

Creating a Safe Haven Following Child Maltreatment: The Benefits and Limits of Social Support

Margaret O'Dougherty Wright and Susan F. Folger

The interpersonal nature of child maltreatment, particularly abuse and neglect originating within the family, presents particular challenges to recovery and the subsequent establishment of healthy, supportive personal relationships (Cicchetti & Toth, 2013). Quality of attachment has long-lasting implications for relational interactions across the life span (Sroufe, 2005), as it impacts internal working models of self, others, and self-in-relation to others (Bowlby, 1988). When a child's attachment to the parent is secure, the child can turn to the parent in times of danger, uncertainty, or distress and find the parent available, responsive, and able to provide comfort in a way that is reassuring and helps the child re-stabilize. Over time, following repeated supportive interactions with one's parent(s), the child learns to internalize adaptive emotion regulation strategies and also develops confidence that others will respond in a helpful way when distress is experienced or the child is unable to cope (Bowlby, 1988; Cloitre, Stovall-McClough, Zorbass, & Charuvastra, 2008). Thus, attachment security is significantly associated with a child's ability to regulate negative mood and the development of interpersonal expectations of support when it is needed.

There is now substantial research evidence that attachment security can be negatively impacted by experiences of child maltreatment and the impact of this can be long lasting (Cicchetti & Toth, 2013). Familial child abuse and neglect have the potential to significantly disrupt the development of secure attachment because in such families the child's source of safety and protection is also a source of danger and distress (Charuvastra & Cloitre, 2008). Following child maltreatment experiences, survivors report struggling with feelings of betrayal, mistrust of others,

M.O. Wright, Ph.D. (✉) • S.F. Folger, M.A.
Department of Psychology, Miami University, 90 North Patterson Ave,
Oxford, OH 45056, USA
e-mail: wrightmo@miamioh.edu; folgersf@miamioh.edu

intense shame, low self-worth, insecurity in relationships, powerlessness, and a stigmatized identity (Briere, 2002; Courtois, 2010). Safety and trust in interpersonal relationships have often been severely damaged (Herman, 1992) and survivors can have difficulty maintaining close and safe intimate partner relationships later in life (Davis, Petretic-Jackson, & Ting, 2001). Some adults who have been sexually victimized as children report more loneliness, withdrawal, and a tendency to isolate themselves from friends, family, and co-workers (Courtois, 2010). Past research has also revealed a subsequent risk for revictimization (Messman-Moore & Long, 2003; Widom, Czaja, & Dutton, 2008) and/or perpetration of abuse of one's partner or child (Berlin, Appleyard, & Dodge, 2011; Kwong, Bartholomew, Henderson, & Trinke, 2003). All of these painful sequelae can intensify disconnection and/or alienation from others and may be linked to difficulty accessing much needed social support.

Prior research in this area has found that survivors of child maltreatment tend to have smaller social networks, lower levels of social support, and report less satisfaction and more distrust with these networks (Gibson & Harshorne, 1996; Sperry & Widom, 2013). More severe, chronic, and multi-type maltreatment has also been associated with increased psychological and interpersonal difficulties and lower levels of support from one's social network (Finkelhor, Ormrod, & Turner, 2007; Folger & Wright, 2013; Pepin & Banyard, 2006; Salazar, Keller, & Courtney, 2011; Vranceanu, Hobfoll, & Johnson, 2007). Posttraumatic sequelae of abuse, such as PTSD symptoms, depression and anxiety, and anger, hostility, and aggression, can also exhaust supportive friends and family and may be an additional reason why there is an erosion of social support over time and increased isolation (Charuvastra & Cloitre, 2008; Clapp & Beck, 2009; Norris & Kaniasty, 1996).

Social Support as a Promotive and/or Protective Factor

Many individuals are resilient following child maltreatment experiences and some studies have explored positive social relationships and social support as promotive and/or protective factors in overcoming the negative effects of abuse. Access to and perceptions of social support may be important factors contributing to variability in long-term outcome. Social support is theorized to shield child maltreatment survivors from the development of symptoms by attenuating the stress appraisal response (Cohen & Wills, 1985). An individual may evaluate his or her maltreatment experience as less stressful if he or she perceives that others will provide the resources needed to cope. This is why the initial response to a child's disclosure of child sexual abuse is so critical. Being believed by the parent disclosed to, and having confidence that action will be taken to protect the child from further abuse, have been strongly linked to positive outcome (Elliott & Carnes, 2001). Research findings indicate that parent support following disclosure may be a better predictor of the child's later adjustment than abuse-related variables (Tremblay, Hébert, & Piché, 1999).

Social support has been proposed to impact later well-being following abuse in two different ways: (1) as a *promotive* (compensatory) factor that positively impacts outcome regardless of the severity of abuse (typically identified as a statistical main effect); and (2) as a *protective* factor that has a differential impact on outcome depending on the severity of the abuse exposure (identified as a moderator in a statistical interaction effect). To date, past research exploring social support as a protective factor following child maltreatment has yielded mixed and conflicting findings. In part this may be because the process of providing and receiving social support is complex and many factors influence the positivity or negativity of this interpersonal exchange (Clapp & Beck, 2009; Cohen, 2004). Studies vary significantly in the way that they define and assess the beneficial or detrimental impact of social support. For example, supportive people in an individual's life may directly provide actual assistance (received social support is high), but the manner in which this support is provided (e.g. too controlling or intrusive) may not be perceived in a positive way by the individual. Or, an individual may not perceive that he or she has many people to rely on in his or her support network (low perceived network support), and so does not seek out or utilize resources that actually are available. Clearly, perceptions of the type of social support that is available, desired, and received play a crucial role in determining whether social support has a buffering or an aggravating impact. In addition, social interactions and relationships within one's network are not always or consistently supportive, and consequently, some individuals can be both a source of stress or distress, as well as a resource and comfort (Cohen, 2004). This possibility seems particularly likely in the context of child maltreatment, in which the child can be exposed to or experience conflict, abuse, neglect, and/or exploitation from attachment figures, but may also experience loving care, interest, and positive attention.

This chapter reviews recent research that examines when, how, and what types of social support might foster resilience among survivors of child maltreatment. Promotive (main) effects of social support are highlighted, followed by studies that demonstrate a buffering or protective (moderating) role of support. Finally, studies illustrating significant limits to the beneficial effects of social support are reviewed, particularly in the context of more severe child maltreatment experiences.

Benefits of Social Support: Main Effects

The benefits of social support have been documented for a number of outcomes in different samples in which at least a portion of individuals reported experiencing childhood maltreatment. For young adult men and women in college, perceived support from family and from friends predicted lower levels of depression/anxiety and anger/hostility (Folger & Wright, 2013). In Wilson and Scarpa's (2014) sample of college women, greater perceived support from friends and family was associated with fewer posttraumatic stress symptoms, but only for those with physical

abuse, not sexual abuse, histories. In a sample of 17–18 year old young adults who recently transitioned out of foster care, Salazar et al. (2011) assessed for types of maltreatment experienced before entering foster care and subsequently assessed maltreatment experienced while in the foster care system, as well as perceived social support (i.e., availability of social support and sufficiency of social network), and depressive symptoms. Results indicated that higher levels of perceived social support predicted fewer depressive symptoms approximately two years later. In a different sample of adults, a small number of whom reported child maltreatment before age 15, a composite variable of family support in adolescence predicted lower risk of being diagnosed with a psychiatric disorder or engaging specifically in antisocial behavior in adulthood (Feldman, Conger, & Burzette, 2004). Finally, mediational analyses in a prospective study by Sperry and Widom (2013) demonstrated the benefits of total and specific kinds of perceived social support on depression and anxiety symptoms in adults who either had a substantiated history of childhood physical abuse, sexual abuse, or neglect or were in a matched control group.

Significant gender effects regarding the impact of social support have sometimes been found. Evans, Steel, and DiLillo (2013) reported that 54 % of a sample of recently married men and women endorsed experiences that met criteria for at least one form of child maltreatment. Perceived friend support predicted less trauma symptomatology for women, whereas both perceived friend and family support predicted less trauma symptomatology for men. In the study by Sperry and Widom (2013), men were found to be more affected by higher levels of social support than women, which was counter to their prediction. Powers, Ressler, and Bradley (2009) found that friend support (i.e. emotional support, advice or guidance, practical assistance, financial assistance, and socializing) predicted fewer depressive symptoms in their highly traumatized sample of adults, in which 15–32 % of individuals reported moderate to severe levels of various forms of childhood maltreatment. When exploring this finding by gender, the main effect of friend support was significant for women but not men.

Some studies have explored the impact of social support in samples comprised of women only. Murthi and Espelage (2005) found that perceived family support was related to lower levels of loss of sense of self in their sample of young women who reported at least one experience of childhood sexual abuse. In another sample of women, of whom 85 % reported at least one instance of child maltreatment, less satisfaction with and perceived availability of social support predicted higher levels of PTSD severity (Vranceanu et al., 2007). Finally, Crouch, Milner, and Caliso (1995) reported that in their sample of young women, half of whom experienced some instance of childhood physical abuse, individuals with high perceived support availability before age 13 had fewer depressive symptoms, lower trait anxiety, and lower physical child abuse potential than those with low support.

Overall, these studies highlight the promotive effect of social support for samples in which at least a portion of individuals experienced childhood maltreatment. As expected, higher levels of social support generally had a beneficial impact on emotional functioning and, occasionally impacted behavioral functioning as well.

Inconsistencies regarding gender effects indicate the complicated nature of these relationships for men and women, as well as the importance of examining different types and sources of social support over time and across various types of outcomes.

Benefits of Social Support: Moderating Effects

The buffering hypothesis purports that support will have a greater positive impact as maltreatment experiences worsen. Some support has been found for this hypothesis regarding social support as a truly protective factor for adolescents and adults who are at risk because of child maltreatment or exposure to violence in their home. For example, in a sample of adolescent boys and girls, Levondosky, Huth-Bocks, and Semel (2002) demonstrated that perceived social support from friends moderated relations between both domestic violence experienced by their mothers and their own childhood abuse with satisfaction in a best friend relationship. While support was generally promotive, these relationships were stronger for the groups who reported higher levels of child abuse or domestic violence. Muller, Goebel-Fabbri, Diamond, and Dinklage (2000) assessed witnessing violence in the family in a sample of adolescents hospitalized in a psychiatric unit. For those with low received social support, high exposure to family violence was related to greater overall psychopathology in comparison to those with low violence exposure. However, there was no difference in outcome between violence exposure groups when social support was high.

Sperry and Widom (2013) found that women with a history of maltreatment reported more symptoms of depression than women in a matched control group when tangible social support was low. However, there was no difference in depressive symptoms between these groups when tangible support was high. Although the nature of the maltreatment variable in this study (i.e., substantiated history of maltreatment versus matched control group) did not allow for exploration of the impact of support at varying levels of maltreatment, the fact that the abuse or neglect was substantiated suggests the maltreatment was likely more severe in nature. Folger and Wright (2013) found that men with higher levels of childhood maltreatment and lower perceived friend support reported more depression/anxiety symptoms than men with higher levels of childhood maltreatment and higher friend support, suggesting a protective impact of friend support for these men. Murthi and Espelage (2005) found that perceived family and friend social support moderated the impact of childhood sexual abuse on loss-related outcomes (e.g., loss of self, loss of childhood) for women. More specifically, those with more severe child sexual abuse experiences reported greater loss of childhood and loss of self when they reported less family support, and also greater loss of self when they reported less friend support.

Similar findings have been documented for other individuals with adult abuse-related experiences, but who have not experienced childhood maltreatment specifically. For example, Babcock, Roseman, Green, and Ross (2008) demonstrated support for the buffering hypothesis in a sample of women in physically or

emotionally abusive romantic relationships. Perceived social support moderated the impact of psychological abuse on PTSD symptomatology. A significant positive correlation was obtained between psychological abuse and PTSD symptoms for those in the low support group and no association was found in the high support group. Overall, these studies provided some support for the buffering hypothesis that social support would be especially protective for those with more extensive histories of childhood maltreatment or exposure to violence in their home environment.

Limits of Social Support: Failure to Find Protective Effects at More Severe Levels of Maltreatment

Other research findings have not supported the buffering hypothesis. Rather, social support has demonstrated a positive impact in situations in which maltreatment experiences were less severe or frequent, or in which the individual experienced fewer types of maltreatment or maltreatment that was limited to a particular type. For example, Salazar et al. (2011) found significant interactions between maltreatment before foster care and social support, and between maltreatment during foster care and social support for youth exiting the foster care system. Having moderate to higher levels of social support was protective for those with fewer types of maltreatment experiences before and during foster care. Interestingly, for those who experienced more types of maltreatment during foster care, having moderate to higher levels of support was related to more depressive symptoms in comparison to those with low support. Wilson and Scarpa (2014) explored the impact of type of abuse on efficacy of social support for college women and found that family and friend support was protective against the development of posttraumatic stress symptoms for those who experienced physical abuse, but not for those who experienced sexual abuse. In addition, perceived support from a romantic partner was associated with increased posttraumatic stress symptoms for women with sexual abuse histories, suggesting that such support heightened rather than reduced risk.

Studies by Evans et al. (2013) and Folger and Wright (2013) explored the impact of perceived support from family and friends following childhood maltreatment for men and women. Evans et al. (2013) found that for women, family social support moderated the impact of physical abuse, emotional abuse, and emotional neglect on trauma symptomatology. For women with abuse experiences that were low to moderate in severity, greater social support was related to fewer symptoms. However, this effect lessened for those with more severe abuse histories. Folger and Wright (2013) found that family support moderated the impact of cumulative childhood maltreatment on dating abuse, aggressive behavior, and anger/hostility, such that for those with lower levels of maltreatment, higher support was related to better outcomes. Friend support was beneficial for women with lower levels of maltreatment, as those with higher support reported less aggressive behavior than those with low support. Similar to findings by Salazar et al. (2011), there were complicated effects of family support on dating abuse victimization for women. For women who reported fewer maltreatment experiences, higher levels of family support related to

less dating abuse victimization, but for those with higher levels of child maltreatment, higher family support related to more dating abuse victimization (Folger & Wright, 2013).

Levondosky et al. (2002) demonstrated that perceived social support from friends moderated the relation between childhood abuse and satisfaction in a romantic relationship for adolescents. Support was positively associated with satisfaction for those with lower and higher levels of childhood maltreatment, but this relationship was stronger for those in the low maltreatment group. Friend social support also moderated the relation between mothers' report of domestic violence experiences and negative romantic relationship indicators for adolescents. For adolescents whose mothers reported low levels of domestic violence, higher support was related to less abuse experiences (i.e., perpetration and victimization) and less negative communication with partner. Importantly, higher support was related to more negative communication and abuse experiences (i.e., perpetration and victimization) for adolescents whose mothers reported high levels of domestic violence (Levondosky et al., 2002).

Appleyard, Yang, and Runyan (2010) explored concurrent and longitudinal mediated and mediated moderation pathways among early reports (i.e., before age 6) of child maltreatment, self-perception (i.e., loneliness and self-esteem), and social support and internalizing and externalizing problems. For both boys and girls, early allegations of child abuse or neglect made to Child Protective Services were related to later internalizing and externalizing problems indirectly through loneliness reported at age 6. For boys, low self-esteem at age 6 was also a mediator. However, contrary to expectation, more allegations of maltreatment, combined with high perceived social support, was associated with more negative self-esteem for boys and this was associated with more negative emotional and behavioral outcomes. While unexpected, these findings were consistent with some of the previously described findings indicating that social support does not always buffer against deleterious outcomes at high levels of child maltreatment. In the Appleyard et al. (2010) study, the child identified and reported on his or her three primary support people, which was likely comprised of parents and other family members. In the context of a maltreating family, these support figures may also have been the perpetrators of the abuse or neglect, which highlights the complexity of assessing perceptions of support in this context.

In a study focused on the role of social support in moderating parenting outcomes for child sexual abuse survivors, Seltmann and Wright (2013) explored whether mothers' depressive symptomatology mediated the relation between severity of childhood sexual abuse experiences and various parenting outcomes and if support from the women's partners moderated this hypothesized mediating relationship. Results of interest include that for women who reported low levels of depression, support from their partner was protective against particular parenting difficulties. Contrary to expectation, however, partner support was not found to be protective at high levels of depressive symptomatology. At high levels of partner support, women with high levels of depressive symptoms reported more problems communicating with and being involved with their children than survivors with low partner support. Survivors with high depressive symptomatology may rely on their

partners to take over some of their parental duties, so that their partners spend more time with their children. While possibly helpful for the children and alleviating some stress for the survivor, it does not strengthen the survivor's parenting skills. It is also possible that while the partner is supportive in parenting the child, the interactions between the survivor and her partner may in fact be critical or conflicted, and a source of stress for both members of the couple.

Similar findings have been documented for individuals with violent or abuse-related experiences, who have not experienced childhood maltreatment specifically. For example, Ceballo and McLoyd (2002) found that the beneficial impact of emotional and instrumental support on parenting behavior lessened as quality of neighborhood deteriorated. Carlson, McNutt, Choi, and Rose (2002) created a lifetime abuse variable based on recent intimate partner violence, past partner violence, and childhood abuse in a sample of women, and measured a number of hypothesized protective factors, including partner support and non-partner support. Moderation analyses indicated that as the number of abuse experiences increased, the benefit of having multiple protective factors, with respect to anxiety symptoms, lessened. Similarly, Beeble, Bybee, Sullivan, and Adams (2009) found that perceived social support had a stronger positive impact on quality of life for women who experienced lower levels of psychological abuse by an intimate partner. Lastly, Scarpa, Haden, and Hurlly (2006) found that while controlling for young adults' most traumatic experience, the positive relation between community violence victimization and PTSD symptom severity associated with the reference trauma was stronger for those who reported high perceived friend support. This is consistent with the previously described findings by Levondosky et al. (2002), which highlighted possible risks associated with high levels of friend support in the context of a violent environment.

As these studies demonstrate, research exploring the impact of social support in the context of childhood maltreatment has also failed to support the buffering hypothesis. Instead, support had a positive impact for individuals with less severe or frequent childhood maltreatment, or those with fewer types of maltreatment experiences or maltreatment that was limited to a particular type. These findings suggest that, in some cases, its benefits may not sufficiently compensate for the negative sequelae of more extensive childhood maltreatment. Additionally, social support functioned as a vulnerability factor in certain samples in which individuals experienced higher levels, more types, or specific types of maltreatment. When support from an abusive or violent network is high, an individual may learn to normalize, internalize, or perhaps tolerate abusive behavior, placing him or her at increased risk for negative outcome.

Clinical Implications

While the construct of "social support" is typically associated with having a positive impact on health and well-being, the reviewed studies revealed that social support was not uniformly positive, and its impact was dependent upon many factors. This

select review revealed both promotive (main) and protective (moderating) effects in the context of childhood maltreatment, but also suggested that there were limits to the degree that social support buffered against negative outcomes for individuals who experienced severe and persisting maltreatment. In some contexts and samples, social support was beneficial for individuals who reported more experiences of childhood maltreatment, which supported the buffering hypothesis. However, other results demonstrated that social support primarily had a positive impact for individuals with fewer, or less severe, or a particular type of maltreatment experience. In addition to these conflicting findings, a few studies suggested that the combination of more extensive maltreatment or violence exposure and greater social support was problematic and led to worse outcomes. The precise mechanisms involved are still not well understood, in large part because of the multidimensional nature of the construct which makes accurate measurement challenging (Spilsbury & Korbin, 2013).

It is important to note that how social support was conceptualized and measured varied considerably across studies. Although it was common to assess perceived support from family and/or friends, some studies did not identify a specific source of support, and others measured specific types (e.g., emotional, instrumental, tangible) or total amount of support received. Few studies exist that compare possible differences in outcome depending on the actual support that is received versus perceptions of the quality of support available. Taken together, substantial study differences in type, severity and duration of maltreatment experiences, variety of outcome measures, multiple types and sources of support, and differing time frames (e.g., support provided last week, last month, last year), made it difficult to identify the specific processes accounting for the contradictory findings. There are also sources of support not discussed in this brief chapter that might have an important impact (e.g., school support; Feldman et al., 2004). Regardless, existing literature demonstrates the importance of exploring social network support more closely in order to understand its differential impact on individuals with histories of childhood maltreatment. High perceived support from a dysfunctional and/or violent network can foster continued vulnerability and the likelihood of this occurring within maltreating families is high.

The findings from the reviewed studies have important implications for promoting resilience following child maltreatment experiences. While many empirically supported treatment protocols emphasize the importance of informal social support in recovery, it is critical for clinicians to assess the extent to which existing social networks have protective capacities or instead function to increase risk and heighten vulnerability (Folger & Wright, 2013; Spilsbury & Korbin, 2013; Wilson & Scarpa, 2014). Detailed inquiry about the availability, accessibility, and nurturing capacity of network members is crucial and caution is needed before advising adult survivors to seek support from family members who may have perpetrated or colluded in the abuse. In addition, careful assessment of the potential risk or protective nature of friendships and romantic relationships is particularly important when working with abuse survivors. While activating informal social support networks may be very helpful for those with less severe maltreatment experiences, this may not be the best course for those with sexual abuse histories or more complex and chronic histories

of maltreatment who may need more formal intervention (Salazar et al., 2011; Wilson & Scarpa, 2014). Following a thorough assessment, the clinician can work collaboratively with the client and/or family to either improve existing network support or to develop alternative sources of support that are stable, safe, and nurturing (Center for Disease Control, 2014). If informal social networks are not safe or consistently reliable, or are unpredictable, hostile, or rejecting, formal support can be activated as a means to help families compensate. Specific types of home health visiting programs (e.g., Nurse-Family Partnership), parent education and support groups (e.g., Triple P Positive Parenting Program), and dyadic parent-child interaction therapies (e.g., PCIT, AF-CBT, and Child-Parent Psychotherapy) have documented efficacy in promoting well-being in maltreating families (Kolko, Iselin, & Gully, 2011; Macmillan et al., 2009). Variability in outcome following child maltreatment may well be accounted for in part by the extent to which corrective relationship experiences subsequently occur. Continued study of how best to promote socially supportive networks both within and outside of the home and family may be critical in facilitating recovery.

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