Promoting resilience in adults with experience of intimate partner violence or child maltreatment: a narrative synthesis of evidence across settings

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ABSTRACT

Background People who have experienced intimate partner violence (IPV) or child maltreatment (CM) are at risk of having lower resilience and adverse psychological outcomes. In keeping with the social and environmental factors that support resilience, there is a need to take a public health approach to its investigation and to identify existing initiatives in particular settings and populations that can guide its deliberate promotion.

Method This narrative synthesis examines quantitative and qualitative studies of interventions with resilience-related outcomes in specified health and other settings. Clinical RCTs are excluded as beyond the scope of this review.

Results Twenty studies were identified for review in several settings, consisting of 14 quantitative studies, 2 review studies, 2 qualitative studies and 2 mixed-methods studies. Three quantitative studies produced strong evidence to support: a home visitation program for at-risk mothers; a methadone program for women and a substance abuse program. This review reveals that few studies use specific resilience measures.

Conclusions The topic has been little studied despite high needs for public health interventions in countries of all types. Interventions and research studies that use specific resilience measures are likely to help measure and integrate what is currently a disparate area.

Implications The participation of people with IPV or CM history in program and research design and implementation is indicated to support advocacy, innovation and sustainable interventions. This is especially pertinent for interventions in LAMIC and indigenous settings where continuing programs are sorely needed.

Keywords adults, mental health, public health

Introduction

Resilience is defined as ‘a dynamic process in which psychological, social, environmental and biological factors interact to enable an individual at any stage of life to develop, maintain or regain their mental health despite exposure to adversity’.1 People who have experienced intimate partner violence (IPV) or child maltreatment (CM) at the hands of others (IPV and CM history) are found in high prevalence at all life stages worldwide.2 IPV is defined by the World Health Organization as the exposure to physical, sexual or emotional abuse inflicted by a current or past intimate partner such as a spouse.2 CM is defined as any act of

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Injury, physical ill-health and functional impairment. While encourag- 
ing research questions and identifying studies to include. PICOS refers 
to the main components of study design—Patient, Intervention, Comparator, Outcome and Study design. Therefore, this review sought to 
exclude any study design other than randomized controlled clinical trials 
of any variation (e.g. cluster, double-blind, etc.), which were beyond the scope of this review.

In this review 'Comparator' is optional because it aims to assess 
all studies that report on interventions that influence resilience 
with IPV and CM history; provide insight into promising new 
treatments and provide additional evidence for effective interventions.

Method
This review used the PRISMA Guidelines for systematic reviews that recommend the PICOS framework for developing research questions and identifying studies to include. PICOS refers to the main components of study design—Patient, Intervention, Comparator, Outcome and Study design. Therefore, this review sought to examine studies that:

(i) assessed adults who had experienced IPV or CM (Patient);
(ii) assessed the impact of any intervention, program or variable associated with resilience, whether controlled or naturally occurring (Intervention) on resilience or resilience-related constructs;
(iii) consistent with the definition of resilience given above, assessed the effect of interventions, excluding individual clinical interventions, that sought to address mental health status, including addiction (Outcome);
(iv) reported any study design other than randomized controlled clinical trials of any variation (e.g. cluster, double-blind, etc.), which were beyond the scope of this review.

Exclusion criteria
Studies were excluded from the review if they used a randomized controlled trial design, where participants were children or adolescents or were adults with no history of IPV, or did not report an intervention or the intervention did not aim to promote resilience or resilience indicators.
Search terms
Combinations of PICOS terms were searched. ‘Patient’ terms—‘resilience’, ‘family violence’, ‘spousal abuse’, ‘domestic assault’, ‘battered women’, ‘child maltreatment’; ‘Intervention’ terms—program, intervention; and ‘Outcome’ terms—‘self-esteem’, ‘quality of life’, resilience, mastery, ‘social support’, suicide, violence, depress*, anx*, somat*, addiction, prison (Fig. 1).

The search was conducted using the following databases: Medline, CINAHL, Science Direct, Science Citation Index, Education Research Complete, National Criminal Justice Reference Service Abstracts and Global Health. This broad cross section of databases elicited a large number of initial hits (4766) which were scanned for eligible articles and guidance regarding search terms. Eighty-one abstracts were downloaded for assessment. Duplicates and articles that did not meet the PICOS criteria were removed and 26 full-text articles were assessed for eligibility. Six full-text articles were further assessed as not meeting the PICOS criteria. The remaining 20 articles were included in this review.

Assessment of the quality of studies
The Quality Assessment Tool for Quantitative Studies (QATQ) was used for assessing the quantitative studies.12 The QATQ rates studies on selection bias, study design, confounders, blinding, data collection methods, withdrawals and drop outs, intervention integrity and analyses to give an overall rating of strong, moderate or weak. A systematic review of assessment tools rated the QATQ as one of the ‘top tools’ available.13 Qualitative studies were assessed using Daly et al.’s14 hierarchy of evidence for assessing qualitative health research. This hierarchy rates studies on the basis of theoretical framework, sampling and data collection, data analysis and research conclusions from which four levels are derived. Level one evidence is produced by generalizable studies where sampling is focussed by theory with clear implications for practice or policy. Level two evidence is produced by conceptual studies where sampling is guided by theoretical concepts but the sample is limited and further research is needed before practice recommendations can be developed. Level three evidence is provided by case studies of single cases that alerts readers to the existence of new or unusual phenomena but has the least transferability to practice. Mixed-methods studies were assessed using the Mixed Methods Appraisal Tool (MMAT).15 The MMAT separately assesses the quality of the qualitative and quantitative aspects of studies, as well as the quality of the integration of the respective methodologies. The MMAT is a promising tool that

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4766 records identified through database searching  
4685 records scanned and excluded for: duplicates; lack of resilience, IPV or CM content; no intervention  
81 records screened  
55 records excluded after screening for PICOS criteria and removal of duplicates  
26 full-text articles assessed for eligibility  
6 full-text articles excluded—did not meet PICOS criteria  
20 studies included in qualitative synthesis

Fig. 1 Flowchart of review process for ‘resilience and IPV or CM’ search.
has been found to be reliable in preliminary testing. Studies are scored out of 100%.

Two assessors (K.M.S. and E.D.) independently reviewed the studies and discrepancies were resolved through discussion. The different types of evidence were integrated into a public health theoretical structure, focussing on settings.

Results

Twenty studies reported on resilience-related outcomes of interventions that included or were designed for people with a history of CM or IPV (see Table 1). A range of mental health, social functioning and personality measures of resilience-related outcomes were included in the review (see Table 1). Measures of mental health as an indicator of resilience promotion are justified with reference to the literature on the long-term mental health effects of CM. Herrman et al. note that ‘exposure to stressful events in childhood and adolescence is consistently shown to produce long-lasting alterations in the HPA axis, which may increase vulnerability to mood and anxiety disorders’. An important aspect of the need for this review is to attempt to integrate the disparate terms and measures that are used in discussing resilience promotion in this group.

Three studies reported strong evidence of effectiveness against their stated aims, being: a home visitation program (HVP) for at-risk mothers; a methadone program for women and a substance abuse program. However, strong evidence did not necessarily relate to successful resilience outcomes for people with a history of IPV or CM. Indeed history of IPV or CM was frequently associated with poorer outcomes that suggest a need to adapt programs to best serve these groups. We discuss our findings below by setting.

IPV survivor support settings

One study of 160 women who were survivors of IPV and receiving support through community domestic violence programs produced moderate evidence for the association of social support with quality of life and depression. Women with high levels of social support reported higher QOL and lower depression than those with low levels of social support. They also reported greater improvement in depression over time. This suggests that social support may buffer the effects of abuse, particularly psychological abuse. It could also reflect lower levels of support when psychological abuse occurs over longer periods, though this was not assessed in the study. Interventions that strengthen social supports, including those that complement clinical interventions, may have important resilience benefits.

Studies from the legal literature include a case study of a VOM program. There is evidence that VOM programs lead to reduced offending. This article describes the possible mechanisms by which VOM assists victims of CM. There is, however, little follow-up literature to confirm its efficacy as an intervention that increases resilience for people with a history of CM.

A cognitive restructuring intervention for adult survivors of CM recruited to a post-traumatic stress disorder (PTSD) outpatient clinic was described in a case study and small follow-up study. These studies described a phenomenon known as ‘feeling of being contaminated’ that led to distressing behavioral and emotional consequences for survivors of CM. Cognitive restructuring was found to be effective at reducing distress, symptoms of PTSD and feelings of being contaminated.

Welfare/employment settings

Welfare to work programs for example in the USA aim to find employment for long-term unemployed people. IPV and CM history has been associated with poor program outcomes for participants. For example, in one study of a large welfare-to-work program for people with disabilities it was found that longer support times were needed to achieve employment outcomes than were expected. Symptoms of post-traumatic stress among participants with a history of IPV or CM were identified by program staff as impeding participation in employment and psycho-education groups and mental health treatments were incorporated into the program. Precin suggested that incorporating assessment and treatment for PTSD stemming from a history of IPV and CM may assist in developing more successful programs. However conclusions from these studies must be treated with caution as these studies had a strong emphasis on program development reporting rather than study design and produced only a weak level of evidence.

Low- and middle-income countries and indigenous settings

No studies from low- and middle-income countries (LAMIC) and indigenous settings produced strong evidence. One qualitative study of women’s mental health in the Indian state of Maharashtra produced descriptive evidence that training volunteer village health workers improved the personal control of women. Because resilience was largely constrained by factors external to women, such as having a dependable husband and the sex of children, mental health was usually outside the direct control of women. By increasing economic participation and freedom of movement, the rural health...
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<th>Study</th>
<th>Sample/group</th>
<th>Intervention</th>
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<th>Learning and recommendations</th>
<th>Challenges and issues for review</th>
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<tr>
<td>IPV settings</td>
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<tr>
<td>Beeble et al. (2009)</td>
<td>160 survivors of IPV receiving support from community domestic violence programs. Women must have experienced IPV in preceding 4 months and had young children</td>
<td>Assessment of whether perceived social support affected the Quality of Life (QOL), depression over time</td>
<td>Depression, and QOL social support</td>
<td>Experimental design—Quality Assessment Tool for Quantitative studies (QATQ): Moderate</td>
<td>QOL related to psychological abuse, not physical. High levels of abuse and low social support have more severe and adverse sequelae over time</td>
<td>No intervention, however, this study shows the effect of ‘naturally occurring’ social support on resilience over time</td>
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<td>Ford-Gilboe (2011)</td>
<td>50 women accessing housing program for abused women (secondary reporting of pilot study of 30 women)</td>
<td>Intervention for Health Enhancement After Leaving (iHEAL) is a 6-month intervention that aims to strengthen the capacity to limit intrusion</td>
<td>Intrusion, health (including Post-Traumatic Stress Disorder—PTSD) and QoL measured</td>
<td>Descriptive review of program development and narrative reporting of two pilot projects. No assessment needed</td>
<td>Early pilot projects show promise. ‘Intrusion’ is a concept that workers found helpful. iHEAL may help with PTSD symptoms</td>
<td>Descriptive rather than conclusive evidence of effectiveness</td>
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<td>Gerlock (2004)</td>
<td>62 male veterans or active military who were perpetrators of IPV. Significant correlations between IPV in family of origin of perpetrator and current PTSD</td>
<td>IPV cognitive-behaviorally oriented rehabilitation program offered to military veterans. Groups include 4 weeks orientation, 26 weeks rehabilitation, maintenance 6 months of weekly meetings</td>
<td>Program completers had lower levels of stress and post-traumatic stress, higher self-ratings of relationship mutuality</td>
<td>Experimental design—QATQ: Weak</td>
<td>61% dropped out of the program. Program completion linked to improved resilience outcomes. PTSD in military veterans related to IPV in family of origin and decreased likelihood of program completion</td>
<td>Male IPV perpetrators likely to also be victims of CM. Non-completion of year-long programs that increase resilience is troubling</td>
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<td>Gustafson (2005)</td>
<td>1 case study reported of male victim of child sexual abuse</td>
<td>VOM program</td>
<td>Lower (symptom severity) PTSD scores</td>
<td>Qualitative study Level IV evidence</td>
<td>VOM reduced feelings of shame and embarrassment. Explanations for effect include neurophysiological factors</td>
<td>VOM appears effective in reducing offending. Small body of work on CM survivors. Research appears to be focussed prior to 2002</td>
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<td>Jung and Steil (2011) and Steil, et al. (2011)</td>
<td>Pilot study with 9 female participants</td>
<td>Cognitive restructuring intervention</td>
<td>Reduction in ‘Feeling of Being Contaminated’ (FBC), (Case study) and Pilot study using cohort</td>
<td>Effective on PTSD as well as FBC in small pilot. No dropouts indicate</td>
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<tr>
<td>Contaminated in adult survivors of childhood sexual abuse and its</td>
<td>Participants (n = 33) in employment program. 54.5% had the history of</td>
<td>Welfare-to-wellness-to-work program that emphasizes self-esteem, increased</td>
<td>PTSD severity and distress</td>
<td>design, QATQ: weak</td>
<td>acceptability and safety.</td>
<td>These results indicate promising intervention that needs large studies to generalize findings</td>
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<td>treatment via a two-session program of cognitive restructuring and</td>
<td>domestic violence, 49% addictions and 64% referred for mh counseling</td>
<td>self-care and wellness along with life skills</td>
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<td>imagery modification: a case study</td>
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<td>Welfare/employment program settings</td>
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<td>Thompson Martin et al. (2012)</td>
<td>Perceptions of self-esteem in a welfare-to-wellness-to-work program (USA)</td>
<td>Detailed assessment, training in life skills, basic education, work 'soft'</td>
<td>Getting and retaining work</td>
<td>Experimental design—QATQ: weak</td>
<td>Increased self-esteem and</td>
<td>Descriptive article that evaluates factors that contribute to welfare program outcomes</td>
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<td>skills, English, job skills, goal setting. Psycho-education support groups</td>
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<td>positive reports about program. Mainly female participants (88%)</td>
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<td>taught symptom management</td>
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<td>Precin (2011)24</td>
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<td>Challenges of welfare-to-work programs (USA)</td>
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<td>Apondi (2007)26</td>
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<td>Home-based antiretroviral care is associated with positive social outcomes</td>
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<td>in a prospective cohort in Uganda</td>
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<td>Kermode et al. (2007)25</td>
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<td>Empowerment of women and mental health promotion: a</td>
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<td>32 women associated with Primary Health Care project—16 Village</td>
<td>Comprehensive Rural Health Project (CRHP) trains volunteer VHWs and this</td>
<td>Increased community support, family support and</td>
<td>Experimental design—QATQ: weak</td>
<td>Home-based counseling service</td>
<td>Program not designed for IPV or CM samples, but IPV or CM history is common in this group</td>
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<td>relationship strengthening. Non-significant increase</td>
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<td>Increased civic and social engagement; reduced</td>
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<td>resilience factors (eg. Dependable husband, sex of</td>
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<th>Study</th>
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<tr>
<td>Qualitative study in rural Maharashtra, India</td>
<td>Health Workers (VHW) and 16 village women</td>
<td>Empowers individuals and communities</td>
<td>To economic resources due to participation in CRHP</td>
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<td>Tsey et al. (2007)</td>
<td>Individuals and communities of indigenous Australians</td>
<td>Family Wellbeing Program developed through Participatory Action Research with a group of stolen-generation indigenous people and university partner. Includes counseling, addressing grief and loss</td>
<td>Personal empowerment—enhanced sense of self-worth, resilience, active community efforts to address family violence, substance misuse and other mental health issues</td>
<td>Experimental design—QATQ: weak</td>
<td>Program developed by community members better than programs imported from outside the indigenous community. Creates personal change that leads to community change</td>
<td>Review article that quotes evidence from publications outside the parameters of this review. Commentary rather than evidence in this article</td>
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<tr>
<td>Prisons and violence program settings</td>
<td>104 female prisoners</td>
<td>15-week Parenting From Prison (PFP) program that covers child development, communication and self-esteem</td>
<td>Index of Self-esteem (ISE), Adult Adolescent Parenting Inventory (AAPI) classifies parent potential for child abuse, frequency of visits and letters from children</td>
<td>Experimental design—QATQ: weak non-random sample, no control group</td>
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<tr>
<td>Thompson and Harm (2000) Parenting from prison: helping children and mothers</td>
<td>197 batterers (84% male) who participated in a domestic violence treatment program. 31% of whom were victims of child abuse and 43% experienced DV in families of origin</td>
<td>Psycho-educational program that incorporates cognitive and skills-based interventions and feminist approach. 20 weekly group sessions</td>
<td>Reoffending rates</td>
<td>Experimental design: QATQ—moderate</td>
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<td>Tollefson and Gross (2006)</td>
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<tr>
<td>Zust (2009)²⁹</td>
<td>Groups of 10–12 incarcerated women—(previous studies reviewed to provide evidence of effectiveness)</td>
<td>INSIGHT cognitive therapy group program</td>
<td>Reduced depression, hopelessness, increased empowerment, self-esteem. Narrative analysis reported ‘rescuing self’, returns to study and employment</td>
<td>Review article—no rating</td>
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<td>Wright et al. (2012)¹⁹</td>
<td>213 substance using women (132, pregnant, 97 delivered) 55% history of CM, 62.5% history of IPV. Focus on methamphetamine users</td>
<td>Perinatal clinical and social services emphasis on harm minimization</td>
<td>Abstinence and relapse, depression, infant outcomes, maternal reproductive outcomes</td>
<td>Experimental design: QATQ—weak</td>
<td>History of domestic violence most important predictor of poor infant outcomes (AOR 5.7). Program resulted in low levels of post-partum depression; retaining custody of infant and low repeat pregnancy rates</td>
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<td>Bartholomew et al. (2005)³⁰</td>
<td>98 women receiving no fee outpatient methadone treatment; 40% had a history of sexual abuse and 60% no history of sexual abuse</td>
<td>Methadone program including counseling, medication and case management</td>
<td>Psychological status (incl. depression, anxiety, suicide, violence), self-esteem, drug use, family cohesion</td>
<td>Experimental design: QATQ—strong</td>
<td>Women with a history of sexual abuse more likely to report higher depression, anxiety, hostility and lower self-esteem. No differences between crime, employment and drug use</td>
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<tr>
<td>Morrissey et al. (2005)³¹</td>
<td>2087 women receiving treatment for substance abuse and trauma</td>
<td>Trauma-informed services compared with treatment as usual</td>
<td>Global Severity Index (GSI) from Brief Symptom Inventory for mental health status; post-traumatic symptoms severity</td>
<td>Quasi-experimental cohort analytic design: QATQ—moderate (no blinding indicated)</td>
<td>Both control and experimental groups improved at 6 months. PSS significant improvement, GSI non-significant improvement. Both PSS</td>
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Drug and alcohol treatment settings

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<tr>
<td>Pirard et al. (2005)(^\text{18})</td>
<td>Prevalence of physical and sexual abuse among substance abuse patients and impact on treatment outcomes</td>
<td>Day treatment or residential programs to address substance abuse (but no specific trauma treatment)</td>
<td>(PSS) at 6 and 12 months</td>
<td>Addiction Severity Index (ASI), Global Assessment of Functioning (aka DSM-IV, Axis V)</td>
<td>Experimental design: QATQ—strong</td>
<td>Participants with a history of IPV report more psychiatric treatments in 12 month follow-up after substance abuse treatment. Both groups improved drug outcomes</td>
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<tr>
<td>Waitzkin et al. (2011)</td>
<td>Promotoras as mental health practitioners in primary care: a multi-method study of an intervention to address contextual sources of depression (New Mexico)</td>
<td>Promotoras identify depression, assist patients to manage contextual sources and follow-up</td>
<td>Depression related to history of violence</td>
<td>Mixed-methods study: MMAT—75%</td>
<td>No statistically significant effect of Promotoras on depression, but significant implementation issues may have impeded quant. assessment</td>
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<td>Min et al. (2012)</td>
<td>Low trait anxiety, high resilience, and their interaction as possible predictors for treatment response in patients with depression (Korea)</td>
<td>Standard medication treatment administered through outpatients clinic</td>
<td>Depression (BDI), State anxiety (SAI), Trait anxiety (TAI), Alcohol use problem (AUDIT), Perceived Stress (PSS), Resilience (CD-RISC)</td>
<td>Experimental design: QATQ—weak (unclear whether confounders were assessed)</td>
<td>Interaction between trait anxiety and resilience significant predictor of treatment outcome within 6 months. Dep. patients with both high resil. and low TA 10 times more likely to achieve treatment response. History of trauma did not influence treatment response.</td>
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<td>Ammerman et al. (2009)(^\text{17})</td>
<td>Changes in depressive symptoms in first-time mothers in home visitation (USA)</td>
<td>HVP delivered by nurses and social workers provides psycho-education and case management to prevent CM and improve child outcomes. Also provides support</td>
<td>Depression (BDI-II), Trauma Inventory (TI) to measure the history of maternal trauma;</td>
<td>Experimental design: QATQ—strong</td>
<td>This study quantifies the impact of resilience on outcomes and draws attention to the role of anxiety independent of depression as a mediator of resilience</td>
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Continued
project that included training village health workers facilitated increased civic and social engagement and reduced discrimination, according to the women interviewed. Other LAMIC and indigenous studies also emphasized the external nature of resilience factors and indicated a need for interventions to increase the capacity for personal and local community action.26,27 This setting represents a substantial gap in knowledge about programs that increase resilience for people with a history of IPV and CM.

Prisons and violence program settings

Moderate evidence supported the findings of a program for ‘batterers’ who participated in a domestic violence prevention program.28 Thirty-one percent of ‘batterers’ had a history of CM and 43% experienced IPV in their family of origin. Eighty-four percent of batterers were men. This program found that history of IPV and CM was the most important predictor of recidivism and the authors recommended that ‘batterer programs’ need to incorporate treatment for substance abuse, and psychiatric diagnosis to improve outcomes.

A review of a cognitive therapy program for incarcerated women found that the prevalence of depression related to a history of IPV was high in this group. Treatment programs tend to favor medication-based treatments due to the prison setting; however, evidence suggests that group activity programs are more effective.29

Drug and alcohol treatment settings

Bartholomew found that a methadone program improved substance abuse remission rates, employment outcomes, crime and HIV risk behaviours for women both with and without a history of sexual abuse.30 However, participants with a history of sexual abuse were more likely to report higher depression, anxiety and hostility and lower self-esteem before and after the program than participants with no such history. Therefore, while the methadone program was effective at improving some aspects of resilience, mental health and self-esteem were not improved. Another study found that treatment for substance use among men and women who had a history of physical and sexual abuse improved substance abuse outcomes, but also found that uptake of psychiatric treatments increased following treatment.18 These studies indicate that while substance abuse treatments successfully address addiction outcomes they have little impact on mental health. The resilience of substance users is therefore only partially supported by these substance use treatment programs.

Morrissette et al.31 evaluated the large US Women, Co-occurring Disorders and Violence Study that aimed to develop new approaches to treat women with mental health
IPV or CM. This study demonstrated a moderate level of evidence for the integration of counseling for substance abuse, mental health problems and history of trauma into a comprehensive treatment program. Mental ill-health and PTSD symptom severity both improved as a result of the program. However, no significant effect for substance use outcomes, as measured by the Addiction Severity Index, was found.

Wright et al. studied a program that aimed to improve birth outcomes and developmental outcomes of the children of mothers using drugs and/or alcohol during pregnancy. Resilience outcomes from the program included lower levels of post-partum depression, more women retaining custody of their infant compared with previous pregnancies and low repeat pregnancy rates compared with controls. Poor infant outcomes were almost six times more likely among pregnant drug users with a history of IPV than those without a history of IPV.

Community mental health settings
Strong evidence supported a study of HVP for at-risk mothers. This study found that a history of IPV, along with young maternal age, being African American and clinically significant symptoms predicted worsening or lack of improvement of depressive symptoms in participants enrolled in the program. Ammerman et al. suggested that HVPs should consider the complex mental health issues faced by mothers and the knowledge that HVPs may be the only source of mental health support that at-risk, first-time mothers access (ibid). Assessing the mothers for a history of IPV, along with the other variables mentioned above, is important in providing services to this group.

Discussion
Taking a settings approach advocated in public health reveals a range of initiatives that potentially or actually promote resilience for people with a history of IPV and CM. These settings address specific aspects of resilience such as overcoming addictions, finding work, parenting skills and reduced recidivism and offending.

The main finding of this study
A key finding of this review is that recognizing both the presence of a substantial sub-group of people with experience of IPV and CM and the importance of acknowledging and addressing this experience and its consequences would likely strengthen the outcomes for programs and participants.

What this study adds
The review also identifies new trends and gaps in the literature such as research in LAMIC and indigenous settings. Economic participation and increasing the capacity for personal and local community action to control stressors appear to improve resilience. Training village health workers improved workers’ personal control. The research designs in these settings are largely qualitative and so far have not tested interventions. However, the work has a strong participatory focus using research studies to explore research questions through empowerment models. Welfare and employment settings have also recently identified IPV and CM history as a factor that affects program outcomes. A range of initiatives and specific interventions incorporated into these programs may improve resilience and other outcomes. Precin proposed that integrating treatment for PTSD within welfare-to-work programs is indicated. High-quality studies are needed to support and extend innovative recommendations such as these. The need and potential to adapt existing programs for people with IPV and CM history in settings where vulnerable people are found has been under-recognized.

What is already known about this topic
The identified studies from the prisons and violence programs have focused on programs for male perpetrators of IPV. The studies of these programs indicate that while recidivism can be reduced among men in this group, a personal history of experiencing (or witnessing) IPV and CM from others is associated with worse outcomes. This observation suggests a need for programs in prisons and other relevant settings that seek to address a history of IPV and CM among male perpetrators as one way to reduce recidivism. It is also recommended that treatment programs for substance abuse and psychiatric disorders be integrated to improve outcomes. This concurs with the recommendations proposed by the welfare and employment programs described here that integrating treatments is likely to lead to more successful outcomes.

Innovative research conducted in ‘IPV survivor support settings’ indicates that supporting social networks for women who experience IPV may be particularly important in ameliorating the effects of psychological abuse. Cognitive restructuring appears to assist women who experience feelings of being contaminated, and may be a promising approach to interventions in non-health settings. Introducing to prisons and substance abuse treatment settings trauma-focused non-pharmacological interventions is a promising area for future programs and research. VOM may assist adult survivors of CM, although preliminary findings need replication.
Limitations of this study

The review was designed to examine the public health approach to promoting resilience in various settings and hence excluded clinical RCTs as beyond the scope of the study. Preliminary work on a companion review of clinical RCTs reveals a paucity of studies. This review integrates mixed-method study designs and therefore conclusions about effectiveness are limited. Instead, the review aims to consider explanations for facilitators and barriers to successful implementation of resilience programs. Another limitation is the set of tools available for reviewing studies of different types. For example, the MMAT is one of the first mixed-methods tools to demonstrate adequate validity and reliability. However, because the tool is still under construction, caution must be used in interpreting results.

This review reveals that the topic has had little investigation despite high needs for public health interventions in countries of all types. Few studies use specific resilience measures. Interventions and research studies that use resilience measures such as the Resilience Scale for Adults,33 the Brief Resilience Scale34 and the O’Connor Davidson Resilience Scale35 are likely to help the measurement and integration of a currently disparate situation in these various settings is strongly indicated to support advocacy, innovation and sustainable interventions.37 This is particularly pertinent for interventions in LAMIC and indigenous settings where continuing programs are sorely needed.

References


23 Jung K, Steil R. The feeling of being contaminated in adult survivors of childhood sexual abuse and its treatment via a two-session