Understanding Resilience in the Context of Childhood Adversity

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INTRODUCTION

- Adverse childhood experiences (ACEs) are traumatic events occurring in childhood that have been linked to significant long-term negative health outcomes in children and adults (Merrick et al., 2019). More than 60% of children have been exposed to one or more forms of adversity such as abuse, neglect, household dysfunction, family or community violence, or discrimination, is widespread (Merrick et al., 2019; Bethell et al., 2014).
- Toxic stress as a result of ACEs negatively affects brain development as well as the nervous, endocrine, and immune systems, putting the child at risk for physical, behavioral and mental health disorders and increased health risk behaviors (Bethell et al., 2014; Kalmakis & Chandler, 2014; van Der Kolk, 2003).
- Although many children exposed to adversity experience negative health outcomes, some do not (Heard-Garris et al., 2018; Bowes & Jaffee, 2013). Resilience may act as a buffer to the development of negative physical and mental health outcomes in ACE-exposed children (Centers for Disease Control and Prevention, 2019).
- There is a lack of consensus as to what specific factors contribute to or demonstrate resilience, and no consistent definition, making the concept difficult to operationalize and measure (Heard-Garris et al., 2018).

PURPOSE

The purpose of this poster is to present a concept analysis of the term 'resilience' in the context of childhood adversity, utilizing the Walker and Avant method.

METHOD

The Walker and Avant (2019) method for concept analysis, a widely-used technique for exploration of the fundamental elements of a concept, was utilized to conceptualize the term resilience in the context of childhood adversity.



Resilience is a dynamic process of positive adaptation despite significant past or present adversity.

MODEL OF RESILIENCE

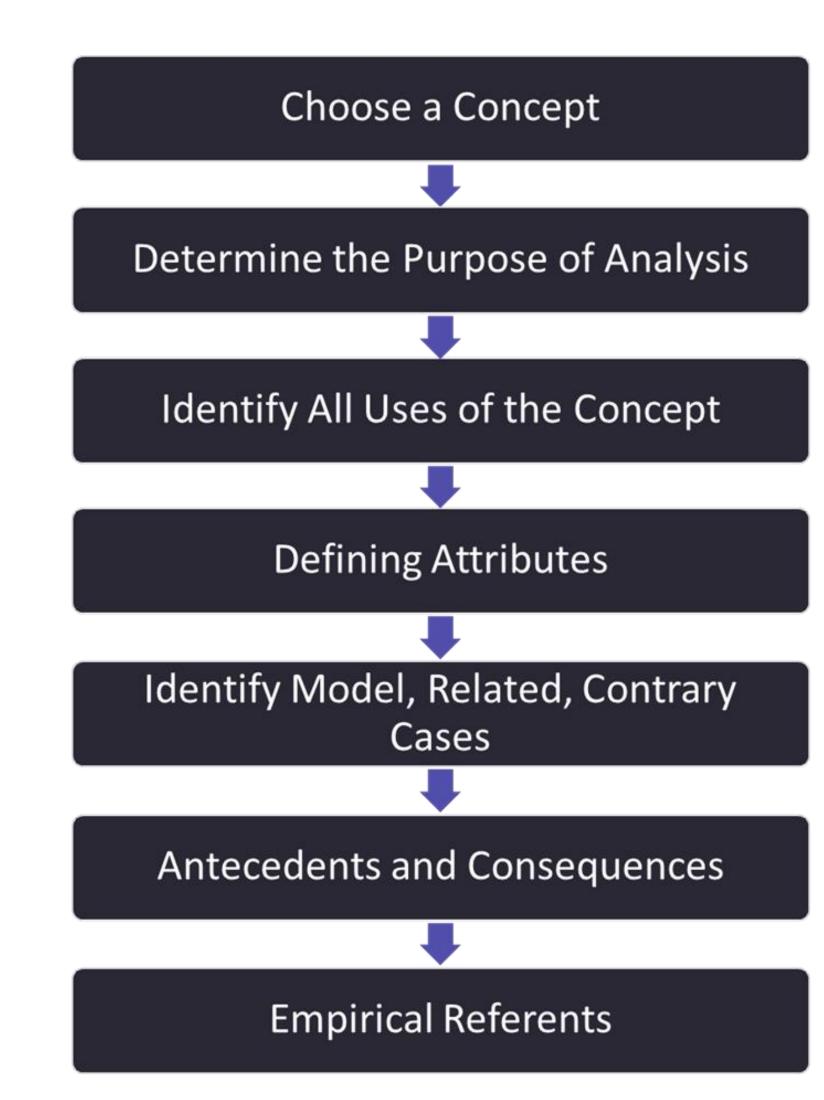
Resilience

The dynamic process of positive adaptation, social support, and self-efficacy, resulting in a return to previous or improved levels of growth, development, and/or function despite significant past or present adversity.

Defining Attributes Antecedents Consequences Positive adaptation Adverse event or Return to previous or despite significant improved levels ongoing adversity adversity of growth, Interpretation of development, and/or Social support/ adversity as stressful function connectedness or traumatic Self-efficacy **Empirical Referents** Self-esteem Perceived social support Psychological wellbeing

Figure 2: Proposed Antecedents, Defining Attributes, Consequences, and Empirical Referents of Resilience

METHOD



The Steps of Walker & Avant's (2019) Method of Concept Analysis

IMPLICATIONS

It is important for nurses and other providers caring for children to be knowledgeable about ACEs and the potential life-long impact on health outcomes that can result from exposure to childhood adversity. It is equally important for practitioners to be aware of any and all potential protective factors that may mitigate the effects of ACEs. It is clear that ACEs are widespread, and the consequences are dire (Merrick et al., 2019) The priority must be prevention, of both ACEs and the negative health outcomes for those already exposed. Resilience has been shown to be protective against the effects of ACEs, and so nursing must respond and make it a priority to understand ways in which we can measure and promote resilience in children (Lavoie, Pereira, & Talwar, 2016).

DISCUSSION

Clarification of the concept of resilience could inform future research on how resilience may impact the effects of ACEs on child and adolescent health. A clear concept of resilience in the context of childhood adversity can also facilitate further investigation into resilience screening in the pediatric care setting, as well as ways in which resilience can be promoted so that all children have the opportunity to reach their full potential.

