Augsburg University
Idun

Theses and Graduate Projects

7-8-2003

Child Maltreatment and Resilience

Annette M. Strum
Augsburg College

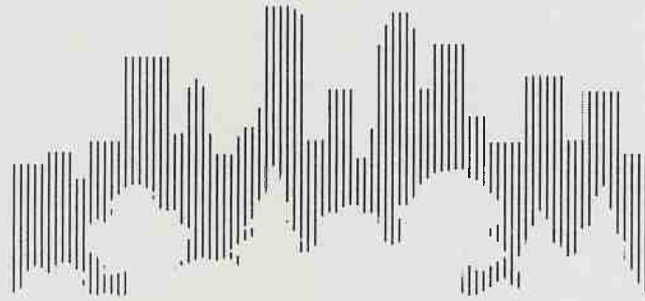
Follow this and additional works at: https://idun.augsburg.edu/etd

Part of the Social Work Commons

Recommended Citation
Strum, Annette M., "Child Maltreatment and Resilience" (2003). *Theses and Graduate Projects*. 345.
https://idun.augsburg.edu/etd/345

This Open Access Thesis is brought to you for free and open access by Idun. It has been accepted for inclusion in Theses and Graduate Projects by an authorized administrator of Idun. For more information, please contact bloomber@augsburg.edu.

AUGSBURG



C•O•L•L•E•G•E

MASTERS IN SOCIAL WORK THESIS

Annette M. Strum

Child Maltreatment
And Resilience

2003

MSW
Thesis

Thesis
Strum

Augsburg College
Lindell Library
Minneapolis, MN 55454

CHILD MALTREATMENT AND RESILIENCE

ANNETTE M. STRUM

Submitted in partial fulfillment of
the requirement for the degree of
Master of Social Work

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

2003

MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

CERTIFICATE OF APPROVAL

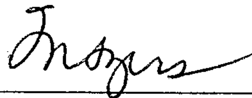
This is to certify that the Master's Thesis of :

Annette M. Strum

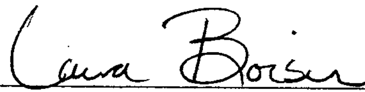
Has been approved by the Examining Committee for the thesis requirement for the Master of Social Work Degree.

Date of Oral Presentation: July 8, 2003

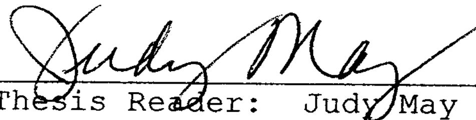
Thesis Committee:



Thesis Advisor: Maryann Syers



Thesis Reader: Laura Boisen



Thesis Reader: Judy May

ABSTRACT

CHILD MALTREATMENT AND RESILIENCE

EXPLORATORY, QUANTITATIVE STUDY FOCUSING ON SOCIAL WORKER PERCEPTIONS OF RESILIENCE AND SOCIAL WORKER SELF APPRAISAL OF USE OF RESILIENCE IN INTERVENTIONS

ANNETTE M. STRUM

JULY 8, 2003

This exploratory, cross-sectional quantitative study was undertaken to examine how County Child Protection Social Workers perceive the concept of child resilience and how social worker self appraisal of use of resilience in interventions was consistent with their rating of resilience of children in their professional career. A self report survey was distributed to County Child Protection Field Social Workers. Univariate analysis was done and descriptive statistics were used to summarize characteristics of the data. Due to low response rate and design of the survey, findings could not be generalized. Future research may use this information to further explore "best practices" in Child Protection Social Work.

ACKNOWLEDGEMENTS

I would like to extend my sincere appreciation to my thesis advisor, Maryann Syers. Thanks for your direction, time, patience and encouragement. Thanks also to my readers, Laura Boisen, and Judy May for making my presentation a pleasant learning experience. To my Augsburg support system, thanks! Your vast experiences and knowledge helped me immensely. I could not have made it without your friendship. Special thanks to Linnae Buffie, Jen McVay and Stacy Swenson for your support, input and direction. Also special thanks to Linnae for sitting with me at the computer and not letting me give up. This would not be done without your constant support. Thank you Mom and Dad for your excitement and encouragement in finishing and for reminding me early on that I didn't have to finish to be loved. Thanks to my roommates throughout this process: Jane, Corrie, and Matt, your patience has been truly appreciated.

This project has been a journey. Thanks to all those who have walked with me, encouraged me and helped me find my back on to the path when I meandered. Words can not express my appreciation to all of you. I have been blessed with the best family and an amazing "family" of friends. Your continued presence in my life is such a blessing to me. Thanks for your words and prayers of encouragement and support. Thank you, thank you, thank you!!!

TABLE OF CONTENTS

CHAPTER ONE: INTRODUCTION

Background of the Problem 1
Problem Statement 2
Purpose of Study 3
Research Questions 4
Summary 4

CHAPTER TWO: LITERATURE REVIEW

Theoretical/Conceptual Framework 5
Attachment Theory 5
Application of Theory 7
Review of Literature 8
Definition of Child Maltreatment 9
Effects of Child Maltreatment 11
The Strengths Perspective 13
Resilience Defined 15
Resilience in Maltreated Children 17
Interventions for Child Maltreatment 18
Resilience and Interventions for Child Maltreatment 19
Gaps in the literature 20

CHAPTER THREE: METHODOLOGY

Research Design 22
Research Questions 22
Key Concepts and Operational Definitions 22
The Study Population 23
Data Collection 24
Instrument Development 24
Data Collection Process 25
Data Analysis 26
Human Subjects 26
Measurement Issues 27
Summary 28

CHAPTER FOUR: FINDINGS

Characteristics of the Sample 29
Establishing Eligibility of Social Workers 30
Resilience Scores 30
Social Worker Self Appraisal 33
Summary 37

CHAPTER FIVE: DISCUSSION

Findings 38
Limitations of the Research 39
Implications for Practice, Policy and Future Research 40
Summary 42

REFERENCES 43
APPENDICES 49

Child Maltreatment and Resilience

CHAPTER I: INTRODUCTION

The introduction chapter begins with a statement of the problem including a brief description of the background of the problem followed by a description of the purpose of the proposed research. The chapter goes on to identify the research questions and discuss the significance of the study.

Background of the problem

Children are victims of child maltreatment every day. The National Research Council (1993) found that there are 2 million reported cases of child maltreatment (including neglect) in the United States annually. It is also noted that approximately half of these reports are validated as meeting local criteria for maltreatment by state-run child protective service agencies (National Research Council, 1993). More recently, in 1998, there were an estimated 2,806,000 referrals made to local child protective service (CPS) agencies regarding possible child maltreatment (U.S. Department of Health and Human Services, 2000). This reflects an increase in 800,000 cases in 5 years. These referrals led to investigations finding an estimated 903,000 victims of child maltreatment nationwide (U.S. Department of Health and Human Services, 2000).

In 1999, in an urban county in Minnesota, there were 2453 admissions into the emergency shelter system. These

are children who can not be in their home for whatever reason (abuse, neglect, behavior concerns, etc.). Of those 2463, the primary reason for placement was physical abuse, sexual abuse, or neglect for 563 (22.86%) of these children. Abuse and neglect were the secondary reason for placement for 248 children (10.07%) (Annual Statistics, St. Joseph's Home for Children, 1999).

Abuse and neglect have many possible negative neurological, psychological, and cognitive effects on young children (Lowenthal, 1999). These will be discussed later. However, not all children who suffer maltreatment experience these negative effects. Studies have found that some children endure maltreatment and yet continue to function developmentally and socially appropriately which is the concept called resilience.

Problem Statement

Child maltreatment continues to be an overwhelming social problem. Child protection is a state-level issue, with each state having statutes that define what entails child maltreatment. In Minnesota, the responsibility for investigating and determining current maltreatment and preventing future maltreatment, however, falls to individual counties. There is a significant body of literature that exists about the concepts of risk, protection and resilience. There is need to examine how the child protection workers at the county level, who work with

families dealing with child maltreatment, integrate information about resilience into their practice and choices regarding appropriate interventions.

Purpose of study

It is the purpose of this study to explore how County Child Protection Social Workers perceive the concept of child resilience and how these perceptions guide intervention selection for families who are dealing with child maltreatment. Most studies of resilience agree on the conceptual definition of resilience but choose different ways to operationalize it. This difficulty is compounded by the fact that each state has different definitions for child maltreatment. Social work, as a profession, strives to seek out and improve upon client strengths. Most Child Protection interventions are based upon assessment of risks. Resilience is a concept based on the idea of strengths in a person that help them overcome diversity/trauma. Are Child Protection Workers looking at the strengths within their clients or only searching for and calculating risks when determining an appropriate intervention?

It is important to know how social workers who are investigating, determining and trying to prevent child maltreatment view child resilience and if this view affects the interventions they mandate for a family. From this

quantitative, exploratory study, a framework for further research can be developed.

Research Questions

The research questions addressed in this study are the following:

1) What are the perceptions Child Protection Social Workers have about child resilience?

2) How is social worker self appraisal of use of resilience in interventions consistent with their rating of resilience of children in their professional career?

Summary

This chapter has provided background and overview of the research questions examined in this study as well as an overview of the purpose and significance of the research. The next chapter will provide the theoretical and conceptual framework upon which the study is based.

CHAPTER II: LITERATURE REVIEW

The second chapter begins with the conceptual framework from which the study is developed. The next section is a review of the bodies of literature related to child maltreatment and child resilience.

Theoretical/Conceptual Framework

The literature about attachment theory provides a context in which to examine child maltreatment and resilience. Maltreatment jeopardizes the ability of the child to develop a securely attached relationship. Many children who appear to have secure attachments as infants and toddlers have the attributes that have been known to be characteristics of a resilient child (Fonagy, et al., 1994).

Attachment theory

John Bowlby is known as the father of attachment. Attachment is based on the idea that there are individual differences in the way children become emotionally attached to their primary care givers. These differences influence a child's perceptions of self, others, and resources for emotional self-regulation in crisis or distressing situations (Bowlby, 1977). Bowlby (1988) identifies three forms of attachment: secure, anxious resistant and anxious avoidant.

According to Bowlby (1988), secure attachment is considered healthy in the developing child. It is

identified when a child is confident that their care giver will be responsive and available to them if they experience a frightening situation. Secure attachment is fostered in a child when the care giver is accessible to the child, picks up on cues from the child, and is lovingly responsive to the child.

According to Bowlby (1988), a child's attachment is categorized as anxious resistant when the child is unsure whether or not his or her parent will be available, responsive or helpful when the child is in need. Children who have anxious resistant attachment experience uncertainty which causes them to explore their surroundings less freely and cling to their parent. They also experience a great deal of anxiety about separation from the parent. This type of attachment is fostered when responsiveness and help from the parent is inconsistent and/or when abandonment is used as a threat to gain control.

The third pattern of attachment Bowlby (1988) describes is anxious avoidant. Children form this type of attachment because they have been rejected by their care giver when they sought out help or comfort. These children lack confidence that they will receive help or a response when they need care. If this rejection persists, personality disorders may develop.

Another important concept in attachment theory is that of the internal working model. Children record in their

memory the patterns of responses received from their care giver. These patterns are then organized into a cognitive set (Bowlby, 1973). At the same time these responses are being organized, the child also forms a complimentary model of him/herself in relation to the care giver (Bowlby, 1973). This "self-model" reflects how the child views his/her own worthiness to receive care (Page, 1999). Often, working models of the care giver and the child are complementary (Bretherton, 1992 as cited in Liem & Boudewyn, 1999). This means that if the child's needs for comfort and protection are acknowledged by the care giver in a way that fosters autonomy and independence, the child's self model would be that s/he is valued and self-reliant while the model for the care giver would be that they are supportive and reliable. If the child is ignored, the child may see itself as unworthy and the care giver as rejecting. Models about availability and responsiveness of adults are carried with the child which may influence the forming of new relationships and the ability to cope with the demands of new and stressful situations later in life (Aber & Allen, 1987).

Application of Theory

Children organize care givers' responses to their emotions as well as their behaviors. The care givers' responses to a child's expression of emotion, especially acceptance or rejection, have a major influence on the

child's future success in social relationships outside the home(Bowlby, 1988). Children's development of emotional and social skills may be impaired when the child experiences maltreatment (Page, 1999). Page (1999) notes the importance of understanding these developmental implications of child maltreatment in implementing interventions in various presenting situations. He states maltreated children need help in developing their ability to perceive, understand and communicate emotions (Page, 1999). Page (1999) notes this is crucial in order for children to be able to comprehend life events (past, current and future) and establish positive relationships.

When examining resilience in children, it is important to understand the impacts of maltreatment on all areas of their lives. Various settings in a child's life have an affect on the child's resilience. It is especially crucial to have an understanding of the developmental impacts of maltreatment in relation to attachment. This understanding may influence intervention decisions made by professionals working with maltreated children.

Review of Literature

This literature review will define child maltreatment, review its history and effects, identify characteristics of resilience in children and discuss gaps in the literature.

Definition of Child Maltreatment

The task of consistently defining child maltreatment is a source of difficulty for everyone interested in this topic. When answering the question, "What is child maltreatment?," U.S. Department of Health and Human Services (2000) refers to child abuse and neglect. For the purposes of this paper, the terms child abuse and neglect and child maltreatment will be used interchangeably.

Hutchison (1990) wrote an article analyzing the definitional dilemma surrounding child maltreatment. She discusses the reality that different groups and professions develop and use definitions for different purposes and social aims. She identifies "four interrelated purposes" which these definitions meet: "social policy and planning, legal regulations, research, and case management". Each of these areas is important in the study of maltreatment, however, because of their different purpose for defining the issue, each definition is a bit different.

The Child Abuse Prevention and Treatment Act (CAPTA) was passed in 1974 (Public Law 93-247) which created the National Center on Child Abuse and Neglect (NCCAN), defined child abuse, and outlined situations governed by the mandatory reporting laws which had been passed in all states between 1963 and 1968 (National Research Council, 1993;

TenBensel, Rheinberger & Radbill in Helfer, Kempe & Krugman, 1997). CAPTA was amended and reauthorized in October 1996 (Public Law 104-235, Section 111; 42 U.S.C. 5106g) and provides the following definitions:

> **Child** is a person who has not attained the lesser of: the age of 18 or except in cases of sexual abuse, the age specified by the child protection laws of the State in which the child resides. **Child abuse and neglect** is, at a minimum: Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation or an act or failure to act which presents an imminent risk of serious harm.

These are the federal/national definitions for child maltreatment, however; each state is responsible for providing its own definitions of child maltreatment in both the civil and criminal context.

U.S. Department of Health and Human Services (2000) notes there are four main types of child maltreatment: physical abuse ("infliction of physical injury"), child neglect ("failure to provide for the child's basic needs"), sexual abuse ("includes fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials") and emotional abuse

(psychological/verbal abuse/ mental injury) ("includes acts or omissions by the parents or other care givers that have caused, or could cause, serious behavioral, cognitive, emotional, or mental disorders"). Again, there are also state definitions for each of these types.

Heller, Larrieu, D'Imperio & Boris (1999) noted concerns about the practice of combining these types of abuse and neglect all into the one category of child maltreatment. There have been several studies which have noted that each type of maltreatment may negatively affect the child but the effects may differ depending on the type of maltreatment (Cicchetti & Toth, 1995; Erikson, Egland & Pianta, 1989; Kaufman, Cook, Arny, Jones & Pittinsky, 1994).

Effects of Child Maltreatment

Much research has been done regarding how child abuse and neglect affects its victims. Lowenthal (1999) stated there are neurological, psychological and cognitive consequences for children who have been maltreated. She reports that negative environmental events can cause malfunctioning of the regions of the brain responsible for the regulation of affect, empathy and emotions. Neuberger (1997) studied adults who had been continuously abused as children. His findings indicate that the prolonged stress of maltreatment led to a shrinkage in the areas of the brain

Augsburg College Library

responsible for memory, learning, and the regulation of affect and emotional expression. Perry (1993) found that the brains of maltreated children can be 20 to 30% smaller than those of their non-maltreated peers.

Maltreatment has been found to disturb the attachment process. This affects the child's ability to cope with stress, regulate emotions, benefit from social supports, trust their environments, form nurturing and loving relationships, and establish self-identity and self-worth (Thurman & Widerstrom, 1990; Barnett, 1997; Moroz, 1993 cited in Lowenthal, 1999). James (1994) found that survivors of child abuse and neglect tend to avoid intimate relationships because they believe that getting close to someone else increases their vulnerability and lack of control.

Maltreatment may have a negative affect on a child's ability to learn. Maltreated children, on average, score lower on cognitive measures and demonstrate poorer school achievement compared to their non-abused peers of similar socio economic backgrounds (Barnett, 1997; Vondra, Barnett & Cicchetti, 1990). As these kids get older, they are considered more at-risk for school failure and to drop out than their non-maltreated peers (Kurtz, Gaudin, Wodarski & Howing, 1993; Lowenthal, 1999).

These effects of maltreatment are staggering, however, it has been found that not all children who suffer abuse and neglect exhibit these deficits. These children have been called "resilient." Resilience is a concept based on the idea that certain factors in and around a person help them overcome diversity/trauma. The strengths perspective provides a helpful framework for identifying and focusing on these factors.

The Strengths Perspective

Our culture today is very focused on what's "wrong" with people. All we have to do is turn on the television or radio to see and hear all the tools we can buy to "fix" our weaknesses and vulnerabilities. The strengths perspective is a way of thinking about individuals and families and how to work with them. Working in the strengths perspective involves doing everything in order to help "to discover and embellish, explore and exploit clients' strengths and resources in the service of assisting them to achieve their goals, realize their dreams, and shed the irons of their own inhibitions and misgivings" (Saleebey, 1997). One of the basic principles of the strengths perspective is that "every individual, group, family, and community has strengths" (assets, resources, wisdom and knowledge) (Saleebey, 1997). There are some situations in which these strengths are obvious, but even when it is not obvious, strengths are

present and need to be sought out. For example, a child who may struggle at school with academics and social peer interactions, may be a brilliant artist. A family unit where the children have been maltreated, may have an extended family or a strong church community willing to provide additional support so the need for safety can be met. Another basic principle notes that people's experience of "trauma and abuse, illness, and struggle may be injurious but they may also be sources of challenge and opportunity" (Saleebey, 1997). This refers to people acquiring traits and characteristics through their experiences that may serve them well throughout their life. There can be a sense of accomplishment about having met the challenges presented and surviving. This is also referred to as "survivor pride" (Wolin & Wolin, 1993). A third basic principle is to "assume that you do not know the upper limits of the capacity to grow and change and take individual, group and community aspirations seriously" (Saleebey, 1997). The potential in an individual or community working toward a purpose is not able to be measured. It is crucial that social workers believe the family/individual has the ability to change to improve their situation. Sometimes, families/individuals know how they want their situation to be different but don't truly believe it can be different. Professionals working in the strengths

perspective should empower individuals and families to focus on the positive aspects of their lives and use them as a primary tool to achieving their goals and dreams. This requires that the professional truly collaborate with the individuals and families with whom they work, looking to them as the experts. Collaboration as best way to serve individuals and families is another basic principle of the strengths perspective (Saleebey, 1997). The final principle is that "every environment is full of resources" (Saleebey, 1997). The role of the social worker is to help the family/individual identify the resources available to them in their environment.

Working in the basic principles of the strengths perspective help social workers to work with families and individuals to identify their goals and dreams and then utilize the assets, wisdom and resources already available in/to them to achieve these goals and dreams.

Resilience Defined

The Random House Webster's College Dictionary (1991) says that resilience is "the power or ability to return to the original form, position, etc., after being bent, compressed, or stretched" and also the "ability to recover readily from illness, depression, adversity, or the like" (p. 1146). Resilience is a concept that can apply to children and adults alike, as all age groups experience

traumatic or stressful life experiences (job changes, moving, divorce, etc).

Studies on resilience have sought to understand how children who are subjected to risk factors in childhood nevertheless develop satisfactorily (Rak & Patterson, 1996). The focus of these studies is on salutogenesis, the origins of health (Hauser et al., 1985). Contrary to the research of risk which studies pathology, research on resilience focuses on a person's healthy adaptations. This forces examination of individual strengths as well as strengths of the family, culture, and community. In their study of resilience as it applies to children, Masten, Best and Garmezy (1990) defined resilience as "the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances" (p. 426). Many personality factors of resilient children versus children who become overwhelmed by risk factors have been identified through longitudinal studies. These characteristics include: an active approach toward problem solving, an ability from infancy on to gain others' positive attention, an optimistic view of their experiences even in the midst of suffering, ability to maintain a positive vision for a meaningful life, an ability to be alert and autonomous, a tendency to seek out novel experiences, a proactive perspective (Garmezy, Masten, & Tellegen, 1984; Rutter,

1983, 1985, 1986; Werner, 1984; Werner & Smith, 1982) and high self esteem (Marton, Golombek, Stein & Korenblum, 1988; Beardslee & Podorefsky, 1988). It has also been found that many resilient children have a number of mentors outside their family throughout their development (Werner, 1984, 1986; Garmezy, Masten, & Tellegen, 1984; Beardslee & Podorefsky, 1988; Dugan and Coles, 1989)

Resilience in Maltreated Children

There have been studies to measure resilience in children who have suffered abuse and neglect. Heller, Larrieu, D'Imperio, and Boris (1998) note the following characteristics of resilience in maltreated children: highly developed cognitive skills (Herrenkohl et al., 1994), positive self-concept (of high self-esteem or self regard) (Cicchetti et al., 1993; Moran & Eckenrode, 1992), internal locus of control (Moran & Eckenrode, 1992), ego-resilience ("the ability of an individual to modify his/her level of ego-control in response to his/her environment; ego-control involves the susceptibility or vulnerability of one to his/her environment")(Block & Block, 1980 cited in Heller et al., 1999; Cicchetti et al., 1993), and presence of a sensitive, consistent and safe care giving environment (Egeland et al., 1993).

Interventions for Child Maltreatment

Kolko, et. al. (1999) noted six primary service categories: child out-of-home placement, crisis intervention services (e.g., family preservation), family services (e.g., family and/or marital counseling, housing, family recreation, legal services), caregiver/adult services (e.g., individual and/or marital counseling, chemical dependency treatment, life skills training), child services (e.g., individual and/or group therapy, probation) and miscellaneous (e.g., evaluation/testing). Most current literature is focused on out-of-home placement and crisis intervention services such as family preservation.

It appears that interventions are chosen based on the social worker's personal views and ideas about the interventions themselves. If a worker feels strongly about family preservation, they will be more likely to choose alternatives to out-of-home placement, despite the presenting family situation. It is easy to see positive and negative outcomes from removing a child from his/her biological family in a case of child maltreatment. However, there do not seem to be any clear guidelines to help workers determine whether or not out-of-home placement is the best option for the child. Schuerman, et. al. (1999) found that, when presented with case scenarios, experts (people with high levels of education and reputable experiences in the

child welfare field) and social workers (whose main work activity was investigating abuse and neglect) did not reach a strong consensus on how to appropriately intervene in cases of child maltreatment.

Out-of-home placement can mean many different things. Children can be placed in shelter care, foster care, group homes, and residential treatment facilities. These placements can range in length from a day or two to several years.

Family preservation services (FPS) are intensive home-based services that "seek to reduce the risk of future harm to children so that they can remain in their own homes safely" (Littell, 2001, p. 103). FPS include parent education, counseling, assistance with household chores, material aid, referrals to other community resources and advocacy. Most FPS programs are intense but last between 1 to 4 months, involving up to 15 hours of face-to-face contact between workers and families per week (Littell & Tajima, 2000).

Resilience and Interventions for Child Maltreatment

It seems that interventions are chosen based on risks rather than resilience. For example, if a child is endangered due to chemical use in the home, assessment and treatment for the chemical dependency issues are common interventions. In a study by Schuerman, Rossi and Budde

(1999), it was concluded that information gathered by social workers was not enough to insure an effective intervention would be chosen. The information in this study was information referring to risk factors found in the family. The authors note "improved training of investigative workers on decision making will be central to any efforts in improving the outcomes of their work" (Shuerman, et. al., 1999, p.616). Ronnau and Poertner (1993) note that while the strengths perspective and resilience are seen as important, "a specific and practical means for identifying and using them is missing" (p.20). "Many assessment forms include a token space for recording strengths, but such efforts are usually minimal when compared to the time and energy used to identify problems and deficits" (Ronnau & Poertner, 1993, p. 20). Improved identification of resilience and strengths in the family is another area that could improve intervention effectiveness.

Gaps in the literature

It has come to the researcher's attention that there has been no research done addressing child protection intervention decisions based on resilience and strengths in children and families. Once an intervention has been chosen, some models, such as family preservation use strengths perspective in their implementation. Until an

intervention has been chosen, the focus is on risk and deficit rather than strengths and resilience. Viewing child protection in this way will require a paradigm shift for most. While referrals for child protection will continue to be made based on family deficits, isn't it possible that interventions building on family strengths (rather than deficits) could produce more effective outcomes for the families being served?

Another gap in the literature again involves definition and how it is operationalized. Most studies of resilience agree on the conceptual definition of resilience but choose different ways to operationalize it. Once outcome measures are chosen, researchers have defined competence in different ways. Because it is defined and measured differently in each study, it is difficult to draw broad conclusions about resilience in maltreated children. Rutter (1990) suggests changing the focus from single resilience factors to "considering the developmental processes that promote adaptive functioning" (Heller, et al., 1999).

CHAPTER III: METHODOLOGY

Chapter three begins with the research design, followed by the research questions addressed in the study, and the key concepts and operational definitions. The chapter continues with a description of the study population, data collection, data analysis and measurement issues. The chapter concludes with a summary of the methodology.

Research Design

This study is an exploratory study using quantitative methods. A cross-sectional, self report, mailed survey was used. The study explores County Child Protection Social Workers' perceptions about resilience.

Research Questions

The research questions addressed in this study are as follows:

1) What are the perceptions that Child Protection Social Workers have about resilience?

2) How is social worker self appraisal of use of resilience in interventions consistent with their rating of resilience of children in their professional career?

Key Concepts and Operational Definitions

The key concepts and their operational definitions are as follows:

Child Maltreatment is defined in this research as physical abuse, sexual abuse and neglect. Each of these components should also be defined. **Physical abuse** is defined as infliction of physical injury. **Sexual abuse** is defined as fondling a child's genitals, intercourse, incest, rape, sodomy, exhibitionism and commercial exploitation through prostitution or the production of pornographic materials. **Neglect** is defined as failure to provide for the child's basic needs.

A **risk factor** is a process or element which in the context of an individual's development and environment makes one more vulnerable to a negative outcome.

A **protective factor** is a quality, a mechanism, or a process which supports the individual through his/her development and alters or alleviates his/her response to an environmental hazard.

For the purposes of this study, the basic working definition of **resilience** is "the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances" (Masten, Best & Garmezy, 1990, p.426).

The Study Population

The study focuses on defining resilience in children who have experienced maltreatment. In the state where the

study was conducted, Child Protection is handled by each county. In the specific county, there are different Child Protection social workers for different levels of county involvement (Community Based First Response, Investigation, Up Front, Field, etc.). For this study, the sample is made up of Child Protection Field Workers because these are the social workers who have ongoing contact with families after a determination of maltreatment has been made by an investigating worker. The field workers are able to observe children for longer periods of time because these cases are more ongoing and long term.

Data Collection

Instrument Development

The survey utilized for this study was specifically developed by the researcher for this study from the literature reviewed. It addresses several characteristics of resilience measured in previous research studies in an attempt to discover which characteristics are identified by Child Protection Social Workers. The instrument uses a Likert scale and asks social workers to rate their level of agreement with different statements. The statements address characteristics of resilience as seen by social workers in their clients. One question uses a Likert scale to report whether their perceptions of resilience affect the interventions chosen for families. One section of the

instrument asks social workers to rank various interventions from most often used to least often used. Two questions asked social workers to comment further on characteristics of resilience and interventions. The final section of the instrument gathered demographic information. (See Appendix A)

The instrument was pre-tested by two County Social Workers who no longer work doing Child Protection Field Work, but rather work in a different department of County Social Work. They were asked to complete the survey and give suggestions regarding clarity of questions and other issues they perceived. This feed back was used to modify the survey. After modified, another social worker was asked to review the survey. None of the social workers involved in the pre-testing participated in the survey.

Data Collection Process

The County Institutional Review Board (IRB) requested that social worker names remain confidential. This researcher prepared envelopes containing the survey, a letter with an explanation of the project, a self addressed/stamped return envelope and a lollipop. These envelopes were taken to the County contact person who distributed them to unit supervisors to distribute to their social workers. This researcher allowed for one week to distribute the surveys and two weeks for social workers to return the surveys. Two weeks following the initial

deadline, a second set of envelopes containing a reminder letter, another copy of the survey and a self addressed/stamped envelope was taken to the County contact person to distribute. Completed surveys were sent to this researcher's mail box at Augsburg College.

Data Analysis

The data obtained for this research study was gathered from completed and returned self report surveys from County Child Protection Social Workers. Data was input into the Statistical Package for the Social Sciences (SPSS). Univariate analysis was done and descriptive statistics were used to summarize the characteristics of the data. The mean and median were calculated for each variable.

Human Subjects

Prior to starting the actual research, a research proposal was submitted to the Institutional Review Board (IRB) at Augsburg College. Another research proposal was presented to Hennepin County Department of Children and Family Services in conjunction with Augsburg's IRB process.

Respondents were assured that this research study is anonymous and confidential. This researcher did not receive a list of names from the County, but rather prepared the appropriate number of surveys to be distributed by the County. Completed surveys were sent directly to this

researcher's mailbox at Augsburg College. Individual survey responses will not be disclosed to the employing agency or any other agency. The information gathered is for research purposes only.

Measurement Issues

Both systematic and random error are present in this study. Systematic error exists in the social desirability bias. A social worker may answer the question a certain way in order to make him/herself look good. Another issue relating to systematic error is that social workers completing the survey may get tired and answer the same to all the questions or not complete the survey.

Random error looks to see if there are inconsistencies in the measurement. There is random error in this study because the instrument was not tested for reliability or validity. Random error is reduced by utilizing a self report survey with unbiased words.

The tool utilized to measure the variable is one that was constructed for the first time for this study. Different surveys and research articles were examined to come up with the survey. The reliability of this study will be questioned since there is no verification yet as to whether or not this survey instrument will yield the same result each time it is given to the same group of social workers. The validity of this tool has also not been

tested. The survey may be reliable but the validity may be compromised or reduced due to systematic error.

Summary

This chapter explained the methodology of the research study. This exploratory study utilized self report surveys to the study population. Once the data was returned, data analysis began. Chapter four will address the findings of the research study.

CHAPTER IV: FINDINGS

Chapter four begins with a description of the sample characteristics and then continues with a discussion of the survey results.

Characteristics of the sample

The research had a 20% response rate. After distributing the surveys twice to the 160 social workers, a total of 32 were completed and returned. Of the 32 respondents, 21 (65.6%) were female and 10 (31.3%) were male. When asked to identify their race/ethnicity, The majority of respondents (78.1%) identified themselves as Caucasian. There was one respondent (3.1%) identified in each of the following races: Native American, Asian, and Biracial (African American/Caucasian). Four respondents (12.5%) chose not to identify their race/ethnicity. The ages of respondents ranged from 27 to 62. The mean age was 42.5 years and the median age was 37 years. The number of years as a social worker ranged from 2.5 to 40. The average was 13.52 years and the median response was 10 years. The number of years as a Child Protection social worker ranged from 6 months to 32 years. The mean was 7.6 years and the median response was 2.5 years (See Appendix B). When asked to report their highest degree, 2 respondents (6.2%) said they had their Bachelor of Arts (BA). One respondent (3.1%) said their highest degree was a Bachelor of Social Work

(BSW). Seven respondents (21.9%) reported they had their Master of Arts (MA) and 2 (6.2%) said they received their Master of Science (MS). Nineteen respondents (59.4%) reported their highest degree to be a Master of Social Work (MSW). One participant did not respond to the question (3.1%) (See Appendix C).

Establishing eligibility of social workers

The first question on the survey asked the social worker to identify whether or not the children on their caseload have experienced substantiated maltreatment. The social workers were instructed not to complete the rest of the survey if they responded "Not Sure," "Disagree" or "Strongly Disagree." Thirty one respondents (96.9%) stated they agree or strongly agree that the kids have experienced substantiated maltreatment. One respondent (3.1%) responded "Not Sure" but completed the rest of the survey. This participant's responses were used in tabulating the data because this researcher decided the respondent must have had enough experiences with children who have experienced substantiated maltreatment in order to be able to complete the survey.

Resilience scores

Each participant was given a resilience score based upon their responses to questions number two through twenty-

five. These questions ask social workers to state their level of agreement with descriptions of resilient behavior seen in their clients. Each of these questions described a characteristic that may be seen in a client. Some of these characteristics were positive indicators of resilience and others were negative indicators of resilience. A positive indicator of resilience is a characteristic that can be seen as an asset for the client (e.g. Take an active approach to problem solving, have the ability to gain others' positive attention, etc.). A negative indicator of resilience is a characteristic that is seen as a barrier for the client (e.g. Have little confidence in their abilities, Are impulsive, etc.). The social worker was asked to answer how strongly they agreed or disagreed that the kids on their caseload displayed each characteristic. For each participant, a resilience score was tabulated. Each question was given a score of either +1, 0, or -1. All responses of Not Sure were given a score of zero. For questions that described a positive indicator of resilience, responses of Strongly Agree and Agree were given a +1 score and responses of Disagree and Strongly Disagree were given a score of -1. For questions that described a negative indicator of resilience, responses of Strongly Disagree and Disagree were given scores of +1 and responses of Agree and Strongly Agree were given scores of -1. Each survey was given one final resilience score determined by adding the

scores from questions number two through number twenty-five and dividing by twenty-four (the total number of questions).

The resilience scores ranged from -.83 to +.46 (See Appendix D). The median score was -.17 and the mean score was -.16. There were two resilience scores (-.08, -.38) that appeared most often (three times each). Two participants (6.3%) received a resilience score of zero. These participants were equally likely to see resilience as not. There is also an equal likelihood that they do not know what they are seeing in terms of resilience when faced with a child. Twenty-one participants (65.6%) had a resilience score between zero and negative one (-1)(negative resilience score). Nine participants (28.1%) had a resilience score between zero and one (+1)(positive resilience score)(See Appendix E).

Of the nine positive resilience scores, all nine (100%) had a Master's level degree. Six (67%)of those respondents reported their highest degree to be a MSW, two (22%) stated their highest degree to be a MA and one (11%) reported having a MS. These social workers ranged in years of experience in social work from three years to twenty- five years, with one participant not responding. The mean number of years on social work for these nine participants was 8.38 years. These same nine social workers reported their years of experience in Child Protection ranged from .5 years to 16 years with a mean of 3 years of working in Child Protection.

Five of the nine social workers reported having one year or less experience in Child Protection.

As noted above, nineteen of the thirty-three participants (59%)were MSW level social workers. The MSW social workers had resilience scores that ranged from -.83 to .46. This range is the same as the entire sample. The mean resilience score for MSW social workers was -.13. This is slightly higher than the entire sample's mean resilience score of -.16 (See Appendix E).

Question number 26 asked social workers to list other characteristics of resilience they see in their practice. Responses given were: "protest when others do not respect them"; "kids doing well in school, seeking out people outside the family for support, significant survival skills"; "Despite terrible circumstances, they are still alive! Some are able to change, to get sober, to show love to their kids even if they never got it as kids."; "Adults who were abused as children NOT repeating the actions with their own children"; "they are able to form strong attachments, but they aren't always positive"; "resilient kids seem to have a better sense of humor"; and "strong denial base".

Social worker self appraisal

Question number twenty-eight asked social workers to rate their level of agreement with the following question: *My perceptions of resilience affect the interventions I*

choose for the family. Sixteen (50%)respondents strongly agreed or agreed with this statement. Six (18.8%) participants noted they were unsure. Eight (25%) disagreed and no respondents reported they strongly disagreed. Two (6.2%) participants did not respond to this question (See Appendix F).

Sixteen respondents stated they agreed or strongly agreed that their perceptions of resilience affect the intervention chosen for the family. Six (18.8%) had a resilience score between zero and positive one and agreed or strongly agreed. Nine (28.1%) respondents had a resilience score between negative one and zero and agreed or strongly agreed. One (3.1%) respondent had a resilience score of zero and agreed. Respondents who did not respond or reported they were unsure (8 total) all (100%) had a resilience score between negative one and zero. Eight (25%) respondents disagreed that their perception affects their intervention choice for families. Three (9.4%) respondents had a resilience score between zero and positive one and disagreed. Four (12.5%) had a resilience score between negative one and zero and disagreed. One (3.1%) respondent had a resilience score of zero and disagreed (See Appendix F and Appendix G).

Of the nineteen MSW level respondents, who stated they agreed or strongly agreed that their perceptions of resilience affect the intervention chosen for the family (7

total), two (10.5%) had a resilience score between zero and positive one. Four (21.1%) respondents who agreed or strongly agreed had a resilience score between negative one and zero. One (5.3%) respondent who agreed had a resilience score of zero. Seven respondents did not respond or reported they were unsure (36.8%). All (100%) had a resilience score between negative one and zero. Five respondents disagreed that their perception affects their intervention choice for families. Three (15.8%) of those respondents had a resilience score between zero and positive one. One (5.3%) had a resilience score between negative one and zero and one (5.3%) respondent had a resilience score of zero. There does not appear to be a pattern of relationship between all respondents' answers and the answers given by MSW level social workers.

Question twenty-eight asked for social workers to explain their response about their level of agreement to the statement noted above. Respondents who strongly agreed or agreed noted the following comments: "I work toward client strengths and abilities; recognize how their decisions", "When spending time with clients, it can become apparent that they are wanting or not wanting change, are focused or not on getting kids back or keeping them - present and historical data can help me decide if client my respond to tx, etc. and how to do alternative planning.", "Try to get at family's needs through their inherent strengths.", "When

selecting referrals I use them according to the individual client's needs. Not sure what else you mean by this question?", "Try to create case plans that address the family individual needs.", "Children who are "doing well" despite their circumstances may not be referred for services as quickly as kids with obvious problems.", "I feel that people in general are more resilient when they possess tools for self-esteem, good health and positive relationships. I feel these tools are best obtained through therapy.", "If there is something to build upon I like to support pre-existing systems.", and "The interventions that I choose are based upon my perception of the family's need and receptivity to use them." Respondents to answered "Not Sure" added the following explanations: "I'm not certain I necessarily see a clear cause-affect relationship at this point.", and "I don't understand question". Participants who disagreed with the statement noted the following comments: "Legal guidelines take precedence to safety issues", "My perceptions of a family's strengths and weakness affect the interventions that I chose.", "I work with TPR [Termination of Parental Rights] cases. Most of my cases fail. So many of the children I work with have been in the "system" several times. I always have hope!", "We try to find safe environment for the child. No matter how resilient he/she seems to be.", "The interventions families end up with are usually based on the parents needs or

deficits but I do agree that they should be based on or take into consider[ation] more often the child strengths.", and "Overriding concern by the time I get the case is child safety. "Family strengths" get into the equation in a secondary way." One participant did not respond to the scale but noted the following comment: "I think constraints in the court system and the bureaucracy affect the interventions I choose."

Summary

Chapter four began with a description of the survey population. It continued by describing the eligibility of the social workers to complete the survey. Chapter four also included how the researcher determined resilience scores for each social worker and reported the resilience scores received by the sample. Chapter four concluded by reporting results regarding social worker self appraisal of resilience and comments made by social workers to explain their self appraisal.

CHAPTER V: DISCUSSION

Chapter five begins with a discussion of the findings, continues with the limitations of the study and concludes with implications for future practice, policy and future research.

Findings

The literature identifies many characteristics of resilience in children and, more specifically, in children who have experienced maltreatment. This research attempted to ask child protection social workers to rate their level of seeing these characteristics in children on their caseload. A positive resilience score indicates that the social worker is able to identify resilience characteristics in the children they serve. A negative resilience score indicates a lack of ability to identify those characteristics. The majority of social workers surveyed (65.6%) received a negative resilience score. The design of the survey may have effected the scores. Social workers commented that it was difficult to respond to the questions thinking about all the children on their caseload.

The literature also addresses different intervention choices for working with families and children experiencing maltreatment. This research asked social workers to rate their level of agreement that their intervention choices are effected by their perception of resilience. This researcher was interested in the level of agreement between the social worker's ability to accurately identify characteristics of resilience in the children they serve and their self appraisal of using resilience to choose interventions. Less than 50% of social workers (31.3%) had a resilience score consistent with their self appraisal of using resilience to choose interventions. This outcome was probably also effected by the survey design.

Limitations of the research

This study is an exploratory study which means one of its primary functions is "to provide a beginning familiarity with a topic" (Rubin & Babbie, 1997, p. 108). The study describes the population surveyed but can not be generalized across broader populations. One of the biggest limitations to this research is the abysmal response rate of 20%. The low response rate eliminates the ability to generalize this information even to other child protection social workers in the county surveyed. The low response rate also determines that these findings can not be deemed reliable.

Another limitation of this study has to do with validity. Social workers were asked to rate their level of agreement with statements about the children on their case loads. One of the possible answers was "Not Sure". Many social workers answered "Not Sure" to questions. It is unknown to this researcher what "Not Sure" means to each of these social workers. "Not Sure" could mean the social worker did not understand the question. It could also mean the children on their caseload could not all be answered in the same way. The social worker answered "Not Sure" since any other answer would not be true of all children on their case load.

Implications for practice, policy and future research

Rubin & Babbie (1997) noted, "the chief shortcoming of exploratory studies is that they seldom provide satisfactory answers to research questions" (p. 109). This exploratory study was a good example of this statement, however it does lead to many ideas for future research. One opportunity for future research would be to improve the design of this study. The survey tool asked interesting questions, but did not adequately answer the research questions presented. It is difficult to know, based on the survey, what really are social worker perceptions of resilience. There are many possibilities for reasons this survey may or may not have been difficult for social workers. Social workers may have

had difficulty identifying resilience characteristics in the children they serve because they do not understand the concept of resilience, they do not see these characteristics in the children they serve and/or because it is too difficult for the social worker to generalize about characteristics amongst all the children on their caseload. Future research could try to get at these questions by using a similar survey but asking the social worker to identify their level of agreement that this characteristic is indicative of resilience, then ask the social worker to fill out a survey with the same questions but asking to what level they see this characteristic in a child or children on their caseload. It may be useful to have the social worker think of one child on their caseload and then ask them to respond to how they think this one child compares to others on their caseload. Eliminating the "Not Sure" option may also be helpful.

This researcher also initially wanted to investigate the relationship between social worker understanding and identification of resilience and their intervention choices. However, there was no meaningful way to analyze the data gathered about this. Future research could focus on what factors social workers are using to base their intervention choices and whether or not they are using resilience based interventions.

This research leads to questions regarding a paradigm shift for child protection social workers. Much of child protection is currently based on identifying risks. What would be different if social workers consistently used a resilience based approach in their practice as opposed to a risk based approach? How could changes be implemented? Would it be effective?

Summary

This exploratory study did not adequately answer the research questions but found its strength in identifying many questions for further research. This chapter discussed many of the limitations of the study and elaborated on implications for future research, policy and practice.

REFERENCES

Barnett, D. (1997). The effects of early intervention on maltreating parents and their children. In M.J. Guralnick (Ed.), The effectiveness of early intervention (pp. 147-170). Baltimore : Brookes.

Beardslee, M. D., & Podorefsky, M. A. (1988). Resilient adolescents whose parents have serious affective and other psychiatric disorders: Importance of self-understanding and relationships. American Journal of Psychiatry, 145, 63-69.

Cicchetti, D., Rogosch, M. L., & Holt, K. D. (1993). Resilience in maltreated children: Processes leading to adaptive outcome. Development and Psychopathology, 5, 626-647.

Cicchetti, D., & Toth, S. L. (1995). A developmental psychopathology perspective on child abuse and neglect. Journal of the American Academy of Child and Adolescent Psychiatry, 34, 541-565.

Dugan, T., & Coles, R. (Eds.). (1989). The child in our times: Studies in the development of resiliency. New York: Bruner/Mazel.

Egeland, B., Carlson, E., & Sroufe, L. A. (1993). Resilience as process. Development and Psychopathology, 5, 517-528.

Erikson, M., Egeland, B., & Pianta, R. (1989). The effects of maltreatment on the development of young children. In D. Cicchetti, & V. Carlson (Eds.), Child

maltreatment: Theory and research on the causes and consequences of child abuse and neglect (pp. 647-684). New York: Cambridge University Press.

Garmezy, N., Masten, A. S., & Tellegen, A., (1984). The study of stress and competence in children: A building block for developmental psychopathology. Child Development, 55, 97-111.

Hauser, S. T., Vieyra, M. A., Jacobson, A. M., & Wertreib, D. (1985). Vulnerability and resilience in adolescence: Views from the family. Journal of Early Adolescence, 5 (1), 81-100.

Heller, S. S., Larrieu, J. A., D'Imperio, R., & Boris, N. W. (1999). Research on resilience to child maltreatment: empirical considerations. Child Abuse and Neglect, 23, 321-338.

Herrenkohl, E. C., Herrenkohl, R. R., & Egolf, B. (1994). Resilient early school-age children from maltreating homes: Outcomes in late adolescence. American Journal of Orthopsychiatry, 64, 301-309.

Hutchison, E. D. (1990). Child maltreatment: Can it be defined? Social Service Review, 64, 60-78.

James, B. (1994). Handbook for treatment of attachment-Trauma problems in children. New York: Lexington Books.

Kaufman, J., Cook, A., Arny, L, Jones, B. A., & Pittinsky, T. (1994). Problems defining resiliency:

Illustrations from the study of maltreated children. Development and Psychopathology, 6, 215-229.

Kolko, D., Selelyo, J., & Brown, E. (1999). The treatment histories and service involvement of physically and sexually abusive families: Description, correspondence, and clinical correlates . Child Abuse & Neglect, 23, 459-476.

Kurtz, P. D., Gaudin, J. M., Wodarski, J. S., & Howing, P. T. (1993). Maltreatment and the school-aged child: School performance consequences. Child Abuse and Neglect, 17, 581-589.

Littell, J. (2001). Client participation and outcomes of intensive family preservation services. Social Work Research, 25, 103.

Littell, J., & Tajima, E. (2000). A multilevel model of client participation in Intensive Family Preservation Services. Social Service Review, 74 (3), 405.

Lowenthal, B. (1999). Effects of maltreatment and ways to promote children's resiliency. Childhood Education, 75, 204-209.

Marton, P., Golombek, H., Stein, B., & Korenblum, M. (1988). The relation of personality functions and adaptive skills to self-esteem in early adolescence. Journal of Youth and Adolescence, 17, 393-401.

Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of

children who overcome adversity. Development and Psychopathology, 2, 425-444.

Moran, P. B., & Eckenrode, J. (1992). Protective personality characteristics among adolescent victims of maltreatment. Child Abuse and Neglect, 16, 743-754.

National Research Council (1993). Understanding child abuse and neglect. Washington D.C.: National Academic Press.

Neuberger, J. J. (1997). Brain development research: Wonderful window of opportunity to build public support for early childhood education. Young Children, 52, 4-9.

Perry, B. D. (1993). Medicine and psychotherapy: Neurodevelopment and neurophysiology of trauma. The Advisor, 6, 13-20.

Rak, C. F., & Patterson, L. E. (1996). Promoting resilience in at-risk children. Journal of Counseling and Development, 74, 368-373.

Random House (1991). Random House Webster's College Dictionary. New York.

Ronnau, J., & Poertner, J. (1993). Interdification and use of strengths: a family system approach.. Children Today, 22 (2), 20-23.

Rubin, A., & Babbie, E. (1997). Research methods for social work (3rd ed.). Pacific Grove, CA: Brooks/Cole Publishing Company.

Rutter, M. (1983). Stress, coping and development. Some issues and some questions. In N. Garmezy & M. Rutter

(Eds.), Stress, coping and development in children (pp. 1-42). New York: McGraw-Hill.

Rutter, M. (1985). Resilience in the face of adversity: Protective factors and resistance to psychiatric disorders. British Journal of Psychiatry, 147, 598-611.

Rutter, M. (1986). Meyerian psychobiology, personality, development, and the role of life experiences. American Journal of Psychiatry, 143, 1077-1087.

Shuerman, J., Rossi, P., & Budde, S. (1999). Decisions on placement and familiy preservation: Agreement and Targeting. Evaluation Review, 23, 599-618.

TenBensel, R. W., Rheinberger, M. M., & Radbilll, S. X. (1997). Children in a world of violence: The roots of child maltreatment. In M. E. Helfer, R. S. Kempe, & R. D. Krugman (Eds.), The battered child (5 ed., pp. 3-28). Chicago: The University of Chicago Press.

Thurman, S. K. & Widerstrom, A. H. (1990). Infants and younger children with special needs. Baltimore: Brookes.

U.S. Department of Health and Human Services (2000). Child Maltreatment 1998: Reports from the states to the National Child Abuse and Neglect Data System. Washington DC: U.S. Government Printing Office.

Vondra, J. I., Barnett, D., & Cicchetti, D. (1990). Self concept, motivation, and competence among preschoolers from maltreating and comparison families. Child Abuse and Neglect, 14, 525-540.

Werner, E. E. (1984). Resilient children. Young Children, 40, 68-72.

Werner, E. E. (1986). The concept of risk from a developmental perspective. Advances in Special Education, 5, 1-23.

Werner, E. E. (1992). The children of Kauai: Resiliency and recovery in adolescence and adulthood. Journal of Adolescent Health, 13, 262-268.

Werner, E. E. & Smith, R. S. (1982). Vulnerable but not invincible: A longitudinal study of resilient children and youth. New York: McGraw Hill.

Appendix A

Child Resilience

It should take you about 15 minutes to complete this survey. Most questions can be answered by circling the response that reflects your level of agreement to the statement based on your experiences in Child Protection with children who have suffered child maltreatment. You do not have to answer any questions that make you feel uncomfortable or cause undue stress. Your comments and suggestions regarding the survey are welcomed. Space has been provided for comments at the end.

Your decision whether or not to participate, and your responses for this survey, will not affect your employment and your relationship with Augsburg College. Your identity will not be known by anyone, including the researcher. Please return the completed survey in the enclosed envelope by ____. Returning a completed survey will be considered as your informed consent to participate in this study. Thank you for your time.

Your willingness to participate is greatly appreciated.

Please circle whether you Strongly Agree (SA), Agree (A), are Not Sure (NS), Disagree (D) or Strongly Disagree (SD) with the following.

	SA	A	NS	D SD
1. Children on my caseload have experienced substantiated maltreatment.	SA	A	NS	DSD

**If you circled NS, D, or SD, please skip to the demographics section and return the survey.

Children on my caseload:

2. Take an active approach to problem solving.	SA	A	NS	DSD
3. Have little confidence in their abilities.	SA	A	NS	DSD
4. Have the ability from infancy to gain others' positive attention.	SA	A	NS	DSD
5. Have an optimistic view of their experiences even in the midst of suffering.	SA	A	NS	DSD
6. Are impulsive.	SA	A	NS	DSD

7. Maintain hope for the future.	SA	A	NS	DSD
8. Use drugs and/or alcohol.	SA	A	NS	DSD
9. Have the ability to be autonomous (independent).	SA	A	NS	DSD
10. Have a spiritual connection.	SA	A	NS	DSD
11. Seek out novel experiences.	SA	A	NS	DSD
12. Are easily frustrated/angered.	SA	A	NS	DSD
13. Have a mental health diagnosis.	SA	A	NS	DSD
14. Have high self esteem.	SA	A	NS	DSD
15. Have average to above-average intelligence.	SA	A	NS	DSD
16. Know how to access community resources.	SA	A	NS	DSD
17. Have more than one mentor outside their family.	SA	A	NS	DSD
18. Are socially isolated.	SA	A	NS	DSD
19. Exhibit self control.	SA	A	NS	DSD
20. Have access to a sensitive, consistent and safe living environment.	SA	A	NS	DSD
21. Have one or more friendships.	SA	A	NS	DSD
22. Are unable to complete tasks.	SA	A	NS	DSD
23. Can identify community resources.	SA	A	NS	DSD
24. Have difficulty with transition/change.	SA	A	NS	DSD
25. Have a connection with their culture/racial identity.	SA	A	NS	DSD

26. Other characteristics of resilience I see in my practice:

____

____

____

27. Please rank the following interventions from 1 (most often used) to __ (least often used) on your caseload:

_____ out-of-home placement
_____ individual therapy for the child
_____ chemical dependency treatment for the parent
_____ family preservation services
_____ life skills training (parenting education, self care, etc.)
_____ basic needs assistance (housing, food, clothing)
_____ family/marital counseling
_____ probation
_____ legal services
_____ family recreation

28. My perceptions of resilience affect the interventions I choose for the family. SA A NS DSD

Please explain:

____
____
____
____

DEMOGRAPHICS

1. How long have you been a social worker?

2. How long have you been a Child Protection Social Worker?

3. What is your highest degree?

4. What year did you receive this degree?

5. What is your age?

6. What is your gender?

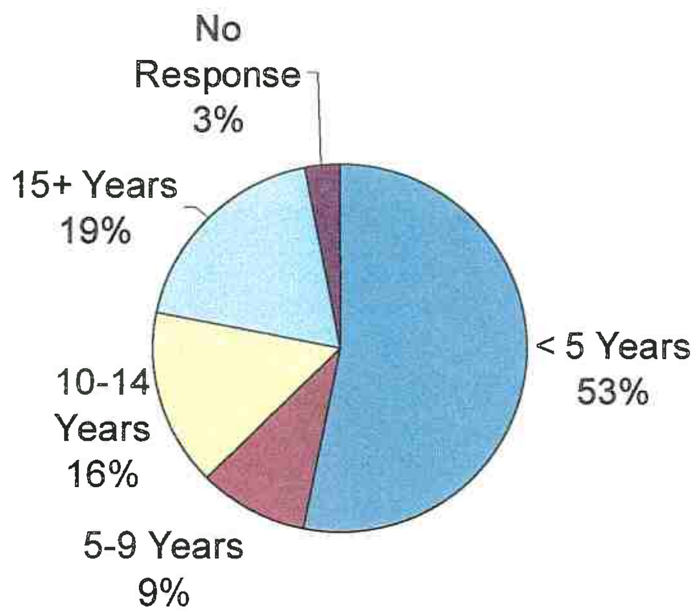
7. What is your race/ethnicity?

Comments / Suggestions:

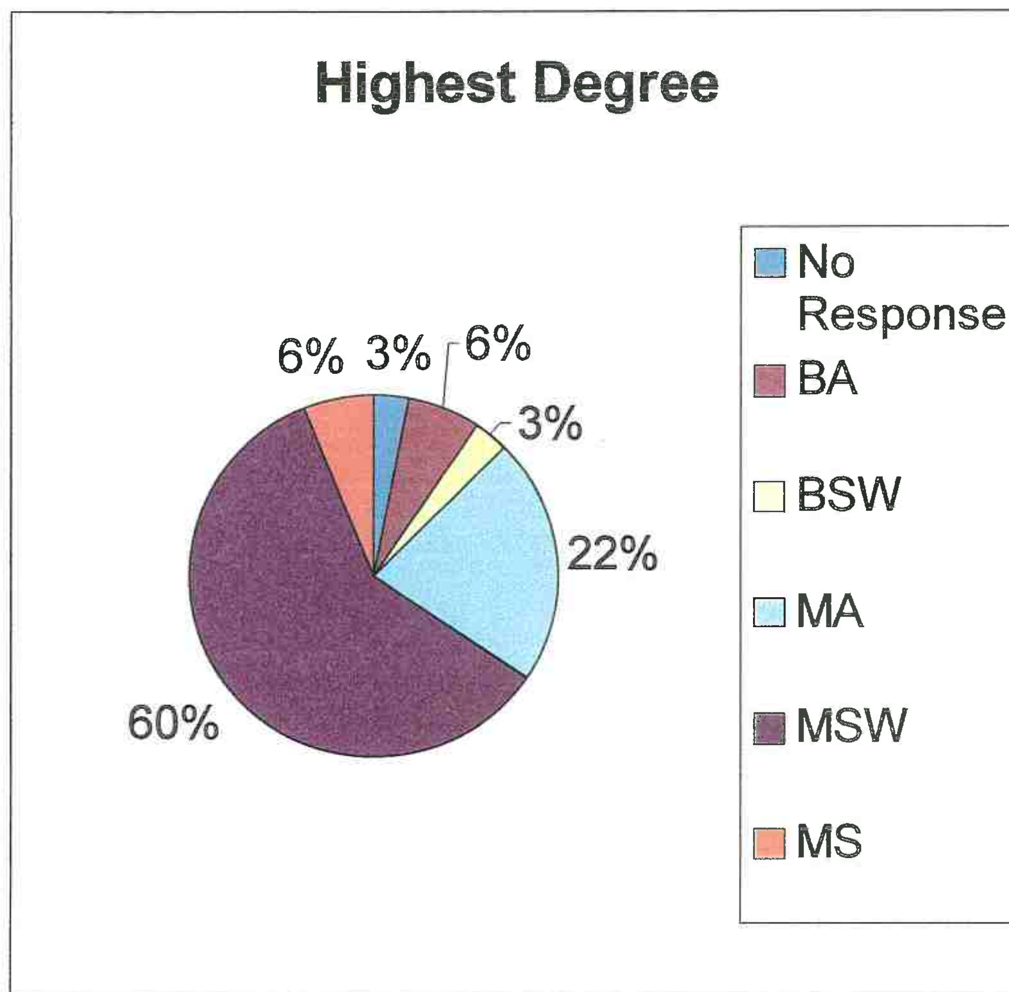
IRB# 2002-17-1

Appendix B

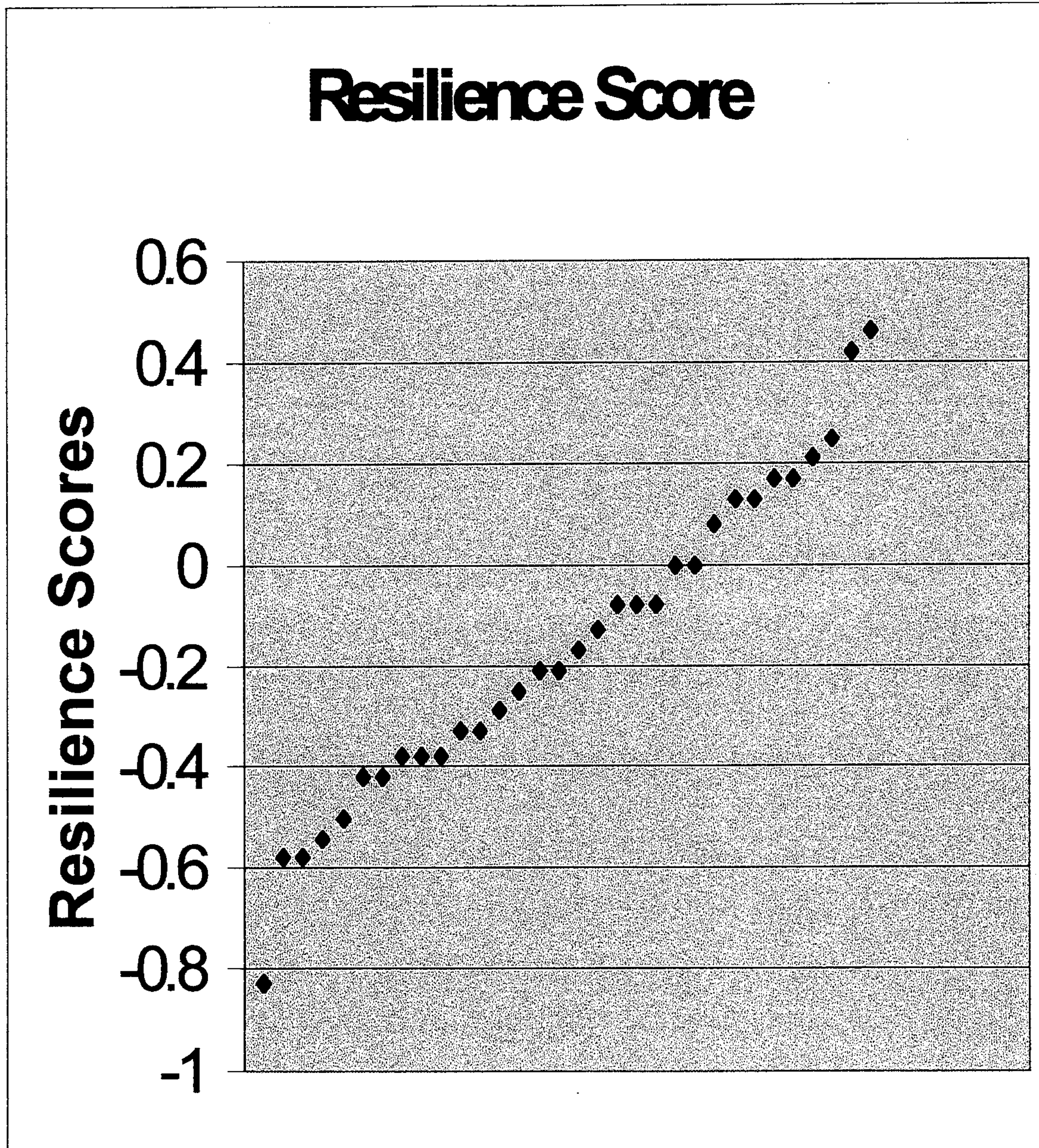
Years as a Child Protection Worker



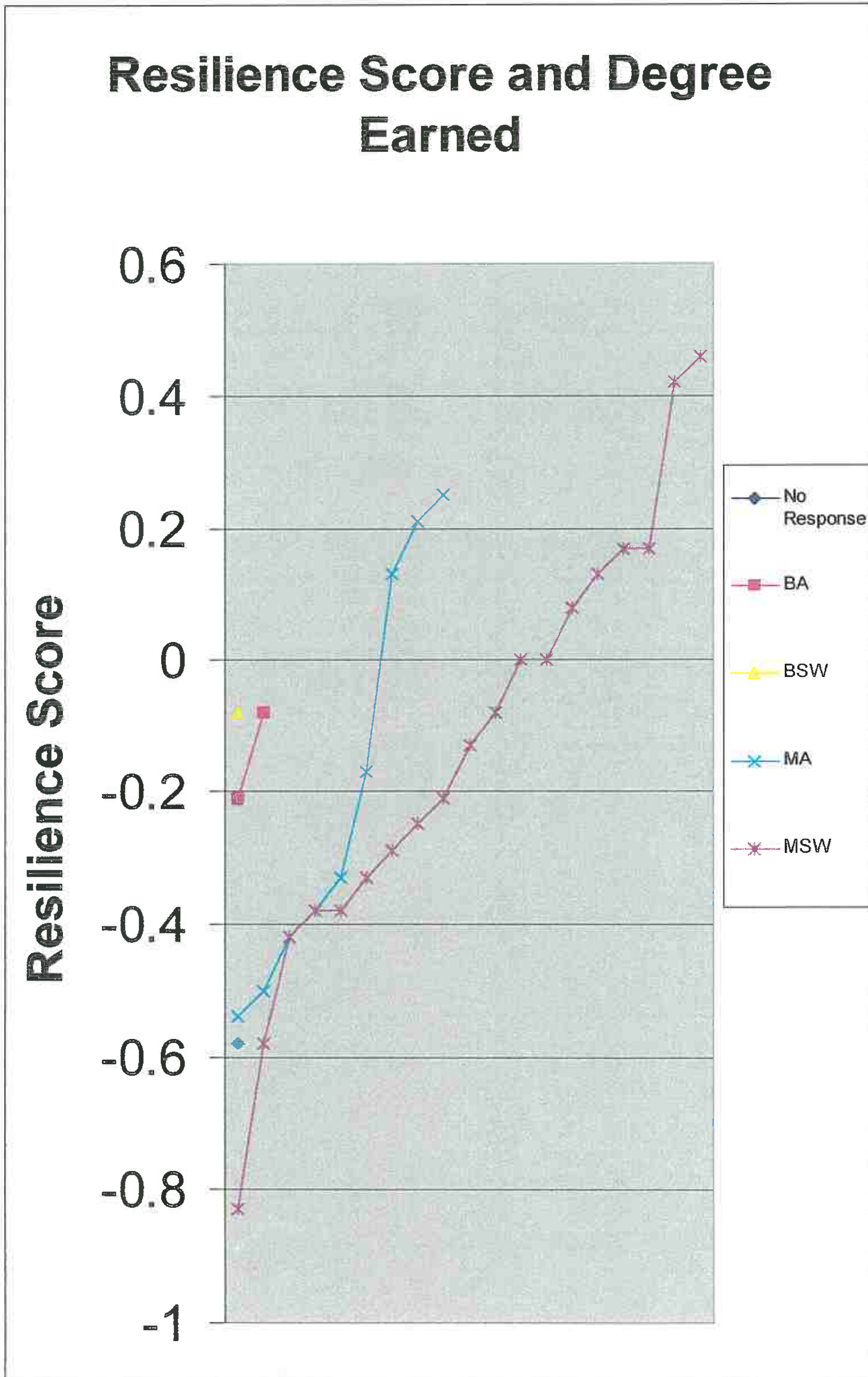
Appendix C



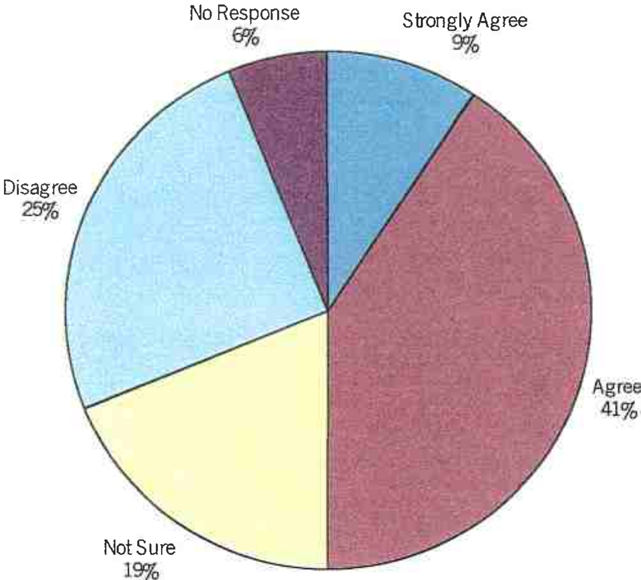
Appendix D

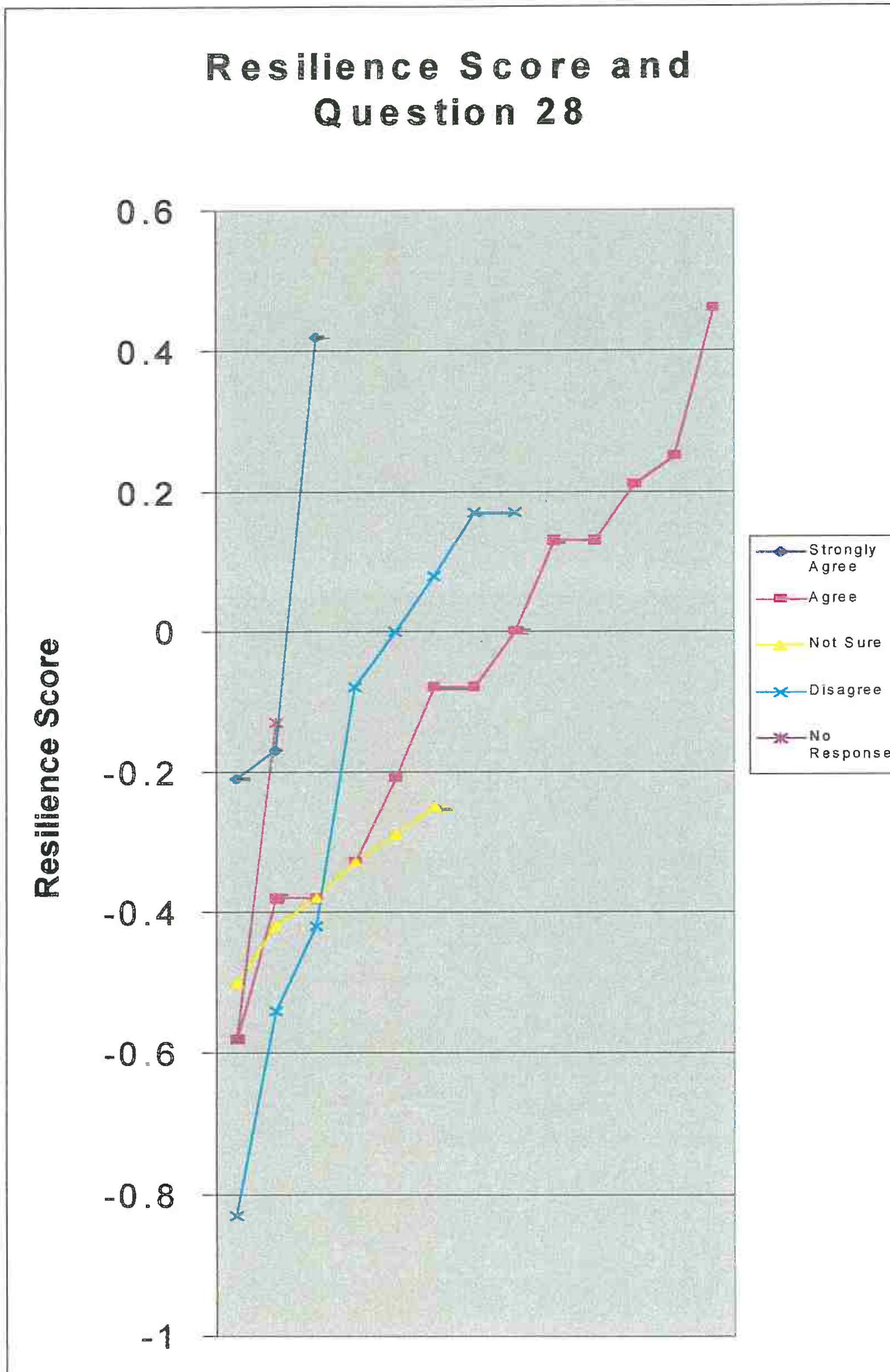


Appendix E



Appendix F




Resilience Score and Question 28
0.6
0.4
0.2
0
-0.2
-0.4
-0.6
-0.8
-1
Resilience Score
Strongly Agree
Agree
Not Sure
Disagree
No Response

Appendix H