Can you begin by providing a brief introduction to your respective backgrounds?

CW: My background is clinical psychology, with a specialisation in child and family. I have focused on conceptualisations and intervention as, broadly defined, it relates to parenting and family violence. I have been primarily interested in the impact of maltreatment on the adolescent period of development and the opportunities for positive change in this high-growth time frame. Adolescents are re-ordering their world, and relationships can be vehicles for risk or resilience.

AH: I’m a postdoctoral fellow in the Department of Psychology and Neuroscience at Dalhousie University and a sessional instructor at the University of Prince Edward Island. I first became interested in addictions research during graduate school, when I collaborated on several projects in the Centre for Addictions Research at Dalhousie. My postdoctoral research has focused on several topics related to alcohol use and problems.

SS: My research primarily focuses on addictive disorders. As a clinical psychologist, I am most interested in understanding psychological mechanisms involved in the development of addictive behaviours such as personality factors, emotional distress and motivational contributions.

What inspires you about the work you do?

CW: Being able to connect internationally with groups across the life of this team grant energises the research project development side, as the grant is positioned to fund pilot or feasibility work. The enthusiasm for collaboration and the consonance with the emergent science-health-practice-policy landscape in different countries has been inspiring. What inspires me the most is brave individuals who express their story and find ways to become part of the solution.

AH: I’m interested in examining pathways that lead to alcohol use and problems, with a primary focus on motivations, personality and mood/emotional symptoms as explanatory factors. However, more recently I’ve become interested in extending this area of work to specific populations, including reproductive-aged women, youth involved with child welfare services, and victims of childhood sexual assault.

SS: Much of my work is aimed at identifying potential psychological targets for treatment, and understanding risk and protective factors in hopes that this knowledge will be used to develop more effective early interventions and prevention initiatives, as well as more effective treatments for those already affected by co-occurring emotional disorders and addictive problems.

Can you tell us about your current research goals?

CW: To be an effective catalyst for collaboration and to be focused on innovation in engaging and educating in child maltreatment, as well as to examine child sexual abuse in the context of child welfare-involved youth with the Maltreatment and Adolescent Pathways Research Study’s secondary analyses. This will provide a stronger base to move forward with a better needs-to-service match and intervention studies.

AH: My main research goals involve identifying risk factors for alcohol-related problems, and recognising the similarities and differences in risk factors for various populations, including differences between men and women.

SS: My current research goals are centred on furthering our understanding of the pathways that lead to (or protect against) emotional and addictive disorders.

Finally, what plans do you have for the future, on both a personal and professional level?

CW: I wish I could be a rock star! However, that would require my having a singing voice! For now, I’ll remain content to craft my writing to the Rolling Stones, Led Zeppelin and Robert Plant songs. You need a strong counter-balance to the misery of the reality of child abuse and neglect. I’d like to see child abuse prevention recognised as foundational to sustainable healthcare models, and I would be humbled to be a part of the realisation of the Peace and Justice Global Goal.

AH: I hope to continue to build my research programme to add to our current understanding of factors that confer vulnerability to (or establish resilience against) alcohol misuse and alcohol-related problems. I would like to see this research translated to clinical practice, in order to develop more fine-tuned treatments for addictive disorders. I would also like to become more active in knowledge dissemination efforts, and to continue to be an advocate for a sex- and gender-centred approach to addictions research and treatment.

SS: I’m interested in increasing my work on the link of post-traumatic stress disorder (PTSD) and addictive disorders (potentially extending to PTSD and cannabis misuse in the military), and continuing to extend and share my research findings with the community and practising clinicians.
Helping repair the effects of impairment

The Canadian Institutes of Health Research Institutes of Gender and Health team is composed of scientists with a broad pool of research interests. Together, they work on several projects, one of which focuses on understanding the associations between childhood maltreatment and adolescent substance abuse.

CHILDHOOD MALTREATMENT, ABUSE and neglect directed at children aged under 18, is a significant problem around the world. Although data from many countries are still lacking, a quarter of all adults report they were physically abused as children and the consequences of maltreatment are often significant and longlasting.

When maltreated children become adults, they are at an increased risk of behavioural, physical and mental health problems. The potential consequences of childhood maltreatment are so severe that many subsequent manifestations have been observed and reported. The impairment experienced by individuals with a history of childhood maltreatment can be felt across the lifespan, negatively impacting upon their ability to cope with the challenges that life brings.

UNDERSTANDING UNDERLYING CAUSES AND MOTIVATIONS

One factor that is simultaneously a manifestation of and a contributor to this impairment is substance abuse. While many adolescents experiment with alcohol and other substances, victims of childhood maltreatment are at a higher risk of abusing substances, that is, experimenting so frequently and intensely that it poses a risk to their health, safety and development in the short- and/or long-term. With that in mind, researchers have conducted multiple studies to explain precisely why child maltreatment is a risk indicator for adolescent substance abuse.

A common substance abuse research area includes understanding the motivations for drinking alcohol, using drugs, having sex and so forth, emerging from the work of Dr Lynn Cooper. However, such research has not often been applied to child welfare or child maltreatment populations, but could yet prove ideal for intervention targets, such as the importance of addressing impulsivity and engaging in abuse behaviours to suppress the noxious thoughts and feelings associated with maltreatment. Indeed, the maltreating home environment is so often chaotic and threatening, that impulsivity becomes a habitual way of responding to these urgent and unpredictable demands. Such impulsivity, then, becomes a way to approach adolescent risk taking. It is important to understand when engagement in these behaviours is not coping related, and understand maltreated youth who abstain from toxic coping patterns, as these can exacerbate maltreatment-related post-traumatic stress symptoms (eg. dissociation, hyper-vigilance, re-experiencing), especially if alcohol was used by the perpetrator of maltreatment.

MODELS OF MECHANISMS

The Canadian Institutes of Health Research team, led by Dr Christine Wekerle, is collaborating with substance abuse and trauma expert, Dr Sherry Stewart and young investigator scientist, Dr Amanda Hudson. They are examining how useful the motives model is for understanding impairment and resilience among youth and young adults who have experienced maltreatment. The programme uses three models: the post-traumatic stress disorder (PTSD) model, the self-dysfunction (SD) model and the relationship difficulty (RD) model. PTSD analysis identified that it is the posttraumatic distress, not the traumatic experience itself that is associated with later substance abuse. SD is often equated with low self-esteem, whereby a victim of childhood maltreatment believes they are not worthy of unconditional love and affection. There are a multitude of complications that can be brought about through neglect and abuse to children, and the affective and aggressive problems can lead to rejection by the mainstream peer – thereby exacerbating the low self-esteem – and substance abuse. RD focused on insecure

MAPPING PATHWAYS

Dr Sherry Stewart and Dr Amanda Hudson are co-investigators on the CIHR Team grant in boys’ and men’s health. In addition, they collaborate on the Maltreatment and Adolescent Pathways (MAP) Research Study and other projects, including work with Nova Scotia Mi’kmaq high school youth and other topics related to substance abuse, now with more focus on resilience.

Stewart works on several projects that look at conceptualisations of resilience, specifically addressing the question of what constitutes resilience programming, as well as engaging with experimental, Team-wide use of Twitter as a research knowledge translation vehicle. Stewart will analyse the efficacy of the process through investigating uptake in the scientific community, in terms of article views and citations.

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CHILD MALTREATMENT, HEALTH OUTCOMES, AND RESILIENCE

OBJECTIVE
To investigate the association between childhood maltreatment, motives for health-risk behaviors, adolescent substance use and resilience strategies.

KEY COLLABORATORS
Dr Sherry Stewart; Dr Amanda Hudson, Dalhousie University, Canada • Dr Abby Goldstein, University of Toronto, Canada • Dr Gordon Flett, York University, Canada • Dr Harriet MacMillan; Dr Anne Rhodes; Dr Michael Boyle; Dr Masako Tanaka, McMaster University, Canada • Dr Nico Trocmé, McGill University, Canada • Dr Stephen Ellenbogen, Memorial University of New Foundland, Canada • Dr Randy Waechter, St. George’s University, Grenada • Dr Lil Tommyr, Public Health Agency of Canada • Dr Wendy Hovdestad, Public Health Agency of Canada

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CHRISTINE WEKERLE, PHD
leads a CIHR Team grant on boys’ and men’s health examining male sexual exploitation, health, and resilience, and led the Maltreatment and Adolescent Pathways (MAP) Research Study on child welfare-involved adolescents. Currently, she is developing a medical education curriculum focusing on engaging and educating in child maltreatment using an arts- and case-based approach, and is co-curator with Nicole Knibb (Art Educator) and Carol Podedworny (Chief Curator) on McMaster Museum of Art’s exhibit “Picturing Wellness: From Adversity to Resilience” and co-edited the exhibit catalogue. She is Editor-in-Chief for Child Abuse & Neglect (Elsevier). She gave a TEDxHamilton 2015 talk on post-traumatic growth and the resilience journey.

attachments people with histories of childhood maltreatment typically have. Fascinatingly, RD predicts SD and substance abuse, suggesting the possibility that RD leads to the existence of SD, thereby supplanting it.

Ultimately, the findings fuel the development of areas for future study to help victims of childhood maltreatment. These include more thorough assessments of both the levels and types of adversity and support experienced within childhood relationships. More specifically, there are recommendations for a move from a focus on sexual and physical abuse to include other forms of maltreatment, such as psychological abuse and neglect, and extend motives to understand health risk behaviours in terms of motives for obtaining mattering feelings.

MALE SEXUAL VICTIMISATION
Another important – and under-attended – issue the team is focusing research efforts on is that of male sexual victimisation, focusing on health and resilience, primarily during the developmental period from youth to young adult. A former article on Wekerle and her team featured in International Innovation led to positive actions by adult victims, who sought Wekerle out for referral to male services. A service connection was made. Wekerle consulted on a new Canada-wide service for males with the Movember Canada supported service ‘BroTalk’. “People are at a place of reckoning and need and deserve someone to talk to about their experiences. #Menhealth #matesmatter #malehealthmatters are conversations springing up on social media,” explains Wekerle. “Reaching out is resilience, not weakness. No one needs to take on the daunting task of processing maltreatment alone. There are many types of help options available, although we do not, from a research standpoint, understand how to best reach out and provide services for male victims.”

Thus, Wekerle has concentrated much of her efforts on addressing this issue to inform future policy. So far, her team has built partnerships with advocates to acquire the necessary reality-based contact with those affected by victimisation. “It is important to us to not lose the person behind the numbers,” says Wekerle. “We want to represent the phenomenology of victimisation and resilience.”

With the team’s multitude of projects, from studies of specific vulnerable populations, through to international conferences, it is clear that victims of childhood maltreatment, male sexual victimisation and other forms of abuse can achieve positive health and resilience outcomes.

CAPTURING AND PICTURING WELLNESS

The International Network of Child and Adolescent Resilience (INCAR) is home to a group of researchers with an interest in capturing resilience among your persons. By acquiring, pooling and disseminating knowledge, the team aim to facilitate further studies and inform evidence-based practice and policy.

The initiative, led by Dr Christine Wekerle, was originally a not-for-profit organisation but soon evolved into a research network focusing on filling in knowledge gaps regarding youth populations. Indeed, the team are committed to innovations in knowledge exchange, such as integrating the arts and science in a way that has the potential to impact resilience at individual and community levels.

One notable example is their art exhibition and conference: Picturing Wellness: From Adversity to Resilience, a three-day conference designed to share state-of-the-science research and male childhood maltreatment, particularly sexual assault. You can find out more about the programme here.

Other activities include the annual publication of their International Journal of Child and Adolescent Resilience, a peer-reviewed academic journal on child and adolescent resilience factors, processes and programming.

To keep up-to-date on current and future team activities you can visit their website, follow them on Twitter and subscribe to their YouTube channel.

TED Ed Lessons: Youth Risk and Resilience: http://ed.ted.com/on/6nReRcN6

Adverse Childhood Events (ACEs) & Childhood Maltreatment: http://ed.ted.com/on/OyQVhd