

Beyond
adversity:
giving
kids a
chance
to shine



Acknowledgments

Wesley Mission Research Department

Cris Abbu, Research Manager

Joanna Atkins, Senior Research Officer

Jacqueline Nelson, Research Officer

Wesley Mission

Fran Avon, Communications Manager

Graeme Cole, Public Affairs Manager

Linda Barclay, Public Affairs Officer

David Beattie, Senior Designer

Isha Henderson, Project Manager

Dinoo Kelleghan, Public Affairs Officer

Shelley Kirkwood, Production Manager

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Maddocks

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Report to guide children out of darkness

As part of Wesley Mission's commitment to serve the community by addressing the wider societal issues that cause severe, endemic problems for people in our care, I am pleased to present the third Wesley Report – *Beyond adversity: giving kids a chance to shine*.

For almost 200 years, Wesley Mission has sought to help the people of Sydney and beyond through a ministry of word and deed. During this time, we have seen many people who suffer from a range of problems that stem from their childhood experiences.

It is well documented that experiences of childhood adversity often have a negative impact that persists into adulthood. As a result, people can find themselves with a range of problems including addictions, mental illness and family breakdowns.

Thankfully, there are individuals who are able to overcome childhood abuse, neglect or dysfunction and go on to lead full, happy and productive lives. Some research suggests that up to two-thirds of people who experience childhood adversity can become competent adults.

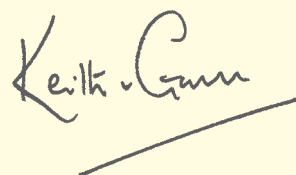
But there are still many people who do not become resilient to their adverse childhood experiences and as a result their suffering continues – often to the detriment of others.

This report helps us understand which factors assisted those individuals who became resilient, so that we can set in place measures that can help future generations overcome negative childhood experiences.

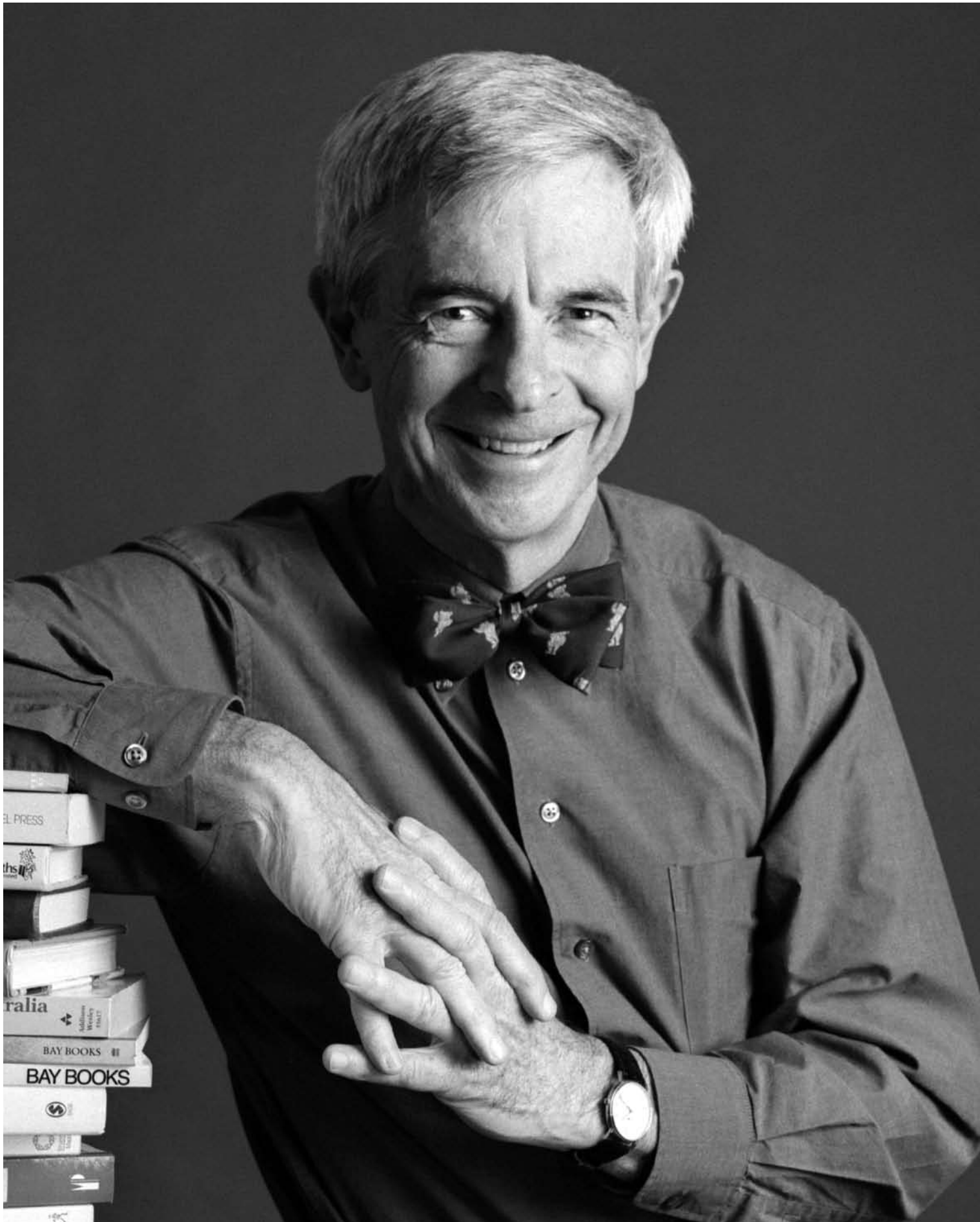
Building on our work in this area, this report also recommends a range of measures that can help people overcome childhood adversity. These recommendations require a whole of community approach – including governments, community service organisations and the wider community.

I trust that this report will see some fundamental changes to the way we, as a community, care for our younger generation so that they will grow up to be fulfilled adults who play a positive role in the community.

Warmly yours in Christ,

A handwritten signature in black ink that reads "Keith V. Garner". The signature is written in a cursive style and is positioned above a horizontal line.

Keith V. Garner



This realistic agenda needs unified action

If we suddenly found a problem which cost Australia around \$5 billion each year, we would expect a swift public outcry and a concerted effort by government and community groups to attack and reduce this problem.

Child abuse and neglect is one such problem, but our society has yet to see the effective, appropriately funded, national leadership that is required to raise children above the reach of such tragedy.

Perhaps this lack of national leadership has occurred partly because abused and neglected children are not highly visible and partly because we optimistically cling to stories of people who have been abused in childhood and who turn out to be well adjusted adults. If the latter is so, “what’s the problem” some may say. Well, there certainly is a problem. Abuse and neglect are bad for all children. For many, the adverse effects continue throughout their adult lives in terms of their inability to develop good interpersonal relationships, the development of mental health problems, alcohol abuse and even criminal behaviour.

While abuse and neglect is an extremely complex problem, with no simple answers, the study of abused children who have done well despite their abuse (the resilient ones), can offer some clues about how to ameliorate these adverse effects. That is what this report is about.

Wesley Mission is to be congratulated, first for studying resilience following childhood adversity and then for making clear, realistic recommendations to promote resilience in all children.

Wesley Mission surveyed 612 adults who had experienced at least one form of childhood adversity and looked at the factors associated with ongoing problems in their adult lives as well as the factors in others which helped them to overcome their childhood adversity.

The three main factors associated with positive adult outcomes were adverse experiences commencing in later childhood (aged seven or over), adversity which was not long lasting (less than five years) and experiencing just one form of adversity. Conversely, factors associated with poor adult outcomes were adversity commencing at a younger age, long-lasting adversity and multiple types of adversity.

The factors most helpful in predicting which children would be resilient fell under three broad headings:

1. individual factors such as an easy-going personality and an optimistic nature
2. family and social factors such as a close relationship with at least one family member and good adult role models
3. community factors such as positive school experiences and supportive relationships beyond the family.

Can we as Australians be proud that we invest only 0.1 per cent of our GDP in early childhood education compared with the OECD average of 0.5 per cent?

Some of these factors, such as personality, are inherent and so are difficult to substantially change, but others are external, such as providing good role models and giving support at school and here there are substantial opportunities for helping these children.

Wesley Mission's recommendations for improving resilience amongst children who have experienced adversity are broad-ranging and realistic. They emphasise the importance of universal early childhood education; good role models; continuity of schooling with greater interaction between schools and supportive community organisations as well as rigorous evaluation of intervention programs.

Can we as Australians be proud that we invest only 0.1 per cent of our GDP in early childhood education compared with the OECD average of 0.5 per cent?

One problem with childhood adversity, including abuse and neglect, is that there is a tendency to believe that it is someone else's problem: a social welfare problem, a law enforcement problem, a government problem, an education problem. The truth is that it's a problem for the entire community. And it's a serious problem.

When a country declares war, if it wants to win, it doesn't send off its army, its navy and its air force with each operating in isolation from the other. A successful attack involves a clear goal, a desire to win and a well coordinated strategy where all of the forces work in co-operation. If we are serious about declaring war on childhood adversity, we need strong leadership, clear goals and a co-ordinated approach. We need to know what works and what doesn't work.

Wesley Mission's recommendations for overcoming childhood adversity are a very important part of that overall strategy.



Kim Oates AM, MD, DSc, MHP, FRACP, FRCP, FAFPHM
Emeritus Consultant Physician
The Children's Hospital at Westmead
Emeritus Professor of Paediatrics
The University of Sydney

A cold loveless home;

a child whose daily experience is kicks and blows and voices raised in anger; a child who cringes at the sound of stealthy footsteps in the dark – what enables some children who suffer this cruelty to move beyond it and function well as adults?



Resilience is the term used by social scientists to describe the capacity to overcome adversity in childhood. A common definition of resilience is an “ongoing process of self-righting or bouncing back after trauma” (Bogar et al. 2006, p. 319).

The economic cost to the community of childhood adversity is enormous. In Australia in 2001-02, the annual cost of abuse and neglect was estimated at \$4.9 billion with three-quarters of this attributed to long-term human costs such as health problems and lost productivity and the costs associated with public intervention (Keatsdale 2003).

At Wesley Mission we see the human cost of childhood adversity. Our counsellors and care workers engage daily with homelessness, suicide, addiction, mental illness, dysfunctional young people and children taken into foster care. Many of these problems are caused by abuse, neglect or dysfunction in childhood.

The great need to explore the factors that assist individuals in overcoming such adversity led Wesley Mission’s Research Department to undertake a wide-ranging study aimed at identifying and analysing the factors that, in

Australian children, build resilience to overcome childhood adversity. Our objective is to suggest where policy and services can be more effectively targeted at alleviating problems before they become intractable in adulthood.

The Wesley Report *Beyond adversity: giving kids a chance to shine* builds on extensive research in the United States and Britain and emerging research in Australia to explore predictors of resilience in social/familial, community and individual terms. This report recommends specific policy action for each area.

Adverse childhood experiences in this research included various types of abuse, neglect and household dysfunction (see Table 1.1).

About the research

Online survey

In June 2007, 612 adults completed Wesley Mission's *Beyond Adversity Survey* online. Participants were adults living in New South Wales aged 25 years and over who had experienced at least one form of childhood adversity.

The questionnaire was used to:

- identify resilient individuals by looking at a broad range of adult outcomes; and
- explore childhood individual, social/familial and community factors that facilitate resilience.

Policy workshop

In addition, a policy workshop was held with 13 representatives, involving Wesley Mission staff and senior external representatives from academia, government and peak child

and welfare agencies (see Section 5). The discussions in this workshop, together with the research findings, formulated the policy recommendations in this report.

High prevalence of childhood adversity

The high prevalence and severity of childhood adversity found in the Wesley Report was disconcerting: of the 1229 individuals who initially accessed the survey, 50 per cent reported experiencing some form of adverse experience in their childhood.

We also found that abuse/neglect and household dysfunction commonly occurred in tandem: 24 per cent experienced both abuse/neglect and dysfunction.

Among the 612 respondents who participated in the study (that is, had experienced at least some form of childhood adversity):

- 61 per cent experienced chronic adversity, lasting longer than five years
- 69 per cent had their first adverse experience under 11 years of age
- 60 per cent had experienced multiple types of adversity
- 59 per cent reported that the adversity had a strong or very strong impact on them.

Resilient: two in every five

Resilience was assessed by examining a wide range of adult outcomes (see Table 1.1). Following McGloin and Widom (2001), respondents were considered resilient if they reported achieving 75 per cent or more of the adult outcome measures.

Forty per cent of respondents presented as being resilient.

TABLE 1.1: Summary of variables included in the study

Adverse Childhood Experiences	Abuse
	Physical abuse
	Emotional abuse
	Sexual abuse
Potential Resilience Factors	Individual Factors
	Self confident/high self esteem
	Attractiveness
	Sense of control/agency
	Optimism for the future
	Goals for the future
	Spiritual/religious beliefs
	Easygoing personality
Adult Outcomes (used as a proxy for resilience)	
	Education
	Employment
	No experience of homelessness
	Health
	No experience of mental illness

Impact of adversity felt throughout adult life

Severe and chronic adversity that begins at an early age was more likely to result in negative outcomes in adulthood, The Wesley Report finds.

Respondents more likely to have positive adult outcomes were aged seven years or older when their adverse experience(s) first began, had experienced adversity for a period of less than five years and had experienced a single type of adversity.

This finding highlights the importance of early intervention programs.

Neglect	Household Dysfunction
Emotional neglect	Household alcohol/substance abuse
Physical neglect	Household violence
	Household mental illness
	Parental separation/divorce
Social/Familial Factors	Community Factors
Household jobs	Overall positive experience at school
Close relationship with at least one parent	Friends/supportive relationships at school
One person who recognised achievements	Had casual/part-time job
Close relationship with adult mentor/role model	Volunteered
	Belonged to religious/faith community
	Participated in extra-curricular activities/ had hobbies
	Played sport
No experience of drug/alcohol problem	Control/agency
No experience of gambling problem	Close relationships
Lack of anti-social behaviour (arrest/violence)	Life satisfaction
Self perception	Social connectedness

Predictors of resilience

Nineteen resilience factors were selected for study based on a review of relevant literature (see Table 1.1).

Based on multiple regression analyses, the significant predictors of resilience found in this study are shown in Table 1.2.

TABLE 1.2: Significant predictors of resilience

Individual	Social/Familial	Community
Optimism for the future	Close relationship with at least one parent/guardian	Friends/supportive relationships at school
Easygoing personality	One person who recognised achievements	Positive experience at school
Physical attractiveness (negative predictor)	Close/supportive relationship with adult mentor/role model	

The importance of individual factors

Being optimistic about the future and having an easygoing personality as a child were determinants of resilience. Resilience and physical attractiveness were negatively

correlated, indicating that resilience was less common among those who were considered physically attractive as children.

Supportive relationships are vital

This research highlights the importance of supportive relationships within and outside the family unit. Outside the family, experiences at school are particularly important.

Adult mentors and role models play a key role: 56 per cent of respondents who indicated they had a close and supportive relationship with an adult mentor or role model as a child

were classified as resilient. Of these individuals (n=135):

- 77 per cent mentioned family members: in particular, their mother (32 per cent) or a grandparent (14 per cent)
- 21 per cent reported their mentor came from outside the family: friends (7 per cent) and teachers (5 per cent) were most common.

Helpful factors, events or circumstances

Further analysis shows that these factors were helpful in facilitating resilience:

- Personal qualities (18 per cent): including understanding/awareness, inner strength, independence and optimism
- Love and support of family (16 per cent), friends (13 per cent), partner (8 per cent) and one parent (5 per cent)
- Professional help, such as therapy or counselling (13 per cent).

Implications for policy

In the light of these findings, Wesley Mission seeks policy change in the areas of education, mentoring and early intervention. We call for urgent community and government action on the following recommendations. Full details of these recommendations are outlined in Section 4.

1. Schooling and education

- 1.1 continuity of schooling to be a priority for child protection agencies and community service organisations
- 1.2 strengthening of programs that develop relationships between schools and community agencies
- 1.3 a review of disability funding criteria with an intention to include abused and neglected children
- 1.4 increased funding in the area of school attachment and engagement
- 1.5 greater support of programs designed to develop a culture of respect in schools
- 1.6 universal access to early childhood education
- 1.7 further funding of programs that engage parents in the education process
- 1.8 an exploration of creative ways to engage children in co-curricular activities.

2. Mentoring

- 2.1 mentoring programs tailored to a particular individual's interests and areas for skill development
- 2.2 greater investment in mentoring programs tailored to the specific needs of particular at-risk or disadvantaged groups
- 2.3 greater support of the informal mentoring role played by significant individuals in a child's life
- 2.4 improved staff retention in the child and family welfare sector to support long-term relationships between staff and children.

3. Early intervention

- 3.1 undertake cost-benefit analysis of key early intervention programs
- 3.2 increased funding for early intervention programs in line with other developed countries
- 3.3 greater support for early intervention programs that build the inner strengths and resources of children
- 3.4 the wellbeing of children and their families to be investigated by social, community and government services at the first instance of contact
- 3.5 a national action plan to develop the child and family welfare workforce
- 3.6 Wesley Mission joins the Child and Family Welfare Association of Australia (CAFWAA) and the NSW Commission for Children and Young People in advocating for the:
 - appointment of a Children's Minister at the federal level
 - establishment of a national independent Commission for Children
 - development of a national strategy for responding to childhood adversity.

Impact of childhood adversity

In Australia, adverse childhood experiences are alarmingly common.



There were 55,291 substantiated cases of child abuse in 2005-06 – a 21 per cent increase from 2004-05. In addition, child protection notifications have almost doubled over the past five years (Australian Institute of Health and Welfare 2007). Other forms of household dysfunction affecting children in those households are also prevalent:

- 23 per cent of women experience violence in their marriage or de-facto relationship (Mulrone 2003)
- 27,000 children are affected by a parent's mental illness (Mental Health Association of NSW 2002)
- 13 per cent or 450,000 children under 12 years are at risk of exposure to binge drinking at home, as well as a further 79,000 to cannabis use and 27,000 to methamphetamine use (Dawe 2007)
- 52,399 divorces were granted nationally in 2005 and it is now estimated almost one-third of marriages will end in divorce (ABS 2006).

Impact and costs of childhood adversity

These adverse experiences have a negative impact on children that often persists into adulthood. Adult health problems such as obesity, drug and alcohol abuse and mental illness are more common amongst those with adverse childhood experiences (Felitti 2002).

Individuals who have experienced childhood adversity are also more likely to be involved in crime and delinquency (Williams 2007). Childhood sexual abuse, in particular, adversely affects how well those children function as adults (Mullen & Fleming 1998).

The costs of childhood adversity go far beyond the individuals directly involved. Costs to the community are enormous. In Australia in 2001-02 the annual cost of abuse and neglect was estimated at \$4.9 billion. Approximately three-quarters of this amount can be attributed to long-term human costs such as health problems and lost productivity, and the costs associated with public intervention (Keatsdale 2003).

Defining resilience

While the links between childhood adversity and negative adult outcomes are well established, the causal connection is not a foregone conclusion.

In a review of childhood sexual abuse studies, Finkelhor (1990) found that between 25 and 36 per cent of individuals under study did not display the negative symptoms often associated with abuse. This capacity to overcome childhood adversity is often referred to as “resilience”.

Given the prevalence of many forms of childhood adversity and associated costs for individuals, governments and the community, the building of resilience is extremely important.

Resilience can be defined in a number of ways:

- “An ongoing process of self-righting or bouncing back after trauma” (Bogar et al. 2006, p.319)
- “A universal capacity which allows a person, group or community to prevent, minimise or overcome the damaging effects of adversity” (cited in Newman & Blackburn 2002, p.1)
- Continuing, after adversity, “to function within normal or acceptable bounds on measures of behavioural, social or intellectual functioning” (Harvey et al. 2004, p.7).

In Australia in 2001-02 the annual cost of abuse and neglect was estimated at \$4.9 billion.

Research objectives

The nature of resilience has been studied extensively, particularly in North America, the UK and, to a lesser extent, Australia. In a progressive move, this research looks to the relatively under-explored area of predictors of resilience.

While most resilience research tends to focus on individual factors (Constantine et al. 1999; Haskett et al. 2006; Zimmerman & Arunkumar 1994), this research conceptualises resilience more broadly to include not only individual factors but also social/familial and community factors. It is important to understand the role of all three of these areas as each can have distinct public policy implications.

In this research, adversity included:

- abuse (physical, emotional, sexual)
- neglect (emotional, physical)
- household dysfunction (household alcohol/substance abuse, household violence, household mental illness, parental separation/divorce).

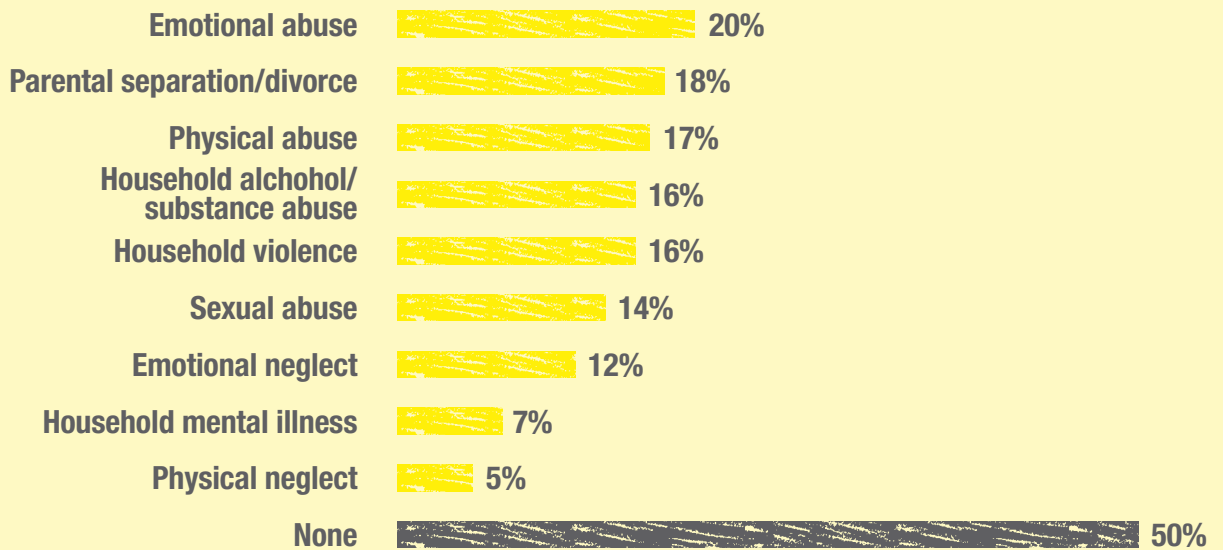
Severe, chronic childhood adversity is common

This section explores the types of childhood adversity experienced by individuals who accessed the survey (n=1229) and provides an overview of its impact.

- 50 per cent had experienced abuse, neglect or a form of household dysfunction
- 24 per cent experienced abuse/neglect and household dysfunction
- 14 per cent stated that they had experienced abuse or neglect
- 13 per cent reported household dysfunction.

Figure 1.1 depicts the types of adversity reported. Emotional abuse (20 per cent), parental separation/divorce (18 per cent) and physical abuse (17 per cent) were most common.

FIGURE 1.1: Types of abuse, neglect and dysfunction experienced (n=1229)



Note: Multiple responses allowed

Adversity characteristics

Of the 612 respondents who had experienced some form of childhood adversity:

- 61 per cent reported that their adverse experience(s) lasted longer than five years (Figure 1.2)
- 69 per cent said their first adverse experience occurred before age 11 (Figure 1.3)
- 60 per cent had experienced multiple types of adversity
- 59 per cent reported that adversity in childhood had a strong or very strong impact on them (Figure 1.4). Participants significantly more likely to report a strong impact:
 - were under six years of age when the adverse experience(s) began
 - stated that their experience(s) lasted longer than five years
 - had experienced multiple types of adversity (Figure 1.5).

FIGURE 1.2: Duration of adverse experiences (n=612)

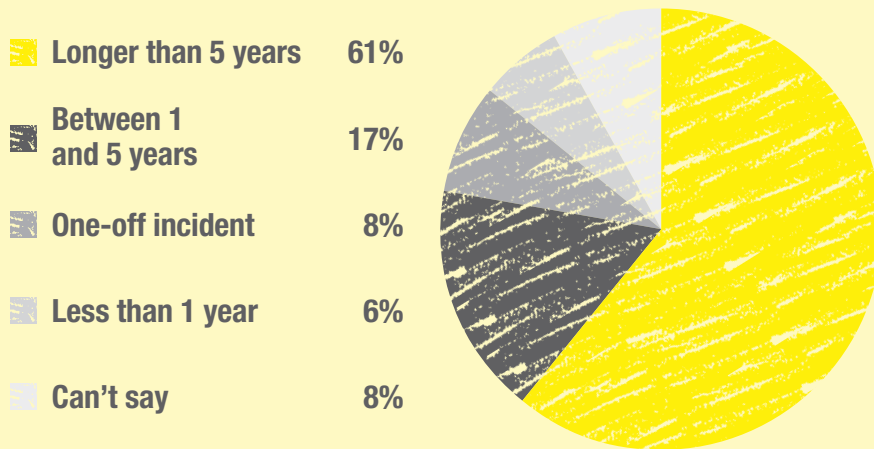


FIGURE 1.3: Age of first adverse experience (n=612)

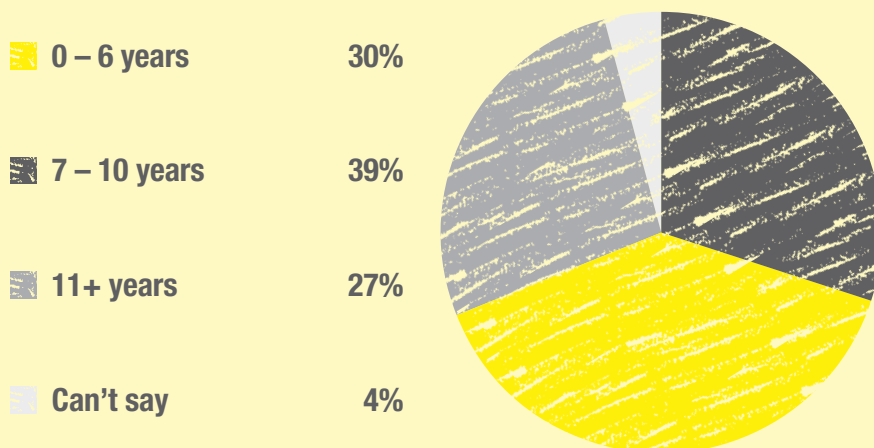


FIGURE 1.4: Self-reported impact of childhood adversity (n=612)

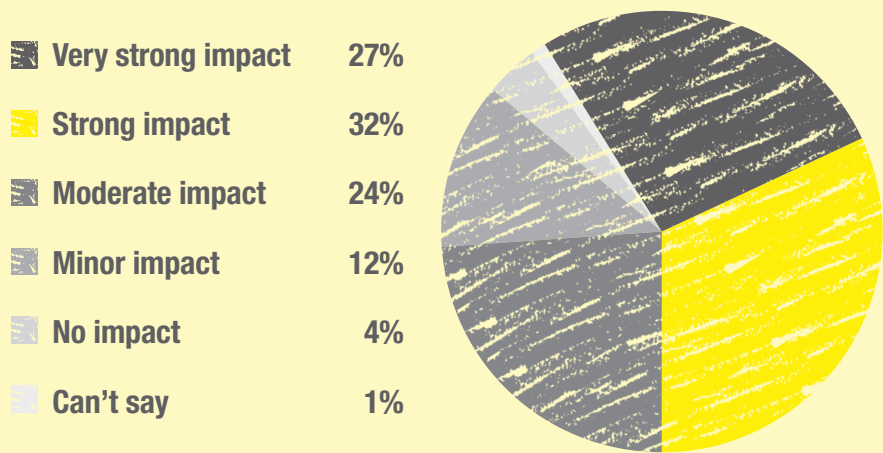
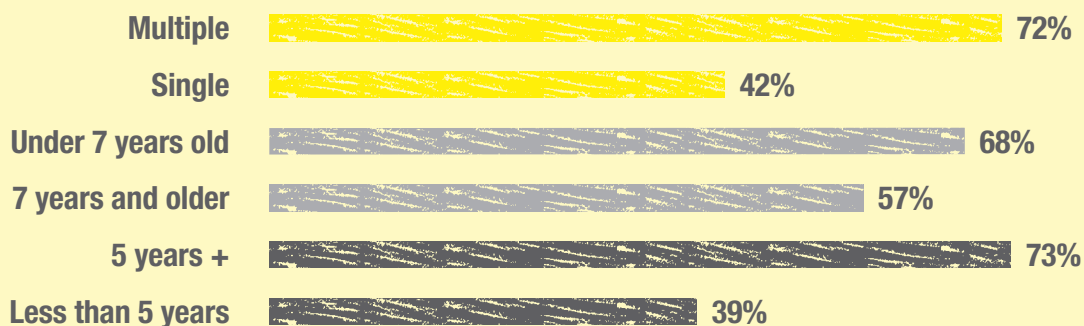





FIGURE 1.5: Proportion of respondents who report strong impact of abuse according to adversity characteristics



-  Single/multiple types of adversity (n=591)
-  Age of onset (n=581)
-  Duration of adversity (n=559)

Note: All three differences are significant at $p < .05$ level

The girl felt the belt around her neck tighten. The two men who were abusing her – one her stepfather, one her neighbour – watched her struggle. “They choked me and I thought that I would never wake up. I couldn’t breathe. The next thing I know, I’m on the lounge and I’m awake.”

Sarah* was sexually abused by her stepfather from the age of 10 to 16. The stepfather ganged up with a violent neighbour of whom Sarah, now 35, is frightened to this day. Together, the two men raped and terrorised Sarah and her sister for years.

Sarah’s story shows clearly what children need and yearn for in their formative years: trust, love, a sense of being valued, of being able to rely on structures and wise guidance, being encouraged for achievement, being part of a close-knit tribe.

This girl’s grandparents on both sides were church leaders; her parents and relatives were church elders; an aunt was a pastor; even her stepfather had had a church leadership role: outwardly, a rock-solid foundation – but the enemy was within, and his actions made lies of all a child’s normal security structures.

Sarah found surrogate support and relationship structures outside her family. Her comments are revealing in what children in adversity seek: safety, regularity, wise mentors, good regard. In childhood at church, in adolescence with a part-time job at McDonalds, and in adult life with her current job, Sarah revelled in supportive environments where she was valued – elements that she needed to counter the abuse she faced at home.

“In church,” she said, “I was in Sunbeams when I was little and then Guards – that’s like Brownies and Girl Guides. I played the tambourine and so you’d have practice once a week, and then you had Junior Soldiers. I was in the junior choir and everything. We were at church four, five times a week.”

And later: “I think what helped me to manage when I was young was that when I was 14 years old my stepfather told me to get a job to pay for school excursions. He showed me an ad for job at McDonalds. It was the only good thing he ever did for me.

“I got away, I escaped to that job. It was like going from this horrible place to a place where what I did was valued. I started as a crew person and worked my way to hostess and then I worked my way to crew trainer and then crew chief, which manages the staff and trains them. And then I left school at the end of Year 10 and I went into management at McDonalds.

“I was in control of what I was doing. I wanted to be there. I was happy doing it.”

In her current job, Sarah has found in abundance the support and regard she craved – and now she is giving back to people the morale boosting that she herself receives, knowing how important self-esteem is for people who are wounded in life. “I’d been working in training and business management,” she said, “and I wanted something different. Three years ago I found this job at Wesley Uniting Employment.

“My manager, Carol, is amazing. I don’t think I would have come so far if it wasn’t for her. Never before have I had people around me who are so supportive and who actually value me for who I am and what I do to help other people.

“I have a client who is a convicted sex offender. I got him into rehab. He’s been in there for over six months. Alcohol was a big factor in the offence. It was a one-off offence.

He's doing well. Now, a reason why I know I've come so far is that I never ever, ever, ever would have thought that I would have gotten to the point where I wanted to help a sex offender, to support him and want to see him make positive change in his future. That amazes me."

Apart from the external supportive environments that gave the young and adult Sarah the resilience to overcome the problems that could have overwhelmed her, she says that elements in her personal character lent her the strength to face life with equilibrium.

"From what I understand of myself, I squashed all these amazing things that this little girl used to be. My Mum used to say to me, 'Whatever happened to that really sweet little girl?'. I would have done anything for anyone, I was so happy all the time. But I just blocked everything when the horrible stuff started happening – like getting cement and pouring it on the bad stuff.

"By the time I got that job at McDonalds I'd become really hard. I think that hardness will always be there in some ways because it's like a protective shell. But now, after starting therapy seven years ago and then starting to work at Wesley, it's like, everything that I went through as a child that squashed that little girl – well, that little girl is able to come out now and she's not afraid of what people think. She knows that she is valued. And it's not just by the people that she works with: it's also by her clients.

"There's nothing more rewarding in the world than to work with someone who, when you start seeing them, they're in an absolute mess, but by working with them and just being there to listen to them, and showing them that they do have value, and reminding them of all those positive things about them, it is amazing to see them make such progress.

"And I suppose I've just said it there – I am reminded each day by the staff that I work with, by my managers and my clients, that I am special, I am valuable. When you have so much rubbish heaped on you it's very hard to shake that stuff off without having someone who believes in you."



"I never ever, ever, ever would have thought that I would have gotten to the point where I wanted to help a sex offender."

* Name and photo changed.

Beyond adversity: who is resilient?

This section describes the evaluation method used to assess the resilience of participants in Wesley Mission's Beyond Adversity Survey. It also describes some of the characteristics of these individuals.



Determining resilience

The Beyond Adversity Survey assessed resilience by looking at a wide range of adult outcomes such as health, education and personal wellbeing. Since resilience is an ongoing process, a number of the adult outcomes under study asked respondents to reflect on experiences over a period of time. For example, to assess employment outcomes participants reflected on work history over a two-year period.

The evaluation method used in this research draws on the work of McGloin and Widom (2001). The eight areas of adult functioning used by McGloin and Widom were broadened in this research to 13 areas, which includes personal wellbeing, relational and life satisfaction variables. Following McGloin and Widom (2001), respondents were considered resilient if they met the criteria in 75 per cent of the adult outcome areas. This corresponded to meeting success criteria in at least 10 of the following 13 areas:

- education
- employment
- no experience of homelessness
- health
- no experience of mental illness
- no experience of drug/alcohol problem
- no experience of gambling problem

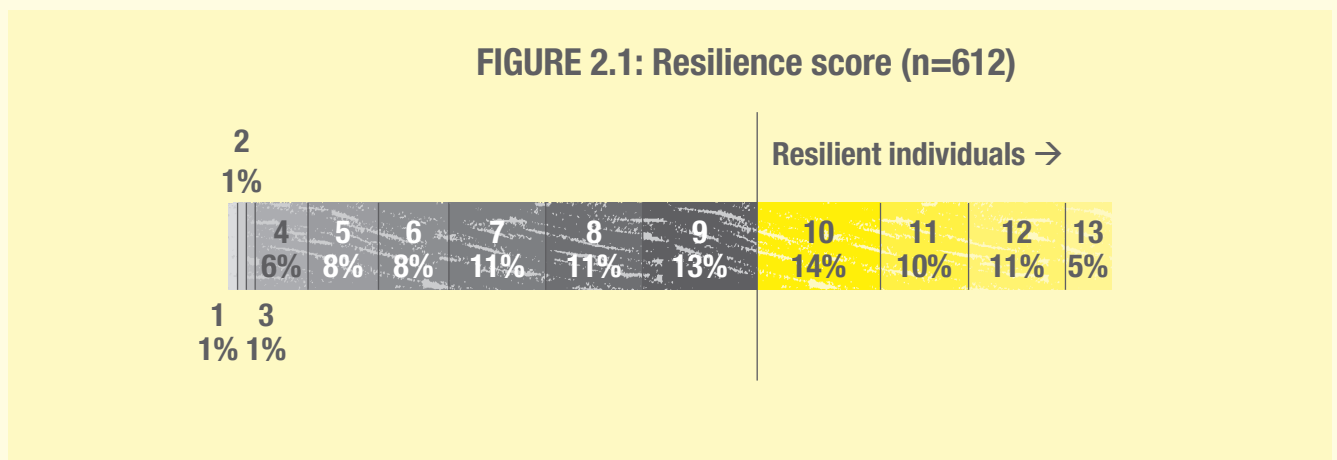
- lack of anti-social behaviour (arrest or violence)
- self-perception
- control/agency (eg. feeling of control over many life events)
- close relationships
- life satisfaction
- social connectedness

[See Appendix 2 for full details of the coding scheme].

Respondents were allocated one point for each area where the outcome criteria were met. For example, to get a point in the area of education, participants needed to have completed high school or had further education. Thus, participants ended up with a resilience score between 0 and 13. Respondents with a score of 10 or above were classified as resilient.

Resiliency of survey respondents

Using this method, 40 per cent of participants were classified as resilient (Figure 2.1).



This finding provides further evidence that in spite of childhood experiences of abuse, neglect and dysfunction, a number of individuals go on to lead full, productive lives. In a recent review of four studies of resilience, Rutter (2007) found about half of adults who had experienced childhood adversity displayed positive psychosocial functioning or resilience. Similarly, Newman and Blackburn (2002) report that between one-third and two-thirds of “at-risk” children become well-adjusted adults. DuMont and colleagues (2007) found that in adolescence almost half of the children with abuse and neglect experiences were resilient and close to one-third were resilient in young adulthood.

The study conducted by McGloin and Widom (2001) found that 22 per cent of participants met the stringent criteria for resilience. This relatively low proportion of resilient individuals may be due to the sample: only individuals with substantiated experiences of abuse and neglect participated. *The Wesley Report* also includes participants who self-reported dysfunctional family backgrounds and cases of abuse and neglect that were not necessarily known to child protection authorities.

A childhood and adolescence spent pining for an absent father left its mark like splattered paint across the canvas of David's* life. The ugly event that led to this absence left a barrage of unanswered questions that, says David, eventually led to a quest in adulthood ...

“Mum and Dad’s marriage was not healthy. I don’t recall my father hitting Mum but I remember her sitting crouched with my father screaming and yelling over her. Once, when the fighting got very bad, my brother and I climbed up on to the kitchen bench and tried to call 000 but my father heard us and stopped us.

Their fighting had got to the point where she decided to leave and take me and my brother with her. I was seven and my brother was four. We moved to her parents’ – my grandparents’ place – in the country.

One day, my uncle came and picked me up from school which was unusual because I usually caught the bus home. I found out that my father had gone to my grandparents’ house. He wanted a second chance with my mother and wasn’t going to take ‘No’ for an answer. They got into an argument. My father had a knife and he threatened her with it.

My grandfather tried to intervene and my father stabbed him twice in the back. When he realised what he had done, he got my grandfather and my mother into his car and sped to the nearest hospital. My grandmother tried to telephone for help but my father had cut the phone line to the house. She ran to the neighbours and rang the police. They intercepted my father’s car en route, escorted him to the hospital, and then arrested him.

My grandfather died from the attack. He was alive for two weeks but, as he was already 70 years old, his body couldn’t sustain the injury. The incident was never properly discussed with the children in the family. I wasn’t even allowed to go to my grandfather’s funeral. I was really angry about this.

After this, my grandparents’ house was sold and we all went to live with my uncle and aunt and their two boys. My uncle was very good to us. He really helped me get through this awful time and staying with him was a positive experience. He provided a kind of father-figure.

We went to counselling for years after to try to deal with the trauma of what had happened but I wouldn’t open up. I didn’t want to talk to strangers about it: I wanted to talk to family – but I was never given the opportunity.

When I was nine years old we moved to our own place and a stable life began for us. When I went to high school, things continued to improve. In my group of 12 guys there was only one with parents who were happily married. This meant we were kind of a support group for each other, we understood what each other was going through. This helped me see that I wasn’t the only one living with the pain of a broken family.

I had a natural talent for art and used to draw a lot. During those young years, I was a very dark teenager.

I used to draw a lot of corpses, wear a lot of black. My life had been dark and I identified with dark images, thoughts, expression. Through my art I was able to express this rather than bottle it up.

Not having a father while growing up was very hard and I felt the absence of him in my life. A lot of things happen to you as a boy that you really need a father around for.

I had troubles when I was being bullied in primary school – I wish I'd had a father around to help me know how to deal with it. I just had to tough it out on my own, just get through it. Although things settled for me in high school I still missed not having a father around and it was a big void in my life. For a long time after the event I was really angry with him.

Time changes things.

I have since found my father and made contact – initially by email, then phone, then in person. It's been wonderful getting to know him again because he's a changed man, a different person and I've been able to forgive him for what he did. He became a Christian in jail and re-married more than 16 years ago. I have a half-sister who is 16. I'm stoked about having a sister because I always wanted a little sister and never had one.

One positive outcome of all this is that I want to be a really good father and give my two children things that I didn't have when I was young: I want them to grow up with a mother and father around. I'm very determined and strong about this."



“One positive outcome of all of this is I want to be a good father and give my children the things I didn't have when I was young.”

* Photo changed.

Negative outcomes of severe, long-lasting childhood adversity

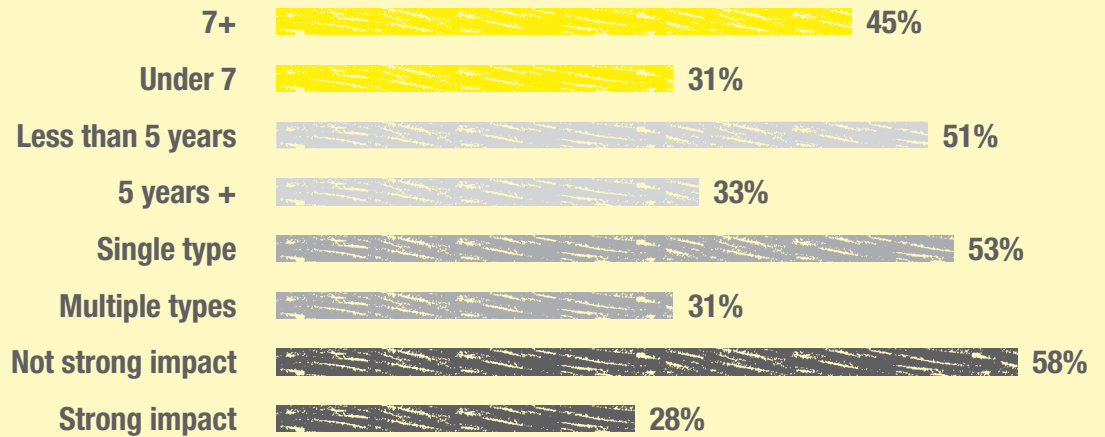
This study examined the relationship between resilience and the following adversity characteristics:

- age at onset
- duration of adverse experiences
- single/multiple types of adversity
- self-reported impact of adverse experiences.

As Figure 2.2 depicts, resilience was significantly related to the adversity characteristics above. As might be intuitively expected, this research found that severe and chronic adversity that begins at an early age amounted to a greater incidence of negative outcomes in adulthood. Put another way, resilient respondents tended to have milder adversity experiences, as follows:

- were aged seven years or older at onset
- experienced adversity for a period less than five years
- experienced a single type of adversity
- reported that the adversity had not had a strong impact on them.

FIGURE 2.2: Proportion of resilient individuals according to adversity characteristics



- Age of onset (n=585)
- Duration of adversity (n=561)
- Single/multiple types of adversity (n=596)
- Impact of adversity (n=607)

Note: All four differences are significant at $p < .05$ level

Chronic, severe adversity lowers likelihood of resilience

Duration of adversity

Respondents who experienced adversity for a period less than five years were more likely to be resilient than those whose adverse experiences lasted longer. This finding supports the well-documented assertion that ongoing, chronic adversity is associated with more negative adult outcomes than an acute or one-off life event (Iwaniec et al. 2006; Newman & Blackburn 2002).

Multiple types of adversity

Experiencing multiple types of adversity has a greater negative impact on individuals than a single type of adversity. This is consistent with previous research that demonstrates the cumulative nature of risk factors and

argues that resilience is less common as risk factors accumulate (Jaffee et al. 2007). This is important, considering that 60 per cent of respondents in this research had experienced multiple types of adversity. Other authors also note that experiencing multiple types of adversity is common (e.g. Masten 1997).

Age of onset

Respondents who experienced adversity at a young age were more likely to experience adversity for longer periods. The correlation was, however, relatively weak ($r = -.24$, $p < 0.001$). Further research may be required to explore this particular relationship and its effect on resilience.

Age and resilience

Resilience was more common among survey respondents who were aged 25-34 years and participants 60 years and older.

FIGURE 2.3: Proportion of resilient individuals by age (n=612)



The vulnerable years: ages 35-59

The method used to assess resilience in this research sometimes required respondents to reflect on experiences over their lifetime. It is perhaps for this reason that a relatively high proportion of respondents aged 25-34 appear to be resilient, as they have had less opportunity than older respondents to experience difficulties in life. Similarly, a high proportion of respondents aged 60 years and over were resilient. These individuals have had many opportunities to experience life difficulties but also a greater

number of opportunities to develop resilience. Older adults are said to “bring with them a lifetime of experience and this can be applied to difficulties that come up later in life” (Ford 2005).

These findings lend credence to the transitory nature of resilience (DuMont et al. 2007) and suggest that individuals in middle adulthood (35-59 years) are most vulnerable.

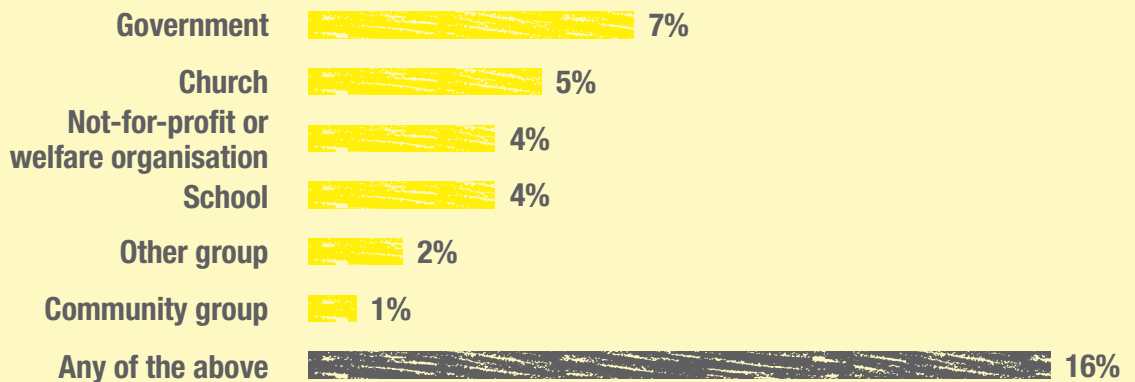
Receiving assistance from external organisations

Sixteen per cent of respondents indicated that they or their family had received assistance related to their adverse childhood experiences (Figure 2.4).

Because of this low incidence of formal assistance, it is difficult to make a conclusive statement about the link between receiving assistance and resilience or to comment on what type of organisation or assistance was more helpful in facilitating resilience.

However, accounts from the case studies in this report do demonstrate strong gains in cases where agencies have intervened to help children and young people in adversity.

FIGURE 2.4: Receiving assistance in childhood (n=612)



Early one morning, a nine-year-old girl ran away from home with her little brother. Someone who lived down the street found them, their hands linked with a piece of string that the girl had tied to prevent her from losing her brother.

They were dirty and visibly in need of care, so the man who found them took them to a police station.

There, the girl's battered heart felt a touch of healing. For the first time, an adult who listened to her, believed her; moved to protect her from the predator at home, her own father, who had been subjecting her to sexual abuse from the time she was five years old.

The child had been trying for some time to escape her torment. "For many nights," she says, "I used to go to sleep thinking that I had to get up early before anyone could see me. But I never woke up in time."

Even now, aged 27, Carissa can't speak easily about her early childhood: her words flutter over the hurt, like touching an open wound. "I don't remember much. Just snippets," she says. What was in her mind as she ran away from her home? "I was more thinking about the situation that I was in and thinking that what happened next was better than what I was in."

Her family moved around a lot. She remembers the homes as always being dark, with the blinds drawn down. Her mother might have suffered depression. Carissa hardly knew what a bath was; at school, her nickname was Stinky. "I would have done anything to find a friend. I would try anyone," she says. "I desperately wanted a

friend." Whenever the family left a home for another one she would write a letter to be found by whoever came afterwards – and in the next home, she would look and look everywhere for a letter that someone might have left for someone like her.

Intervention by agencies played a crucial role in repairing the damage done to Carissa and giving her the strength to grow into a normally functioning adult.

She was taken into short-term foster care. Then into group home foster care with Wesley Mission. Afterwards the couple who ran the group home offered to be direct foster parents to Carissa, working through Wesley Mission.

In her sparse manner, Carissa describes the difference that foster care made to her. "There was, constantly, food – and different varieties of food," she said. "There was love and attention. I went to school. I was cared for, emotionally and physically. I was given a chance to be a normal child. To go out and play, to have toys."

Amazed, the girl asked her foster parents, "Does everyone live like this?" because, for her first nine years, "normal" life for Carissa and her brothers meant wearing the same dirty clothes for weeks, having no baths, having no food to eat.

“Carissa is one of the few kids who says, openly and gratefully, that being taken into care saved her life,” says Nigel Lindsay, Wesley Mission head of foster services, who met Carissa a year after she went into foster care and stays good friends with her to this day.

“She gets angry if she hears people criticising DoCS [the Department of Community Services oversees fostering services undertaken by Wesley Mission and other agencies]. She says, ‘I was a child in care and DoCs looked after me’.”

Nigel says that, even being in foster care and away from the cruelty that had scarred her early childhood, Carissa took a while to recover. “She was a very compliant young girl, frightened, timid. She acted younger than she was,” recalls Nigel. “I think she was scared about rocking the boat. She found it difficult to look people in the eye.

“Now she looks me straight in the eye and she smiles. She has a very peaceful spirit. She’s a very well-functioning young lady. When I ask her whether she minds talking about herself, she says, ‘No, I want to tell my story and I want you to tell my story’.”

“I do think my personality got me through,” his former charge says. “Things don’t get me down easily.”

Carissa, who is getting married in a few months, now works for the Inspire Foundation, helping to train foster carers and case workers. “I have no qualms telling people what happened to me,” she says. “I’m happy that it should have been me who went through that experience. I see my childhood as helping people through their childhood.”



“I’m happy that it was me who went through that experience. I see my childhood as helping people through their childhood.”

Predictors of resilience

Why are some individuals able to overcome experiences of adversity, while others struggle? This section of The Wesley Report explores childhood factors associated with adulthood resilience. We examined existing research on resilience factors and broadened these in our own research to include social/familial and community factors.



Resilience factors in existing literature

A review of resilience literature pointed to 19 resilience factors for study (Table 3.1). Following Howard and Johnson (2000) and other researchers, the resilience factors selected were in the categories of individual, social/familial or the broader community context (see also

Blum 2002). The resilience literature has largely focused on individual factors (Constantine et al. 1999; Haskett et al. 2006; Zimmerman & Arunkumar 1994). This research gave adequate attention to social/familial and community factors as well as individual factors.

TABLE 3.1: Potential resilience factors in childhood/adolescence (up to age of 16 years)

Individual factors	Social/familial factors	Community factors
Self confident/high self-esteem	Household jobs	Overall positive experience at school
Attractiveness	Close relationship with at least one parent	Friends/supportive relationships at school
Sense of control	One person who recognised achievements	Had casual/part-time job
Optimism for the future	Close relationship with adult mentor/role model	Volunteered
Goals for the future		Belonged to religious/faith community
Spiritual/religious beliefs		Participated in extra-curricular activities/had hobbies
Easygoing personality		Played sport

Individual factors

Resilient children and adolescents tend to have positive views about the future and definite plans about what they will do with their lives. They often have easygoing personalities, a sense of autonomy and are self-confident

(Grotberg 2003; Howard & Johnson 2000). Some researchers have also identified physical attractiveness as a factor that facilitates resilience (Newman & Blackburn 2002).

Social/familial factors

Social/familial resilience factors are associated with the consistency and quality of care in childhood. Specifically, resilience has been linked to parents being supportive and positive role models, as well as a child having a close relationship with at least one parent (DuMont et al. 2007; Gilligan 2002/2003; Grotberg 2003; Howard & Johnson 2000). Access to an adult

role model, either within or outside the family, has been shown to promote resilience (Blum 2002; Newman & Blackburn 2002).

In addition, having a valued social role – making a contribution to jobs around the home, for example – has also been demonstrated to facilitate resilience (Newman & Blackburn 2002).

Community factors

Community resilience includes meaningful contributions to community life, social competence and positive school experiences. Some authors have suggested that successful experiences at school are important in developing resilience (see, e.g. Newman & Blackburn 2002, Iwaniec et al. 2006). However, the role of the broader community and schools was still somewhat unclear (Haskett et al. 2006). This research sought to clarify the role these community factors play in resilience.

Previous studies also suggest that having a valued role in the community, for example, volunteering or having a job, may contribute to resilience (Newman & Blackburn 2002). Similarly,

belonging to a religious or faith community may assist (Grotberg 2003; Newman & Blackburn 2002). Howard and Johnson (2000) report that resilient adolescents are more likely to be involved in sport or other extra-curricular activities. The role of these community factors could also have important public policy implications.

It is important to note that resilience is a process rather than any one particular characteristic (Bogar & Hulse-Killacky 2006). Resilience factors are cumulative. The transactional nature of resilience must also be recognised. An individual may be resilient at some points in time but not at others.

Determining predictors of resilience

Respondents were presented with a series of statements about their childhood and indicated the extent to which they agreed or disagreed on a five-point Likert scale, with an additional “can’t say” option (see Appendix 1). Participants responded thinking about their childhood up to the age of 16, consistent with Australian government definitions of children (Australian Institute of Health and Welfare 2007).

These statements were designed to identify whether an individual had the particular resilience factor in childhood: e.g. “I felt I had some control over what happened to me”. Respondents were considered to have a resilience factor if they either answered

“strongly agree” or “tend to agree” to a given statement. Five of the 18 statements required a “yes” or “no” response. In these cases, participants were considered to have a resilience factor if they responded “yes”.

Multiple regression analyses

To determine which factors under study predict resilience, multiple regressions were undertaken using the individual, social/familial and community factors as predictors. Three separate regressions were carried out because of the relatively small sample and the large number of predictors (18) being investigated.

The overarching hypothesis was that these factors predict resilience among the respondents.

Table 3.2 shows the multiple regression results. Only the factors that were significant predictors of resilience are shown.

TABLE 3.2: Significant predictors of resilience

Dependent variable	Set of factors	Independent variable	Beta	t-value
Total resilience score (out of 13)	Individual R2=.06	I felt optimistic about the future	.13	2.62**
		I had an easygoing personality	.10	2.42*
		Others considered me physically attractive as a child	-.09	-2.10*
	Social/familial R2=.09	I had a close and supportive relationship with an adult mentor/role model	.12	2.63**
		I had a close relationship with at least one of my parents/guardians	.11	2.33*
		At least one person in my life recognised my achievements	.13	2.83**
	Community R2=.08	Overall, I had a positive experience at school	.22	4.91**
I had friends and supportive relationships at school		.09	2.02*	

Note: * indicates significance at 0.05; ** indicates significance at 0.01

Predictive individual factors

This research identifies three individual factors that were determinants of resilience:

- optimism for the future
- easygoing personality
- physical attractiveness (negative predictor).

From the regression results, being optimistic about the future and having an easygoing personality were determinants of resilience. The standardised co-efficient (beta) shown in table 3.2 indicates the predictive strength of each factor (out of a possible 1). These two individual predictors exert a small but significant effect on resilience.

While these personality traits are in part innate, they are also likely to be influenced by a child’s environment. There are programs currently in place that teach children resilience at school, for example, the You Can Do It! Education Program (Bonnet 2005). Other programs that facilitate the development of these traits are outlined in Section 4.

Researchers such as Newman and Blackburn (2002) have argued that physical attractiveness facilitates resilience. They contend that in general, adults respond more positively to physically attractive children and adolescents. This is not supported by our analysis; rather resilience and physical attractiveness were negatively correlated.

Predictive social/familial factors

The regression analysis indicated that these three factors were determinants of resilience:

- having a close relationship with at least one parent/guardian
- having at least one person who recognised achievements
- a close/supportive relationship with adult mentor/role model.

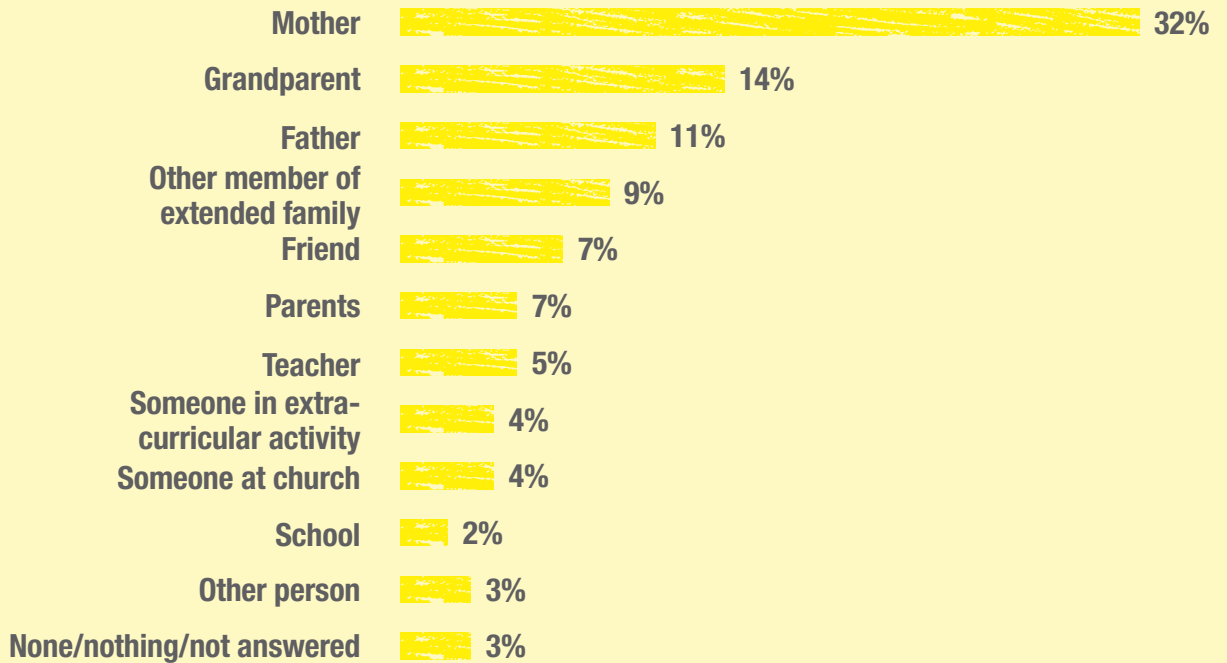
While close and supportive relationships within the family are critical, even with at least one parent or guardian, relationships outside the family unit are likewise important. Factors within the family help moderate the impacts of variables outside the family (Rutter 2007). Gilligan (2002) further stresses the importance of relationships in helping children overcome adversity, noting that positive relationships help children build

self-esteem and self-efficacy and give them a feeling of security.

The importance of adult mentors and role models is highlighted in this research: 56 per cent of participants who indicated they had a mentor were resilient. Figure 3.1 depicts the most common responses amongst those resilient respondents with a mentor (n=135). These were commonly family members (77 per cent), notably their mother (32 per cent). Outside of the family unit (21 per cent), mentors were most commonly their friends (7 per cent) and teachers (5 per cent).

Other mentors mentioned included “my family dentist”, “my high school sports master”, “girls’ brigade leader” and “a lady in the mail room at my first job”.

FIGURE 3.1: Mentors of resilient individuals who had supportive adult relationships (n=135)



Note: Multiple responses allowed

Predictive community factors

In this research, having a positive experience at school was a relatively strong determinant of resilience, in particular:

- a positive experience at school overall
- friends/supportive relationships at school.

Qualitative analysis: important factors, events or circumstances

Using an analysis of the factors, events or circumstances that assisted respondents to overcome difficult experiences in childhood were:

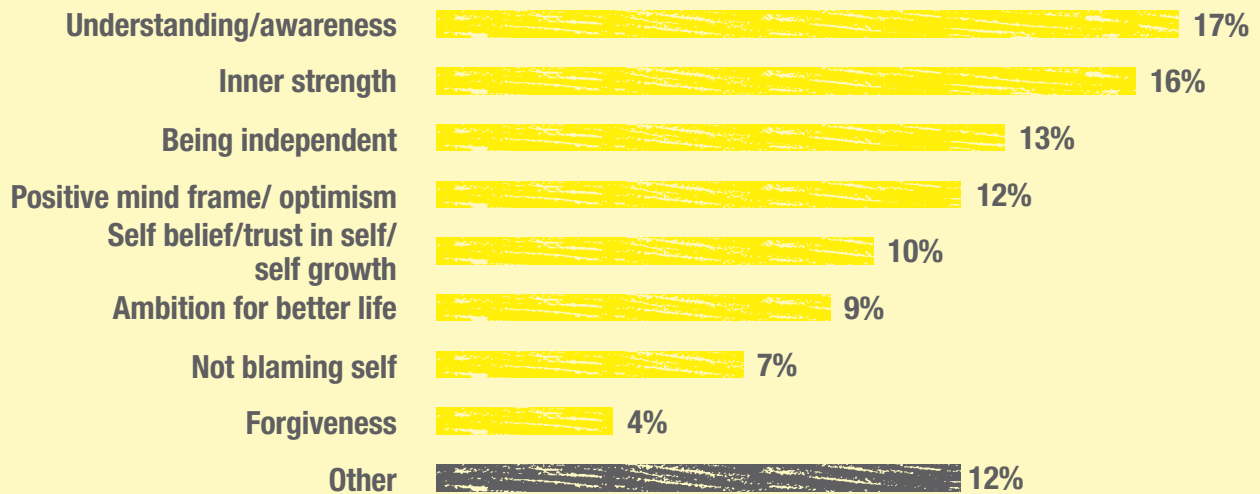
- Love and support from family (16 per cent), friends (13 per cent), partner (8 per cent) and one parent (5 per cent):
 - “I had the support of very kind and generous grandparents. Without them, I would have been lost and alone.”
 - “Friends played the biggest part in helping me through some tough times.”
 - “Having a best friend.”
 - “A very supportive partner, who would give me anything, do anything for me.”
- Personal qualities (18 per cent)
 - “The ability to always smile.”
 - “An inner strength I never thought possible.”
 - “Changing the way I thought about those childhood experiences, not letting them affect me any more. Taking back control of how I feel and knowing that what happened does not define me.”

Figure 3.2 provides a breakdown of the personal qualities mentioned.

- Professional help (e.g. counselling) (13 per cent)
 - “Talking to a psychiatrist.”
 - “Going to counselling, receiving treatment for depression and helping others in the community have helped me to deal with my issues.”
- Not dwelling on it (10 per cent)
 - “I made a conscious decision to move on and not dwell. I used the experience as a growing and learning experience.”
 - “Putting it behind me and getting on with life.”
- Time factor/growing up/maturity (9 per cent)
 - “Simply a matter of time – the event happened a very long time ago.”
 - “Getting older.”
 - “Time has healed a lot of the issues.”
- Left home/moving away (7 per cent)
 - “Living away from home and the negative environment.”
- Having own children (6 per cent)
 - “Becoming a parent myself has made me much more aware of the daily pressures and the difficulties involved with parenting. My self-worth and the level of respect I thought I deserved were affected by my childhood relationship/experiences with one of my parents. I worked myself out during my twenties, I guess. This involved honest discussions with my parents.”
- Faith-based activities (5 per cent)
 - “Going to a supportive church and youth group where my leaders cared about how I was doing.”
 - “Speaking to priests, and just praying, and having faith in my religion and my God.”
- Career/study (4 per cent).
 - “Career success and achieving professional recognition.”

“Friends played the biggest part in helping me through some tough times.”

FIGURE 3.2: Types of personal qualities most helpful in overcoming adversity (n=108)



Note: Multiple responses allowed

A further 10 per cent of respondents mentioned other factors as being most helpful (e.g. playing sport). Six per cent of participants reported that they never got over their adverse experiences and three per cent did not respond to the question.

The findings from the qualitative analysis affirm the findings of earlier sections. The importance of supportive family relationships as well as relationships outside of the family unit cannot be over-emphasised.

Other studies on resilience support these findings. Supportive partner/spousal relationships were linked to greater resilience in adulthood in DuMont and colleagues (2007) research. The authors found that individuals with a supportive spouse or partner were 1.7 times more likely to be resilient than those without a spouse or partner. In general, good interpersonal relationships from childhood through to adulthood are significantly associated with resilience (Collishaw et al. 2007).

In general, good interpersonal relationships from childhood through to adulthood are significantly associated with resilience.

“I’m 45, you know.” She doesn’t look it. Michelle* keeps her hair cropped short, wears jeans and a T-shirt and has a trendy, youthful air about her. She could easily pass for a nursing student rather than a practising midwife. This woman seems quite the picture of inner city Sydney life – you wouldn’t guess the troubles that she has had to overcome.

Coming from what she describes as a ‘pretty dysfunctional family’ and the eldest of five children, Michelle’s life has been hounded by experiences of abuse and rejection. It is only now, as she takes proactive steps in facing past demons, that she is recovering a sense of emotional stability and personal dignity.

“I’m starting to learn to stick up for myself. Even now, at 45, I’m still growing. Life’s hard. But like, there’s good – and I think my life’s better now than it ever was. Because I have more boundaries. I have grown.”

When Michelle was six months old, her mother fell pregnant again and Michelle was sent to live with her grandmother. This set the pattern for the girl’s family life.

“I still get really bad abandonment issues,” Michelle said. “I get, sort of, anxious about relationships. It still affects me. But, you know, I just have to deal with it. At six months you’re just learning, you’re starting to form attachments with your parents. So I never really felt close to my mother.”

She recalls that as the eldest she was often blamed for anything she – or her siblings – got up to and describes her parent’s attitude to discipline as one of “Spare the rod, spoil the child”. Michelle remembers being beaten repeatedly for punishment from as early as five years of age and throughout her childhood.

“Once, when I was nine, I smoked. You know, in a stupid mood. Mum smelled it and flew off the handle. She was hitting me everywhere with a feather duster until she got exhausted. Then she told my father to hit me. He was hitting me with a strap. They made my three little sisters watch. I don’t know where my brother was. But the girls were crying for me.”

At nine years of age, Michelle fell victim to a disturbing experience of abuse that left her with a tainted view of men and of her mother.

“I was sexually abused by my friend’s father. It took me a couple of days to tell Mum. When I did, instead of asking, ‘Are you all right?’ she said, ‘Oh, what will the neighbours think?’. Not once did she ask me if I was all right. Then she said, ‘Oh poor Mr Smith*, his wife doesn’t sleep with him, that’s why he did that.’”

The lack of support and proper boundaries from her parents coupled with their tendency to blame her carried through from Michelle’s childhood to teenage years where she became depressed and suffered low self-esteem. Her life became increasingly destructive to the point where, in her twenties, she ended up in prostitution and the victim of further sexual abuse. She moved to Perth to get away from it all but life continued on a downward spiral for Michelle until she moved back to Sydney, started training in nursing and sought therapy.

"I'd suggest to anyone to get a therapist or try group therapy. It's good. I've been part of a few twelve step recovery groups. Just sitting there, hearing other people's stories, you know you're not the only one. Listening to others is always an inspiration. You think, 'oh gee, they've had it worse than me and they're okay'. I suppose that even when I had stuff going on there was usually someone there for me in some way – even though I mightn't have been aware of it.

"I know that there are people out there that care about me and love me. I think my little sisters helped keep me going because at one point I was going to kill myself. I had a plan and everything. I didn't tell anyone. I was just going to do it.

My sister picked up on it, the second youngest. She said, 'You're not going to do anything, are you?' I said, 'I might.' She goes, 'What about the kids?' (I've got 15 nieces and nephews.)

So it's not an option now. I can't do it. So you've got to – I don't know. You just – life's precious, you know.

I'm also learning to pick good friends. Because of my past, I used to get so devastated if a friendship didn't work out. Now I'm kind of learning that it's okay. It doesn't mean you're bad or they're bad. It just didn't work out. Just move on instead of taking it to heart. Now I've got a decent best friend. We hang out together a lot. I can say anything and be myself. She never puts me down or judges me.

I'm trying to forgive those people who did me harm. My mother is dead now, but even last night, something about her came up and I still felt really angry. It's hard because I want to forgive her, because I know I need to. I don't want to be bitter and twisted. It's no good to hate. You've got to let it go. I know that. But it's still hard."



"My mother is dead now, but I still feel angry. It's no good to hate. You've got to let it go. I know that. But it's still hard."

* Name changed.

Implications for policy

The Wesley Report identifies three crucial areas for policy action. These are in the areas of education, mentoring and early intervention. Wesley Mission conducted a policy workshop to consider these key areas in depth.



The policy workshop brought together representatives from:

- Association of Children's Welfare Agencies
- Child Protection Unit, Sydney Children's Hospital
- NSW Family Services Incorporated
- NSW Office of the Children's Guardian
- Social Policy Research Centre, University of NSW
- Wesley Mission.

Wesley Mission also joins other organisations, including the Australia Education Union (Walker 2004), the Child and Family Welfare Association (2007), the NSW Commission for Children and Young People (2004) and the Smith Family (Hartley 2004), in urging community and government action on some of these issues.

1. Schooling and education

This research emphasises the importance of school and education in assisting people to overcome childhood adversity, as follows:

- 45 per cent of respondents who completed high school or had further education were resilient, compared to only 16 per cent of those who had not completed high school;
- ‘Positive experiences at school’ and ‘friends and supportive relationships at school’ were both predictors of adult resilience.

Recommendations

- 1.1 Wesley Mission believes that continuity of schooling for children in Out-of-Home care is critical. These children are most likely to have experienced chronic abuse and family dysfunction.

Wesley Mission advocates that child protection agencies and community service organisations prioritise the continuity of schooling in placement and programming decisions.

- 1.2 Wesley Mission recognises the urgency for strengthened relationships between schools and community agencies. Representatives in the policy workshop reported that community agencies are fully

utilising the limited resources available and have little or no discretionary time or resources to build relationships with schools, unless this is a part or by-product of their funded activities. Strong bonds between schools and community agencies, however, help to educate teachers and principals on the diverse challenges these children face.

Wesley Mission currently has in place its Education and Mentoring Program for Children in Out-of-Home Care. We call for the strengthening of this program and other similar initiatives.

1.3 Current funding criteria for children with disabilities at school include those with psychological and behavioural problems but not specifically children with experiences of abuse and neglect. Participants in the policy workshop stated that greater funding for children with abuse and neglect experiences would allow schools and teachers to provide the extra support these children often require.

Wesley Mission calls for a review of funding criteria. In particular, we advocate for the broadening of these criteria to include abused and neglected children.

1.4 Wesley Mission recognises the importance of keeping children in school. Through the federally-funded Youth Pathways program Wesley Mission is mentoring and case-managing 325 children who are at risk of dropping out of school in Sydney's south-western region. This program has vast potential and should be granted greater resources. We endorse programs such as Queensland University of Technology's Resourceful Adolescent Program (RAP), which focus on developing school attachment and engagement.

Wesley Mission calls for increased funding in the area of school attachment and engagement.

1.5 The extent to which children who have experienced adversity are supported is highly dependent on the school community. We note the Choose Respect program as one method of developing a school culture of respect. Wesley Mission acknowledges the importance of a whole-of-school approach in developing this culture, which requires the active involvement of principals, teachers, parents, children and the broader community.

Wesley Mission calls for explicit efforts towards the development of a culture of respect in schools. We support initiatives and programs that work towards this goal.

1.6 Wesley Mission seeks greater recognition of the importance of early childhood education as part of the education continuum. Australia has a relatively low level of investment in early childhood education compared to other OECD countries, spending just 0.1 per cent of GDP compared to the OECD average of 0.5 per cent (OECD 2006). The result is low levels of participation in early childhood education. The Australian Education Union (Kronemann 2007) estimates that every year between 36,000 and 57,000 children miss out on pre-school classes.

Wesley Mission advocates for universal access to early childhood education. To this end, we seek an increase in the number and quality of early childhood education places nationally, with initial attention given particularly to regions where participation rates are currently lowest.

1.7 Wesley Mission believes that parents should be partners in the education process. Strong partnerships between home and school are associated with more successful school experiences (Jenkinson 2006). Wesley Mission recognises initiatives in this area such as the joint reading programs which also give parents an opportunity to learn (see Elias et al. 2006) and School Breakfast Programs run by Wesley Mission and many other organisations.

Wesley Mission advocates for further funding for programs designed to engage parents in the education process.

1.8 Some children, young people and families need greater support to enable participation in co-curricular activities. This assistance may take the form of scholarship, corporate funding or providing an agent (e.g. community service worker) to act as a broker between the family and the activity provider.

Wesley Mission calls for governments and community service organisations to explore creative ways to give children opportunities to participate in co-curricular activities.

2. Mentoring

This research provides further evidence of the value of adult mentors and role models. Mentors were most commonly parents or another family member. Outside the family unit, mentors were most likely to be friends or teachers. In addition:

- Having a “close relationship with at least one parent” predicted resilience;
- Having “one person who recognised achievements” and a “close relationship with mentor/role model” were both predictors of resilience.

Recommendations

- 2.1 There is a need for mentoring programs to be more responsive to the particular needs of a given individual. Wesley Mission recognises that as the beneficiaries of mentoring programs, young people should be engaged in the planning and design of these programs. Their involvement should continue right through to program evaluation. We note tailored programs such as Wesley Mission's Driving to Independence, which is designed to assist young people in getting their driver's licence.
- 2.2 Mentoring programs can be tailored to target very specific groups, such as young people at high risk or in particular times of need. Examples of existing tailored programs are The Red Cross Young Women's Health Program, which targets young parents and Wesley Mission's EQUIP Youth Mentoring Program that supports young people through periods of transition.

Wesley Mission calls for mentoring programs tailored to a particular individual's interests and areas for skill development.

Wesley Mission calls for greater investment and focus on mentoring programs tailored to the specific needs of particular at risk or disadvantaged groups.

2.3 In some cases, mentoring programs are able to identify a potential mentor who is already part of a child's life. The role of community service organisations is to ensure there are no impediments to maintaining this relationship. Community agencies should also ensure that this relationship is not overburdened. Workshop participants noted that mentors can lose interest or drop out of programs if they are unable to commit the time required.

Wesley Mission calls on existing programs to provide greater support for the informal mentoring role played by significant individuals in a child's life.

2.4 Case workers have an important mentoring role which is frequently disrupted by high staff turnover. One of the major barriers in recruiting and retaining staff in the community service sector is low remuneration (Australian Services Union 2007). The Australian Council for Social Services (ACOSS 2006) reports that another cause of high staff turnover may be the reliance on unpaid work by staff. Three-quarters of these organisations reported that unfunded work by staff and volunteers increased between 2003-04 and 2004-05. Attracting appropriately qualified staff was also a problem for 54 per cent of agencies interviewed.

Stability in employment as well as continuity and quality of case workers is imperative. The national plan for industry development (recommendation 3.5) must address this issue.

Wesley Mission proposes that methods of improving staff retention in the child and family welfare sector be investigated and implemented as a matter of urgency.

3. Adversity characteristics and early intervention

The Wesley Report demonstrates that severe and long-lasting childhood adversity is associated with relatively poor adult outcomes. Respondents with the following characteristics were less likely than others to be resilient:

- adverse experiences began before the age of seven
- adversity lasted longer than five years
- experienced multiple types of adversity.

These findings reiterate the importance of early intervention programs. If children can be assisted before the adversity becomes long-term, the likelihood of positive adult outcomes or resilience increases.

Early intervention programs should build an individual's "personal qualities" as these qualities were considered helpful in overcoming adversity. In particular, understanding/awareness, inner strength, independence, a positive mindset or sense of optimism and having an easygoing personality were identified as important.

If children can be assisted before the adversity becomes long-term, the likelihood of positive adult outcomes or resilience increases.

Recommendations

3.1 There is a need for a comprehensive evaluation of early intervention and prevention programs. Given the number of programs currently in place, the costs and benefits of early intervention programs must be assessed. Wesley Mission applauds the NSW Government's current evaluation of its Brighter Futures Program.

Wesley Mission recognises the importance of evidence-based policy and program development. We seek rigorous evaluation. Cost-benefit analysis of key early intervention programs must be undertaken as a quality assurance standard and practice.

3.2 Wesley Mission recognises the importance of the current initiatives by both the Commonwealth and NSW Governments in the area of early intervention. However, there is a need to increase funding for these programs. The Child and Family Welfare Association of Australia (CAFWAA 2007) notes that Australia lags behind other Western countries in terms of per capita investment on early intervention programs. Further, early intervention programs can result in savings of up to \$240,000 per child over their lifetime.

Wesley Mission calls for increased funding for early intervention programs. Wesley Mission joins CAFWAA in advocating for national per capita investment benchmarks, in line with other developed countries.

3.3 Early intervention programs must build inner strengths and resources of children. These programs provide an opportunity to develop the personal qualities shown to assist people in overcoming adversity. "The task of professional systems and services for children at risk may be said to be to help release the inner strengths, resilience and healing powers of the child in need and of the informal and formal caring systems which surround the child" (Gilligan 2002, p.32).

Wesley Mission calls for the building of children's inner strengths and resources to be a priority of early intervention programs.

3.4 Wesley Mission's experience is that children who encountered adversity often come to the attention of community service organisations when the problems are already entrenched and the consequences severe. At-risk children must be identified

earlier – ideally before they come to the attention of these agencies. One way to achieve this is by ensuring that parents who use services are, as a matter of course, asked about the wellbeing of their children. The adequacy of support for the children and family must be investigated. This is particularly important for services that deal with mental health, domestic violence and drug or alcohol issues. Workshop participants stated that this is only just coming into practice in some mental health services.

Wesley Mission advocates that social, community and government services investigate the wellbeing of children and their families at the first instance of contact.

- 3.5 Wesley Mission considers development of the child and family welfare workforce to be essential. Aspects such as appropriate recruitment, training, professional development, support and mentoring of staff in this sector are integral to its development. The National Council of Social Services (NCOSS 2007) has identified this as a key priority over the next two years.

Wesley Mission advocates for a national plan to develop the child and family welfare workforce, involving the Commonwealth Government, State and Territory governments and community service organisations.

- 3.6 Wesley Mission joins both CAFWAA and the NSW Commission for Children and Young People in urging the Commonwealth Government to show leadership on the issue of child and family welfare.

Wesley Mission encourages the Federal Government to appoint a Children’s Minister and establish a national independent Commission for Children.

Wesley Mission calls on the Commonwealth Government, in conjunction with State and Territory Governments and community service organisations, to develop a national strategy for responding to childhood adversity.

Background to the project

The Wesley Report explores the phenomenon of overcoming adverse childhood experiences. The primary goal of the study was to examine the factors that assist individuals in overcoming these adverse experiences, particularly focusing on individual, social/familial or broader community factors as well as characteristics of the adversity itself.



The Wesley Mission research team designed the Beyond Adversity Survey. This tool was used to survey 612 adults in NSW in June 2007. A policy workshop was also conducted, involving both Wesley Mission staff and key representatives from academia, child and family welfare peak bodies and the NSW Office of the Children's Guardian.

The Wesley Report is the third in a series of research projects that aim to explore important social issues in NSW and highlight policy and program directions for government and community sector consideration.

Wesley Mission hopes that through this research, communities and governments will be prompted to address the issues identified in The Wesley Report.

Beyond Adversity Survey

The online survey was conducted with 612 adults aged 25 years and older, living in NSW. The sample was drawn from individuals at least 25 years old. The researchers surmised that at this age, respondents would have accumulated a degree of life experience and had opportunities to develop resilience.

Adults who had experienced childhood adversity participated. A total of 617 respondents who had not had these experiences were screened out and did not participate. Therefore, of the 1229 individuals who initially accessed the survey, 50 per cent had experienced some form of childhood adversity.

In this research, adverse childhood experiences were based on those used in the Adverse Childhood Experiences (ACE) study (Felitti 2002) and included:

- abuse – emotional, physical and sexual
- neglect – emotional and physical
- household dysfunction – household alcohol/substance abuse, household violence, household mental illness, parental separation/divorce.

[See Appendix 1 for complete definitions.]

The questionnaire (Appendix 1) had four parts:

1. identification of adverse childhood experiences
2. adult outcomes
3. childhood experiences; available supports and resources, and
4. demographic information.

Determining resilience

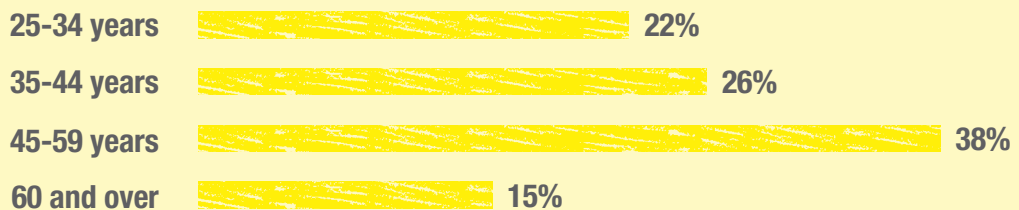
Following McGloin and Widom (2001), a respondent was considered resilient if they achieved positive outcomes in 75 per cent of the adult outcome areas. See Section 2 for a detailed discussion of the 13 outcome areas.

Personal characteristics

The characteristics of the 612 individuals surveyed are as follows:

- 54 per cent were female
- 38 per cent were aged between 45 and 59 years (Figure 5.1)
- 25 per cent had a university education, 18 per cent had not completed high school (Figure 5.2)
- 33 per cent had a pre-tax household income of between \$50,001 and \$100,000 (Figure 5.3)
- 57 per cent were working either full-time or part-time (Figure 5.4)
- Of those respondents working, 33 per cent were employed in a managerial or professional role (Figure 5.5); 37 per cent of those not in paid employment were engaged in home duties.

FIGURE 5.1: Respondent age (n=612)



Note: Percentages do not add to exactly 100% due to rounding

FIGURE 5.2: Highest education completed (n=612)

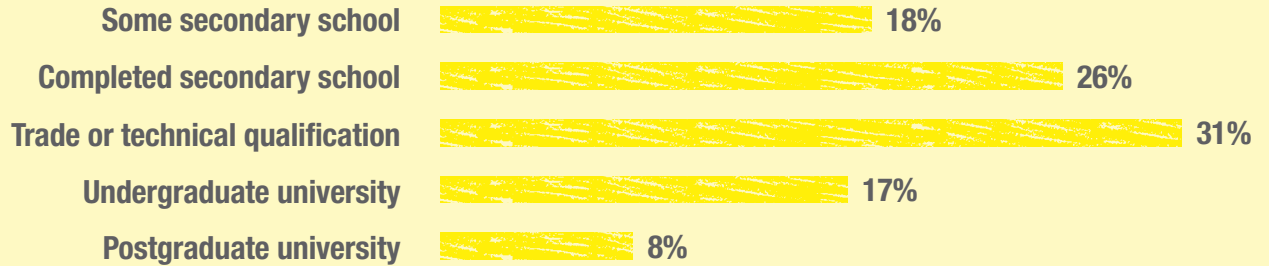


FIGURE 5.3: Annual household income (before tax) (n=612)

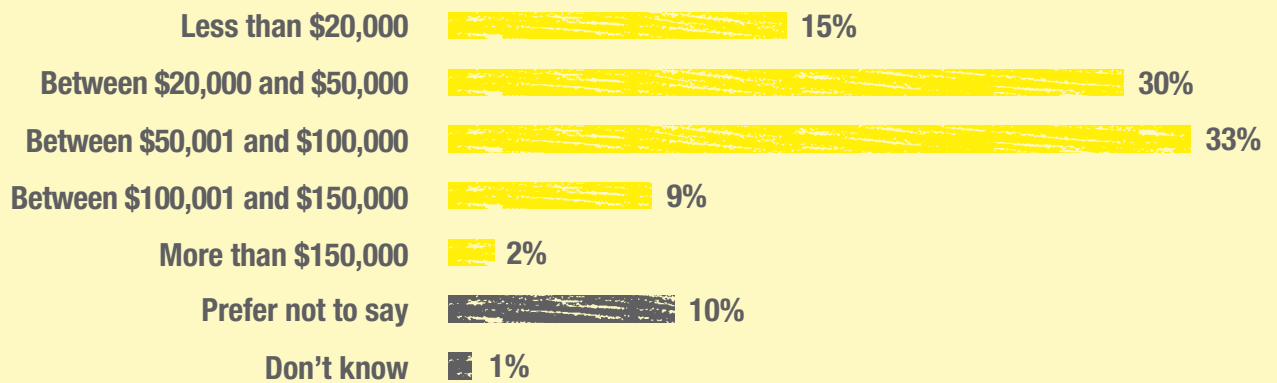


FIGURE 5.4: Current employment status (n=612)

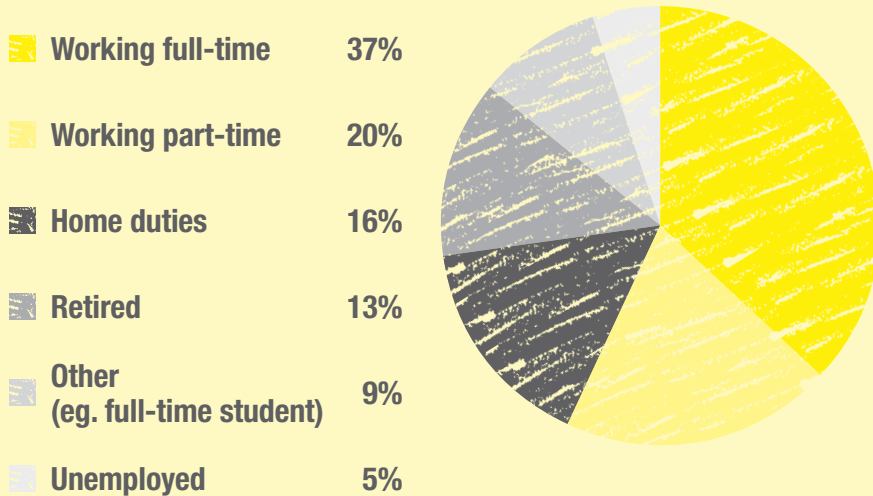
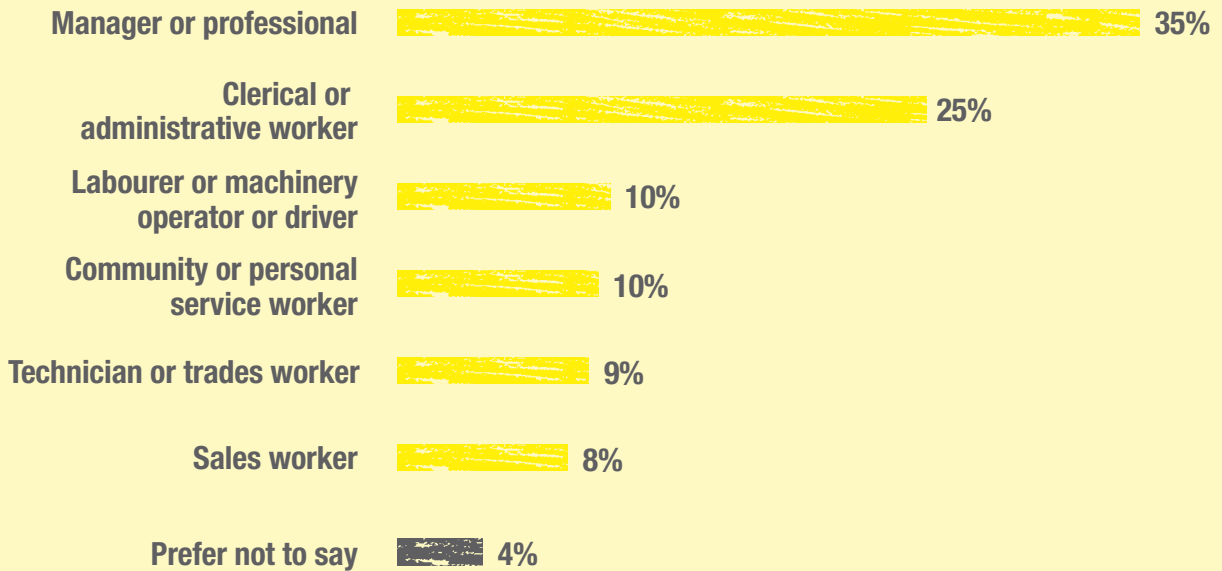


FIGURE 5.5: Current occupation (n=346)



Note: Percentages do not add exactly to 100% due to rounding

Policy workshop

Wesley Mission held a policy workshop to explore the program and policy implications of the research findings. The 13 participants included representatives from:

- Association of Children's Welfare Agencies
- Child Protection Unit, Sydney Children's Hospital
- NSW Family Services Incorporated
- NSW Office of the Children's Guardian
- Social Policy Research Centre, University of NSW
- Wesley Mission.

Participants were presented with key findings from the research and discussed future policy and program direction in light of these findings. Policy recommendations are based on research findings as well as these discussions.

Some feedback from respondents to Wesley Mission's Beyond Adversity Survey

- "This is such an important issue. I congratulate the person or persons that compiled this survey in such a sensitive manner"
- "I'd like to thank you for a very courageous survey that brought me to tears & also brought a lot of 'stuff' flooding back. I would like to thank you truly, from the bottom of my heart for your concern into this area of neglect & abandonment. Please keep up the good work on behalf of all the 'others' affected"
- "Thank you for the very valuable and worthwhile work of Wesley Mission. I am grateful for what you do and also for the opportunity to tell a 'positive' story about past experiences and my survival. I am very proud of what I am and who I am. Thanks for letting me tell you"
- "I enjoyed this survey very much. I love to talk about my experiences and the amazing spiritual journey that I have been on for the past few years. My only regret is that there was nowhere near enough space to say all I wanted to on the subject"
- "Answering your questions just shows me how far I have moved on in my life. Thank you"
- "Surveys like this also help the healing. More should be done"
- "This was a great survey, for me at least, I was able to get some things off my chest that I have bottled up & never said out loud. Thank you."

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Appendix 1: Wesley Mission's Beyond Adversity Survey

This is a survey about surviving negative childhood experiences. We are interested in how you are doing now, as an adult and what resources and support were available to you when you were a child.

We appreciate the sensitive nature of some of the questions in the first section of the questionnaire and will not ask you to go into detail about personal experiences.

Please note that your answers will remain confidential and you will not be personally identified in any way. Your answers will be de-identified and only be used in an aggregated way.

A. SCREENING QUESTIONS

A1. a. In childhood (up to the age of 16) did you experience any of the following:

** Note to programmer – hide definitions in [] but allow respondents to click on a term to get the definition

If you are unsure, please click on any of the terms below for a definition or examples.

Physical abuse [Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at you and/or ever hit so hard that you had marks or were injured.]

Emotional abuse [Often or very often a parent or other adult in the household swore at you, insulted you, or put you down and/or sometimes, often or very often acted in a way that made you think that you might be hurt.]

Sexual abuse [An adult or person at least 5 years older ever touched or fondled you in a sexual way, and/or had you touch their body in a sexual way, and/or attempted oral, anal, or vaginal intercourse with you and/or actually had oral, anal, or vaginal intercourse with you.]

Emotional neglect [Emotional neglect occurs if your family didn't make you feel special and loved or your family could not be relied on as a source of strength, support, and protection.]

Physical neglect [Physical neglect occurs if for example, you sometimes, often or very often didn't have enough to eat, were left alone when you were too young to care for yourself, your parents or primary carers' alcohol or drug behaviour interfered with your care, or if you weren't taken to the doctor when you were sick.]

Yes.....	1
No.....	0

** If 1 – go to A1b, if 0 – go to A1c.

b. If you are comfortable doing so, please specify what type of abuse/neglect:

Physical abuse.....	1
Emotional abuse	2
Sexual abuse.....	3
Emotional neglect	4
Physical neglect.....	5
Prefer not to say	9

c. In childhood (up to the age of 16) did you experience any of the following:

** Note to programmer – hide definitions in [] but allow respondents to click on a term to get the definition

If you are unsure, please click on any of the terms below for a definition or examples.

Household alcohol / substance abuse [You lived with someone who was a problem drinker or alcoholic and/or lived with someone who used drugs.]

Household violence [A member of the household was sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at them and/or sometimes often, or very often kicked, bitten, hit with a fist, or hit with something hard, and/or ever repeatedly hit over at least a few minutes and/or ever threatened or hurt by a knife or gun.]

Household mental illness [A household member had a mental illness and/or attempted suicide.]

Parental separation or divorce [Your parents were ever separated or divorced.]

Yes.....	1
No	0

** If 1 – go to A1d, if 0 – go to A2.

d. If you are comfortable doing so, please specify what type of negative experience:

Household alcohol / substance abuse	1
Household violence	2
Household mental illness.....	3
Parental separation or divorce	4
Prefer not to say	9

** If 1 in either A1a or A1c, go to A2. If 0 in both, end here.

Please respond to the next three questions, thinking about the negative childhood experiences you just mentioned.

A2. To what extent do you feel the negative experiences have impacted on your life?

Very strong impact	1
Strong impact	2
Moderate impact.....	3
Minor impact	4
No impact.....	5
Can't say	9

A3. How long did the negative experiences last?

One-off incident	1
Less than 1 year	2
Longer than 1 year but less than 5 years.....	3
Longer than 5 years	4
Can't say	9

A4. At what age did the negative experiences occur for the first time?

0 – 6 years	1
7 – 10 years.....	2
11+ years	3
Can't say	9

Thank you for answering those very personal questions. The remainder of the survey will look at how you are going now and the support you had as a child. If you would like to talk to someone about your experiences, please ring Lifeline on 13 11 14, or visit their website: www.lifeline.org.au

PART B. ABOUT YOU NOW

B0. What circumstances/events/factors do you consider to have been the most helpful for you in overcoming difficult experiences in childhood?

You will now be asked a series of questions about you and your life as an adult.

Individual – external factors

B1. What is the highest level of education you have completed?

No formal schooling	1
Primary school	2
Some secondary school.....	3
Completed secondary school (HSC, Leaving Certificate, etc)	4
Trade or technical qualification (eg TAFE)	5
Undergraduate university diploma/degree or equivalent.....	6
Postgraduate university diploma/degree or equivalent	7

B2. a. Have you been in paid employment in the past 2 years?

Yes.....	0
No	1

** If 1, go to B3. If 0, go to B2b.

b. Have you been unemployed for longer than 3 months in the past 2 years?

Yes.....	0
No.....	1

c. Have you been asked to leave more than 1 job (excluding redundancy)?

Yes.....	0
No.....	1

d. Do you often stay in a job for less than 1 year?

Yes.....	0
No.....	1

APPENDICES

- e. How satisfied are you with your current/most recent job?
- Very satisfied 1
 - Fairly satisfied 2
 - Neither satisfied nor dissatisfied 3
 - Fairly unsatisfied 4
 - Very unsatisfied 5
- B3.** As an adult, has there been a period where you had no regular place to live, for at least a month or so (not including holidays)?
- Yes 0
 - No 1
- B4.** Have there been more negative than positive experiences with your health in the past 12 months?
- Yes 0
 - No 1
- B5.** Have you had a mental illness as an adult?
- Yes 0
 - No 1
- B6.** Have you had a problem with drugs or alcohol as an adult?
- Yes 0
 - No 1
- B7.** Have you ever had a problem with gambling as an adult?
- Yes 0
 - No 1

- B8. a.** Have you ever been arrested as an adult?
 Yes..... 0
 No..... 1
- b.** Have you ever been violent towards another person as an adult?
 Yes..... 0
 No..... 1

Individual – internal factors

You will now be given a series of statements about yourself as an adult.

Please specify to what extent you agree or disagree with the statements.

- B9. a.** I feel that I am optimistic and concentrate on the positives in most situations.
 Strongly agree 1
 Tend to agree 2
 Neither agree nor disagree 3
 Tend to disagree 4
 Strongly disagree 5
- b.** Most people think I'm friendly and like to be around me.
 Strongly agree 1
 Tend to agree 2
 Neither agree nor disagree 3
 Tend to disagree 4
 Strongly disagree 5
- c.** I feel that I am competent and have high self-esteem.
 Strongly agree 1
 Tend to agree 2
 Neither agree nor disagree 3
 Tend to disagree 4
 Strongly disagree 5

B10. a. I feel that I have control over many events in my life.

Strongly agree	1
Tend to agree	2
Neither agree nor disagree	3
Tend to disagree	4
Strongly disagree	5

b. I feel that I have coped well with more than one major problem in my life.

Strongly agree	1
Tend to agree	2
Neither agree nor disagree	3
Tend to disagree	4
Strongly disagree	5

Close relationships and social contact

B11. a. Do you live with a spouse or partner?

Yes.....	1
No.....	0

**If 1 – go to B11b, If 0 – go to B11c.

b. My partner / spouse and I have a supportive relationship.

Strongly agree	1
Tend to agree	2
Neither agree nor disagree	3
Tend to disagree	4
Strongly disagree	5

c. I feel I have at least one caring person in my life.

Strongly agree	1
Tend to agree	2
Neither agree nor disagree	3
Tend to disagree	4
Strongly disagree	5

- d.** I feel that I can trust at least one person in my life.
- Strongly agree 1
- Tend to agree 2
- Neither agree nor disagree 3
- Tend to disagree 4
- Strongly disagree 5
- e.** I feel I have at least one person in my life that I can seek help from.
- Strongly agree 1
- Tend to agree 2
- Neither agree nor disagree 3
- Tend to disagree 4
- Strongly disagree 5
- B12.** Overall, I am satisfied with my life as it is now.
- Strongly agree 1
- Tend to agree 2
- Neither agree nor disagree 3
- Tend to disagree 4
- Strongly disagree 5
- B13. a.** How often do you have contact with family members (apart from the ones you live with)?
- Frequently 1
- Occasionally 2
- Rarely/never 3
- b.** How often do you have contact with close friends?
- Frequently 1
- Occasionally 2
- Rarely/never 3

APPENDICES

c. How often do you meet with people for sport, a hobby or a leisure time activity?	
Frequently	1
Occasionally	2
Rarely/never	3

PART C. CHILDHOOD EXPERIENCES

Please respond to the following questions thinking about your childhood up to the age of 16.

Once again, you will be given a series of statements and asked to what extent you agree or disagree.

Individual characteristics

C1. I was self-confident and had high self-esteem.	
Strongly agree	5
Tend to agree.....	4
Neither agree nor disagree	3
Tend to disagree	2
Strongly disagree	1
Can't say	0
C2. Others considered me physically attractive as a child.	
Strongly agree	5
Tend to agree.....	4
Neither agree nor disagree	3
Tend to disagree	2
Strongly disagree	1
Can't say	0
C3. I felt I had some control over what happened to me.	
Strongly agree	5
Tend to agree.....	4
Neither agree nor disagree	3
Tend to disagree	2
Strongly disagree	1
Can't say	0

C4.	I felt optimistic about the future.	
	Strongly agree	5
	Tend to agree.....	4
	Neither agree nor disagree	3
	Tend to disagree	2
	Strongly disagree	1
	Can't say	0
C5.	I had goals for the future (eg. going to university).	
	Strongly agree	5
	Tend to agree.....	4
	Neither agree nor disagree	3
	Tend to disagree	2
	Strongly disagree	1
	Can't say	0
C6.	I had spiritual/religious beliefs that were important to me.	
	Strongly agree	5
	Tend to agree.....	4
	Neither agree nor disagree	3
	Tend to disagree	2
	Strongly disagree	1
	Can't say	0
C7.	I had an easy going personality.	
	Strongly agree	5
	Tend to agree.....	4
	Neither agree nor disagree	3
	Tend to disagree	2
	Strongly disagree	1
	Can't say	0

Social/familial characteristics

C8. I was given jobs to do around the house and someone made sure I did them.

Strongly agree	5
Tend to agree.....	4
Neither agree nor disagree	3
Tend to disagree	2
Strongly disagree	1
Can't say	0

C9. I had a close relationship with at least one of my parents/guardians.

Strongly agree	5
Tend to agree.....	4
Neither agree nor disagree	3
Tend to disagree	2
Strongly disagree	1
Can't say	0

C10. At least one person in my life recognised my achievements.

Strongly agree	5
Tend to agree.....	4
Neither agree nor disagree	3
Tend to disagree	2
Strongly disagree	1
Can't say	0

C11. I had a close and supportive relationship with an adult/mentor/role model.

Strongly agree	5
Tend to agree.....	4
Neither agree nor disagree	3
Tend to disagree	2
Strongly disagree	1
Can't say	0

** If 5 or 4, go to C11b. If 0 – 3, go to C12.

C11. b. Who was your mentor or role model in childhood/adolescence?

Broader community characteristics

C12. I had friends and supportive relationships at school.

Strongly agree	5
Tend to agree.....	4
Neither agree nor disagree	3
Tend to disagree	2
Strongly disagree	1
Can't say	0

C13. Overall, I had a positive experience at school.

Strongly agree	5
Tend to agree.....	4
Neither agree nor disagree	3
Tend to disagree	2
Strongly disagree	1
Can't say	0

C14. I had a casual / part-time job.

Yes.....	5
No	1

C15. I volunteered.

Yes.....	5
No.....	1

C16. I belonged to a faith/religious community.

Yes.....	5
No.....	1

APPENDICES

C17. I took part in extra-curricular activities and/or had hobbies.	
Yes.....	5
No.....	1
C18. I played sport.	
Yes.....	5
No	1
C19. Did you or your family receive significant assistance (for the negative childhood experiences you mentioned at the beginning of the survey) from any of the following?	
a. Government	
Yes.....	5
No.....	1
Don't know.....	0
b. Not-for-profit or welfare organisation	
Yes.....	5
No.....	1
Don't know.....	0
c. Church	
Yes.....	5
No.....	1
Don't know.....	0
d. School	
Yes.....	5
No.....	1
Don't know.....	0
e. Community group (eg. sporting club, rotary)	
Yes.....	5
No.....	1
Don't know	0

f. Other group	
Yes.....	5
No.....	1
Don't know.....	0

PART D. DEMOGRAPHIC QUESTIONS

Before we finish, a few quick questions about you – this is just used to make sure we have a good cross section of people. Your answers will not be used to identify you in any way.

D1. What was your age last birthday?	
25-34	1
35-44	2
45-59	3
60-74	4
75 and over	5
D2. Are you:	
Male.....	1
Female	2
D3. Please tell me which of the following income bands best describes your approximate total annual household income before tax?	
Less than \$20,000	1
Between \$20,000 and \$35,000	2
Between \$35,001 and \$50,000	3
Between \$50,001 and \$70,000	4
Between \$70,001 and \$100,000	5
Between \$100,001 and \$150,000	6
Between \$150,001 and \$200,000	7
More than \$200,000.....	8
Prefer not to say.....	9
Don't know	10

APPENDICES

D4.	Are you currently:	
	Working full-time.....	1
	Working part-time	2
	Not working	3
	** If 1 or 2, go to D5. If 3, go to D6.	
D5.	How would you describe your current occupation?	
	Manager or professional.....	1
	Technician or trades worker	2
	Community or personal service worker	3
	Clerical or administrative worker	4
	Sales worker	5
	Labourer, machinery operator or driver	6
	Prefer not to say.....	9
	** Go to Part E.	
D6.	How would you describe your current situation?	
	Full time student	1
	Home duties	2
	Retired	3
	Unemployed.....	4
	Other (eg. injured, workers compensation)	5
	Prefer not to say.....	9

PART E – CLOSE: TELL YOUR STORY

This survey is for Wesley Mission – a not-for-profit organisation that does a lot of work for individuals and families across Sydney and NSW. The purpose of the survey is to help Wesley Mission target their future work over the coming years.

Wesley Mission would also like to acknowledge stories of overcoming adversity.

Would you be willing to be contacted to tell us more about your story?

Yes 1
No 0

(If yes) Please tell us your story of overcoming negative experiences in 200 words or less.

[Text box]

(If yes) Can you please provide a few details in case Wesley Mission would like to contact you?
(They won't be able to identify your survey responses.)

Name:

Phone number:

Postal address:

Email address:

Finally, if you feel the need to talk to someone please ring Lifeline 13 11 14, or visit their website: www.lifeline.org.au

Appendix 2: Coding Scheme for Beyond Adversity Survey

Please note: In this coding scheme a '1' denotes success on a particular area.

PART B

- | | | |
|--|---|--|
| <p>B1. Education
4, 5, 6 or 7 = 1
1, 2 or 3 = 0</p> | <p>B6. Drug / alcohol problem
No = 1
Yes = 0</p> | <p>B11. Close relationships
Response pattern:
b. 1
c. 1 or 2
d. 1 or 2
e. 1 or 2
Respond as above to at least 3 of the questions = 1
Else = 0</p> |
| <p>B2. Employment
Response pattern
b. 1
c. 1
d. 1
e. 1 or 2 or 6.
Respond as above = 1
Else = 0</p> | <p>B7. Gambling problem
No = 1
Yes = 0</p> | <p>B12. Overall life satisfaction
Respond '1' or '2' = 1
Else = 0</p> |
| <p>B3. Homelessness
No = 1
Yes = 0</p> | <p>B8. Criminality / violence
No, No = 1
Else = 0</p> | <p>B13. Social interaction
Respond '1' on any of a, b or c = 1
Respond '2' for at least 2 of a, b or c = 1
Else = 0</p> |
| <p>B4. Health
No = 1
Yes = 0</p> | <p>B9. Self image
Respond '1' or '2' to all 3 questions = 1
Else = 0</p> | |
| <p>B5. Mental illness
No = 1
Yes = 0</p> | <p>B10. Agency / control
Respond '1' or '2' to both questions = 1
Else = 0</p> | |

Total resilience score = B1 + B2 + ... + B13 (Score out of 13)

Appendix 3: Programs and Services

Choose Respect

Choose Respect brings school communities together to develop and maintain a culture of respect. "Every human being is unique, and has inherent worth and value, and therefore, should be treated with respect. Respect is to be treated with care and consideration." The program aims to empower all members of the school community to foster a culture of respect at the school.

www.chooserespect.com

Early Childhood – Invest to Grow

This program is part of the Commonwealth Government's Stronger Families and Communities Strategy. Through early intervention and prevention, as well as research and evaluation, this program seeks to improve outcomes for young Australian children. Funding is provided (\$70 million over 2004-08) for early childhood programmes and resources.

[www.facs.gov.au/internet/facsinternet.nsf/VIA/sfcs_publications/\\$File/early.pdf](http://www.facs.gov.au/internet/facsinternet.nsf/VIA/sfcs_publications/$File/early.pdf)

Resourcefulness Adolescent Program (RAP)

RAP is designed to build the resilience and resourcefulness of teenagers. The program engages teenagers, their families and their school. It is a universal program targeted to all adolescents aged 12-15 years and is used as an integral part of the school curriculum.

www.hlth.qut.edu.au/psyc/rap/

The Red Cross Young Women's Health Program

This program provides accommodation, education and support for young homeless or vulnerable women who are pregnant or have a child. The program involves three stages: (1) 24-hour support, accommodation and tailored education program including parenting and general living skills. (2) Semi-supported accommodation with assistance aimed at developing independence. (3) Transitional support for women moving to independent accommodation or in with family.

www.redcross.org.au/nsw/service_glenmervyn.htm

Wesley Mission's Driving to Independence

A driving education program that teaches young people not only good driving skills, but also builds confidence as well as communication and life skills. In addition, the program broadens the job prospects of some of the disadvantaged young people that take part by providing assistance to get a driver's licence.

Part of Wesley Mission's Independent Living Program.

www.wesleymission.org.au/centres/wesleydalmar/acc_serv_youth.asp

Some of Wesley Mission's Early Intervention programs

The Brighter Futures strengths-based programs funded by NSW DoCS provide support for vulnerable families. Healthy child development, strong and functional families and a reduction in child abuse and neglect are sought. Parenting programs, case management, home visiting, access to child-care and financial assistance are offered in the programs.

www.wesleymission.org.au/centres/wesleydalmar/family_and_youth.asp

The federally-funded Youth Pathways program provides individual case-management for young people aged 13-19 years who are at risk of dropping out of school.

www.wesleymission.org.au/centres/employ/Programs/Youth_Pathways.asp

Wesley Mission's Education and Mentoring Program for Children in Out-of-Home Care

This education and mentoring program seeks to improve the educational achievements of children and young people, while raising self-esteem and enabling individuals to develop the capacity to envisage healthy and productive futures. Children and young people are provided with educational mentoring and educational resources. Outcomes sought are long-term improvements in the quality of adult life and successful outcomes in a broad range of areas.

www.wesleymission.org.au/centres/wesleydalmar/out_of_home_care_services.asp

Wesley Mission's EQUIP Youth Mentoring Program

This western Sydney-based program provides support and encouragement for young people as they go through the transition to adult life. Young people are paired with a caring, interested and positive adult volunteer mentor who can support their growth and development.

www.wesleymission.org.au/centres/wesleydalmar/youth_services.asp

Wesley Mission's School Breakfast Programs

This relatively new program provides breakfast to children before school, improving concentration and learning throughout the day. The program engages with parents and the broader community through volunteering.

www.wesleymission.org.au/centres/wesleydalmar/quakers_hill.asp

You Can Do It! Education Program

You Can Do It! involves children, parents, educators and administrators. The program looks at reforming school culture so that "children are equipped with the attitudes and values that are the foundations for academic achievement, sound interpersonal relationships, overall healthy psychological living as well as the eventual successful transition from school to work, further education and adult life." The program is based on instilling five qualities in children: confidence, persistence, organisation, getting along and resilience.

www.youcandoit.com.au

How we help

Wesley Mission offers a range of services to support children who are experiencing adversity in their daily lives.

These services include:

- out of home care services
- mentoring programs
- youth outreach programs
- independent living programs
- early intervention programs that support not only the children, but work with adults to develop skills so they can be more effective parents.

The focus for Wesley Mission is to work with children in the early stages of the adversity. As the research demonstrates, this offers the best hope for building resilience and giving children the opportunity to lead happy and productive lives.

Unfortunately, this is not always possible.

Wesley also supports adults by equipping them with skills to cope with the pain that lingers long after the adversity. Often this pain is hidden in issues such as alcohol and drug addiction, unemployment and gambling issues.

Wesley Mission Counselling Services help those who feel there is no release from the painful memories of their childhood. Wesley Mission Counselling Services offers a 24-hour crisis

Beyond
adversity:
giving
kids a
chance
to shine



Yes, I want to help build resilience in those who have experienced adversity in their childhood.

I would like to give:

- \$45** towards counselling to prevent family breakdown
- \$20** towards educational programs for young children
- \$85** for parenting skills classes
- \$160** to help provide ongoing support for foster parents
- \$240** towards crisis accommodation for children
- My choice \$

Donation: I have enclosed my cheque/ money order (made out to Wesley Mission) OR

- Please charge my:
- Mastercard Visa
- Diners Amex

Card No.

Signature

Expiry date /

Title (Rev/Dr/Mr/Mrs/Miss/Ms/Other)

PLEASE PRINT

First name

Surname

Address

Postcode

Ph. (H)

(M)

Email

DOB



DONATION LINE: 1800 021 821

FAX: (02) 9267 1022

www.wesleymission.org.au/donate

Wesley Mission, PO Box A270,

Sydney South NSW 1235

DONATIONS ARE TAX DEDUCTIBLE

telephone counselling and referral service, as well as one-on-one counselling.

Wesley Mission offers rehabilitation programs to support those struggling to overcome drug or alcohol addictions. We provide financial counselling and independent living skills programs to build optimism for the future.

Our employment service, Wesley Mission Uniting Employment, also helps individuals secure employment by building their skills, confidence and belief in themselves.

How you can help

Your support can help build resilience and turn around the life of a child or an adult struggling with the adversity they faced in their early years. You can provide support by volunteering, becoming a counsellor or by donating to Wesley Mission.

DONATION LINE: 1800 021 821

www.wesleymission.org.au/donate

DONATIONS ARE TAX DEDUCTIBLE

WESLEY MISSION

220 Pitt Street, Sydney NSW 2000 Australia
PO Box A5555, Sydney South NSW 1235
PH. (02) 9263 5555 FAX. (02) 9264 4681
EMAIL. wesleymission@wesleymission.org.au
WEB. www.wesleymission.org.au

Superintendent: Rev Keith V Garner MTh (Oxon)

For a PDF copy of this report visit
www.wesleymission.org.au/beyondadversity

For all other enquiries please contact
Communications Assistant
PH. (02) 9263 5398



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