicchetti 1993). Physical abuse is when a parent or caregiver inflicts physical harm on a child (Manly and Cicchetti 1993). Its effects vary based on the type(s) of maltreatment, the severity, and duration of time. The most common form of child maltreatment is neglect and often co-occurs with other forms of abuse. Some evidence shows that the consequences of child maltreatment can be profound and may endure long after the abuse ends. Research shows that various risk factors
are associated with childhood and adolescent maltreatment such as health problems, depression, post-traumatic stress disorder (PTSD), self-destructive behaviors and abuse of drugs and alcohol (U.S. Department of Health and Human Services 2008). Yet there is less research available examining children who develop and function adaptively despite growing up in an abusive and neglectful home.

Resilience is the phenomenon or process of adapting positively despite experiences of considerable trauma or adversity (Von Soest et al. 2010). Adversity is defined through numerous negative experiences, as a result to collective risk (Von Soest et al. 2010). Positive adaptation is “developing a substantially better level of functioning than would be expected given exposure to significant risk” (Von Soest et al. 2010:215). Furthermore, being a victim of years of childhood abuse and neglect yet developing quite normally demonstrates that an individual has overcome such adversities and becomes resilient.

Resilience has become the focus of many psychopathological studies as it can provide researchers important knowledge about how to promote and support healthy and normal development for individuals who experience traumatic life events. Research has found that approximately 12-22% of children or adults who were maltreated during their childhood are functioning well in spite of their history with violence (Jaffee et al. 2007). Resilience is generally defined across multiple domains of functioning: academic, behavioral and social functioning. An individual may be resilient in relation to some domains but not others. Consequently, being resilient in
one domain does not necessarily mean an individual will be resilient in any other domains. Resiliency fluctuates over time as previous research illustrates that being resilient in certain domains as a child does not necessarily mean an individual will be resilient in those domains as an adolescent or adult (Afifi and MacMillan 2011).

There are many different pathways to resilience which can include the mixture of dispositional, biological and psychological attributes (Herrman et al. 2011). Resilience research helps us understand the protective factors for victimized children. Protective factors are those factors that protect a person from the impairment associated with being maltreated or other risk factors (Afifi and MacMillan 2011). Protective factors “may influence, modify, ameliorate, or alter how a person responds to the adversity that places them at risk for maladaptive outcomes” (Afifi and MacMillan 2011:268). They work with risk factors to determine the outcomes of trauma in a person’s life. Resilience has three types of protective factors: individual/micro, family/macro and community/mezzo factors. From personal characteristics and traits to supportive relationships and social support, there are many protective factors that can alter the effects of risk in a person’s life. The ultimate goal of studying resilience is to understand how and why some attain it while others do not. In the end it is affected by the context, population, risks, protective factors and the ending outcome that defines resilience (Fergus and Zimmerman 2005).
The Present Study

The present research was conducted using data from the National Data Archive on Child Abuse and Neglect “Longitudinal Pathways to Resilience in Maltreated Children” (2005) which was collected by Dante Cicchetti, Fred Rogosch, Jody Todd Manly and Michael Lynch. In this study the concept of resilience was measured by the dependent variable, adaptive functioning, by collecting information from seven indicators. Combining information from children, peers, counselors, and the school district records formed the composite score for adaptive function. Yet, the school district records were not available and provided with the data set therefore, in this analysis adaptive functioning or resilience was measured using the six remaining indicators. The independent variables used were gender, race, individual protective factors (ego-control and ego-resiliency) and community protective factors (feeling safe in your school and neighborhood). The present study performed several analyses. They were bivariate correlations through a correlation matrix as well as bivariate and multivariate regressions.

The Purpose of the Study

The purpose of the current study was to examine the relationship between resilience in maltreated children and individual (ego-Control and ego-resiliency) and community protective factors (feeling safe in your school and neighborhood). Additionally, little research is available about the relationship between gender, race and resilience in maltreated children therefore, the present study will also examine
whether any gender and/or racial differences are found in resilient maltreated children. Another goal of this study is to conclude if the conceptual frameworks of attachment theory and resilience theory can help better understand resilience in maltreated children. The current analysis will explore relationships that may exist between protective factors and resilience of maltreated children.

**Research Questions**

The present research seeks answers to the following questions:

- Are there any relationships that exist between gender and race and resilience in maltreated children?

- Are individual factors such as ego-resiliency and ego-control predictors of resilience in maltreated children?

- Are environmental protective factors such as, feeling safe at school and feelings of living in a safe neighborhood, predictors of resilience in maltreated children?

By addressing these questions we hope to better understand the capacity of those children who are exposed to identifiable risk factors, such as childhood maltreatment and can overcome those risks and avoid negative consequences associated with them.

The next chapter presents a review of the literature related to the negative effects of child maltreatment and resilience. In addition, Chapter 2 provides a discussion of the two theories used, attachment and resilience theory, followed by a list of the hypotheses. Chapter 3 describes the research methodology used in the
present study. Chapter 4 reports the results of the research and Chapter 5 concludes the study with an explanation and discussion of the research findings, limitations of the research/suggestions for future research and implications for early intervention.
Chapter 2

LITERATURE REVIEW/ THEORETICAL FRAMEWORK/ HYPOTHESES

This chapter provides a literature review of childhood maltreatment, resilience, conceptualizations and research concerning attachment theory and resilience theory and addresses each of the research questions identified in Chapter 1. First, we will outline the five most common effects of childhood maltreatment followed by an exploration of resilience in terms of this concept. This is then followed with a background of early and modern research on attachment and resilience theory. Lastly, four hypotheses were generated concerning protective factors of resilience and demographic characteristics that can and have been used to help predict resilience in maltreated children.

Literature Review: Consequences of Abuse

Research shows that children’s behavioral problems are among the most frequently reported signs of early maltreatment (Kim and Cicchetti 2006). Most children who have been impacted by physical, neglectful and emotional abuse have been abused since early childhood. There are many short-term and long-term effects, but in regards to this research we will be looking at the most common long-term effects associated with childhood maltreatment. Thompson and Tabone (2010) believe research has verified a connection between behavioral problems in childhood,
late adolescence and early adulthood for a number of children who have been maltreated. It is important to understand that the “patterns of behavior learned within an abusive family context contribute to children’s dysfunctional development” in the long-term (Salzinger, Rosario, and Feldman 2007:209). Only then can it be understood that continued physical or emotional abuse causes a child to emphasize coercive social patterns of violence which contribute to later behavioral dysfunctions (Salzinger, Rosario, and Feldman 2007). In one study, Johnson and colleagues (2002) compared children who had not experienced any kind of victimization to those who have and concluded that those children who had been physically abused revealed more severe behavioral and emotional problems. The results discovered that children who were not victimized had mean scores of aggression, depression, anxiety and anger that were similar to those scores found within the general population (Johnson et al. 2002). Yet, children who were classified as victimized had scores that were higher than average (Johnson et al. 2002).

Gross and Keller (1992) who examined a history of child abuse, both physical and emotional, discovered that abuse in childhood is associated with deeper effects than researchers had originally presumed and they believe that many of these variables have yet to be classified. Schatz et al. (2008) report that abused children involved in their study showed clear evidence of behavioral difficulties such as withdrawn behaviors, social problems, and destructive behaviors. There are five main behavioral and social effects that have been discovered to be a result of physical, neglectful or emotional childhood abuse. They are stress/anxiety, drug abuse,
aggression, delinquent/criminal behavior, and depression (Schatz et al 2008). From this information it can be concluded that parents indeed have a direct influence on their children's behavior, emotional support, as well as their family and social relationships (Salzinger, Rosario, and Feldman 2007).

Stress

A very common behavioral impact of child maltreatment is stress. According to Newton (2001) “multiple exposures to violence and trauma causes autonomic and endocrine hyperarousal” (P.1). This hyperarousal can be seen through moderate to severe stress. Hyperarousal or stress due to child maltreatment can be explained by the idea that when a person, or in this case a child, experiences many hyperarousal reactions, they overreact to stimuli and are easily startled (Newton 2001). This is especially true with events that remind them of past abuse (Newton 2001). For example, children may be very uncomfortable around other adults who tend to raise their voices (Newton 2001).

According to Stirling and Amaya-Jackson (2008) severe stress is a result of physical and/or emotional abuse and can be devastating and significantly emotional for children and adolescents. In some extreme cases of maltreatment stress responses can continue long after the trauma and can develop into Post Traumatic Stress Disorder or PTSD (Stirling and Amaya-Jackson 2008). PTSD has strong and durable anatomic and physiological consequences and changes behavior responses in children (Stirling and Amaya-Jackson 2008). Complex traumatic stress suffered early in
childhood has been connected to both behavioral and developmental consequences later in life (Stirling and Amaya-Jackson 2008).

**Drug Abuse**

Drug abuse is defined as “the illegal, non-medical use of a substance, whether prescribed or illicit, having properties of altering the mental state in ways that are considered by social norms or by statute to be inappropriate, undesirable, harmful, or threatening. Also, the repeated use of drugs to produce pleasure, to alleviate stress, or to alter or avoid reality” (Tolliver 2004:45). It is known that many teenagers turn to drugs to fit in, stand out or make a point. Drugs not only have a physical risk but also an emotional one (Salzinger, Rosario, and Feldman 2007). Drug abuse can lead to even more serious problems like getting arrested, addiction and death. Behavioral traits such as, impulsivity, lack of control and emotional instability are all interrelated in putting adolescents at risk for both delinquency and substance abuse (Wilson and Widom 2009). Wilson and Widom (2009) believe that evidence shows documented cases where children who were abused or neglected have an increased risk for substance use problems in middle adulthood. These results show how crime is directly related to child maltreatment and illicit drug use and abuse. Wilson and Widom (2009) state “involvement in crime appears to be [a] pathway to drug use problems. Substance use and abuse may develop in conjunction with participation in delinquent and criminal subcultures since these problematic behaviors often occur together as part of a generalized ‘problem behavior syndrome’” (P.342). They
concluded the path from child abuse and neglect to drug use was found statistically significant with 29.1% of the sample reporting use of one or more illicit drugs in the past year. Specifically, 34.5% of men versus 23.9% of women reported using at least one drug within the last year (Wilson and Widom 2009).

Aggression

Another common effect of child maltreatment is aggression. This can affect how an adolescent responds to certain events and situations (Tolliver 2004). For example, if a child interprets the environment as hostile, he or she may approach or act more aggressively than usual (Tolliver 2004). These learning processes from childhood draw out aggressive behavior in adolescents through a general activation of memory or by specific cues to which the adolescents have been exposed (Tollier 2004). Severe aggressive behavior in adolescents seems to occur most often when there is a convergence of physical or emotional child abuse or neglect during child development (Tollier 2004). Thompson and Tabone (2010) state, “a great deal of other research has found significant links between maltreatment and aggressive behavior in childhood and adulthood” (P.914). Their research alleged that maltreated children tend to have signs of more aggressive behavior compared to non-maltreated children. This aggressive behavior was also found to decrease more slowly over time. Johnson et al. (2002) research on maltreated children concluded that victimization was significantly associated with increased aggression. According to Maughan and Cicchetti’s (2002) research conducted on the impact of child maltreatment and
interadult violence found that physically abused preschool boys from high-conflict homes were shown to manifest both more aggression and more coping responses during live simulations of interadult anger than did non-abused controls with similar histories or inter-adult conflict exposure. It was clearly demonstrated in their investigation that child misbehavior was also linked to maltreatment. This was concluded because data showed that mothers of maltreated children reported more aggressive child behavior problems than did mothers of non-maltreated children (Maughan and Cicchetti 2002).

**Delinquency**

A fourth effect of child maltreatment is delinquent or criminal behavior. Delinquent behavior involves drug abuse, fighting, trouble with the law, being arrested, dropping out and doing poorly in school. According to Goldman and colleagues (2003) “adolescent victims of physical child abuse are more likely to engage in juvenile delinquency” (P.3). Children who experience childhood abuse and neglect are 53% more likely to be arrested as a juvenile (Goldman et al. 2003). Tyler, Johnson and Brownridge (2008) reported that associated poor school performance to high-risk behaviors in abused children. Behaviors that they found associated with this poor school performance were poor academic achievement and cigarette use (Tyler, Johnson, and Brownridge 2008). According to Lansford et al. (2007) violent delinquency was consistent with physically and emotionally abused children. Adolescents who have been abused and neglected in the first five years of life were
more likely to be arrested for violent rather than non-violent crimes, and were also found to have higher dropout rates. Research concludes that “specifically physical abuse and neglect independently predicted elevations in children’s delinquent, withdrawn and social problems behaviors” (Maughan and Cicchetti 2002:1537). Lansford et al. (2007) explains the connection between violent delinquency and physical childhood abuse using attachment theory. Attachment theory suggests that in cases of child maltreatment both parents are a source of comfort and a source of harm, which consequently leaves children quite confused. This insecurity then impairs many aspects of behavior and mental health leading to later violent delinquent adolescent behavior and other negative outcomes.

**Depression**

Depression is one of the most serious effects of childhood abuse according to Salzinger, Rosario and Feldman (2007). Depression can affect teenagers in numerous ways. Some of those ways can include: loss of interest in activities they once loved, becoming very anti-social, school failure, running away, panic attacks, indecisiveness and uncertainty (Salzinger, Rosario and Feldman 2007). Depression is also based on how serious the illness is; the more serious the illness, the greater the disability. It is well known that depression is an illness that hurts the person suffering from it, but it also affects the people around them. Depression can happen to anyone, but children who have a past of abuse and neglect are 15% more likely to suffer from depression in the course of their life (Spilsbury et al. 2008). Thompson and Tabone’s (2010)
research and literature found that maltreatment is a risk factor for depressive or anxiety symptoms in children later in life. Their research also found that those who were reported as maltreated had their anxious/depressed symptoms increase over time. Therefore, it is clear to say the effect of early maltreatment on depressive/anxious symptoms is not immediate, but can emerge increasingly over time (Thompson and Tabone 2010). Depressive/anxious problems may, by late childhood, be “pre-constrained” by a combination of temperament, early childhood experiences, and socioeconomic influences (Thompson and Tabone 2010).

Johnson et al. (2002) determined that abuse is associated with adverse behavior and emotional outcome that can be internalized in children. Problems such as withdrawal, anxiety and depression were among those found and it was noted that victimization was significantly associated with increased depression in abused children (Johnson et al. 2002). Johnson et al. (2002) state that mean scores for depression and anxiety were higher than average for maltreated children. An earlier study done by Maughan and Cicchetti (2002) concluded that physical abuse and neglect was associated with children’s anxious/depressed symptoms.

When being rated by teachers, maltreated children are more likely found to suffer from low self-esteem and lower than average positive self concepts which in turn lead to depression or depression symptoms (Kim and Cicchetti 2006). They state, “overall, existing research suggests that maltreated children are at multiple risks for behavioral and psychological maladjustment, owing to deficits in the development of self-system processes that include low self-esteem, impaired sense of agency,
impaired perceptions of competence, and an extrinsic motivational orientation” (Kim and Cicchetti 2006:625). Cicchetti and Kim (2006) looked at the life trajectories of maltreated and non-maltreated children and their findings imply that child maltreatment can most profoundly affect children’s healthy development of self-esteem which then can lead to depressive symptoms over time.

When referring to the studies of Gross and Keller (1992), Elam and Kleist (1999) discuss that one major finding is that “physically and psychologically abused participants reported more severe abuse and greater levels of depression and lower self-esteem than did those who reported only one type of abuse” (P.155). They also found a higher level of depression in those who were both physically and psychologically abused and lower self-esteem when emotional abuse was reported alone and or with any other form of abuse (Elam and Kleist 1999). Depression is serious and can be devastating to one’s life if not treated. Child maltreatment has been proven to play a major role in whether young children, adolescents and even adults find themselves suffering from this problem.

**Child Maltreatment and Resilience**

In the past, there has been a wide range of research dedicated to the study of resilience. Resilience is commonly defined as successfully coping and adapting despite adversity in any type of situation or event. For the purpose and direction of this study we will review resilience studies related to childhood maltreatment. Child maltreatment will include neglect, emotional, and physical forms of abuse inflicted on
children. In general, past studies have focused on those children who “beat the odds” of the anticipated effects of maltreatment (Choen-Kim and Gold 2009:138). These children seem to “go on and live relatively healthy, productive lives” (Choen and Gold 2009:138). Resilience is not a trait that some people possess while others do not. Becoming resilient involves actions, behaviors, and thoughts that anyone can establish. It is a lifelong ongoing process that takes time and requires the completion of a number of steps to get there.

The study of resilience would be incomplete without the consideration of how both risk and protective factors are connected. Risk refers to the “relative influence of a variable on some outcome” (Fraser et al. 1999:132). Risk factors may come in the form of specific traits, events or contextual factors (Fraser et al. 1999). Risks influence the probability of a specific outcome, whether negative or positive. Protective factors predict future outcomes and influence risk with change (Fraser et al. 1999). Resilience protective factors can be explained through positive individual factors, family support and a supportive environment outside the family (Von Soest, et al. 2010). They are important because they decrease the likelihood of risk factors and identify influences that may directly affect a problem or moderate a risk related to a problem (Fraser et al. 1999). The vast majority of studies conducted on resilience attempt to understand what the risk and protective factors are that promote resilience, rather than why and how some children become resilient while others do not.

Although resilience can be defined in many different ways, most studies define
resilience as "displaying average functioning, the lack of trauma symptoms or pathology, and or/ accomplishing stage-salient tasks" (Walsh, Dawson, and Mattingly 2010:28).

Protective factors help moderate or alter the effects of risk exposure. Individual protective factors such as ego-control and ego-resiliency have been found to promote resilience in children and adolescents. In studies done by Block and Block (1980) as well as Cicchetti and Rogosch (1997) found that ego-control and ego-resiliency was statically significant in promoting resilience in children. In a comparison between maltreated and non-maltreated adolescent females, Moran and Eckenrode (1992) found that higher self-esteem served as protective factor against depression. Cicchetti et al. (1993) studying a large group of maltreated and non-maltreated children who attended a summer camp looked at a number of protective factors and obtained multiple sources of data to determine which children showed overall competence. Their results discovered that ego-resiliency, ego-control and positive self-esteem were predictors of resilience in maltreated children. Research indicates that children who show a more "reserved, controlled, and rational way of interacting and relating, in concert with their belief in the efficacy of the self" may be suited in obtaining resilience despite risk exposure (Cicchetti and Rogosch 1997: 813).

The history of resilience has investigated multiple domains of functioning (Walsh, Dawson, and Mattingly 2010). According to Walsh and colleagues (2010)
the domains of functioning include factors such as: emotional regulations, formation of secure attachment relationships, peer relations and successful educational performance as stage-salient developmental tasks. They believe that it is important to explore multiple domains of functioning at once. Research shows that many studies have examined single factors of functioning and some researchers believe that in order to entirely understand resilience we must understand how and why individuals who show resilience are only resilient with regards to one or more factors and not others, or why some are resilient in all factors. For example, “to describe someone with a history of child abuse as resilient just because she does not have a diagnosis of depression, while at the same time she is substance dependent” (Walsh, Dawson, and Mattingly 2010:28). Meaning, that although an individual is resilient in one factor does not necessarily mean they are resilient in all factors.

Childhood and Adolescent Resilience

Social and Academic Functioning

One study conducted by Flores, Cicchetti and Rogosch (2005) centered its attention on resilience in maltreated and non-maltreated Latin children. This study is significant because 15% of children abused in the United States are of a Latino/Hispanic ethnic background (Flores, Cicchetti and Rogosch 2005). They focused on the functioning of personal resources and relationship features among the children. Ego-resilience and ego-control are used to explain these personal resources. Ego-control and ego-resilience both refer to the ability to flexibly change their levels
of control with reference to the dynamics of the environment around them (Flores, Cicchetti and Rogosch 2005). Having these protective factors present can help promote and predict resilience. These factors have been found to neutralize or moderate the result of childhood abuse. Also in this study, it was found that Latino children who are victims of maltreatment are more likely to show multiple aspects of functioning compared to their non-Latino counterparts. Latino children were also found to have lower levels of resilience, and compared to their non-maltreated counterparts were rated to have significantly more conflicted adult relationships.

Having positive interpersonal relationships can help individuals’ foster resilience. Those children that had higher levels of ego-under control were found to have lower levels of resilience, meaning that those children who had a hard time regulating behavior and affective and cognitive expressions of impulse had worse outcomes. Flores et al. (2005) state that, the fact that “interpersonal variables were significantly associated with higher functioning supports the notion that interpersonal factors play a role in overcoming environmental hardships” (P.347).

A study by Power, Ressler and Bradley (2009) had similar findings when investigating the protective roles of friendship on childhood abuse and depression. Their findings concluded that all four types of childhood maltreatment (sexual, physical, emotional abuse and emotional neglect) indicated friend support to be associated with lower levels of depressive symptoms but only in females (Power, Ressler and Bradley 2009). There was no significant link found between having
strong peer friends and lower depressive symptoms in maltreated males. This gender difference is supported in prior literature suggesting that women are more likely to battle the development of depression and psychopathology by having strong relationships within their social circles and peers (Power, Ressler and Bradley 2009).

Afifi and MacMillan (2011) examined gender differences between maltreated men and women. Their findings concluded that women were more likely to be resilient in adolescence and early adulthood than males (Afifi and MacMillan 2011). A study by DuMont, Widom and Czaja (2007) focused on documented abused and neglected children and found that about 50% of the cases did not show psychopathology in childhood and 1/3 had not developed any type of mental disorders. Yet, it was concluded that being African American and female was associated with resilience (DuMont, Widom and Czaja. 2007).

Kim and Cicchetti (2006) conducted a study that explored developmental trajectories of depressive symptoms in both maltreated and non-maltreated children between 6-11 years old. They found that as self esteem and self-agency increased, depressive symptoms decreased over time showing that these self-system processes are protective factors of depression in maltreated children (Kim and Cicchetti 2006). In these studies, it’s suggested that by having strong personal relationships with adults and peers along with developing normal or high self-esteem and self-agency characteristics, children can lower the risk effects of maltreatment outcomes or erase the outcomes entirely. In terms of promoting future resilience, support interventions
aimed at strengthening social support systems have been associated with lowering the effects of negative outcomes of maltreatment.

Kaufman et al. (1994) found that an estimated two-thirds of children with some history of maltreatment were found to be academically resilient yet not all of them were found resilient in social competence. This supports the fact that resilience is a multidimensional term. Again as previously mentioned, being resilient in one factor does not mean someone is resilient in all factors, much less more than one factor that can be affected by abuse. As Daniel Perkins and Kenneth Jones (2004) discovered that adolescents who associate with peers that engage in more positive behaviors report lower levels of drinking alcohol. Collectively having positive peer groups and positive school experiences accounted for 26% of those who showed signs of resilience with alcohol abuse (Perkins and Jones 2004). This information indicates that in some cases having resilience in social and academic functioning can help promote resilience in behavior functioning.

**Behavioral and Emotional Functioning**

Using an ecological perspective James Garbarino (2001) examined the effect of violence on children in war zones. His research can benefit the understanding of resilience in childhood abuse by explaining how children are affected by violence itself, whether directly or indirectly. Garbarino (2001) discusses the idea of how important it is to respond to trauma in early childhood with a positive and clear message of strength. It helps children "accept better the developmental challenges
posed by community violence and deal with them more positively in the long run” (Garbarino 2001:363). The same can be said with children who can positively cope with physical, emotional or neglectful abuse. The declining trust in adults is also an important factor to address in promoting resilience in abused children.

In a study that sought to operationalize the concept of resilience, secure base was found that the most predictive dimension of the six domains studied. Secure base is the concept of being placed in a safe, secure environment where a child has the opportunity to develop a sense of trust in their own self and the outside world (Daniel 2006). The results of this study suggest, having a secure base not only supports other aspects of neglect but investigating other aspects can help to pinpoint the difficulties with the secure base (Daniel 2006). In the event of child neglect this evidence would support interventions that promote secure attachments. Having supportive parents or adults in one’s life is precisely what many maltreated children frequently lack. Another overlooked but important factor was having positive values or pro-social behavior. For example, characteristics such as feeling empathy and acting kindly towards others and having the ability to read people’s emotions well helped children form good relationships and develop resilience (Daniel 2006).

Julia Kim-Cohen and Andrea Gold (2009) studied gene-environment interactions in promoting resilient development, a new angle in resilience research. Gene and environment research of psychopathology has used DNA sequences to demonstrate association between childhood maltreatment and later antisocial
behavior. Two genotypes, monoamine oxidase A (MAOA) enzyme, and serotonin transporter (5-HTT) gene have been the focus of Caspi and Colleague's (2007), as well as, Caspi and Moffitt's studies (2006; Kim-Cohen and Gold 2009). It was found that maltreated children whose genotype had relatively low levels of MAOA, also had higher levels of antisocial behavior in adolescence and adulthood (Kim-Cohen and Gold 2009). In comparison, those children with one or two copies of 5-HTT “short” allele demonstrated higher symptoms of depression, than those with two copies of the “long” allele (Kim-Cohen and Gold 2009). According to this research, both 5-HTT and MAOA alleles are associated with relatively lower levels of active serotonin in the synapse and can predict the likelihood maltreated individuals will show resilience to antisocial behavior and depression (Kim-Cohen and Gold 2009). There is still debate in this area and more research needed in order to fully cover the idea of gene-environment interactions on resilience. Yet, it seems that genetic variation may be able to predict how individuals respond to adverse experiences.

Perkins and Jones (2004) found in their study of risk behaviors (alcohol, tobacco and drug use, sexual activity, suicide, antisocial, purging behavior, and delinquency) that physically abused adolescents had a higher frequency of engagement in all behaviors compared to their non-abused counterparts. This study also tested five factors of resilience: religiosity, family support, their adult support, peer group characteristics and school climate. Adolescents who reported involvement in religion and had family support were found to be less involved with the
consumption of alcohol. Overall Perkins and Jones (2004) concluded that indeed several protective factors are significant in increasing the likelihood of resilience; those being: peer group characteristics, positive school climate, religiosity, other adult support, family support, positive view of the future, and involvement with extracurricular activities. Emmy Werner (1990) stated that a majority of children who are fund to be resilient enjoy school. She believes that “resilient children obtain a great deal of emotional support from outside their own family and they tend to rely on friends, neighbors and teachers” (1990:125). Schools in some cases are children’s home away from home (Werner 1990). It becomes a place they look forward to going and feel lucky to have a reason to get out of their abusive homes.

**Theoretical Framework: Attachment Theory**

Attachment theory attempts to explain and understand the origin of family maltreatment and the rehabilitation of families. An attachment is defined as “an affectional tie that one person or animal forms between himself and another specific one - a tie that binds them together in space and endures over time” (Atwool 1997:31). It’s known that the first 5 years of a child’s life are the most important developmentally. The quality of the relationship between children and their parents is an important factor in understanding how children develop effectively. Children develop different styles of attachments which are based on their experiences and interactions with their parents and/or caregivers. Research has found a connection between secure attachment and other developmental and behavioral processes.
Attachment provides children with the framework needed in order to learn and understand appropriate social behavior (Atwool 2011). The desire to gain the approval of important adults (i.e. parents, mentors, and teachers) is a powerful motivation in learning to control equally powerful but less desirable urges (Atwool 2011).

Parents directly and indirectly help teach children different behavioral traits. For example, fathers are important because they tend to emphasize playfulness, physical activity and autonomy, or a “rough and tumble” role with their children. Although indirect, a father’s influence helps with the regulation of emotion leading children to have more friends and self-control. Attachment disorder occurs as a result of the failure to form normal attachments with parents or caregivers during childhood (Atwool 2011). Failing to form the expected attachments in childhood can have drastic effects throughout a person’s lifespan. Children develop different styles of attachment which are based on their experiences and interactions with their parents and/or caregivers (Atwool 2011).

The emphasis of this theory explains the difficulties that may arise in children or later in life as a result of a traumatic experience, such as childhood maltreatment. Research has found a connection between secure attachment and other developmental and behavioral processes. Patricia Crittenden and Mary Ainsworth (1989) state that attachment theory is important because first it allows researchers to combine the information of maltreatment around a single concept while “concurrently permitting the differentiation of abuse from neglect” (P.434). Second, this theory understands the
differences of nature and the effects of poor attachments that occur in different stages of a person’s lifespan (Carlson et al. 1989). Language development and behavior have been found to be negatively affected by failure to develop proper early attachment behaviors (Atwool 2011). There are four different attachment styles which have been identified in children: secure, anxious-ambivalent, anxious-avoidant, and disorganized.

Secure attachment is indicated by the child’s protest when their mother leaves, greeting her with delight when she returns and exploring more when she is present (Bolen 2000). Children with anxious attachment are distressed when their mother leaves, show little relief when reunited, and are highly anxious before, during and after separation (Bolen 2000). Children with avoidant attachment children are relatively indifferent towards their mother, rarely cry out when she leaves, show little positive response when she returns and are unaffected by their mother’s presence (Bolen 2000). Lastly, disorganized attachment is actually the lack of a coherent style or pattern for coping. Children with disorganized attachments tend to feel frightened of their caregivers (Bolen 2000).

Most of the early research on attachment in humans was done by John Bowlby. Bowlby’s (1989) conceptualization of attachment provided a new framework for understanding child development. These early studies focused on attachment between children and their caregivers. An important concept of attachment theory is the method by which a child internalizes working models of their attachment figure
and the self (Bolen 2000). The working models of a relationship are simply the unconscious representation models of the attachment figure and the child as well as how the child perceives the attachment figure and the self (Bolen 2000). Internal working models assist individuals in several ways. The working models (1) “help one interpret the meaning of another’s behavior, (2) make predictions with regard to future behavior, and (3) facilitate the organization of the individual’s response” (Bolen 2000). If children develop secure and healthy attachments to their attachment figures, they develop expectation of the self and others as trustworthy and expect to have their needs met.

In regard to child abuse, researchers have found that characteristics of abusing parents and abused children fit the pattern of attachment. Maltreatment is likely to harm children's emotional and social development through impairment of key social and behavior skills. Attachment theory has been used to help explain the effects that many children can suffer from as a result of childhood abuse. DeLozier (1979) describes this pattern of dependent, fearful, anxious, hostile, and depressed behavior consistently found in abusing families, as well as parent-child role reversal and the generational pattern of abuse, as reflecting dysfunctional attachment and care-taking behavioral systems in these families. DeLozier (1979) reports the results of a research project in which a group of abusing mothers were compared to a comparable group of non-abusing mothers. There was a clear pattern of severe attachment disorders in the group of eighteen abusing mothers and their children. In her summary, DeLozier
(1979) interpreted the analysis of the data as indicating that in childhood the abusing mother’s children experienced severe threats of abandonment and harm. From this was suggested that maltreatment, occurring during early childhood, disrupts the dynamic balance between the motivation to establish safe, secure relationships with adults and the motivation to venture out to explore the world in a competent fashion.

Timothy Page’s (1999) research on child maltreatment and attachment theory found that while abused and neglected “children tended to cope primarily through coercive behavior, neglected children appeared to be more incompetent and socially isolated” (P.430). He found that these children appeared to have higher indications of depression and other behavioral problems (Page 1999).

Attachment theory has led to a new understanding of child development and has become one of the dominant theories used today in the study of infant and toddler behavior and in the fields of infant mental health. As a model for conceptualizing and understanding various types of violence, including child maltreatment, it informs our knowledge of how not obtaining the correct attachments at a young age can affect behavior and emotional outcomes in the future and perhaps for the rest of a person’s life.

**Resilience Theory**

While attachment theory explains the negative effects that may occur when an individual does not form the proper attachments in childhood, resilience theory
explains why those expected effects do not always occur. Resilience theory focuses on strengths and the understanding of healthy development despite the risks one has faced. The goal of resilience theory is to understand risk and resilience in order to promote resilience and prevent harm to all individuals (Masten 2011). The concept of resilience is this ability to transform disaster into a growth experience and move forward (Polk 1997). Therefore, resilience is successfully coping and adapting despite adversity in any type of situation or event. The study of resilience has expanded greatly over the last decade and is being used in a variety of fields such as, nursing, substance abuse counseling and social work. From the beginning it was important to understand strengths and positive adaptation as well as risk processes in order to prevent or reduce the damage of extreme adversity (Masten 2011). The framework of resilience theory uses the understanding of risk and protective factors that interact together in order to determine an individual’s ability to function positively despite stressful life events (Corcoran and Nichols-Casebolt 2004).

**Concepts of Resilience**

Risk factors are stressors or conditions that increase the probability of an undesirable outcome and contribute to a problem condition (Braverman 2001; Corcoran and Nichols-Casebolt 2004). These effects can range from poor mental health to poor academic achievement. Some common risk factors are traumatic events (such as abuse or neglect), socio-economic disadvantages (poverty) or poor social support (i.e. limited health care resources) (Braverman 2001; Corcoran and Nichols-
In regards to child maltreatment it is assumed that childhood neglect and physical and emotional abuse increases the chance of behavioral, education and health problems.

Protective factors are the strengths or assets to help an individual survive adversity. These factors can be learned or part of one’s genetic makeup. They can help counteract or reduce the potentially negative effects of a risk factor (Braverman 2001). Some individual protective factors are easy temperament, positive outlook, high self-esteem or good problem-solving skills (Richardson 2002). Both risk and protective factors can be micro (individual and family), mezzo (immediate social environment) or macro (broad socio-economic) levels of influence.

Competence is defined as the broad spectrum of adaptive behaviors an individual has used that allowed them to achieve resilience (Braverman 2001). The term can be understood as broad psychological adaptation or in specific areas such as social functioning, academic success, emotional health and behavioral functioning. The goal of understanding the interaction between risk and protective factors is to promote competence and positive development.

Protective and Risk Factors

There are three main ways that protective and risk factors work together. First, protective factors can eliminate or reduce the effects of a risk factor. This can happen by “strengthening internal psychological characteristics,” like a child’s self-esteem (Braverman 2001:4). For example, if a child has one abusive parent and a strong
supportive relationship with the other, the supportive parent may be protective by increasing the likelihood that the child will not internalize the problem of family violence. By establishing a close bond with at least one other person, a child can receive the adequate and appropriate attention needed to be resilient (Werner 1990). The child is exposed to a risk, child abuse, but has the potential to overcome this risk as a result to the protective process (Braverman 2001).

Another way protective factors help lead individuals to resilience is by providing assistance in the ability to overcome and cope with the risk directly (Braverman 2001). In this case, an influential teacher may have helped the child to develop the skills and proper attachments that enable them to successfully overcome all or some of the negative effects from child maltreatment at home.

Lastly protective factors can reduce an individual's exposure to a risk (Braverman 2001). This happens by neutralizing the risk and its negative effects. In this case the child would never have been exposed to the risk, which would be defined as a risk avoidance process rather than a protective process. For example, parents who carefully monitor their children's whereabouts and make sure that there is always adult supervision at parties, can be successful in eliminating the situations in which their child is exposed to, for example, substance-using peers (Braverman 2001).
What is tricky with resilience research is that not all individuals understand and respond the same way to any one experience. There has and will always be a complexity of adversity exposure and processes. In addition, human development is such a complex and dynamic process that researchers understand people are not expected to be stable and consistent across their lifespan. Being resilient in one factor does not necessarily mean a person is resilient in all factors or even that they will remain resilient in the same factors throughout their lives. Children and adolescents may be able to be resilient in the face of one type of risk but may be unable to overcome other types of risk or the same risk across their lifespan (Fergus and Zimmerman 2005). This is because researchers have found that “different assets may be associated with different risk and outcome pairings” (Fergus and Zimmerman 2005: 405). This is why it is hard to define resilience factors that are universal. The combination of the factors associated with becoming resilient is not the same for all groups, contexts or outcomes (Fergus and Zimmerman 2005).

Some researchers have studied resilience as if it is an individual trait. This causes a problem making it difficult to understand why individuals are rarely resilient in all negative outcomes of risk exposure. Resilience is not a quality children, adolescents or adults have in every situation that they face throughout life (Fergus and Zimmerman 2005). Instead, resilience is “defined by the context, the population, the risk, the promoting factor and the outcome” (Fergus and Zimmerman 2005:404). Therefore, the combination of these factors can be different in the instance of any
traumatic experience (Fergus and Zimmerman 2005). This understanding of resilience explains why an individual may not be found resilient in every risk outcome for childhood abuse as a child but may be resilient as an adolescent. It is important to study resilience in an analytic approach, not self-report assessment because resilience does not lie only within an individual (Fergus and Zimmerman 2005). If that were so then it would put blame on an individual for failing to overcome adversity and risk (Fergus and Zimmerman 2005).

Models of Resilience

Models of resilience have played an important role in developing resilience theory and have provided guidance to researchers using data analysis. Models used in resilience theory describe the concepts of resilience as well as the functional relation among risks, competence and protective variables (Masten 2011). Models are commonly person-focused or variable-focused aspects of resilience.

Person-focused models study the individuals themselves or seek to identify children, adolescents or adults who have adapted despite extreme adversity. Groups of resilient and non-resilient individuals are compared in order to understand the differences between those who were successful in overcoming negative outcomes versus those who were not. Person-focused studies tend to be longitudinal tracking a cohort of participants over years or decades (Braverman 2001).
A variable-focused model examines the connections among variables and hopes to determine what combination of factors predicts a particular level of competence (Masten 2011; Braverman 2001). These types of models use a cross-sectional design and/or multivariate analysis. Most commonly data is collected from a single point in time and risks are looked at through self-report measures of stressful events (Braverman 2001). Measures of competence are identified in one or more of the specific areas of interest; social, behavioral, emotional and/or academic functioning. Masten states the difference between these two types of research is that person-focused research is “well suited to search for clues to broadly important factors of resilience and configurations or profiles that occur in real people, whereas variable-focused methods [are] more suited to the search for specific or differential factors and processes for particular domains of function” (2011:495).

More recently many researchers have used resilience views that combine both person and variable-focused models understanding that in some cases “by no means [the] characteristics of the child alone [can] account for successful developmental outcomes” (Braverman 2001:3). This type of research tends to focus a lot of attention on the presence of protective factors in the environment, such as, effective parenting and community supports, in leading to resilient outcomes (Braverman 2001).

Identifying and understanding the difference between main effects and interaction in resilience was historically the direction variable-focused researchers took. Garmezy, Masten and Tellegen’s (1984) study of “Stress and Competence in
Children" hypothesized that hierarchical regression analysis offered a way to illustrate the relationship between adversity exposure, personal attributes (helpful and harmful) and outcomes of competence. Three basic resilience models were used in this article: main effects model which combines stress factors and attributes in predicting competence: quadratic model that uses an inverted U-shaped of stress, where more stress reduces the chance of competence and less stress increases it: and immunity versus vulnerability model, where stress causes the outcome to vary depending on the attribute under examination (Garmezy, Masten and Tellegen 1984).

A pathway model is a common model used in person-focused resilience but is difficult to document because it requires repeated measures over time (Masten 2011). These models illustrate the concept of pathways visually and stress the different pathways an individual can take (Masten 2011). The model provides hypothesized patterns of adaptive function before, during and after short or long term periods of adversity. Masten and colleagues (1999) believed that variable-focused approaches were unable to entirely capture the "configural nature of resilience" (P.144). By using a pathways model of resilience they were able to better understand "the full range of variations in organisms and environments and their interactions that result in multifinality and equifinality of development pathways" to resilience (Masten et al. 1999:166).
Macro, Mezzo or Micro Levels of Resilience

Past resilience studies have either been person-focused or variable focused and have looked at the micro, mezzo or macro levels of risk and protective factors. Some of the first research on resilience was done by behavioral scientists in the 1970s (Masten 2011). The goal was to better understand the term and find ways to prevent the development of psychopathology. Researchers have always known strength, positive adaptation and risks or pathological processes were essential in cases of extreme adversity (Masten 2011). These investigations “were inspired by dramatic individual cases of resilience and also by the striking variability of outcome among individuals in groups carrying high risk for developing problems due to parental psychopathology, poverty, trauma, or disaster” (Masten 2011:493). Researchers looked for what characteristics mark people who will thrive despite adversity as opposed to those who formed destructive behaviors (Richardson 2002).

The next wave of resilience research strived to understand how resilient qualities are attained. Using a new model of resilience, researches now focused on the term “biopsychospiritual homeostasis” state (Richardson 2002:310). A state in which an individual had “adapted physically, mentally and spiritually to a set of circumstances whether good or bad” (Richardson 2002:310). This model suggested that “resilient qualities are attained through a law of disruption and reintegration” (Richardson 2002:310). The idea was that an individual could consciously or unconsciously choose the outcomes of any event or disruption (Richardson 2002). Today research focuses on how to enhance protective factors for children who live in
difficult environments in order to help teach children to overcome their own adversity. Program interventions that build on preserving sources of protection within a child, the family and community is the ultimate goal (Braverman 2001).

Macro level research examines resilience in a broad societal aspect where factors provide risks and protection to the individual. Societal factors such as poverty, discrimination and segregation can provide risks to an individual, while government assistance, policies and legal sanctions can act as protective factors contributing to resilience.

There have been many studies that have looked at the negative effects of living in poverty. Brooks-Gunn, Duncan & Aber (1997) concluded children living in poverty tend to have lower cognitive skills. Other studies found that those individuals who spend less of their childhood struggling economically were more likely to graduate from high school (Corcoran and Nichols-Casebolt 2004). Child abuse and neglect is also associated with poverty which has many short term and long term effects for example; depression, delinquency, poor academic achievement (Corcoran and Nichols-Casebolt 2004). On a protective side, social policies, such as, TANF (Temporary Assistance for Needy Families) and EITC (Earned Income Tax Credit) provide economic support for the working poor. These types of programs help relieve the stress of financial burdens and reduce the number of poor families.

Other macro studies investigate discrimination and segregation. Both have been associated with negative outcomes for ethnic, racial and gender minorities. Coutinho and Oswald (2000) supported the idea that minority children are less likely
to receive the same education as their non-minority counterparts. Corcoran and Nichols-Casebolt (2004) research has leaded them to understand that African-Americans are "substantially worse in racially segregated cities than they are in integrated cities" (P.222). There is plenty of evidence that shows that women in the workplace earn less than men. Yet, only recently was it found that poor health is related to discrimination towards women.

At the Mezzo level, factors include social environmental aspects of life, such as neighborhood context, church, school, and other community resources open to families or individuals. All of these factors intertwine and interact with each other. For example, the neighborhood a child grows up in is correlated to the type of education his or her school district can provide. In other words, children who live in more affluent neighborhoods have access to better schools.

Studies that have examined the importance of neighborhoods realize that those neighborhoods with high levels of economic disadvantages and social disorganization tend to have poorer educational outcomes for children and higher rates of child abuse, crime and delinquency (Corcoran and Nichols-Casebolt 2004). In these types of neighborhoods children are exposed to drugs and alcohol at much earlier ages and are at risk of engaging in harmful behaviors that may lead to addiction. Yet, despite that influence of negative factors some neighborhoods can actually act as a protective factor against adversity. For example, children who experience risks in their home life may feel comfortable to turn to an adult neighbor
who in turn offers the support, guidance and attachment the child is missing.

Neighborhoods with a high-medium income or who are affluent have positive effects on education and persistence in adolescents and better cognitive skills in younger children (Corcoran and Nichols-Casebolt 2004).

Fergus and Zimmerman (2005) found that the effects of school and community level resources would be useful in the study of resilience and its protective factors. Jaffee et al. (2007) discovered that living in socially cohesive and low crime neighborhood was associated with resiliency in children. Werner’s (1990) research concluded that a majority of children who are found resilient enjoy school. This was thought to be significant due to the idea that school is sometimes seen as a home away from home (Werner 1990).

Social support networks are another aspect of mezzo level resilience as alternative caregivers, older or younger siblings, child-care providers, or school teachers are important in promoting resilience when a child needs someone else to lean on. Resnick et al. (1997) found adolescents that formed alternative types of relationships within their social network had better health and were less likely to engage in substance abuse or violence. Yet, as already explained social networks can also increase the chances of risk behaviors in children and adolescents.

Church and religious involvement is another way an individual can promote good health and resilience. A few studies that looked at young adolescents’ religious attendance found that those who attend church more often are less likely to engage in risky behaviors, such as joining gangs or the use of drugs and alcohol (Corcoran and

At the micro level of resilience both individual and family factors are closely looked at. Yet researchers know that influences of both an individual’s genetic make-up and family environmental context intertwine (Corcoran and Nichols-Casebolt 2004). Individual and family characteristics are the most influential to children and young adults. These studies look specifically at the characteristics infants to adults have that work as a protective factor against adversity. Some characteristics would be easy temperament, sociable, good health, normal to high IQ, positive self-concepts and a sense of control. These individual characteristics work to reduce or fight against risk factors in the aftermath of a traumatic situation or event. Yet, not having one of these characteristics would work against an individual in a traumatic situation. For example, a child who has an irritable temperament and who is not easily soothed is at risk of poor care giving and the negative outcomes that are associated with it (Corcoran and Nichols-Casebolt 2004).

The family is one of the most influential aspects of any being's life, especially in promoting resilience. Living in a safe and stable home environment, where parents or caregivers monitor their children’s whereabouts and provide structure has been associated with positive outcomes. It is important that a child develops the correct attachments at a young age and that their caregivers provide enriching experiences
and authoritative parenting that includes warmth and involvement but also firmness and consistency (Corcoran and Nichols-Casebolt 2004). Family violence is associated with an increased opportunity of depression and PTSD in children and young adults, as well as poor outcomes of traumatic symptoms and internalizing and externalizing problems (Corcoran and Nichols-Casebolt 2004).

The Present Study

This study looks at and explores the factors of gender, race, micro/individual protective factors and mezzo/community protective factors effecting resilience in children who have a documented past of childhood maltreatment. Below is another review of the literature that supports the hypotheses presented at the end of the section.

In a longitudinal study investigating child maltreatment and resilience comparing males and females it was discovered that women were more likely to be defined as resilient (Afifi and MacMillan 2011). A study conducted by Power, Ressler and Bradley (2009) found that all types of childhood maltreatment (sexual, physical and emotion neglect and abuse) indicated that friend support was associated with lower level of depressive symptoms and was only significant for females. They believe this difference occurred because having a strong social circle seems to be more helpful in fighting development of adult psychopathology and depression for women versus men. Being female was found to be associated with being resilient in a
study that looked at abused and neglected young adults (DuMont, Widom and Czaja 2007). This past research suggests that females are more resilient than males although there needs to be more research identifying gender difference among abused children, adolescents and adults.

Most research that has been conducted on resilience has predominately been done on white youth and African American samples. Resilience research in general has not deeply explored this issue to compare resilience in maltreatment children of different races and ethnic backgrounds. Yet, one study that specifically focused on African Americans found that being African American was connected to resiliency among abused and neglected young adults (DuMont, Widom and Czaja 2007).

Protective factors help moderate or alter the effects of risk exposure. Individual protective factors such as ego-control and ego-resiliency have been found to promote resilience in children and adolescents. Block and Block (1980) and Cicchetti and Rogosch (1997) found that ego-control and ego-resiliency was statistically significant in promoting resilience in children. Cicchetti et al. (1993) studying a large group of maltreated and non-maltreated children who attended a summer camp looked a number of protective factors and obtained multiple sources for data to determine which children showed overall competence. Their results discovered that ego-resiliency, ego-control and positive self esteem were predictors of resilience in maltreated children. Research indicates that children who show a more “reserved, controlled, and rational way of interacting and relating, in concert with
their belief in the efficacy of the self” may be suited in obtaining resilience despite risk exposure (Cicchetti and Rogosch 2011).

Environmental protective factors are those that happen outside the individual and their family. Some of these protective factors can include: supportive extended family, successful school experiences, social networks, positive relationships with a teacher or mentor, and relationships though religion or religious community. In a study conducted by Fergus and Zimmerman (2005) it was concluded that researching the effects of school and community level resources would be useful as most current research is based on individual level and family level resources. One study looked at variables of resilience and found that children who lived in a socially cohesive and low crime neighborhood were more resilient (Jaffee et al. 2007). Werner (1990) stated that a majority of children who are found resilient enjoy school. This could be a result of some children making school their home away from home (Werner 1990). It becomes the place where children can get a break from the abuse and neglect.

Hypotheses

**H1:** Abused females are more resilient than abused males.

**H2:** African American and European American abused children are more resilient than non-African American and non-European abused children.
**H3:** Abused children who have the individual protective factors ego-control and ego-resiliency are more resilient than those abused children without the protective factors of ego-control and ego-resiliency.

**H4:** Abused children who have the environmental protective factors of feeling safe at school and feel they have a safe neighborhood are more resilient than those abused children without the protective factors of feeling safe at school and feeling they have a safe neighborhood.

An extensive review of the available literature on child maltreatment and resilience has been provided that support the hypotheses stated above. However, the relationship between childhood maltreatment and resilience needs further research considering the role of the various types of protective factors and demographical characteristics, especially race. This study hopes to add to the literature in this regard. In the next chapter we will review the methodology of the current study.
Chapter 3

METHODOLOGY

This chapter presents information from the National Data Archive on Child Abuse and Neglect from which data were drawn for use in the present analysis. Specifically, a description of the variable measures used in the study, coding information for the variables and the procedures conducted are presented. Lastly, the data analysis used in this study is described, including information about the specific methods of analysis chosen.

Data Source

The present analysis drew upon data from the study conducted by Dante Cicchetti, Fred Rogosch, Jody Todd Manly and Michael Lynch and entitled “Longitudinal Pathways to Resilience in Maltreated Children” (2005). Data was collected from September 1997 to September 2000 as a longitudinal follow-up of a cohort of maltreated and non-maltreated children in upstate New York. This proposed project was built upon a prior NCCAN-funded project that acquired baseline and one-year follow-up assessment data. For the third-year assessments (which this data was taken from), the researchers were able to re-recruit and evaluate 263 of the 300 children. Some families moved out of the area which prevented the child’s return to the summer camp, while others had conflicts due to summer school. Each summer, families were asked if they would give approval to have their child attend a week-
long summer day camp program and participate in the research. Each day the camp lasted seven hours which resulted in the provision of 35 hours of interaction between children and their camp counselors. Three trained camp counselors were in charge of each group. The children who attended the camp participated in different recreational activities in groups of six to eight same-age and same-sex peers. In each group, half of the children had a history of maltreatment, while the other half were non-maltreated. The study used interviews, psychological measures, behavioral observations, and extracts from DSS (Dept. of Social Services) records as sources of information in addition to collecting original data in the form of interviews, survey instruments, observational and administrative data. Also, within one month of the child’s camp attendance, the primary caregiver of each child who participated in the study was interviewed during a home visit. This was done in order to ensure that child and parent perceptions and ratings were collected together. The precise measures administered, as well as their psychometric properties, are described below (Cicchetti et al. 2005).

Cicchetti and her colleagues (2005) examined at multi domains of functioning and used the term “adaptive functioning” to describe and find resilient children. Child functioning was formulated by seven indicators of competent adaptation that were evaluated throughout the week of camp. Combining information from child, peers, counselors, and the school district records formed the composite score for adaptive function. Then the scores were split up into thirds: low, medium and high. Cicchetti et al. (2005) only considered those children who were found to have high adaptive
functioning as resilient. However, the information from school district records that Cicchetti and her colleagues (2005) used to indicate resilience was not provided in the data set. Therefore, in this study we used six indicators, those from the child, peers, and counselors and divided our cases into low and high adaptive functioning. Using this broad spectrum of competence in determining resilience, it is understood that children or any individual can be high functioning in a variety of areas. As Cicchetti (1997) states, “effective functioning in interpersonal relations may coexist with high internal distress and depressive symptoms in some individuals” (P.805)

**Sample Characteristics**

The sample consisted of 79 children who were recruited from the previous study done at year-one and only included physically, and emotionally maltreated and neglected children. The maltreated children were referred to the study from caseworkers at the Monroe County, NY, Department of Social Services (DSS) and had experienced legally documented child maltreatment. The children who participated in this study were drawn from the inner city of Rochester, NY. This urban area has high levels of violent crime and poverty, with higher concentrations of poverty within the neighborhoods where families in the study reside. The children that participated were between the ages of 7.7 to 13.9 years. In addition, 31% are European-American; 39% of the children are African-American; and those who remain are from other racial/ethnic groups making the sample racially and ethnically diverse. Sixty-four percent of the children are male which is consistent with previous
research showing that males have higher incidence of maltreatment (Cicchetti et al. 2005).

For all maltreated children, background history was collected using DSS records to ensure a full history of documented maltreatment experiences. Manly and colleagues' (1994) nosological system was used for defining child maltreatment. This system breaks maltreatment into different categories including sexual abuse, physical neglect, and emotional maltreatment. Then each category is broken into developmental periods in which the maltreatment took place and is rated based on the severity of the maltreatment. Yet, as previously mentioned, with regards to this study, those children who had a history of sexual abuse were not used in the sample. As found evident in previous literature, many children who have histories with maltreatment experiences were subjected to numerous forms of maltreatment (Cicchetti and Rizley 1981; Cicchetti et al. 2005).

Variable Measures

The following variables are used in the present analysis. Variable names will be the same throughout the analysis, as well as in all corresponding charts and tables. Information about the coding and/ or recoding of each variable will be located in the appendices.

Dependent Variables

The following variables were used as part of the six factors of “adaptive functioning” or resilience. Children's interpersonal functioning was evaluated by
camp counselors and peers whom attended the camp. After the entirety of the camp, 35 hours of interactions and observations were used for these ratings (Cicchetti et al. 2005).

**Children’s Depression Inventory**

All children completed a popular measure of children’s depressive symptoms, the Children’s Depression Inventory (CDI; Kovacs 1985). Containing 27 items, the CDI evaluates the affective, cognitive, and behavioral aspects of depression. Children selected the description that best described their functioning over the prior 2 weeks by choosing three options for each item. The first choice indicates distinct symptoms, the second mild symptoms and the third the absence of symptoms (e.g., “I feel like crying every day,” “I feel crying many days,” “I feel like crying once in a while”). Scores range from 0 to 54 and higher scores signified more severe depressed symptomatology. In general, scores greater than 12 are classified as mild depression, while scores 19 or above are classified as clinically significant levels of depression. The CDI has been found to hold high internal consistency and fair test-retest reliability, discriminating between clinical and nonclinical groups of children, and correlating with constructs connected with depression such as perceived competence, attributional style, and self-esteem (Kazdin 1990; Kovacs 1985).

**Pupil Evaluation Inventory**

Camp counselors answered the Pupil Evaluation Inventory (PEI). Used as an index of behavior for children in first through ninth grade, the PEI rates children's
social adaptation (Pekarik, Prinz, and Liebert 1976). This measure is offered as an item-by-matrix. The 35 items included in this index were chosen because of their ability to connect the relationship between types of behavior and their association with psychopathology (Pekarik et al. 1976). Camp counselors were asked to think of a child who seemed to fit each item description and put a check by their name (e.g., "Those who try to get other people in trouble") (Cicchetti et al. 2005).

Reports have shown that this analysis generates three distinctive factors: likeability (5 items), withdrawal (9 items), and aggression (20 items) (Pekarik et al. 1976). Internal consistency was high (.70) across factors and different raters. Correlations on test-retest reliability was also high (.80) and teacher and peer ratings were also significantly correlated (Cicchetti et al. 2005).

Peer Nominations

Using a peer nomination method developed by Coie and Dodge (1983), children were asked on the final day of camp to assess characteristics of the peers in their camp group. One child was selected as best fitting the following descriptions: leader, shy, most liked, least liked, disruptive, cooperative, and fighter. The total number of nominations were calculated for each child and then converted into a proportion of possible nominations for every category (Cicchetti et al. 2005).

Behavior Ratings

Developed by Wright (1983), camp counselors rated each child on nine items reflecting three aspects of interpersonal functioning: withdrawal, prosocial behavior,
and aggression. This was completed on two separate occasions and during unstructured 45-minute play periods for the children (Cicchetti et al. 2005).

**Peabody Picture Vocabulary Test, Revised (PPVT-R)**

This measurement is a commonly used test of receptive vocabulary and was completed by children during the camp. The PPVT-R is not a measure of overall intelligence, but it measures a key characteristic of general intelligence that tests vocabulary ability, which is shown to be greatly associated with general intelligence. The PPVT-R exhibits sufficient internal consistency, with a median split half reliability of .80, and an average correlation of .64 by means of the WISC full scale IQ (Dunn and Dunn 1981; Cicchetti et al. 2005).

**Child Behavior Checklist**

At the conclusion of the camp, counselors completed the Teacher Report Form of the Child Behavior Checklist based on the week of the camp (Achenbach 1991). This assessment contains a 118 item checklist that identifies a wide range of problems related to children's mental health referrals and are recognizable by adults (e.g., "can't sit still, restless or hyperactive" and "gets in many fights"). Each item is scored on a 3-point scale with 0 = "not true", 1 = "somewhat or sometimes true" and 2 = "very true or often true" with regards to the child (Cicchetti et al. 2005).

Reliability of the Teacher Report Form (TRF) has been recognized on an ethnically diverse standardization sample and is a widely used rating of children's externalizing and internalizing symptoms. The test-retest correlation for the TRF
ranges from .84 to .90 over a one-week period and 15 day period, then having a slightly lower correlation over a longer period of time. (.68 over a 4-month period). The range for inter-rater across age levels and gender is .30 to .84 with clinic-referred status and the TRF Child Behavior Checklist has been found to correlate positively (p < .005) (Cicchetti et al. 2005).

Independent Variables

Demographic Characteristics

Demographics Interview

This interview was developed by Carlson and Cicchetti (1979) and conducted with primary caregivers. This interview is based on the subject of familial poverty and socioeconomic status and provides information with reference to presence of adult partners, family income, parental occupation, history of receiving welfare, and parental education (Cicchetti et al. 2005).

Gender

This variable was used to indicate whether respondents were female or male. Responses were recorded as follows: 0 = female; 1 = male (Cicchetti et al. 2005).

Race

This variable indicates the race of the respondents. Responses were originally coded as follows: 1 = black; 2 = white; 3 = Hispanic; 4 = black/white; 5 = Hispanic/white; 6 = Hispanic/black; 7 = Asian; 8 = Indian. For this analysis we combined categories into 1 = black, 2 = white, 3 = other (Cicchetti et al. 2005).
Micro/Individual Promoting Factors

Ego-control and Ego-resiliency

Camp counselors used the California Child Q-Set to evaluate children’s personality functioning (Block and Block 1969). It was completed at the conclusion of the week-long observations of the children in the camp setting. This Q-Set consists of 100 various items about children’s cognitive, social, and personality characteristics. Each individual item is rated using nine categories ranging from most to least descriptive of the individual child providing an individual profile for every child. Counselor’s inter-rater agreement ranged from .74 to .93. Ego-resilience and ego-control were combined to make the Q-sort data; which identifies the degree to which children are able to adapt their level of control to meet the demanding characteristics of the surrounding environment (Block and Block 1980; Cicchetti et al. 2005). Ego-control and ego-resiliency are used to understand behavior, motivation and emotion in children (Letzring, Block and Funder 2004). Ego-control refers to “the degree to which individuals express their impulses, ego resiliency describes the internal personality structures that function to modulate these impulses adaptively” (Huey and Weisz 1997:404). Individuals can be defined as having ego-undercontrol (emotionally expressive and unpredictable), ego-control (self control), or ego-overcontrol (acting on impulses and emotions) (Huey and Weisz 1997; Letzring, Block and Funder 2004). Ego-resiliency refers to individuals who are resourceful in adapting in any situation (Huey and Weisz 1997).
Mezzo/Community Protective Factors

**Feeling safe in your school**

The Domains of Functioning questionnaire (Greenberg 1993) was completed by the children attending camp through individual interviews. Children rated the level of safety versus danger present in their school (25 items) and in their neighborhood (7 items) through two subscales. Each item is scored on a four-point scale (from "almost never or never true" to “almost always or always true") (Cicchetti et al. 2005).

**Feeling safe in your neighborhood**

The Neighborhood Satisfaction Scale based on Greenberg's (1993) Domains of Functioning "neighborhood" subscale was completed by the primary caregiver during the home visits. Based on a four-point scale, 7 items are rated recounting the parent’s perceptions of the safeness of their neighborhood. Parents rate questions similar to, “are neighborhood people friendly?” Choices are as follows: “almost never or never true”, “sometimes true”, “often true”, “almost always or always true” (Cicchetti et al. 2005).

**Design of Present Analysis**

As revealed in the next section, the current study first evaluates the demographic statistics associated with each variable. A correlation matrix was computed including all six of the variables to determine the presence of multicollinearity. Lastly, we tested our hypotheses using a linear regression model.
Methods of Analysis

Correlation Matrix

Correlations are one of the most common and useful statistical analysis tools that can be utilized in data analysis to describe the degree of a relationship between two or more variables. They are used to analyze the significance between each variable in order to more precisely predict one variable from another. A correlation between two variables signifies that information from one variable can give you information on another. Before testing our hypotheses, we computed a correlation matrix between all six variables in order to estimate the relationships among them. This was done because we wanted to examine the level of significance, if any that may cause a limitation in using a regression model.

Regression

A regression analysis is a statistic used to investigate the relationships between two or more variables. Adept at finding causal effects, regression shows the significance of one variable on the influence of another. For each of our hypotheses we computed bivariate linear regression models in order to determine the conditional expectation of high functioning given the demographic, individual and mezzo predicting factors. Then we computed a larger multivariate model that included each factor. We used a regression model because regressions are commonly used for predictions between two variables and help us understand the form of these relationships.
Summary

This chapter reviews the methodology of the current study, describing the data source, sample characteristics, variable measure, design of the present study, and methods of analysis. The next chapter will report the results of the data analyses.
Chapter 4
RESULTS

Using secondary data, this study looks at the predicting relationship between gender, race, micro and mezzo protective factors with resilience in maltreated children. This chapter will explain the results of the hypotheses that were tested in the present study. This section will include the following: correlations, results of bivariate correlation analysis and bivariate and multivariate regression models.

The secondary data that we obtained contrasted maltreated and non-maltreated children from similar socioeconomic backgrounds from upstate New York. For the purpose of this study we investigate the demographic differences based on gender, race and the individual and community protective factors: ego-control, ego-resiliency and feeling safe in your school and neighborhood. These factors have been shown in previous research to promote and predict resilience in maltreated children. Scores on six indicators of resilience were combined to create the dependent variable in the present study. This combination consisted of information from the children, counselors and peers that was obtained from the third year camp week and was termed adaptive functioning. Maltreated children were evaluated on their level of functioning in multiple domains of functioning. The maltreated children’s score of adaptive functioning were operationally defined as: Low, children who had a score of 0 to 89.05; high, children who had an adaptive composite score of 90.09 and higher.

Below, the results of the correlations and regression models are presented.
Correlations

Table 1 presents the information from the correlation matrix; this table reflects any positive correlations between each of the variables examined in this analysis. As presented in the results (see Table 1) positive correlations were found. First it is shown that ego-control (p<.000, r=.390), ego-resiliency (p<.000, r= -.402), and feeling safe in your neighborhood (p<.012 r= -.386) are correlated to resilience. These results give us a good idea that these factors should show some significance in our regression models. Feeling safe in your neighborhood and feeling safe in your school also had a slight significance between each other (p<.022 r= .376). It is understandable that there would be a correlation between these two factors as feeling safe in one may result in the child feeling safe in the other. Overall, none of the correlations demonstrated multicollineary between our factors.
Table 1: Correlation Matrix

<table>
<thead>
<tr>
<th></th>
<th>Resilience</th>
<th>Gender</th>
<th>Race</th>
<th>Ego-Control</th>
<th>Ego-Resiliency</th>
<th>Safe Neighborhood</th>
<th>Safe School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resilience</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>.149</td>
<td>1</td>
<td>.189</td>
<td>.105</td>
<td>-.046</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td>.105</td>
<td>-.017</td>
<td>.359</td>
<td>.879</td>
<td>.444</td>
<td>.702</td>
<td>.79</td>
</tr>
<tr>
<td>Ego-Control</td>
<td>.390**</td>
<td>-.046</td>
<td>.000</td>
<td>.686</td>
<td>.455</td>
<td>.537</td>
<td>.79</td>
</tr>
<tr>
<td>Ego-Resiliency</td>
<td>-.402**</td>
<td>-.206</td>
<td>.000</td>
<td>.069</td>
<td>.085</td>
<td>-.070</td>
<td>1</td>
</tr>
<tr>
<td>Safe Neighborhood</td>
<td>-.386*</td>
<td>.008</td>
<td>.962</td>
<td>.172</td>
<td>-.052</td>
<td>.055</td>
<td>1</td>
</tr>
<tr>
<td>Safe School</td>
<td>-.111</td>
<td>-.007</td>
<td>.351</td>
<td>.595</td>
<td>.064</td>
<td>.086</td>
<td>.376*</td>
</tr>
</tbody>
</table>

*Correlation is significant at the 0.05 level (2-tailed).
**Correlation is significant at the 0.01 level (2-tailed).
Regression Models: Prediction of resilience

The factors that were thought to contribute to explaining individual differences between maltreated children with high and low adaptive functioning are discussed below. Past information and studies on resilience have shown the individual factors ego-control and ego-resiliency, as well as, community factors feeling safe at school and feeling safe in your own neighborhood could serve to promote successful adaptation despite adversity such as being maltreated (Fergus and Zimmerman 2005; Jaffee et al 2007; Werner 1990). In addition, we also examined demographic differences such as gender and race in explaining the idea that females are found to be more resilient than males. In addition, we examined the idea that African Americans and European Americans are more resilient than other races. Each hypothesis was tested using a bivariate and multivariate linear regression model.

Bivariate and multivariate regression analyses were conducted to examine the relationship between gender, race and resilience as well as, various potential predictors of resilience. Table 2 summarizes the regression results. The regression model for gender produced $R^2 = .022$, $p < .189$. Gender was not found to be significant, indicating that it cannot be used in determining or predicting resilience. When testing for race, ($R^2 = .001$, $p < .359$) it was also found insignificant in terms of resilience. It can be concluded that gender and race did not predict resilience. A third model was completed that grouped both race and gender together ($R^2 = .184$, $p < .270$) and it also did not contribute to predicting resilience.
Table 2a: Effects of Child’s Gender and Child’s Race on Resilience

<table>
<thead>
<tr>
<th></th>
<th>Beta</th>
<th>R Square</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Gender</td>
<td>.149</td>
<td>.022</td>
<td>.189</td>
</tr>
<tr>
<td>Child’s Race</td>
<td>.105</td>
<td>.011</td>
<td>.359</td>
</tr>
</tbody>
</table>

*Significance at the 0.05  
**Significance at the 0.01

Table 2b: Effects of Child’s Gender/Race on Resilience

<table>
<thead>
<tr>
<th></th>
<th>Beta</th>
<th>R Square</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Gender</td>
<td>.151</td>
<td>.034</td>
<td>.184</td>
</tr>
<tr>
<td>Child’s Race</td>
<td>.107</td>
<td></td>
<td>.345</td>
</tr>
</tbody>
</table>

*Significance at the 0.05  
**Significance at the 0.01

The next regression analyses tested the predictability of ego-control and ego-resiliency. Both factors were tested in separate models (see Table 3a) and in the same model (see Table 3b). These results showed that both factors were found to be significant predictors of resilience. The same results were found when both factors were tested in the same model, $R^2 = .294$ and $p < .000$. These results show that children who had high scores of ego-control and ego-resiliency were more resilient. The entire model was also significant. From these results it can be concluded that the micro factors of ego-control and ego-resiliency are quite significant in predicting resilience in maltreated children.
Table 3a: Effects of Ego-Resiliency/Ego-Control on Resilience

<table>
<thead>
<tr>
<th></th>
<th>Beta</th>
<th>R Square</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ego Resiliency</td>
<td>-.402</td>
<td>.162</td>
<td>.000**</td>
</tr>
<tr>
<td>Ego Control</td>
<td>.390</td>
<td>.152</td>
<td>.000**</td>
</tr>
</tbody>
</table>

*Significance at the 0.05
**Significance at the 0.01

Table 3b: Effects of Ego-Resiliency and Ego-Control on Resilience

<table>
<thead>
<tr>
<th></th>
<th>Beta</th>
<th>R Square</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ego-Resiliency</td>
<td>-.377</td>
<td>.294</td>
<td>.000**</td>
</tr>
<tr>
<td>Ego-Control</td>
<td>.365</td>
<td></td>
<td>.000**</td>
</tr>
</tbody>
</table>

*Significance at the 0.05
**Significance at the 0.01

Table 4a provides a summary of the results from testing the community predicting factors of feeling safe at school and feeling safe in your neighborhood. When tested in separate regression models only feeling safe in your neighborhood was found to be significant with $R^2 = .149$, $p < .012$. Consequently, the same results were reported when tested in the same model (See table 4b). Feeling safe in your neighborhood was significant $R^2 = .128$, $p < .008$. Overall this model was moderately significant with $p < .098$ meaning that those who felt safer in their neighborhoods were more resilient.
Table 4a: Effects of Feeling Safe in your Neighborhood and Feeling Safe in your School on Resilience

<table>
<thead>
<tr>
<th></th>
<th>Beta</th>
<th>R Square</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Neighborhood</td>
<td>-.386</td>
<td>.149</td>
<td>.012*</td>
</tr>
<tr>
<td>Safe School</td>
<td>-.111</td>
<td>.012</td>
<td>.351</td>
</tr>
</tbody>
</table>

*Significance at the 0.05  
**Significance at the 0.01

Table 4b: Effects of Feeling Safe in your Neighborhood/School on Resilience

<table>
<thead>
<tr>
<th></th>
<th>Beta</th>
<th>R Square</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Neighborhood</td>
<td>-.372</td>
<td>.128</td>
<td>.038*</td>
</tr>
<tr>
<td>Safe School</td>
<td>.046</td>
<td></td>
<td>.792</td>
</tr>
</tbody>
</table>

*Significance at the 0.05  
**Significance at the 0.01

Lastly, one larger regression model was computed to identify the effects of testing all six factors together. Table 5 shows the results of testing: gender, race, individual protective factors (ego-control and ego-resiliency), and community protective factors (feeling safe in your neighborhood and feeling safe in school). The model as a whole had a significance level of p<.001 and R²=.718. Individually, ego-resiliency was the most significant factor for predicting resilience, showing that it is highly significant in predicting resilience in a maltreated child. In addition, Feeling safe in your neighborhood (p<.062) and ego-control (p<.087) were marginal in
predicting resilience. These results conclude that *ego-resiliency* is a significant factor in predicting resilience in a maltreated child, while *feeling safe in your neighborhood* and *ego-control* "approach significance." Also, in testing the overall model it was determined that *feeling safe in your school* has no significance to resilience. Thus, *ego-resiliency, feeling safe in your neighborhood* and *ego-control* appear to be predictors of resilience.

**Table 5: Effects of Gender, Race, Ego-Resiliency, Ego-Control, Feeling Safe in your Neighborhood and Feeling Safe in your School on Resilience**

<table>
<thead>
<tr>
<th></th>
<th>Beta</th>
<th>R Square</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>-.093</td>
<td>.718</td>
<td>.513</td>
</tr>
<tr>
<td>Race</td>
<td>.128</td>
<td></td>
<td>.333</td>
</tr>
<tr>
<td>Ego-Resiliency</td>
<td>-.573</td>
<td></td>
<td>.000**</td>
</tr>
<tr>
<td>Ego-Control</td>
<td>.234</td>
<td></td>
<td>.087</td>
</tr>
<tr>
<td>Safe Neighborhood</td>
<td>-.271</td>
<td></td>
<td>.062</td>
</tr>
<tr>
<td>Safe School</td>
<td>-.013</td>
<td></td>
<td>.927</td>
</tr>
</tbody>
</table>

*Significance at the 0.05  
**Significance at the 0.01
Summary

The results of the research findings have been presented as important statistics were highlighted in this chapter. Three factors were found to have significant predictability of resilience in maltreated children; ego-control, ego-resiliency and feeling safe in your neighborhood. Gender, race and feeling safe in your school did not support the hypotheses and were not found to have any significance towards resilience. The subsequent chapter will interpret the findings by discussing the connection between the tested factors and resilience.
Chapter 5

DISCUSSION

This chapter will discuss and interpret the results of the current study and offer a comparison to previous research findings while examining the specific research hypotheses. In addition, this chapter will present limitations of the present study. Lastly, it will offer suggestions for the direction of future research that may be conducted on the relationship between gender, race, protective factors and resilience in children who were maltreated. While some of the present research findings supported the findings of previous studies, other findings were inconsistent. In addition, the current study presents some new contributions to the existing literature on resilience in maltreated children.

The key purpose of the current study was to examine the relationship between race and gender as well as individual and community protective factors of resilience in maltreated children. We attempted to determine whether gender, race, ego-control, ego-resiliency, feeling safe in your school and feeling safe in your neighborhood could be used in predicting resilience in maltreated children. Although there is little previous research that looked at gender and racial differences in resilient children, the current analysis intended to investigate any relationship that might exist between race and gender in terms of resilience and maltreatment.

The present study partially confirmed and partially differed from prior findings with regards to the relationship between race, gender and resilience in
maltreated children. We controlled for gender and race in an effort to determine potential predictability in terms of resilience. Resilience was determined by having high adaptive functioning which combined information from six domains of functioning. Few studies have used gender or race in this way. Yet, a longitudinal study that investigated child maltreatment and resilience compared males and females and discovered that females were more likely to be defined as resilient (Afifi and MacMillan 2011). Research by Dumont, Widom and Czaja (2007) found being female is associated with being resilient in abused and neglected young adults. The current study did not find results to support these studies. However, Flores and associates (2005) also attempted to find gender differences between those who were found resilient or not and concluded no predictors of resilience between males and females was found to be significant. The research findings of the current study were not consistent with the hypothesis and all previous research that found gender as a significant predictor of resilience. Consequently based on our results it can be concluded that being female or male has no effect on whether a child can overcome extreme adversities such as an abusive childhood.

Although there has been very little research exploring the relationship between resilience in maltreated children and race, the current study aimed to add to this area in the literature. As the results in the previous chapter explained that race was found to not have any significant relationship with resilience. This suggests that the racial background of children does not add to other known protective factors of
resilience. In the current study, children of one racial group are no more resilient than those from another. However, most of the general resilience research has focused on White-European and African American participants. Dumont, Widom and Czaja's (2007) research concluded that being African American was connected to being resilient among abused and neglected young adults. Yet, the current study's findings were not consistent with the hypothesis or Dumont and colleague's (2007) research. Due to the fact that most research on resilience has consistently explored two different ethnicities or races, the idea that race may be related to resilience in maltreated children should continue to be explored.

The present analysis established the significance of the micro level of resilience where both individual and community protective factors are used in predicting resilience. In this study we tested the individual factors ego-control and ego-resiliency in predicting resilient outcomes on maltreated cases. Individuals who have the ability to control impulses are defined as having the trait (Carver and Scheier 2003). Ego-resiliency is the flexibility in ego-control and helps foster adaptation in any event to better social development (Carver and Scheier 2003). Current research believes that having these protective factors present can help promote and predict resilience. These factors have been found to neutralize or moderate the results of childhood abuse and maltreatment.

Consistent with the hypotheses, the present analysis discovered that micro or individual protective factors such as ego-control and ego-resiliency, in fact, promote
resilience in children who are maltreated. Both factors, separately and together were found to be very strong predictors of resilience. These results support previous literature conducted by Flores et al. (2005); Cicchetti and Rogosch (1997); Cicchetti, Rogosch, Lynch and Holt (1993); and Cicchetti and Rogosch (2011). As shown in our results, by handling stressful situations in a more controlled and balanced manner children themselves can promote resilience as well as, neutralize or moderate the risks associated with childhood maltreatment. This information can be useful in helping abused children deal with the effects of childhood maltreatment by helping them build confidence within themselves. Guiding children to adaptively react and control situations within their environment they learn that they can successfully cope and adapt despite adversity in any type of situation or event. Ego-resiliency was the strongest predictor of resilience in every model it was tested in, with ego-control as a very close second. This is extremely important because it shows that overall the self is the most important part of children becoming resilient and overcoming extreme adversity.

When testing the mezzo/community factors if was found that only feeling safe in your neighborhood was significant in predicting resilience/ high adaptive functioning. This was surprising because according to our correlation matrix these two factors were moderately correlated illustrating that feeling safe in your neighborhood lead to one also feeling safe in their school. However, they were specifically testing two different things. Even though a child’s school may be apart of
their neighborhood, this measure focused on children feeling safe within the school walls where children can feel safe because of a teacher/mentor or the friends in their social circle. Yet, feeling safe in their neighborhood looked at the idea that neighborhoods or community activities such as after school sports made children feel comfortable and safe. These results were consistent with findings from Corcoran and Nichols-Casebolt (2004) and Jaffee et al. (2007). There are many ways a child’s neighborhood could provide support for them, whether it be through after school programs, sports and clubs, community centers, supportive neighbors or other community members.

Lastly, the larger regression model that was computed included all six factors, which pulled each previous model together. The results show that not only was the entire model significant, but once again supportive the idea that feeling safe in your school is not significant with regards to resilience (throughout 4 and 5). This “no effect” of feeling safe in your school is as significant as those factors that do have an effect. In other words, no significance is significant. All the children included in this study are from families with low socioeconomic status backgrounds. It is no surprise that higher SES schools might be considered as more of a safe haven for children verses lower SES schools. It is possible that previous studies have only looked at average or high SES schools when determining that feeling safe in your school is a protective factor of resilience. Another result of this larger model showed that ego-resiliency is the most significant protective factor of resilience with a p<.000.
safe in your neighborhood (P<.062) and ego-control (p<.087) are “approaching significance.”

The two theories that were presented in this analysis offered interesting views on the effects of childhood maltreatment and resilience. Attachment theory expresses the concern for children to develop the proper attachments with their parents at a young age because the quality of the relationship between children and their parents is an important factor in understanding how children develop. Patricia Crittenden and Mary Ainsworth state that attachment theory is important because it allows researchers to combine the information of maltreatment around a single concept while “concurrently permitting the differentiation of abuse from neglect” (1989: 434).

Childhood maltreatment can alter children’s developmental and behavioral processes. On the other hand resilience theory focuses on strengths and the understanding of healthy development despite the risks an individual has faced. The goal of resilience theory is to understand risk and resilience well enough in order to promote resilience and prevent harm to all individuals (Masten 2011). Consequently, the present research findings support the interpretation offered by both theories.

In many cases children who are abused suffer from negative effects, some of which were discussed in chapter two. Maltreatment is likely to harm children's emotional and social development through impairment of key social and behavioral skills. Page's (1999) research on child maltreatment and attachment theory found that while abused and neglected “children tended to cope primarily through coercive
behavior, neglected children appeared to be more incompetent and socially isolated” (Page 1999). Farber and Egeland noticed that maltreated children who formed the secure attachments were less vulnerable to the risks associated with abuse and neglect (1987). Yet, exploring these attachments was not conducted in the current study. We can only assume that these attachments were not properly formed at an early age, while those that were found resilient show that those attachments can be formed elsewhere and the lack of attachment can be overcome.

Understanding risk and protective factor interactions in resilience theory helps researchers identify an individual’s ability to function positively despite stressful life events. In the present study we conducted a variable-focused model to examine the relationships among variables in hopes of determining what combination of factors predict a particular level of competence (Masten 2011). As Masten (2011) states this type of resilience research searches for “specific or differential factors and processes for particular domains of functioning” or as in this study, multiple domains of functioning (P.495). Ego-resiliency and ego-control as well as, feeling safe in your neighborhood and school were tested as micro/individual and mezzo/community protective factors of resilience. Of the four protective factors only three of them were found to be predictive in promoting resilience in maltreated children; ego-control, ego-resiliency and feeling safe in your neighborhood. As a result, it can be determined that these three factors are indeed protective factors against adversity and can be used in promoting resilience. These characteristics can help identify people
who will thrive despite adversity as well as help determine those who will form destructive behaviors.

The role of individual variables like ego-control and ego-resiliency and community variables of feeling safe in your school and neighborhood help to guide future research in comprehending resilience of maltreated children. Resilience theory emphasizes the role that risks and protective factors play in promoting resilience in an individual. Consequently, it can be established through the present study as well as previous work in proving this phenomenon.

Limitations of the Present Study/Suggestions for Future Research

There are several limitations to the present study that are important and necessary to address. First and foremost because this study drew analysis from secondary data there was no control over the data collection, including the sample size and instruments used. As a result, our sample size was fairly small due to the fact that the original study collected data from maltreated and non-maltreated children. The aim of this study was to investigate only resilient maltreated children, which also contributed to cutting a number of cases from the original dataset. Consequently, any similar research conducted in the future should explore resilience and protective factors in maltreated children only.

Additionally, the age of respondents was rather restricted; as a consequence the results may only be valid for young adolescents and children. Resilience can be
found in anyone and is not necessarily a permanent attribute. As a result, it has been shown that being resilient as a child does not necessarily mean a person will be resilient as an adult. Investigating resilience at a number of different ages would further add to the current research and benefit the field in understanding its vacillating nature.

Moreover, characteristics such as gender and race were not evenly distributed. These factors seem to have been overlooked in the past as very little research has been conducted on the relationship between race, gender and resilience in maltreated children. It may be useful to further explore these attributes in predicting resilience. Also, only four protective factors of resilience were investigated. Resilience can be attained from many different factors such as, personal factors, biological factors, environmental factors and interaction between these factors individually and together. Therefore, it may be useful to explore other protective factors that could predict resilient outcomes in maltreated children, for example, social class differences or children’s relationship with their pets. Due to the idea that schools may only be seen as a safe haven in higher SES schools it brings attention to the idea that there may also be class difference in children who become resilient. Also, in attachment theory, an attachment is defined as an emotional tie that one person or animal forms between himself and another specific one (Atwool 1997). It would be interesting to look into family pets as a factor that may help promote resilience in maltreated children. Individuals, especially children can become quite
close to their pets, and in a case where a person or child may have no one else to run to they may use their love and friendship with an animal to help them stay strong and hopeful in any type of adversity.

Lastly, the sample of children was taken from families with similar socioeconomic backgrounds therefore; the findings of the current study cannot be generalized to different socioeconomic backgrounds. This fact brings up the idea that while *feeling safe in ones school* was insignificant in predicting resilience, this factor may be connected to the school’s SES level. Previous research has shown the significance of this factor in promoting resilience but may have only studied children from high or average SES schools. The difference in results found in the present study may be because children who attend low SES school districts do not feel as if their school is a safe haven from home. It would be interesting to further investigate this factor by comparing resilience in children who attend high or average SES schools versus children who attend low SES schools.

**Implications for Early Intervention**

Understanding the implications of resilient studies of maltreated children is important. Research that is conducted on protective factors and individual resilience helps promote awareness about how children can develop normally despite persistent adverse situations.
Adapting to be resilient is determined through the balance or lack thereof between risk and protective factors. If protective factors outweigh the risks associated with any circumstance then resilience is possible. Interventions programs would be very useful and important in helping children become resilient. This can be done by making more protective factors available in multiple domains or reducing the impact of risks.

The major finding of micro ego-control and ego-resiliency suggests that ego supportive counseling techniques and types of cognitive behavioral therapy would be helpful to children who are victimized or maltreated. Intervention programs should focus on enhancing self-systems processes for example, autonomy, self determination and control. Children themselves play an important and active role in paving their own path to resilience (Cicchetti and Rogosch 1997). Our findings suggest by helping maltreated children learn to have a more reserved, controlled and rational way of handling different stressful and harmful situations they can overcome any negative effects associated with them.

Secondly, our findings demonstrate the importance of programs at the mezzo level or community involvement. Characteristics of neighborhoods in which children live can help moderate at home risks by providing other outlets of support. Programs like project head start and Big Brothers/Big Sisters demonstrate positive social interactions for children and help promote more outgoing individuals. Our findings suggest that by minimizing neighborhood stressors that children experience and
providing a safe place and autonomy in neighborhoods, community resources can be yet another protective factor to help foster resilience.

Conclusion

The above research findings have confirmed parts of existing literature, offered insight and expansions to limited areas of research and questioned other research findings on the issue of resilience and its protective and predicting factors. Key findings highlight the idea that ego-control, ego-resiliency and feeling safe in your neighborhood help aid maltreated children overcome their adversities by becoming high functioning individuals. Despite growing up in abusive and neglectful homes these children had the individual characteristics and/or possess the community resources to rise above the risks they have been faced with. Continued research on this topic is essential as every year thousands of American children are physically and/or emotionally abused and neglected. By further investigating and understanding the pathway to resilience, research can hope to help more children prevail over this type of adversity.
APPENDIX A

Table 6: Descriptive Statistics of Participants' Demographics-Age

<table>
<thead>
<tr>
<th>Child's Age</th>
<th>N</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>4</td>
<td>5.1</td>
</tr>
<tr>
<td>8</td>
<td>31</td>
<td>39.2</td>
</tr>
<tr>
<td>9</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>10</td>
<td>14</td>
<td>17.7</td>
</tr>
<tr>
<td>11</td>
<td>8</td>
<td>10.1</td>
</tr>
<tr>
<td>12</td>
<td>6</td>
<td>7.6</td>
</tr>
<tr>
<td>13</td>
<td>1</td>
<td>1.3</td>
</tr>
<tr>
<td>Total</td>
<td>79</td>
<td>100.0</td>
</tr>
</tbody>
</table>
APPENDIX B

“LONGITUDINAL PATHWAYS TO RESILIENCE IN MALTREATED CHILDREN” INSTRUMENTS USED

Demographics Interview

Mt. Hope Demographics Interview
INITIAL

Introduction:

I am going to be asking you some basic questions about the work and educational experiences of yourself and of the people in your household. These questions are very important and need to be answered honestly. No one outside of the project will ever have access to this information. The information that you provide us will not affect any services or assistance that you might be receiving. This information will only be used for the purposes of our research. (INTERVIEWER - Please mark form but give parent a blank form to read along)

RESNM _______________
(1=mother, 2=father, 3=grandmother, 4=grandfather, 5=foster parent, 6=other - specify # who other is).

If respondent is not the biological parent, ask:
"How long has this child been in your care?" ______________

Family ID _____ Respondent ID _____ Date ___________ E: _____ Time: _____
1. How old are you? (Record age in years.)

AGE ______

2. What is your birthday?

DOB ___ / ___ / ____

Mo Day Yr

I am going to be asking you about your current family situation.

3. What is your current marital status - married, widowed, separated, divorced, or never married? (If separated, ask "Is your separation legal or not legal?")

1 = never married (Go to 6d, then return to 5a)
2 = married
3 = widowed
4 = divorced
5 = legally separated
6 = separated, not legally
7 = living with someone as though married

RMASTAT ___

RLEGSTAT ___

4. How many people 18 years old or older live in your household fulltime or parttime? (include self) ____________

Please give me the name, age, and how they are related to you.

Person: Age: Date of Birth: Relation:
(First/Last Name)

(self)

(spoouse or partner)

RNADLT .O
5. How many children have you given birth to (or fathered)? ______

5a. How many children have you reared (whether or not you gave birth to or fathered them?)

5b. Starting with your oldest, please tell me all of the children to whom you have given birth (fathered): (For each child ask about the child's sex, race, birth date, where child lives, name of child's father (mother) and father's (mother's) race. Please get the child's and the father's (mother's) first and last names. (Please use the race codes on the following page).

<table>
<thead>
<tr>
<th>First Name/Last Name</th>
<th>Sex</th>
<th>Race</th>
<th>D.O.B.</th>
<th>With whom reside</th>
<th>Father's Name (or Mother's)</th>
<th>Father's Race</th>
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</table>

5c. Are there any children who are not your own but who live in your household? (Ask first/last name, gender, race [code on following page], D.O.B., relationship, and parent names.) Again, list number if known.

<table>
<thead>
<tr>
<th>First Name/Last Name</th>
<th>Sex</th>
<th>Race</th>
<th>D.O.B.</th>
<th>How related?</th>
<th>Parent's First/Last Name</th>
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</thead>
<tbody>
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</tr>
</tbody>
</table>
RACE______
SUBRACE______
7a. How many years of school do you have credit for altogether?  

7b. What is the highest education degree or certificate you hold?

None 0  
Elementary/Junior High 1  
GED 2  
High School Diploma 3  
Vocational/Technical Diploma 4  
Associate Degree 5  
R.N. Diploma 6  
Bachelor Degree 7  
Master Degree 8  
Doctorate: M.D., Ph.D., J.D., etc. 9  

8. Are you currently employed? (1=No, 2=Yes)  

(If yes, ask:) Is that: 1=full-time (35+ hrs) or 2=part-time  

a How many hours per week do you work?  
b Where do you work?  
c: What is your current occupation, that is, what are your duties and responsibilities at work?  

(If no, ask:) A: Why are you not currently employed?  

B: (Is the respondent): 3 = unemployed or laid off and looking for work, 4 = unemployed or laid off and not looking for work, 5 = retired 6 = in school, 7 = keeping house/taking care of children, 8 = other (specify above), 9 = disabled.
8b. What is your usual occupation?

RCURWORK __ RCUROCC ___ ___ RUSOCC ___ ___ ROCPRES ___

9. We would like to know what your family's total income is, that is, how much money you have to run your household. What is your family's current income? (Probes) Do you receive that money weekly, monthly? Does that include what you receive for rent? Do you receive food stamps? Do you have any other sources of income, for example, child support, SSI, unemployment, income from other household or family members?

Source: ____________________________ Amount: ____________________________ Per: week, every two Week, month or year

Respondent employment

Spouse/partner employment

Contribution from other adults in home

TANF Money (Cash Grant)

Food Stamps

WIC

Fuel Assist.
Rent Voucher
Family ID _____ Respondent ID _____ Date _____ E: _____ Time: _____

SSI

Child Support

CAP

Other

EAINC ____ . ___ PUBAST ____ . ___ OTHINC ____ . ___

RTOTINC ____ . ___ RFAMHOLL ____ . ___ RHOLN ___.

(1-5)

10. (Does Respondent receive Public Assistance)? (no = 1; yes = 2) _________
   If no, go to 18B.

A: If yes, (i.e. receiving TANF, SSI, welfare, WIC, CAP, social services money, etc.)
then ask:

When did you begin receiving public assistance? ________________________________
Have you been receiving it continuously? ________________________________

(If no, then ask respondent to describe times on and off. Get details as specific as possible).


________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
B: If no, (i.e. NOT receiving TANF, SSI, welfare, WIC, CAP, social services money, WIC) then ask

Have you ever received public assistance funding? (1 = No, 2 = Yes) ____________

(If yes, ask respondent to describe times on and off. Get details as specific as possible).

When started? Why? When stopped? Why?

__________________________________________________________________________

__________________________________________________________________________

RAFDC ___
RAFDCN ___
Community Violence Survey


COMMUNITY VIOLENCE 6/21/94

There is one version of this measure for children 9 years old and above and a different version for children younger than 9 years old. Be sure that you have the appropriate version.

Read the following directions to the child:

"I have a list of different kinds of things that you may have experienced, seen, or heard about. For each question, I want you to tell me if that thing has ever happened to you, and if it has happened I want you to tell me how often it has happened. DO NOT INCLUDE THINGS THAT YOU MAY HAVE SEEN OR HEARD ABOUT ONLY ON TV, THE RADIO, THE NEWS, OR IN THE MOVIES. I'M ONLY INTERESTED IN THINGS THAT HAPPENED IN REAL LIFE. Everything that we talk about will be private, just between you and me. Do you have any questions?"

Make sure the child understands the task.

Children will choose their answer from the appropriate response scale. The interviewer should circle the child's choice on the response sheet.

For the older children, hand them the appropriate response scale and say: "Here are the choices. For each question that I ask, I want you to tell me how often that thing has happened to you." Go over the choices with the child and make sure that he/she understands the scale. The interviewer will read the questions, the child will indicate his/her response, and the interviewer will circle the corresponding choice in the booklet. You may need to go over the response scale periodically to make sure the child understands/pays attention to all the choices.

In addition with the older children, if they indicate that they have experienced something, the RA will need to clarify who was involved for some designated questions. Show them the "Who" response scale, go over the choices, and ask them to indicate who was involved. The RA should mark the child's choice on the answer sheet.
For the younger children, show them the appropriate response scale. Say: “I am going to read some sentences and I want you to tell me how often that happens to you.” Show the child the response scale. Make sure that he/she understands the choices. The interviewer will read the statements, the child will indicate his/her responses, and the interviewer will record the answers on the response sheet. Repeat the response choices for each of the items that you read.

Always make sure that you know what the child’s response is. Ask for clarification if necessary. DO NOT GUESS! The child’s answer needs to match one of the responses exactly. If he/she gives you an answer that does not match a choice perfectly, repeat the choices and have him/her pick one of the choices. Again, DO NOT GUESS!

SYNONYM:
“threatened”: somebody said they were going to try to _____

** For the younger children, give this definition each time the word “threatened” is used.

Please Note:
For the older children, ask who the perpetrators were for the following questions: #22, #27, #30, #39, #42.

Write these names down in the booklet next to the question.

For the younger children, ask who the perpetrators were for the following questions: #5. Write down the names on the answer sheet next to the question.

These items potentially involve instances of maltreatment. At the end of the interview, briefly ask the child about the situation and report your concerns to Michael.
A STRANGER
SOMEONE YOU KNOW
A FRIEND
SOMEONE IN YOUR FAMILY
DON'T KNOW

A STRANGER
SOMEONE YOU KNOW
A FRIEND
SOMEONE IN YOUR FAMILY
DON'T KNOW
Id#: ____________ Grp: _______ Wk: _______ Date: ___________ E: _______

**CMVL9 (Less than 9 Years Old)**

<table>
<thead>
<tr>
<th>Never</th>
<th>More Than Once</th>
<th>Once</th>
<th>Tell me if you have ever seen or heard any of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>1. I have heard guns being shot.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>2. I have seen somebody arrested.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3. I have seen drug deals.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>4. I have seen somebody being beaten up.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>5. I have been beaten up.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>6. I have seen somebody get stabbed.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>7. I have seen somebody get shot.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>8. I have seen a gun in my home.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>9. I have seen drugs in my home.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>10. Somebody threatened to kill me.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>11. I have seen a dead body outside.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>12. Somebody threatened to shoot me.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>13. Somebody threatened to stab me.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>14. Grown-ups in my home hit each other.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>15. Grown-ups in my home threaten to shoot or stab each other.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>16. Grown-ups in my home yell at each other.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>17. I have seen somebody in my home get shot or stabbed.</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
<td>18. I have seen somebody get robbed.</td>
</tr>
</tbody>
</table>
19. Somebody has tried to rob me.

20. I have seen somebody set fire to a house or building.

21. I have seen groups of kids hang out in gangs.

22. I have seen somebody get badly burned.

Threatened – someone said they were going to try to ____________
5. How many times have you yourself actually been asked to get involved in any aspect of selling or distributing illegal drugs? (circle only one).

(a) never  (d) 3 or 4 times  (g) at least once a month
(b) 1 time  (e) 5 or 6 times  (h) at least once a week
(c) 2 times  (f) 7 or 8 times  (i) almost every day

6. How many times have you yourself actually been asked to use illegal drugs? (circle only one)

(a) never  (d) 3 or 4 times  (g) at least once a month
(b) 1 time  (e) 5 or 6 times  (h) at least once a week
(c) 2 times  (f) 7 or 8 times  (i) almost every day

7. How many times have you seen someone else being asked to get involved in any aspect of selling or distributing illegal drugs? (circle only one)

(a) never  (d) 3 or 4 times  (g) at least once a month
(b) 1 time  (e) 5 or 6 times  (h) at least once a week
(c) 2 times  (f) 7 or 8 times  (i) almost every day

8. How many times have you only heard about someone else being asked to get involved in any aspect of selling or distributing illegal drugs? (circle only one)

(a) never  (d) 3 or 4 times  (g) at least once a month
(b) 1 time  (e) 5 or 6 times  (h) at least once a week
(c) 2 times  (f) 7 or 8 times  (i) almost every day

SERIOUS ACCIDENTS

9. How many times have you yourself actually been in a serious accident where you thought that you or someone else would get hurt very badly or die? (circle only one)

(a) never  (d) 3 or 4 times  (g) at least once a month
(b) 1 time  (e) 5 or 6 times  (h) at least once a week
(c) 2 times  (f) 7 or 8 times  (i) almost every day

10. How many times have you seen someone else have a serious accident where you thought that the person would get hurt very badly or die? (circle only one)

(a) never  (d) 3 or 4 times  (g) at least once a month
(b) 1 time  (e) 5 or 6 times  (h) at least once a week
(c) 2 times  (f) 7 or 8 times  (i) almost every day

11. How many times have you only heard about someone else having had a serious accident where you thought that the person would get hurt very badly or die? (circle only one)
12. How many times have you yourself actually been at home when someone has broken into or tried to force their way into your home? (circle only one)

(a) never  (b) 1 time  (c) 2 times  
(d) 3 or 4 times  (e) 5 or 6 times  (f) 7 or 8 times  
(g) at least once a month  (h) at least once a week  (i) almost every day

13. How many times has your house been broken into when you weren’t home? (circle only one)

(a) never  (b) 1 time  (c) 2 times  
(d) 3 or 4 times  (e) 5 or 6 times  (f) 7 or 8 times  
(g) at least once a month  (h) at least once a week  (i) almost every day

14. How many times have you seen someone trying to force their way into somebody else’s house or apartment? (circle only one)

(a) never  (b) 1 time  (c) 2 times  
(d) 3 or 4 times  (e) 5 or 6 times  (f) 7 or 8 times  
(g) at least once a month  (h) at least once a week  (i) almost every day

15. How many times have you only heard about someone trying to force their way into somebody else’s house or apartment? (circle only one)

(a) never  (b) 1 time  (c) 2 times  
(d) 3 or 4 times  (e) 5 or 6 times  (f) 7 or 8 times  
(g) at least once a month  (h) at least once a week  (i) almost every day

16. How many times have you yourself actually been picked-up, arrested, or taken away by the police? (circle only one)

(a) never  (b) 1 time  (c) 2 times  
(d) 3 or 4 times  (e) 5 or 6 times  (f) 7 or 8 times  
(g) at least once a month  (h) at least once a week  (i) almost every day

17. How many times have you seen someone else being picked-up, arrested, or taken away by the police? (circle only one)

(a) never  (b) 1 time  (c) 2 times  
(d) 3 or 4 times  (e) 5 or 6 times  (f) 7 or 8 times  
(g) at least once a month
18. How many times have you only heard about someone else being picked-up, arrested, or taken away by the police? (circle only one)

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) never</td>
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<tr>
<td>(c) 2 times</td>
<td>(f) 7 or 8 times</td>
</tr>
<tr>
<td>(h) at least once a week</td>
<td></td>
</tr>
<tr>
<td>(i) almost every day</td>
<td></td>
</tr>
</tbody>
</table>

19. How many times have you yourself been threatened with serious physical harm by someone? (circle only one)

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) never</td>
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<tr>
<td>(c) 2 times</td>
<td>(f) 7 or 8 times</td>
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<tr>
<td>(g) at least once a month</td>
<td></td>
</tr>
<tr>
<td>(h) at least once a week</td>
<td></td>
</tr>
<tr>
<td>(i) almost every day</td>
<td></td>
</tr>
</tbody>
</table>

20. How many times have you seen someone else being threatened with serious physical harm? (circle only one)

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) never</td>
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<tr>
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</tr>
<tr>
<td>(c) 2 times</td>
<td>(f) 7 or 8 times</td>
</tr>
<tr>
<td>(g) at least once a month</td>
<td></td>
</tr>
<tr>
<td>(h) at least once a week</td>
<td></td>
</tr>
<tr>
<td>(i) almost every day</td>
<td></td>
</tr>
</tbody>
</table>

21. How many times have you only heard about someone else being threatened with serious physical harm? (circle only one)

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) never</td>
<td>(d) 3 or 4 times</td>
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<tr>
<td>(b) 1 time</td>
<td>(e) 5 or 6 times</td>
</tr>
<tr>
<td>(c) 2 times</td>
<td>(f) 7 or 8 times</td>
</tr>
<tr>
<td>(g) at least once a month</td>
<td></td>
</tr>
<tr>
<td>(h) at least once a week</td>
<td></td>
</tr>
<tr>
<td>(i) almost every day</td>
<td></td>
</tr>
</tbody>
</table>

22. How many times have you yourself actually been slapped, punched, or hit by someone? (circle only one)

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) never</td>
<td>(d) 3 or 4 times</td>
</tr>
<tr>
<td>(b) 1 time</td>
<td>(e) 5 or 6 times</td>
</tr>
<tr>
<td>(c) 2 times</td>
<td>(f) 7 or 8 times</td>
</tr>
<tr>
<td>(g) at least once a month</td>
<td></td>
</tr>
<tr>
<td>(h) at least once a week</td>
<td></td>
</tr>
<tr>
<td>(i) almost every day</td>
<td></td>
</tr>
</tbody>
</table>

23. How many times have you seen someone else being slapped, punched or hit by a member of their family? (circle only one)

<table>
<thead>
<tr>
<th>Option</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) never</td>
<td>(d) 3 or 4 times</td>
</tr>
<tr>
<td>(b) 1 time</td>
<td>(e) 5 or 6 times</td>
</tr>
<tr>
<td>(c) 2 times</td>
<td>(f) 7 or 8 times</td>
</tr>
<tr>
<td>(g) at least once a month</td>
<td></td>
</tr>
<tr>
<td>(h) at least once a week</td>
<td></td>
</tr>
</tbody>
</table>
24. How many times have you only heard about someone else being slapped, punched or hit by a member of their family? (circle only one)

(a) never   (d) 3 or 4 times   (g) at least once a month
(b) 1 time   (e) 5 or 6 times   (h) at least once a week
(c) 2 times   (f) 7 or 8 times   (i) almost every day

25. How many times have you seen another person getting slapped, punched or hit by someone who is not a member of their family? (circle only one)

(a) never   (d) 3 or 4 times   (g) at least once a month
(b) 1 time   (e) 5 or 6 times   (h) at least once a week
(c) 2 times   (f) 7 or 8 times   (i) almost every day

26. How many times have you only heard about someone else getting slapped, punched or hit by a person who was not a member of their own family? (circle only one)

(a) never   (d) 3 or 4 times   (g) at least once a month
(b) 1 time   (e) 5 or 6 times   (h) at least once a week
(c) 2 times   (f) 7 or 8 times   (i) almost every day

BEATINGS AND MUGGINGS

*27. How many times have you yourself actually been beaten up or mugged? (circle only one)

(a) never   (d) 3 or 4 times   (g) at least once a month
(b) 1 time   (e) 5 or 6 times   (h) at least once a week
(c) 2 times   (f) 7 or 8 times   (i) almost every day

28. How many times have you seen someone else getting beaten up or mugged? (circle only one)

(a) never   (d) 3 or 4 times   (g) at least once a month
(b) 1 time   (e) 5 or 6 times   (h) at least once a week
(c) 2 times   (f) 7 or 8 times   (i) almost every day

29. How many times have you only heard about someone else being beaten up or mugged? (circle only one)

(a) never   (d) 3 or 4 times   (g) at least once a month
(b) 1 time   (e) 5 or 6 times   (h) at least once a week
(c) 2 times   (f) 7 or 8 times   (i) almost every day
**RAPE AND MOLESTATION**

*30. How many times have you yourself actually been sexually assaulted, molested, or raped? (circle only one)

(a) never  (d) 3 or 4 times  (g) at least once a month
(b) 1 time  (e) 5 or 6 times  (h) at least once a week
(c) 2 times  (f) 7 or 8 times  (i) almost every day

31. How many times have you seen someone else being sexually assaulted, molested, or raped? (circle only one)

(a) never  (d) 3 or 4 times  (g) at least once a month
(b) 1 time  (e) 5 or 6 times  (h) at least once a week
(c) 2 times  (f) 7 or 8 times  (i) almost every day

32. How many times have you only heard about someone being sexually assaulted, molested, or raped? (circle only one)

(a) never  (d) 3 or 4 times  (g) at least once a month
(b) 1 time  (e) 5 or 6 times  (h) at least once a week
(c) 2 times  (f) 7 or 8 times  (i) almost every day

**CARRYING GUNS AND KNIVES**

33. How many times have you actually seen someone carrying or holding a gun or knife? (do not include police, military, or security officers) (circle only one)

(a) never  (d) 3 or 4 times  (g) at least once a month
(b) 1 time  (e) 5 or 6 times  (h) at least once a week
(c) 2 times  (f) 7 or 8 times  (i) almost every day

34. How many times have you only heard about someone carrying or holding a gun or knife? (do not include police, military, or security officers) (circle only one)

(a) never  (d) 3 or 4 times  (g) at least once a month
(b) 1 time  (e) 5 or 6 times  (h) at least once a week
(c) 2 times  (f) 7 or 8 times  (i) almost every day

**SOUND OF GUNFIRE**

35. How many times have you yourself heard the sound of gunfire outside when you were in the following settings? When in or near the home? (circle only one)

(a) never  (d) 3 or 4 times  (g) at least once a month
(b) 1 time  (e) 5 or 6 times  (h) at least once a week
(c) 2 times  (f) 7 or 8 times  (i) almost every day
When in or near the school building? (circle only one)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Option</th>
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<tbody>
<tr>
<td>Never</td>
<td>(a)</td>
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<td>5 or 6 times</td>
<td>(e)</td>
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<tr>
<td>7 or 8 times</td>
<td>(f)</td>
</tr>
<tr>
<td>9 or 10 times</td>
<td>(g)</td>
</tr>
<tr>
<td>At least once a month</td>
<td>(h)</td>
</tr>
<tr>
<td>Almost every day</td>
<td>(i)</td>
</tr>
</tbody>
</table>

36. How many times have you seen or heard a gun fired in your home? (circle only one)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Option</th>
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</thead>
<tbody>
<tr>
<td>Never</td>
<td>(a)</td>
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<td>1 time</td>
<td>(b)</td>
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<tr>
<td>2 times</td>
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<td>(f)</td>
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<tr>
<td>9 or 10 times</td>
<td>(g)</td>
</tr>
<tr>
<td>At least once a week</td>
<td>(h)</td>
</tr>
<tr>
<td>Almost every day</td>
<td>(i)</td>
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</tbody>
</table>

SERIOUS WOUNDINGS

37. How many times have you actually seen a seriously wounded person after an incident of violence? (circle only one)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Option</th>
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</thead>
<tbody>
<tr>
<td>Never</td>
<td>(a)</td>
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<td>1 time</td>
<td>(b)</td>
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<td>2 times</td>
<td>(c)</td>
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<td>(e)</td>
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<tr>
<td>7 or 8 times</td>
<td>(f)</td>
</tr>
<tr>
<td>At least once a month</td>
<td>(g)</td>
</tr>
<tr>
<td>Almost every day</td>
<td>(i)</td>
</tr>
</tbody>
</table>

38. How many times have you only heard about a person seriously wounded after an incident of violence? (circle only one)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Option</th>
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</thead>
<tbody>
<tr>
<td>Never</td>
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<td>(e)</td>
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<tr>
<td>7 or 8 times</td>
<td>(f)</td>
</tr>
<tr>
<td>At least once a month</td>
<td>(g)</td>
</tr>
<tr>
<td>Almost every day</td>
<td>(i)</td>
</tr>
</tbody>
</table>

*39. How many times have you yourself actually been attacked or stabbed with a knife? (circle only one)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Option</th>
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</thead>
<tbody>
<tr>
<td>Never</td>
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<tr>
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<td>(e)</td>
</tr>
<tr>
<td>7 or 8 times</td>
<td>(f)</td>
</tr>
<tr>
<td>At least once a month</td>
<td>(g)</td>
</tr>
<tr>
<td>Almost every day</td>
<td>(i)</td>
</tr>
</tbody>
</table>

40. How often have you seen someone else being attacked or stabbed with a knife? (circle only one)

<table>
<thead>
<tr>
<th>Frequency</th>
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</thead>
<tbody>
<tr>
<td>Never</td>
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<td>(e)</td>
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<tr>
<td>7 or 8 times</td>
<td>(f)</td>
</tr>
<tr>
<td>At least once a month</td>
<td>(g)</td>
</tr>
<tr>
<td>Almost every day</td>
<td>(i)</td>
</tr>
</tbody>
</table>

41. How many times have you only heard about someone else being attacked or stabbed with a knife? (circle only one)

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Option</th>
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</thead>
<tbody>
<tr>
<td>Never</td>
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<td>(b)</td>
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<tr>
<td>2 times</td>
<td>(c)</td>
</tr>
<tr>
<td>3 or 4 times</td>
<td>(d)</td>
</tr>
<tr>
<td>At least once a month</td>
<td>(g)</td>
</tr>
</tbody>
</table>
42. How many times have you yourself actually been shot with a gun? (circle only one)

(a) never  
(b) 1 time  
(c) 2 times  
(d) 3 or 4 times  
(e) 5 or 6 times  
(f) 7 or 8 times  
(g) at least once a month  
(h) at least once a week  
(i) almost every day

43. How often have you seen someone else get shot with a gun? (circle only one)

(a) never  
(b) 1 time  
(c) 2 times  
(d) 3 or 4 times  
(e) 5 or 6 times  
(f) 7 or 8 times  
(g) at least once a month  
(h) at least once a week  
(i) almost every day

44. How many times have you only heard about someone else getting shot with a gun? (circle only one)

(a) never  
(b) 1 time  
(c) 2 times  
(d) 3 or 4 times  
(e) 5 or 6 times  
(f) 7 or 8 times  
(g) at least once a month  
(h) at least once a week  
(i) almost every day

DEAD BODIES

45. How many times have you actually seen a dead person somewhere in the community? (do not include wakes and funerals) (circle only one)

(a) never  
(b) 1 time  
(c) 2 times  
(d) 3 or 4 times  
(e) 5 or 6 times  
(f) 7 or 8 times  
(g) at least once a month  
(h) at least once a week  
(i) almost every day

46. How many times have you only heard about a dead body somewhere in the community? (do not include wakes and funerals) (circle only one)

(a) never  
(b) 1 time  
(c) 2 times  
(d) 3 or 4 times  
(e) 5 or 6 times  
(f) 7 or 8 times  
(g) at least once a month  
(h) at least once a week  
(i) almost every day

SUICIDES

47. How many times have you actually seen someone committing suicide? (circle only one)

(a) never  
(b) 1 time  
(c) 2 times  
(d) 3 or 4 times  
(e) 5 or 6 times  
(f) 7 or 8 times  
(g) at least once a month  
(h) at least once a week  
(i) almost every day
48. How many times have you only heard about someone committing suicide? (circle only one)

(a) never (d) 3 or 4 times
(b) 1 time (e) 5 or 6 times
(c) 2 times (f) 7 or 8 times
(g) at least once a month
(h) at least once a week
(i) almost every day

49. How many times have you actually seen someone being killed by another person? (circle only one)

(a) never (d) 3 or 4 times
(b) 1 time (e) 5 or 6 times
(c) 2 times (f) 7 or 8 times
(g) at least once a month
(h) at least once a week
(i) almost every day

50. How many times have you only heard about someone being killed by another person? (circle only one)

(a) never (d) 3 or 4 times
(b) 1 time (e) 5 or 6 times
(c) 2 times (f) 7 or 8 times
(g) at least once a month
(h) at least once a week
(i) almost every day

51. How many times have you been in any kind of situation not already described where you were extremely frightened or thought that you would get hurt very badly or die? (circle only one)

(a) never (d) 3 or 4 times
(b) 1 time (e) 5 or 6 times
(c) 2 times (f) 7 or 8 times
(g) at least once a month
(h) at least once a week
(i) almost every day

If you circled never, skip to question 52

Please describe the situation in your own words:

ALL TYPES OF VIOLENCE COMBINED

52. How many times have you yourself actually been the victim of any type of violence such as those described in this questionnaire? (circle only one)

(a) never (d) 3 or 4 times
(b) 1 time (e) 5 or 6 times
(c) 2 times (f) 7 or 8 times
(g) at least once a month
(h) at least once a week
(i) almost every day
53. How many times have you seen someone else being victimized by some form of violence such as those described in this questionnaire? (circle only one)

(a) never  (d) 3 or 4 times  (g) at least once a month
(b) 1 time  (e) 5 or 6 times  (h) at least once a week
(c) 2 times  (f) 7 or 8 times  (i) almost every day

54. How many times have you only heard about someone else being victimized by some form of violence such as those described in this questionnaire? (circle only one)

(a) never  (d) 3 or 4 times  (g) at least once a month
(b) 1 time  (e) 5 or 6 times  (h) at least once a week
(c) 2 times  (f) 7 or 8 times  (i) almost every day
Domains of Functioning


PEOPLE IN MY LIFE

This questionnaire is given to all children eight years old and above. You will read the items to the child, and the child will indicate his or her responses. Use one copy of the measure and the “People In My Life Response Scale”. You will read from this copy, the child will pick his/her response from the scale, and you will circle the child’s response on the “People In My Life” questionnaire. As always, make sure that the child actually is following along and understands the response scale.

The following directions are read to the child before you start:

“Today I am going to be reading you some sentences that describe people’s neighborhoods and schools. For each sentence, I want you to tell me how true that sentence is for you. The choices are ‘Almost Never or Never True’, ‘Sometimes True’, ‘Often True’, and ‘Almost Always or Always True’. Be sure to wait until I have finished reading each sentence before you point to your answer. Do you have any questions?”

Make sure that the child understands the response scale. Give an appropriate introduction for each section of statements. For example:

“These first two sentences are just for practice.”

“These next sentences describe people’s schools. Try to answer these questions about the school you were in before summer began.”

“These last sentences describe people’s neighborhoods.”

ID#:_______ Grp:___ Wk:__ Date:______ E:____

PML – Revised (Camp)

<table>
<thead>
<tr>
<th>Almost Never Or Never True</th>
<th>Sometimes</th>
<th>Often True</th>
<th>Almost Always Or Always True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

a. I like to eat ice cream.

b. I like to wash dishes.
<table>
<thead>
<tr>
<th>Almost Never Or Never True</th>
<th>Sometimes</th>
<th>Often True</th>
<th>Almost Always Or True Always True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I. Most mornings I look forward to going to school.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I feel safe at my school.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. My school is a nice place to be.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Kids in my school have a good chance to grow up and be successful.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I feel scared at school.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. There are a lot of drugs and gangs in my school.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. My school is a dangerous place to be.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. My neighborhood is a nice place to live.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. A lot of people in my neighborhood are friendly and helpful.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
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<td>4</td>
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<tr>
<td>10. Kids from my neighborhood have a good chance to grow up and be successful.</td>
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<td></td>
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<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. I feel scared in my neighborhood.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Lots of kids in my neighborhood get into trouble.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. There are a lot of drugs and gangs in my neighborhood.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. My neighborhood is a dangerous place to live.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Neighborhood Satisfaction Scale


OUR NEIGHBORHOOD

(Introduction):
Next is a short questionnaire about your neighborhood. For each statement about your neighborhood there are four choices: Almost Never or Never True, Sometimes True, Often True, and Almost Always or Always True. Please select one choice for each statement.

The experimenter then reads through each statement, and the subject marks her choice on her copy of the measure.
Here are some statements that describe the neighborhoods that people live in. Please indicate how often you think that the statement is true for the neighborhood that you and your family live in.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Almost Never or Never True</th>
<th>Sometimes True</th>
<th>Often</th>
<th>Almost Always or Always True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Our neighborhood is a nice place to live.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. A lot of people in our neighborhood are friendly and helpful.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Children in our neighborhood have a good chance to grow up and be successful.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I feel afraid in our neighborhood.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Lots of children and adults in our neighborhood get into trouble.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. There are a lot of drugs and gangs in our neighborhood.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Our neighborhood is a dangerous place to live.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
REFERENCES


