



**Prioritising adversity and trauma-informed care
for children and young people in England**

Edited by Dr Marc Bush

Foreword by Sarah Brennan OBE

This collection was published in Great Britain by The YoungMinds Trust
Suite 11 Baden Place, Crosby Row, London, SE1 1YW
www.youngminds.org.uk

The publication of this collection was funded by Health Education England
1st Floor, Blenheim House, Duncombe Street, Leeds LS1 4PL
www.hee.nhs.uk

Editor: Dr Marc Bush
Illustrators: Sophie Standing (Trauma is Really Strange) and Georgie Lowry (collection graphics)

Authors: Victor Adebawale, Rebecca Adlington, Matilda Allen, Mario Alvarez-Jimenez,
Agnes Aynsley, Andy Bell, Sarah Bendalla, Lucy Bowes, Rick Bradley, Sarah Brennan OBE,
Lindsay Buchanan, Naomi Burrows, Dr Marc Bush, Carmen Chan, Sarah Clement, Jan Cooper,
Rosie Powell Davies, Betsy de Thierry, Angela Donkin, Beth Filson, Peter Fonagy, Steve Haines,
Corinne Harvey, Dawn Hewitt, Kristine Hickle, Nick Hindley, Russell Hurn, Henry Jackson,
Angela Kennedy, Eoin Killackey, Pooky Knightsmith, Almudena Lara, Warren Larkin, Rob McCabe,
Lisa McCrindle, NHS England, Jo Prestidge, Public Health England, Kathryn Pugh, Claire Robson,
Katharine Sacks-Jones, Lucas Shelemy, Graham Simpson-Adkins, Angela Sweeney, Sue Sylvester,
Matthew Todd, Caroline Twichett, Sanjana Verghese, Clare Wightman.

The rights of the editor, illustrators and authors to be identified as authors of this work have been
asserted by them in accordance with the Copyright, Designs and Patents Act 1988.

Print ISBN 978-1-5272-1946-5
Designed by Georgie Lowry
Printed in Great Britain by Blackmore Ltd

Addressing Adversity

**Prioritising adversity and trauma-informed care
for children and young people in England**

5. Building resilience in the face of adversity

Lucas Shelemy and Dr Pooky Knightsmith

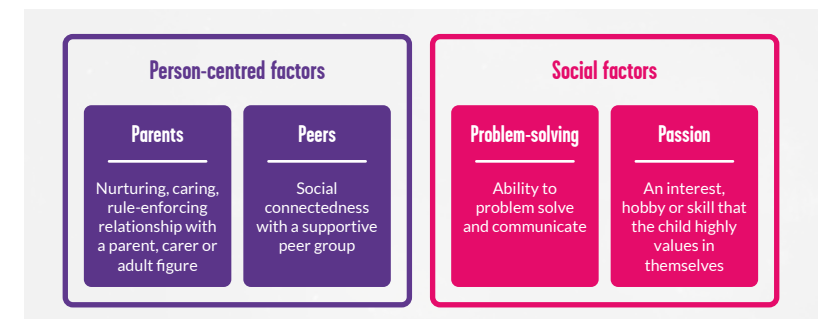
Introduction

In reviewing what the academic and practice literature says about how children and young people build resilience in the face of adversity, several themes emerged as key factors in protecting and promoting children and young people's resilience – what we call the '4Ps':

- **Parents** – a nurturing, caring, rule-enforcing relationship with a parent, carer or adult figure
- **Peers** – social connectedness with a supportive peer group
- **Problem solving** – ability to problem solve and communicate can moderate risk factors
- **Passion** – an interest, hobby or skill that the child highly values in themselves

In this paper we explore each of these 'Ps' in turn and consider their practical application in the current context.

Figure 1: Key factors that protect and promote resilience in children and young people in the face of adversity and trauma



1. Parents

The role of early attachment and a strong, nurturing relationship with a parent or carer is highlighted by much of the literature. The fulfilment of this role by a trusted adult away from the home environment such as a teacher can also boost resilience. All children benefit from at least one stable caring relationship from a supporting adult. Where there is no existing relationship at home or school, the allocation of an adult mentor may be beneficial.

In order to build the resilience of a vulnerable child, the supporting adult can¹:

- Offer a warm and nurturing environment
- Spend quality time with the young person
- Provide clear guidance, structure and rule-setting
- Encourage and support participation in leisure activities
- Act as a role model that the young person can look up to
- Incite goals and inspire ambition

For children and young people who experience adversity, one of the most effective protective factors that can enhance resilience is having a stable and caring parental person in their life. Parents can protect and 'buffer' children from some of the worst effects of environmental adversity and can also nurture the characteristics in children that help them to cope with problems.

Previous studies have highlighted the importance of a supportive and nurturing relationship between the young person and a parent to improve resilience in adverse circumstances². Traumatized children are more likely to recover when in a "healthy, nurturing, consistent, repetitive, rewarding, persevering, emotionally literate relationship"³.

A supportive, stable and consistent family environment provides a strong basis for increased resilience. De Haan found that children aged 10 with supportive mothers were more resilient to everyday stressors than to those with less supportive mothers⁴, while La Fromboise and colleagues found that in the face of prejudice and violence, American-Indian adolescents' resilience was

greatly enhanced by having a "warm and supportive mother"⁵. The quality of the relationship between parents or carers greatly affects the resilience of the child⁶ and the presence of a compassionate and active father can also improve resilience in children who may be facing trauma⁷.

This effect extends beyond emotional health: children are more protected from crime and drugs when parents or carers are more affectionate and supportive, regardless of other external factors such as neighbourhood⁸. In one Australian study it was found that children from disadvantaged areas view their parents as central to helping them do well when met with a "tough life"⁹.

As well as creating a nurturing relationship, parents also have an important role in the creation and maintenance of community support factors for the young person. In some communities, strong extended family connections can heavily influence young people's sense of resilience and coping strategies (e.g. African-American families¹⁰). When met with illness-related trauma, children showed improved coping in families with close and constructive relationships¹¹.

Where there is an absence of a home-based attachment figure in the form of a parent or carer, the ability to form a trusting relationship with at least one adult outside of the home environment is also a factor that can boost resilience when met with trauma or risk¹². These trusted, supporting adults may be from a school or other community environment; the allocation of an adult 'mentor' for a child has been demonstrated to be beneficial in boosting resilience¹³. Resilience is improved if the adult mentor is caring and supportive, and incites goals and ambition in the child¹⁴. For some children, a faith community can provide that relationship that may not be found at home¹⁵.

For younger children, it is usually the parent or carer that is best placed to provide such a relationship. As adolescents grow older, the tendency to rely more on peer relationships is an important one in helping foster resilience.

2. Peers

Peer relationships become increasingly important as children grow older, or where there is an absence of a positive relationship with a parent. Positive peer relationships describe those where the young person:

- Feels a sense of belonging and acceptance
- Identifies with a group, sharing likes, dislikes and opinions
- Feels supported and respected and reciprocates these feelings
- Has a few high-quality friendships rather than many superficial friendships

A group of supportive peers and friends around a young person can play an important role in boosting resilience¹⁶. This is the case especially in late adolescence, where support from adults is replaced by those of a similar age. Good peer relationships can improve the wellbeing, social skills and problem-solving ability of young people¹⁷. A friendship group enables protection from negative risk factors and the opportunity to 'escape' from high-risk environments¹⁸.

In one study of over 1000 adolescents, it was found that peer acceptance was a significant protective factor for young people with low closeness with parents¹⁹. Support from the social environment and social attachment are the highest predictors of emotional recovery following child sexual assault²⁰. Graber and colleagues studied adolescents from a low socio-economic area in Britain and found that psychological resilience was positively correlated with the quality of friendships²¹. One study found that good peer relationships moderated the negative effects caused by parental separation²².

3. Problem-Solving

When discussing resilient families, Walsh writes that the ability for a family to communicate and problem-solve together is vital to ensuring protective factors to resilience²³. Children show improved coping with domestic abuse when they are part of the decision-making process and are informed about what is happening around them (e.g. whether to leave home)²⁴.

In fact, intelligence and the ability to problem-solve has been consistently indicated as a protective factor for children facing trauma and adversity with studies indicating that more resilient children have higher intelligence and problem-solving ability compared to peers, despite being surrounded by

the same high-risk adversity environment²⁵. For example, in a longitudinal study of New Zealand adolescents it was found that resilient teenagers had significantly higher IQ scores than their peers²⁶. Flouri and colleagues analysed data from over 16,000 children in the UK, studying the relationship between family risk factors and emotional outcomes²⁷. They found that higher general intelligence by age five was a significant protective factor. Children in adverse conditions with high intelligence were less likely to experience behavioural and emotional problems compared to those with lower intelligence. Perhaps most relevant of all is Kwok and colleagues' study of adolescents living in China which concluded that rational problem-solving ability was a significant moderator in suicidal ideation following physical abuse in females²⁸.

Improvements in intelligence can be gained through an encouraging family and school environment²⁹. Likewise, schools are an ideal environment to teach problem-solving skills from an early age and throughout adolescence discretely through timetabled Personal, Social, Health and Economic (PSHE) education lessons, or across the curriculum, as part of an embedded, developmental curriculum.

4. Passion

Young people who have a passion or hobby that interests them and which gives them a feeling of belonging, self-efficacy, self-worth and self-esteem may have greater resilience than their peers. A young person's perceived efficacy in 'something' can moderate risk factors, regardless of whether that 'something' is creative, physical, academic, social etc. This is true of children from high risk as well as low risk environments³⁰ both in the short term and in the longer term; a young person succeeding in something that they value highly has a positive effect on future psychological resilience when faced with childhood trauma³¹.

The ability for children to participate in activities in their local area is correlated with improved self-esteem and self-efficacy³². Self-belief (the confidence that one is good at something) and self-efficacy (an understanding of one's own strengths and limitations) may be crucial factors for improving self-esteem and subsequently resilience.

Robbie Gilligan writes about a series of case studies in which resilience is greatly enhanced in young people following attention to cultural and sporting

activities³³. The engagement with mentors through these activities could be an effective way of helping a young person form a positive relationship with parents or peers and can expedite and enhance the development of a protective social network within which the child identifies.

One case study described by Gilligan showing the power of strong interests as a protective factor is of a boy in foster care. His strong interest in dancing and performance enabled him to become resistant to “sexist mockery”. Following a performance, he felt much more self-confident and positive about his future. The encouragement of young people to find interests and activities is one of the most effective means in boosting their self-esteem and resilience.

Schools are an ideal environment to offer development in skills and hobbies. Likewise, parents or carers are effective in sparking an interest in the child that helps divert attention away from negative life events³⁴ and in many cases, passionate engagement with an activity or hobby will also support the development of other resilience boosting skills such as problem-solving, intelligence and communication.

- Does this child have good problem-solving skills?
- Does this child have an interest, hobby or skill?

Where we answer no to one or more of these questions, there is a clear indication of practical steps we might take in order to support the growth, and development of their resilience.

5. Practical implications

The literature we have reviewed suggests a role for our ‘4Ps’ (parents, peers, problem-solving and passion) in the development of resilience in children and young people protecting them from the effects of trauma and adverse events, indicating a role for both person-centred and social factors.

The most important takeaway is that it appears that it is possible for us to support children and young people in developing resilience and the ability to cope both before and after the onset of trauma or adverse effects and that there are a wide range of means that may be effective – and possibly more so in combination as there are clear interactions between the four Ps.

In simple terms, the literature indicates that for every child or young person who is faced with adversity we should ask the following questions:

- Does this child have a supportive relationship with a trusted adult?
- Does this child have quality relationships with a group of friends?

References

- 1 Howard, S. and Johnson, B. (2000) *Resilient and Non-resilient Behaviour in Adolescents* (first edition). Canberra: Australian Institute of Criminology.
- Rosenthal, S., Feiring, C. and Taska, L. (2003) 'Emotional support and adjustment over a year's time following sexual abuse discovery' *Child Abuse and Neglect* 27(6): 641-661.
- Hill, M., Stafford, A., Seaman, P., Ross, N. and Daniel, B. (2007) *Parenting and Resilience*. York: Joseph Rowntree Foundation.
- 2 Bradley, R., Whiteside, L., Mundfrom, D., Casey, P., Kelleher, K. and Pope, S. (1994) 'Early indications of resilience and their relation to experiences in the home environments of low birthweight, premature children living in poverty' *Child Development* 65(2): 346.
- Gribble, P., Cowen, E., Wyman, P., Work, W., Wannan, M. and Raoof, A. (1993) 'Parent and child views of parent-child relationship qualities and resilient outcomes among urban children' *Journal of Child Psychology and Psychiatry* 34(4): 507-519.
- Herrenkohl, E., Herrenkohl, R. and Egolf, B. (1994) 'Resilient early school-age children from maltreating homes: outcomes in late adolescence' *American Journal of Orthopsychiatry* 64(2): 301-309.
- Khan, L. (2017) *Fatherhood: the impact of fathers on children's mental health*: www.centreformentalhealth.org.uk/briefing-50-fatherhood
- Seifer, R., Sameroff, A., Baldwin, C. and Baldwin, A. (1992) 'Child and family factors that ameliorate risk between 4 and 13 years of age' *Journal of the American Academy of Child and Adolescent Psychiatry* 31(5): 893-903.
- Werner, E. (2000) 'Protective Factors and Individual Resilience' in Shonkoff, J. and Meisels, S. (eds) *Handbook of Early Childhood Intervention*. Cambridge: Cambridge University Press, p.115-133.
- 3 Thierry, B. (2015) *Teaching the Child on the Trauma Continuum*. London: Grosvenor House Publishing.
- 4 De Haan, L., Hawley, D. and Deal, J. (2002) 'Operationalizing family resilience: a methodological strategy' *The American Journal of Family Therapy* 30(4): 275-291.
- 5 LaFromboise, T., Hoyt, D., Oliver, L. and Whitbeck, L. (2006) 'Family, community, and school influences on resilience among American Indian adolescents in the upper midwest' *Journal of Community Psychology* 34(2): 193-209.
- 6 Khan, L. (2017) Op. cit.
- 7 Elizur, J. (1986) 'The stress of school entry: parental coping behaviors and children's adjustment to school' *Journal of Child Psychology and Psychiatry* 27(5): 625-638.
- 8 Hawkins, J., Catalano, R., Kosterman, R., Abbott, R. and Hill, K. (1999) 'Preventing adolescent health-risk behaviors by strengthening protection during childhood' *Archives of Pediatrics and Adolescent Medicine* 153(3): 226-234.
- 9 Howard, S. and Johnson, B. (2000). Op. cit.
- 10 Barnes, S. (2001) 'Stressors and strengths: a theoretical and practical examination of nuclear, single-parent, and augmented African American families' *Families in Society* 82(5): 449-460.
- 11 Greeff, A., Vansteenwegen, A. and Ide, M. (2006) 'Resiliency in families with a member with a psychological disorder' *The American Journal of Family Therapy* 34(4): 285-300.
- 12 Werner, E. and Smith, R. (2001) *Journeys from Childhood to Midlife*. New York: Cornell University Press.
- 13 Williams, N., Lindsey, E., Kurtz, P. and Jarvis, S. (2001) 'From trauma to resiliency: lessons from former runaway and homeless youth' *Journal of Youth Studies* 4(2): 233-253.
- 14 Hill, M. et al (2007) Op. cit.
- 15 Werner, E. (2000). Op. Cit.
- 16 Fergusson, D. and Lynskey, M. (1996) 'Adolescent resiliency to family adversity' *Journal of Child Psychology and Psychiatry* 37(3): 281-292.
- 17 Bukowski, W. M. (2003) 'Peer relationships' in Bornstein, M. Lucy, D., Keyes, C. L. M. and Moore, K. A. (eds) *Well-being: Positive development across the life course*. London: Lawrence Erlbaum.
- 18 Bugental, D. B. (2003) *Thriving in the Face of Childhood Adversity*. New York: Psychology Press.
- 19 Birkeland, M.S., Breivik, K. and Wold, B. J. (2014) 'Peer acceptance protects global self-esteem from negative effects of low closeness to parents during adolescence and early adulthood' *Journal of Youth and Adolescence* 43: 70.
- 20 Domhardt, M., Münzer, A., Fegert, J. and Goldbeck, L. (2015) 'Resilience in survivors of child sexual abuse' *Trauma, Violence, and Abuse*, 16(4): 476-493.
- 21 Graber, R., Turner, R. and Madill, A. (2015) 'Best friends and better coping: facilitating psychological resilience through boys' and girls' closest friendships' *British Journal of Psychology* 107(2): 338-358.
- 22 Bugental, D. B. (2003). Op. cit.
- 23 Walsh, F. (1998) *Strengthening Family Resilience*. New York: Guilford Press.
- 24 Hague, G., Mullender, A., Kelly, L., Imam, U. and Malos, E. (2002) 'How do children understand and cope with domestic violence?' *Practice* 14(1): 17-26.
- 25 Herrenkohl, E. et al (1994) Op. cit.
- Seifer, R. et al (1992) Op. cit.
- 26 Fergusson, D. and Lynskey, M. (1996) Op. cit.
- 27 Flouri, E., Midouhas, E., Joshi, H. and Tzavidis, N. (2014) 'Emotional and behavioural resilience to multiple risk exposure in early life: the role of parenting' *European Child and Adolescent Psychiatry* 24(7): 745-755.
- 28 Kwok, S., Yeung, J., Low, A., Lo, H. and Tam, C. (2015) 'The roles of emotional competence and social problem-solving in the relationship between physical abuse and adolescent suicidal ideation in China' *Child Abuse and Neglect* 44: 117-129.
- 29 Hill, M. et al (2007) Op. cit.
- 30 Wener, E. (2000) Op. Cit.
- 31 Romans, S., Martin, J., Anderson, J., O'Shea, M. and Mullen, P. (1995) 'Factors that mediate between child sexual abuse and adult psychological outcome' *Psychological Medicine* 25(1): 127.
- 32 Hill, M. et al (2007) Op. cit.
- 33 Gilligan, R. (2000) 'Adversity, resilience and young people: the protective value of positive school and spare time experiences' *Children and Society* 14(1): 37-47.
- 34 Maclean, K. and Gunion, M. (2003) 'Learning with care: the education of children looked after away from home by local authorities in Scotland' *Adoption and Fostering* 27(2): 20-31.