

Resilience among Victims of Child Maltreatment

A Bibliography



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Scope

This bibliography covers a wide variety of issues related to resilience in victims of child maltreatment. The publications listed here are books, chapters, and journal articles published in English, 1982-2020. This bibliography is not comprehensive.

Organization

This bibliography is arranged chronologically, from most recent to oldest publication date. When possible, the abstracts that were included with the original publication are used in this bibliography. Links to full text publications are provided when available.

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Resilience among Victims of Child Maltreatment

A Bibliography

Gower, T., Rancher, C., Campbell, J., Mahoney, A., Jackson, M., McDonald, R., & Jouriles, E. N. (2020). Caregiver and divine support: Associations with resilience among adolescents following disclosure of sexual abuse. *Child Abuse & Neglect, 109*.
<https://doi.org/10.1016/j.chiabu.2020.104681>

This study examines relations of caregiver support and divine support with resilience following adolescent sexual abuse. Participants were 548 adolescents aged 11–17 (M_{age} = 13.78; 91% female) and their non-offending caregivers (M_{age} = 39.68; 79% mothers). Families were recruited from a children’s advocacy center located in the southern United States following a disclosure of sexual abuse. Adolescents completed measures of caregiver and divine support and their social and academic functioning; caregivers and adolescents reported on adolescent psychological functioning. Resilience was operationalized as the absence of clinical levels of psychological symptoms together with the presence of adaptive levels of social and academic functioning. Both caregiver support ($r = .19, p < .001$) and divine support ($r = .14, p = .001$) were positively associated with resilience. Considered together in regression analyses, caregiver support (OR = 1.02, $p = .001$) and divine support (OR = 1.06, $p = .04$) were both associated with resilience. Clinicians and researchers should consider the potential contribution of caregiver and divine support to adolescent resilience following sexual abuse.

Hamby, S., Taylor, E., Mitchell, K., Jones, L., & Newlin, C. (2020). [Is it better to seek or to receive? A dual-factor model of social support](#). *International Journal of Child and Adolescent Resilience, 7*(1), 5-17.

This study adopts a dual-factor approach to examine the association of seeking and receiving social support with 6 indicators of current functioning and 14 psychosocial strengths. A survey completed by 440 youth ages 10 to 21 (M = 16.38, SD = 3.04) assessed strengths, functioning, and victimization. Youth were classified into four groups: Interconnected (high on social support seeking and receiving; 33% of sample), Rebuffed (high on social support seeking, low on social support receiving; 12%), Tended (low on social support seeking, high on social support receiving;

16%), and Isolated (low on social support seeking and receiving; 39%). Controlling for age, gender, and victimization, the social support group was associated with each meaning making, regulatory, and interpersonal strength, and every indicator of current functioning except trauma symptoms. The Isolated group scored lowest on all measures and the Interconnected group scored highest on 19 of 20 measures. The mixed profile groups fell between these extremes. Notably, the Rebuffed group reported higher levels of some strengths and non-theistic spiritual well-being than the Tended group. The Tended group was never significantly higher than the Rebuffed group. Individual skills and attitudes regarding helpseeking may be more impactful than social support provided by others. Rebuffed youth may be steeling themselves in other strengths when the social environment is not supportive.

Pei, F., McCarthy, K. S., Wang, X., Beaujolais, B., & Yoon, S. (2020). Critical components of interventions to promote resilience among children with maltreatment experiences: A qualitative study of practitioners' perspectives. *Children and Youth Services Review*, *110*. <https://doi.org/10.1016/j.chidyouth.2020.104810>

Although researchers and practitioners keep working on identifying efficacious interventions for children with maltreatment experiences, few studies explore the perspective of the clinicians for their perspective of the critical components of interventions to promote resilience among maltreated children. To address this research gap, 27 interviews were conducted with clinicians to examine the critical components that should be incorporated into interventions. Four primary themes were captured from practitioners' perspective: (1) therapist characteristics; (2) caregiver characteristics; (3) community influences; and, (4) post-treatment support. Findings of this study benefit the improvement of future clinical interventions to promote the resilience of maltreated children.

Yoon, S., Dillard, R., Pei, F., McCarthy, K. S., Beaujolais, B., Wang, X., ... & Cochey, S. (2020). Defining resilience in maltreated children from the practitioners' perspectives: A qualitative study. *Child Abuse & Neglect, 106*.
<https://doi.org/10.1016/j.chiabu.2020.104516>

Increasingly, studies have focused on understanding positive outcomes in children who have been maltreated and the factors that contribute to resilience. However, there is no universally accepted definition of resilience, thus hindering the ability to make comparisons across studies and to use such information to inform interventions to foster resilience. The current study sought to address this gap by examining definitions of resilience in practitioners who work directly with maltreated children. 27 participants were recruited through two agencies that serve victims of child maltreatment in an urban Midwestern city. Through a series of 27 qualitative interviews, the current study examined the following research question: "How is resilience defined and understood by practitioners working with children who have experienced child maltreatment?" Thematic coding and analysis were used to analyze the data. Findings suggest five unique themes described by practitioners as their definition of resilience: (a) surviving; (b) thriving; (c) perseverance; (d) reconciling and integrating traumatic experiences into healthy identity development; and (e) advocating for self.

Moisan, C. Hébert, M., Fernet, M., Blais, M., & Amédée, L. M. (2019). [Resilience portfolios and poly-strengths: Identifying strengths associated with wellbeing after adversity](#). *International Journal of Child and Adolescent Resilience, 6*(1), 19-35.

This study aimed to describe the prevalence of traumas and strengths in a representative sample of Quebec youth and to test whether poly-strengths were associated with low psychological distress, after controlling for poly-traumas. Using data from the Quebec Youths' Romantic Relationships survey (QYRRS), hierarchical logistic regressions were conducted to examine the relationship between poly-strengths and low levels of psychological distress, and to identify which strengths were associated with outcomes, after accounting for demographic variables and individuals' experiences of traumas. More than a third of the sample experienced 4 traumas or more (37.0%). The average number of experienced traumas was 3.04 out of 10 measured traumas. More than half of the sample had at least 5 strengths, the average number of strengths being 3.95 (out of 8). Two third (67.6%) of the sample did not suffer from psychological distress. Among poly-victims, half

of the participants (49.6%) showed clinical symptoms of distress. Poly-strengths were uniquely associated with low of clinical distress. After accounting for demographics and poly-traumas, poly-strengths explained 24.2% of the variance of low levels of psychological distress. Self-esteem, optimism, parental support and attachment, number of sources of support, social support (seeking secure base), and capacity to adapt (resiliency) were uniquely associated with low levels of distress. The combination of strengths decreases the likelihood of experiencing clinical levels of psychological distress, which can contribute to healthy functioning in context of adversities. Findings highlight the importance of promoting multiple and diverse strengths among youth.

Yoon, S., Howell, K., Dillard, R., McCarthy, K. S., Napier, T. R., & Pei, F. (2019). Resilience following child maltreatment: definitional considerations and developmental variations. *Trauma, Violence, & Abuse*. <https://doi.org/10.1177/1524838019869094>

Resilience following childhood maltreatment has received substantial empirical attention, with the number of studies on this construct growing exponentially in the past decade. While there is ample interest, inconsistencies remain about how to conceptualize and assess resilience. Further, there is a lack of consensus on how developmental stage influences resilience and how protective factors affect its expression. The current systematic review uses a developmental lens to synthesize findings on resilience following child maltreatment. Specifically, this article consolidates the body of empirical literature in a developmentally oriented review, with the intention of inclusively assessing three key areas—the conceptualization of resilience, assessment of resilience, and factors associated with resilience in maltreatment research. A total of 67 peer-reviewed, quantitative empirical articles that examined child maltreatment and resilience were included in this review. Results indicate that some inconsistencies in the literature may be addressed by utilizing a developmental lens and considering the individual's life stage when selecting a definition of resilience and associated measurement tool. The findings also support developmental variations in factors associated with resilience, with different individual, relational, and community protective factors emerging based on life stage. Implications for practice, policy, and research are incorporated throughout this review.

Hamby, S., Grych, J., & Banyard, V. (2018). Resilience portfolios and poly-strengths: Identifying protective factors associated with thriving after adversity. *Psychology of Violence*, 8(2), 172-183. <https://doi.org/10.1037/vio0000135>

Interest in protective factors for adversity has burgeoned, but the set of examined protective factors remains limited and most studies have focused on a single or narrow set of adversities. Using the resilience portfolio model as a conceptual framework, this study seeks to identify promising protective factors for individuals exposed to violence and other adversities. We include strengths drawn from the positive psychology literature in addition to established protective factors. We also explore the utility of the concept of poly-strengths, or the number of different types of protective factors an individual has. Participants were 2,565 adolescents and adults from a rural, low-income community in southern Appalachia (64% female). Three kinds of adversity were assessed (victimization, stressful life events, financial strain) along with 23 protective factors representing 3 broader domains that are the focus of the resilience portfolio model: self-regulation, interpersonal strengths, and meaning-making. The combination of strengths and adversities accounted for 42% of the variance in trauma symptoms, 50% of the variance in posttraumatic growth, and 58% of the variance in subjective well-being. Strengths associated with thriving included purpose, optimism, religious involvement, emotional regulation, emotional awareness, psychological endurance, compassion, generativity, and community support. Poly-strengths was uniquely associated with well-being after controlling for other protective factors. Expanding the range of studied protective factors and considering poly-strengths hold considerable promise to better understand resilience. A more strengths-based approach to prevention and intervention could improve outcomes in individuals who have experienced adversity. (PsycINFO Database Record © 2019 APA, all rights reserved)

Hamby, S., Taylor, E., Jones, L., Mitchell, K. J., Turner, H. A., & Newlin, C. (2018). From poly-victimization to poly-strengths: Understanding the web of violence can transform research on youth violence and illuminate the path to prevention and resilience. *Journal of Interpersonal Violence*, 33(5), 719-739.

For many years, an overly “siloeed” approach has hampered efforts to understand violence and minimize the societal burden of violence and victimization. This article discusses the limitations of an overly specialized approach to youth violence research, which has focused too much on violence in particular contexts, such as the family or the school. Instead, a child-centered approach

is needed that comprehensively assesses all exposures to violence. This concept of the total cumulative burden of violence is known as poly-victimization. The poly-victimization framework reveals that many youth are entangled in a web of violence, experiencing victimization in multiple settings by multiple perpetrators. This more accurate view of children's exposure to violence has many advantages for advancing our scientific understanding of violence. Perhaps somewhat surprisingly, this more comprehensive view also points to new insights for resilience and prevention. This includes recognizing a parallel concept, "poly-strengths," which captures the number of resources and assets children and their families can use to help insulate youth from violence (prevention) or assist in coping and promoting well-being after victimization (intervention). Reconceptualizing how resilience is defined and understood among youth populations can help alleviate the true societal burden of youth victimization.

Ressel, M., Lyons, J., & Romano, E. (2018). Abuse characteristics, multiple victimisation and resilience among young adult males with histories of childhood sexual abuse. *Child Abuse Review*, 27(3), 239-253.

Although researchers now concede that one in six men experiences childhood sexual abuse (CSA), this population remains understudied in both the empirical and clinical literature. Little is known about the characteristics of males' CSA experiences (e.g. duration, child-perpetrator relationship) and about resilient functioning. This study described young adult males' abuse experiences during childhood and their current adaptive functioning. Participants were recruited from across North America through websites geared specifically for males with CSA histories. The sample included 46 males aged 17–25 years who anonymously completed an online questionnaire. Findings indicated that males tended to experience severe CSA, including early age of onset, invasive sexual acts and the use of perpetrator force. Males also reported the co-occurrence of other forms of childhood maltreatment and adversity, including parental conflict, neglect, physical abuse and emotional maltreatment. Finally, males reported lower rates of resilience on standardised measures, compared with adult community samples in North America. However, scores were consistent with clinical age-based norms for adolescents with trauma histories. This study contributes to the growing awareness of male CSA, multiple victimisation and its diverse outcomes. Implications of these findings for future research and clinical practice are considered.

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Sattler, K. M., & Font, S. A. (2018). Resilience in young children involved with child protective services. *Child Abuse & Neglect, 75*, 104-114.

Child maltreatment increases the risk of poor developmental outcomes. However, some children display resilience, meaning they are high-functioning despite their adverse experiences. To date, few research studies have examined protective factors among very young maltreated children. Yet, levels of resilience, and the protective factors that promote resilience among maltreated children, are likely to differ by developmental stage. Drawing on ecological systems theory and life course theory, we examined how protective factors at multiple ecological levels across early childhood were related to social and cognitive resilience among very young children involved with child protective services. The results demonstrated that the buffering effects of protective factors varied by social or cognitive resilience and the cumulative effects of protective factors were more consistently related to later resilience than protective factors at specific time points. In addition, the influence of specific protective factors on resilience slightly varied by initial in-home or out-of-home placement. These findings have important policy and research implications for promoting optimal development among children involved in child protective services.

Happer, K., Brown, E. J., & Sharma-Patel, K. (2017). Children's resilience and trauma-specific cognitive behavioral therapy: Comparing resilience as an outcome, a trait, and a process. *Child Abuse & Neglect, 73*, 30-41.

Resilience, which is associated with relatively positive outcomes following negative life experiences, is an important research target in the field of child maltreatment (Luthar et al., 2000). The extant literature contains multiple conceptualizations of resilience, which hinders development in research and clinical utility. Three models emerge from the literature: resilience as an immediate outcome (i.e., behavioral or symptom response), resilience as a trait, and resilience as a dynamic process. The current study compared these models in youth undergoing trauma-specific cognitive behavioral therapy. Results provide the most support for resilience as a process, in which increase in resilience preceded associated decrease in posttraumatic stress and depressive symptoms. There was partial support for resilience conceptualized as an outcome, and minimal support for resilience as a trait. Results of the models are compared and discussed in the context

of existing literature and in light of potential clinical implications for maltreated youth seeking treatment.

Kassis, W., Artz, S., Maurovic, I., & Simões, C. (2017). What doesn't kill them doesn't make them stronger: Questioning our current notions of resilience. *Child Abuse & Neglect*, 78, 71-84

This study expands on earlier analyses of the data generated by a cross-sectional study involving a random sample of 5149 middle-school students with a mean age of 14.5 years from four EU countries (Austria, Germany, Slovenia, and Spain), in which every fourth respondent (23.0%) had been physically abused by his or her parents and almost every sixth respondent (17.3%) had witnessed physical spousal abuse. Contrary to expectations, some of these youths reported no engagement in peer violence and no symptoms of depression, which meant that they could be considered “resilient.” Given their precarious conditions, we inquired into how these young people functioned on other protective and risk indicators when compared to non-violence exposed peers. Using Bonferroni post-hoc tests, we conducted an analysis of variance based comparison of levels of risk and protective factors on three groups of violence and depression-resilient youth (low, middle and high family violence experience) with those participants who reported no family violence or abuse, no depression and no use of violence. The violence and depression-resilient participants reported significantly higher levels of aggression supportive beliefs, alcohol consumption, drug use, verbal aggression towards and from teachers and use of indirect aggression, along with lower levels of social and personal protective characteristics such as self-acceptance, emotional self-control, optimism about the future, and positive relations with parents and teachers, than students without family violence experiences. We therefore concluded that while some family violence exposed young people may not engage in violence or experience depression, this does not automatically imply an absence of other challenges and calls into question our current notions of resilience.

Newsom, K., & Myers-Bowman, K. (2017). "I am not a victim. I am a survivor": Resilience as a journey for female survivors of child sexual abuse. *Journal of Child Sexual Abuse*, 26(8), 927-947.

This study was designed to expand our understanding of the positive aspects of coping and resilience in female survivors of child sexual abuse. Research questions focused on women's lived experiences of being survivors of child sexual abuse and how they have experienced resilience, developed healthy intimate relationships, and viewed themselves as sexual beings. Using a qualitative research lens of phenomenology, we captured the essence of survivors' experiences of resilience. Although each woman's experience was unique, similar patterns of processes and outcomes emerged as meaningful in their development of resilient and healthy sexuality and relationship functioning. However, participants emphasized resilience as a process or journey—recovery from trauma, reconceptualization of self, and development of healthy sexuality included deliberate efforts occurring over time. Implications for future research and practice using a positive lens of resilience are provided.

Pérez-González, A., Guilera, G., Pereda, N., & Jarne, A. (2017). Protective factors promoting resilience in the relation between child sexual victimization and internalizing and externalizing symptoms. *Child Abuse & Neglect*, 72, 393-403.

Sexual victimization has been one of the most frequently studied forms of child victimization. Its effects are common and diverse; however, not all children and youth exposed to sexual victimization eventually develop adjustment problems. A total of 1105 children and youth (590 male and 515 female) aged between 12 and 17 from northeastern Spain were assessed regarding their experiences of sexual victimization, symptoms of psychopathology, and protective factors. The results showed that all forms of sexual victimization were associated with higher levels of emotional and behavioral problems. However, the presence of a low Negative Cognition, high Social Skills and high Confidence seem to act buffering internalizing problems. Additionally, a significant interaction between Sexual Victimization and low Negative Cognition was observed ($p < 0.5$), so that, low Negative Cognition was related to a lower risk of being in the clinical range for internalizing problems. Likewise, high scores on Empathy/Tolerance, Connectedness to School, Connectedness to Family and low Negative Cognition acted as promotive factors in

relation to externalizing symptoms, in this case without any interaction effect. The strong relationship found with emotional and behavioral problems highlights the importance of continuing the research on the protective factors underlying resilience in the relationship between sexual victimization and psychopathological symptoms. The findings also support the multi-dimensional and specific nature of resilience and identify some of the protective factors that should be regarded as key intervention targets in adolescents with a history of sexual victimization.

Day, T., & Kearney, C. A. (2016). Resilience variables and posttraumatic symptoms among maltreated youth. *Journal of Aggression, Maltreatment & Trauma, 25*(9), 991-1005.

Child maltreatment is associated with an array of social, behavioral, neurobiological, and developmental problems that can last for many years. A key outcome of child maltreatment includes posttraumatic stress symptoms such as reexperiencing, avoidance, and hyperarousal. Considerable research has focused on risk factors for posttraumatic symptoms in maltreated youth, but less so on possible protective factors such as resilience. This study examined several resilience variables (sense of mastery, sense of relatedness, emotional reactivity) in an ethnically diverse sample of maltreated adolescents with posttraumatic symptoms. Key aspects of resilience that predicted posttraumatic stress disorder (PTSD) symptoms included sense of mastery (for fewer symptoms) and emotional reactivity (for more symptoms). In particular, optimism, self-efficacy, and adaptability were inversely related to PTSD symptoms. In addition, emotional reactivity moderated a relationship between resilience resource scores and PTSD symptoms. The findings appeared to apply most to sexually maltreated youth. The results preliminarily demonstrate the importance of considering resilience-based variables during clinical processes for maltreated youth.

Dennison, M. J., Sheridan, M. A., Busso, D. S., Jenness, J. L., Peverill, M., Rosen, M. L., & McLaughlin, K. A. (2016). Neurobehavioral markers of resilience to depression amongst adolescents exposed to child abuse. *Journal of Abnormal Psychology, 125*(8), 1201-1212.

Childhood maltreatment is strongly associated with depression, which is characterized by reduced reactivity to reward. Identifying factors that mitigate risk for depression in maltreated children is

important for understanding etiological links between maltreatment and depression as well as improving early intervention and prevention. We examine whether high reward reactivity at behavioral and neurobiological levels is a marker of resilience to depressive symptomology in adolescence following childhood maltreatment. A sample of 59 adolescents (21 with a history of maltreatment; Mean Age 16.95 years, SD 1.44) completed an fMRI task involving passive viewing of emotional stimuli. BOLD signal changes to positive relative to neutral images were extracted in basal ganglia regions of interest. Participants also completed a behavioral reward-processing task outside the scanner. Depression symptoms were assessed at the time of the MRI and again 2 years later. Greater reward reactivity across behavioral and neurobiological measures moderated the association of maltreatment with baseline depression. Specifically, faster reaction time (RT) to cues paired with monetary reward relative to those unpaired with reward and greater BOLD signal in the left pallidum was associated with lower depression symptoms in maltreated youth. Longitudinally, greater BOLD signal in the left putamen moderated change in depression scores over time, such that higher levels of reward response were associated with lower increases in depression over time among maltreated youths. Reactivity to monetary reward and positive social images, at both behavioral and neurobiological levels, is a potential marker of resilience to depression among adolescents exposed to maltreatment. These findings add to a growing body of work highlighting individual differences in reactivity to reward as a core neurodevelopmental mechanism in the etiology of depression.

Hamby, S., Banyard, V., & Grych, J. (2016). Strengths, narrative, and resilience: Restorying resilience research. *Psychology of Violence, 6*(1), 1-7.

Objective: To envision a path toward a more strengths-based approach to violence research, prevention, and intervention—a path that focuses on thriving and resilience. Key Points: Both the content and the process of research need to change if we are to transform our efforts to understand and overcome adversity. Greater focus on strengths and the achievement of well-being despite adversity is 1 important avenue; focusing on the narrative and the power of story is another important path. However, merely shifting the focus of traditional research and scholarly efforts is not enough. At another level of analysis, the field needs communication across the fragmentary subdisciplines of social science (“silo busting,” as we informally call it). We must also do more to

encourage experimentation and innovation with regard to research question and design, community–practitioner–researcher partnership, and approaches to dissemination. Implications: Existing challenges in innovation and experimentation call for trying new approaches. Specific suggestions for adapting conference formats are provided. The commentaries in this special section offer feasible actions that could improve violence research, including incorporating measures of well-being in addition to symptoms as outcome measures; involving a wider variety of stakeholders in research design and dissemination; taking advantage of new insights from positive psychology and narrative research; and incorporating aspects of community and culture into research, assessment, prevention and intervention. (PsycINFO Database Record © 2016 APA, all rights reserved)

Tlapek, S. M., Auslander, W., Edmond, T., Gerke, D., Voth Schrag, R., & Threlfall, J. (2016). The moderating role of resiliency on the negative effects of childhood abuse for adolescent girls involved in child welfare. *Children and Youth Services Review, 73*, 437-444.

Child abuse is associated with a number of negative psychosocial outcomes, including mental health problems, substance abuse, and interpersonal violence. Yet some children thrive or “adapt well” despite experiencing abuse; researchers are increasingly interested in the protective factors and mechanisms that may prevent negative outcomes. The purpose of this study was to explore the role of resiliency characteristics in the relationship between childhood abuse and the negative outcomes of depression, posttraumatic stress disorder (PTSD), substance abuse, and revictimization in adolescent girls involved in child welfare. Participants were 237 adolescent girls ages 12–19 years ($M = 14.9$, $SD = 1.6$), and who were youths of color (75%) and white (25%). Data were collected through surveys assessing histories of physical, sexual, and emotional child abuse; symptoms of posttraumatic stress and depression; lifetime substance use; and experiences of physical, verbal, and relational revictimization in the last three months. All forms of childhood abuse were significantly associated with symptoms of depression and PTSD as well as revictimization and substance use. Higher levels of resiliency were associated with fewer depression and PTSD symptoms and experiencing less revictimization. Resiliency significantly moderated the relationship between sexual abuse and depression, PTSD, and revictimization. Resiliency also moderated the relationship between emotional abuse and depression. No

significant interactions emerged in the relationship between physical abuse and any of the mental health and behavioral problems. This study suggests that resiliency may serve as a protective factor in the relationship between abuse (sexual and emotional) and depression, PTSD, and revictimization during adolescence.

Domhardt, M., Münzer, A., Fegert, J. M., & Goldbeck, L. (2015). Resilience in survivors of child sexual abuse: A systematic review of the literature. *Trauma, Violence, & Abuse, 16*(4),476-493.

This review article summarizes empirical research on resilience in survivors of child sexual abuse (CSA) and discusses protective factors that are associated with adaptive functioning in spite of sexual victimization. A literature search to identify studies published up to November 2013 was performed within the databases PsycINFO, MEDLINE/PubMed, Web of Science, and PSYINDEXplus. Additional relevant studies were retrieved using a snowball technique. A total of 37 articles met the inclusion criteria and were included in the final sample. In the studies included in this review, the percentage of CSA survivors who were found to have a normal level of functioning despite a history of sexual abuse ranged from 10% to 53%. The protective factors that had the best empirical support were found to be education, interpersonal and emotional competence, control beliefs, active coping, optimism, social attachment, external attribution of blame, and most importantly, support from the family and the wider social environment. Preventive and clinical interventions for survivors of CSA should utilize psychoeducation and cognitive strategies that are adapted to the developmental level of the victim and that seek to enhance social support from significant others. Future research should focus on longitudinal research designs considering resilience rather as a dynamic process with multiple dimensions in a social and developmental context.

Flett, G. L., Flett, A. L., & Wekerle, C. (2015). [A conceptual analysis of interpersonal resilience as a key resilience domain: Understanding the ability to overcome child sexual abuse and other adverse interpersonal contexts.](#) *International Journal of Child and Adolescent Resilience, 3*(1), 4-33.

We conduct a conceptual analysis of interpersonal resilience as a domain-specific type of resilience, based on the premise that it is a multi-faceted construct. We consider interpersonal

resilience within the context of child sexual abuse (CSA) as an under-attended and salient interpersonal stressor with profound implications involving the self and personal identity. Undoubtedly the most under-reported form of abuse, we examine the statistics known-to-date to highlight urgent areas for attention, pressing for resilience and developmentally focused empirical investigation. Selected publications supporting an analysis of concepts in defining resilience are included. Given the need to conceptually develop how specific types of resilience act as potential targets for intervention and social change in trauma-related contexts, a systematic, meta-analysis, or scoping review is premature. We describe interpersonal resilience as a developed orientation that is deeply rooted in self and identity issues. Interpersonal resilience incorporates processes that develop a sense of interpersonal efficacy, social self-esteem, mattering, and self-compassion that may buffer against negative social experiences, specifically the traumatic event of CSA embedded within adverse contexts. Interpersonal resilience is a distinct type of resilience, distinguishable from emotional resilience and dispositional traits. Empirical research on the nature of interpersonal resilience in challenging contexts is warranted. Intervention programs need to be expanded to include an explicit emphasis on practical resilience strategies, including promoting interpersonal resilience through skill-development, mentoring, and community-based opportunities.

Grych, J., Hamby, S., & Banyard, V. (2015). The resilience portfolio model: Understanding healthy adaptation in victims of violence. *Psychology of Violence, 5*(4), 343-354.
<https://doi.org/10.1037/a0039671>

Exposure to diverse forms of interpersonal violence is associated with a wide range of psychological problems in children and adults. However, many people who experience violence do not develop symptoms of psychopathology. Studies of resilience in victims of violence have identified protective factors associated with healthier outcomes but have a number of limitations for understanding how individuals exposed to violence adapt and even thrive. The present article addresses these limitations by introducing a conceptual framework that integrates insights from theory and research on resilience, positive psychology, posttraumatic growth, and stress and coping. The Resilience Portfolio Model is a strengths-based framework designed to provide a holistic understanding of the protective factors and processes that promote resilience in children and adults exposed to violence. It proposes that the density and diversity of resources and assets

available to individuals (their resilience portfolio) shapes their responses to violence, and identifies 3 higher-order functional categories of strengths that are proposed to be particularly salient for resilience: regulatory, interpersonal, and meaning-making strengths. The Resilience Portfolio Model offers new directions for studying resilience in victims of violence and identifies a wider range of strengths and protective factors to address in prevention and intervention efforts. (APA PsycInfo Database Record © 2019 APA, all rights reserved)

McGuigan, W. M., & Stephenson, S. J. (2015). A single-case study of resiliency after extreme incest in an Old Order Amish family. *Journal of Child Sexual Abuse, 24*(5), 526-537.

This exploratory research brief presents a single case study of the resiliency of “Mary B.” She grew up in an Old Order Amish family where isolation, secrecy, and patriarchy masked repeated sexual assaults by her older brothers that began at age 7. By the age of 20, Mary alleged she had been raped on more than 200 separate occasions by members of her Amish family. After years of pleading with her mother and church officials to intervene, she sought therapy outside the Amish community. This led to three of her brothers being incarcerated. Her family disowned her and she was banned from the Amish community, leaving with an 8th grade education and little more than the clothes she was wearing. In less than 2 years, Mary had moved to a new town, completed her GED, obtained a car and driving license, maintained a small home, and worked as a certified nursing assistant. She consented to tape recorded interviews and completed several quantitative diagnostic measures. Scores on the diagnostic measures placed her within the normal range on self-esteem, competency, depression, stress, social support, and life skills. Analysis of interviews revealed Mary rebounded from her past by reframing her experiences. Themes identified within the interviews supported 6 of the 7 types of resiliencies (insight, independence, initiative, relationships, humor, and morality) outlined in the therapeutic Challenge Model.

Hébert, M., Langevin, R., & Charest, F. (2014). [Factors associated with resilience in preschoolers reporting sexual abuse: A typological analysis.](#) *International Journal of Child and Adolescent Resilience*, 2(1), 46-58.

The objectives of this study were to explore the diversity of profiles in sexually abused preschoolers and identify possible protective factors associated with individual differences in outcomes. A sample of 68 sexually abused children (ages 3½ – 6 ½ years old) and a comparison group of 78 children participated in the study. Parents evaluated children's level of internalizing and externalizing behavior problems with the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2000; 2001). They also reported on within-child protective factors by completing the Devereux Early Childhood Assessment (DECA; LeBuffe & Naglieri, 1999), their resilience capacity (CD-RISC 10; Campbell-Sills & Stein, 2007) and coping strategies (WOC; Folkman & Lazarus, 1988). A two-step cluster analysis was used to identify relevant subgroups of children. A three-cluster solution identified: a) High symptomatology subgroup whose members had clinically elevated scores on internalizing and externalizing behavior problems scales; b) moderate symptomatology group displaying significant externalizing behavior problems when compared to non-abused children, and c) resilient group of children displaying few behavior problems and benefiting from a host of protective factors. Results underscore the relevance of incorporating screenings for protective factors in addition to behavioral concerns in the assessments of sexually abused preschool-age children. Such an approach is likely to optimize the implementation of interventions for this vulnerable population.

Marriott, C., Hamilton-Giachritsis, C., & Harrop, C. (2014). Factors promoting resilience following childhood sexual abuse: A structured, narrative review of the literature. *Child Abuse Review*, 23(1), 17-34.

The aim of this paper was to review research investigating resilient outcomes for people with a history of childhood sexual abuse (CSA) and implications for practice, as well as to consider issues for clearer definitions. Fifty English language peer-reviewed studies (1991–2010) met the inclusion criteria. The reviewed papers identified a number of factors that were repeatedly associated with individuals showing resilient outcomes to CSA. These included inner resources (e.g. coping skills, interpretation of experiences and self-esteem), family relationships, friendships, community resources (e.g. church or school), as well as some abuse-related factors (e.g. older age

at onset). A large number of methodological concerns within these studies were also noted, including the way in which resilience, CSA and protective factors were defined. However, despite this, many papers identified similar factors that could be utilised to develop both effective prevention programmes and resilience interventions for the survivors of CSA. Copyright © 2013 John Wiley & Sons, Ltd.

Barnett, D., Heinze, H. J., & Arble, E. (2013). Risk, resilience, and the Rorschach: A longitudinal study of children who experienced sexual abuse. *Journal of Personality Assessment*, 95(6), 600-609.

Experiencing sexual abuse increases the risk that children will report or otherwise demonstrate problems with emotion, behavior, and health. This longitudinal study of 44 children who experienced sexual abuse examined whether information processing as assessed via the Rorschach Inkblot Test was associated with child-reported depression symptoms assessed via the Children's Depression Inventory (Kovacs, 1992) concurrently and an average of 15 months later. Children whose Rorschach protocols were relatively free of scores suggesting intense distress, complex processing, and sexual content were more likely to experience remission of depression symptoms at follow-up. Findings provide incremental validity for certain Rorschach indexes to inform prognosis regarding depression symptoms and perhaps their treatment.

Cicchetti, D. (2013). Annual research review: Resilient functioning in maltreated children-Past, present, and future perspectives. *Journal of Child Psychology and Psychiatry*, 54(4), 402-422.

Through a process of probabilistic epigenesis, child maltreatment progressively contributes to compromised adaptation on a variety of developmental domains central to successful adjustment. These developmental failures pose significant risk for the emergence of psychopathology across the life course. In addition to the psychological consequences of maltreatment, a growing body of research has documented the deleterious effects of abuse and neglect on biological processes. Nonetheless, not all maltreated children develop maladaptively. Indeed, some percentage of maltreated children develops in a resilient fashion despite the significant adversity and stress they experience. Methods: The literature on the determinants of resilience in maltreated children is

selectively reviewed and criteria for the inclusion of the studies are delineated. Results: The majority of the research on the contributors to resilient functioning has focused on a single level of analysis and on psychosocial processes. Multilevel investigations have begun to appear, resulting in several studies on the processes to resilient functioning that integrate biological/genetic and psychological domains. Conclusions: Much additional research on the determinants of resilient functioning must be completed before we possess adequate knowledge based on a multiple levels of analysis approach that is commensurate with the complexity inherent in this dynamic developmental process. Suggestions for future research on the development of resilient functioning in maltreated children are proffered and intervention implications are discussed. (PsycINFO Database Record © 2013 APA, all rights reserved).

Topitzes, J., Mersky, J. P., Dezen, K. A., & Reynolds, A. J. (2013). Adult resilience among maltreated children: A prospective investigation of main effect and mediating models. *Children and Youth Services Review, 35*(6), 937-949.

Studies examining resilience to child maltreatment reveal that maltreatment victims can achieve adaptive functioning in several areas of development; however, few of these individuals persistently demonstrate resilience across multiple domains. The majority of these investigations define adjustment with a limited number of outcomes measured proximal in time to the maltreatment experience. In contrast, this study measured adjustment across a diverse set of domains during early adulthood (ages 16-24), a number of years after the occurrence of childhood maltreatment (ages 0-11). Main effect and mediation analyses were conducted. Data were derived from the Chicago Longitudinal Study, an examination of 1539 minority individuals born in low-income Chicago-area neighborhoods in 1979 or 1980. Study participants were followed prospectively from birth through age 24. Maltreatment data originated from official court and child protective service records. Parent report, self-report, and administrative sources informed covariate, mediator and outcome measures. Results from multivariate probit regression revealed that childhood maltreatment significantly and negatively predicted adult resilience. Exploratory and confirmatory mediation analyses showed that the following adolescent indicators helped explain the long-term association between childhood maltreatment and young adult adjustment: school moves and out-of-home placement, reading ability, acting out behavior, social skills, juvenile delinquency, commitment to school, and expectation to attend college.

Wekerle, C. (2013). Resilience in the context of child maltreatment: Connections to the practice of mandatory reporting. *Child Abuse & Neglect*, 37(2-3), 93-101.

A human rights perspective places the care for children in the obligation sphere. The duty to protect from violence is an outcome of having a declaration confirming inalienable human rights. Nationally, rights may be reflected in constitutions, charters, and criminal codes.

Transnationally, the United Nation's (UN) Convention on the Rights of the Child (CRC) prioritizes a child's basic human rights, given their dependent status. UN CRC signatory countries commit to implementing minimal standards of care for minors. Laws requiring professionals to report child maltreatment to authorities is one practical strategy to implement minimal child protection and service standards. Mandatory reporting laws officially affirm the wrong of maltreatment and the right of children. Mandatory reporting can be conceptualized as part of a resilience process, where the law sets the stage for child safety and well-being planning. Although widely enacted law, sizeable research gaps exist in terms of statistics on mandatory reporting compliance in key settings; obstacles and processes in mandatory reporting; the provision of evidence-based training to support the duty to report; and the training-reporting-child outcomes relationship, this latter area being virtually non-existent. The fact that mandatory reporting is not presently evidence-based cannot be separated from this lack of research activity in mandatory reporting. Reporting is an intervention that requires substantial inter-professional investment in research to guide best practices, with methodological expectations of any clinical intervention. Child abuse reporting is consistent with a clinician's other duties to report (i.e., suicidality, homicidality), practice-based skills (e.g., delivering "bad" news, giving assessment feedback), and the pervasive professional principle of best interests of the child. Resilience requires the presence of resources and, mandated reporting, is one such resource to the maltreated child. Practice strategies identified in the literature are discussed.

Wekerle, C. (2013). [Practical strategies-maltreated adolescents: social and health service opportunities for resilience](#). *International Journal of Child and Adolescent Resilience*, 1(1), 88-96.

Well-being is well doing. The United Nations Rights on the Convention of the Child (CRC) and the United Nations Development Program Millennium Development Goals (MDGs) target youth

health, safety, participation and empowerment as key driver's of living in a social justice context. Health and social services are two streams of resources to at-risk youth and vulnerable caregivers to promote resilience – positive adaptation and development - in adverse contexts. Child maltreatment statistics highlight the critical role of the social safety net. A policy-service gap exists for youth involved in the Child Protective Services (CPS) system. For these youth, violence prevention and personal safety remains a key component of resilience. This *practical strategies* paper considers youth resilience issues the context of maltreatment. Innovation in adolescent protection is an opportunity for health and social service systems to support resilience, continuity of care and violence prevention. Strategies include transition services for the switch from child to adult services, prevention programming that support mediating the environment, targeting CPS expectant teens for established maltreatment prevention programming, and system changes that recognize the emerging adulthood developmental period.

Stumblingbear-Riddle, G., & Romans, J. S. (2012). Resilience among urban American Indian adolescents: Exploration into the role of culture, self-esteem, subjective well-being, and social support. *American Indian and Alaska Native Mental Health Research: The Journal of the National Center*, 19(2), 1-19.

The effects of enculturation, self-esteem, subjective well-being, and social support on resilience among urban American Indian (AI) adolescents from a South Central region of the U.S. were explored. Of the 196 participants, 114 (58.2%) were female and 82 (41.8%) were male (ages 14-18 years). Thirty-three percent of the variance in resilience was accounted for by enculturation, self-esteem, and social support, while 34% of the variance in resilience was contributed by enculturation, subjective well-being, and social support. However, social support from friends remained the strongest predictor.

Ungar, M. (2012). Resilience after maltreatment: The importance of social services as facilitators of positive adaptation. *Child Abuse & Neglect*, 37(2-3), 110-115.

This practice note will show that resilience among children who have been maltreated is the result of multiple protective factors, including the quality of the services provided to children exposed to chronic adversity. This social ecological perspective of resilience suggests that resilience is a

process resulting from interactions between individuals and their environments, and depends upon individual characteristics (temperament and personality), the social determinants of health that affect children and children's families, formal interventions by multiple service providers (child welfare, special education, mental health, addictions, public health, and juvenile corrections), and the social policies that influence service provision to vulnerable populations. Clinicians and researchers concerned with the resilience of chronically abused and neglected children have tended to overlook the protective processes unique to children who have been abused that are different from the protective processes that promote positive development among children who have experienced no maltreatment. Most importantly, studies of resilience among maltreated children have rarely investigated the impact child welfare interventions have on the resilience of children who have been maltreated, mistakenly attributing children's abilities to cope to be the result of individual factors rather than the responsiveness of service providers and governments to tailor interventions to children's needs. To enhance the likelihood of resilience among maltreated children, those who design and implement interventions need to address three aspects of resilience-related programming: make social supports and formal services more available and accessibility; design programs flexibly so that they can respond to the differential impact specific types of interventions have on children who are exposed to different forms of maltreatment; and design interventions to be more focused on subpopulations of children who have experienced maltreatment rather than diffuse population-wide initiatives.

Wathen, C. N., MacGregor, J. C. D., Hammerton, J., Coben, J. H., Stewart, D. E., & MacMillan, H. L. (2012). [Priorities for research in child maltreatment, intimate partner violence and resilience to violence exposure: Results of an international Delphi consensus development process.](#) *BMC Public Health*, *12*(1), 684-696.

Intimate partner violence (IPV) and child maltreatment (CM) are major global public health problems. The Preventing Violence Across the Lifespan (PreVAiL) Research Network, an international group of over 60 researchers and national and international knowledge-user partners in CM and IPV, sought to identify evidence-based research priorities in IPV and CM, with a focus on resilience, using a modified Delphi consensus development process. Review of existing empirical evidence, PreVAiL documents and team discussion identified a starting list of 20 priorities in the following categories: resilience to violence exposure (RES), CM, and IPV, as well

as priorities that cross-cut the content areas (CC), and others specific to research methodologies (RM) in violence research. PreVAiL members (N = 47) completed two online survey rounds, and one round of discussions via three teleconference calls to rate, rank and refine research priorities. Research priorities were: to examine key elements of promising or successful programmes in RES/CM/IPV to build intervention pilot work; CC: to integrate violence questions into national and international surveys, and RM: to investigate methods for collecting and collating datasets to link data and to conduct pooled, meta and sub-group analyses to identify promising interventions for particular groups. These evidence-based research priorities, developed by an international team of violence, gender and mental health researchers and knowledge-user partners, are of relevance for prevention and resilience-oriented research in the areas of IPV and CM.

Wekerle, C., Waechter, R., & Chung, R. (2012). Contexts of vulnerability and resilience: Childhood maltreatment, cognitive functioning and close relationships. In M. Ungar (Ed.), *The Social Ecology of Resilience: A Handbook of Theory and Practice* (pp. 187-198). New York, NY: Springer.

Williams, J., & Nelson-Gardell, D. (2012). Predicting resilience in sexually abused adolescents. *Child Abuse & Neglect*, 36(1), 53-63.

This research examined factors that predicted resilience in sexually abused adolescents. Using Bronfenbrenner's Process-Person-Context-Time (PPCT) ecological model, this study considered the proximal and distal factors that would contribute to adolescents' reactions to sexual victimization. This correlational study used hierarchical regression analysis (n = 237) with cross-sectional data from the National Survey of Child and Adolescent Well-Being Wave I (NSCAW, Dowd et al., 2002). This study found that school engagement, caregiver social support, hope and expectancy, caregiver education and SES predicted resilience. In line with the PPCT model, findings suggest that placing a greater emphasis on the contextual environment could improve support for adolescent resilience. Augmenting interventions that focus on individual change with those that address environmental factors may increase the benefits to adolescents affected by sexual abuse.

Zolkoski, S. M., & Bullock, L. M. (2012). Resilience in children and youth: A review. *Children and Youth Services Review, 34*(12), 2295-2303.

Many children are reared in less than ideal family conditions (e.g., poverty, violence, substance abuse, family dissonance, family or personal illnesses). Situations such as these may inhibit the normal intellectual, social, and emotional development of children and youth, thus interfering with them reaching their full potential as adults. Conversely, many children encounter such adversities and fair well in spite of the challenges and may be considered to be resilient. This paper offers a review of the literature dating back to the 1970s to the present. In addition, several monumental longitudinal studies dating back to the 1950s are included. The paper reviews the (a) definition of resilience, (b) origins and recent advances in researching resilience, (c) protective factors, (d) models of resilience, (e) issues when researching resilience, (f) measures of resilience, and (g) resilience-based interventions.

Afifi, T. O., & MacMillan, H. L. (2011). Resilience following child maltreatment: A review of protective factors. *Canadian Journal of Psychiatry, 56*(5), 266-272.

Child maltreatment is linked with numerous adverse outcomes that can continue throughout the lifespan. However, variability of impairment has been noted following child maltreatment, making it seem that some people are more resilient. Our review includes a brief discussion of how resilience is measured in child maltreatment research; a summary of the evidence for protective factors associated with resilience based on those studies of highest quality; a discussion of how knowledge of protective factors can be applied to promote resilience among people exposed to child maltreatment; and finally, directions for future research. The databases MEDLINE and PsycINFO were searched for relevant citations up to July 2010 to identify key studies and evidence syntheses. Although comparability across studies is limited, family-level factors of stable family environment and supportive relationships appear to be consistently linked with resilience across studies. There was also evidence for some individual-level factors, such as personality traits, although proxies of intellect were not as strongly related to resilience following child maltreatment. Findings from resilience research needs to be applied to determine effective strategies and specific interventions to promote resilience and foster well-being among maltreated children.

Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology*, 23(02), 493-506.

This article delineates parallel frameworks that grew out of the research on risk and resilience over the past four decades, a framework for research and a framework for practice, and then discusses the promise of an emerging synthesis. The research framework defined the meaning, models, and methods that successfully guided four waves of research to date on the nature and processes involved in human resilience. The applied framework emerged in response to urgent needs of children and families faced by adversity and those charged with helping them, resulting in guidelines for translating the unfolding but incomplete research evidence into action. The application of a resilience approach transformed practice in many fields concerned with promoting resilience in people at risk for problems, revolutionizing the mission, models, measures, and methods of practice to align with the emphasis on positive adaptation and strengths defining a resilience-based approach. Yet these interventions rarely translated back to inform and refine resilience theory in ways that would accelerate progress to promote resilience more effectively. The concluding section on translational synergy discusses the potential for a synthesis of basic and applied resilience frameworks as the next steps toward realizing the original objective and promise of resilience science.

Sapienza, J. K., & Masten, A. S. (2011). Understanding and promoting resilience in children and youth. *Current Opinion in Psychiatry*, 24(4), 267-273.

In a context of global concern about the consequences of stress and extreme adversities, advances in theory and methods for studying human resilience have ushered in a new era of integrative, biopsychosocial research. This review highlights recent theory, findings, and implications of resilience research on young people. Resilience research has shifted toward dynamic system models with multiple levels of interaction, including research on the neurobiology of stress and adaptation, epigenetic processes, and disasters. Growing evidence indicates individual differences in biological sensitivity to negative and positive experiences, including interventions. Early experiences show enduring programming effects on key adaptive systems, underscoring the importance of early intervention. Studies of developmental cascades demonstrate spreading effects

of competence and symptoms over time, with important implications for the timing and targeting of interventions. Disaster research suggests guidelines for planning to protect children in the event of large-scale trauma. Research is integrating the study of resilience across system levels, with implications for promoting positive adaptation of young people faced with extreme adversity. However, studies on neurobiological and epigenetic processes are just beginning, and more research is needed on efficacy, as well as strategic timing and targeting, of interventions.

Ungar, M., & Liebenberg, L. (2011). Assessing resilience across cultures using mixed methods: Construction of the child and youth resilience measure. *Journal of Multiple Methods in Research*, 5(2), 126-149.

An international team of investigators in 11 countries have worked collaboratively to develop a culturally and contextually relevant measure of youth resilience, the Child and Youth Resilience Measure (CYRM-28). The team used a mixed methods design that facilitated understanding of both common and unique aspects of resilience across cultures. Quantitative and qualitative stages to its development ensure the CYRM-28 has good content-related validity across research sites. Crossover comparison analyses of the findings from the quantitative administration of the pilot measure with 1,451 youth and qualitative interviews with 89 youth support the CYRM-28 as a culturally sensitive measure of youth resilience. The implications of this mixed methods approach to the development of measures for cross-cultural research are discussed.

Windle, G., Bennett, K. M., & Noyes, J. (2011). [A methodological review of resilience measurement scales](#). *Health and Quality of Life Outcomes*, 9(8), 1-18.

The evaluation of interventions and policies designed to promote resilience, and research to understand the determinants and associations, require reliable and valid measures to ensure data quality. This paper systematically reviews the psychometric rigour of resilience measurement scales developed for use in general and clinical populations. Eight electronic abstract databases and the internet were searched and reference lists of all identified papers were hand searched. The focus was to identify peer reviewed journal articles where resilience was a key focus and/or is assessed. Two authors independently extracted data and performed a quality assessment of the

scale psychometric properties. Nineteen resilience measures were reviewed; four of these were refinements of the original measure. All the measures had some missing information regarding the psychometric properties. Overall, the Connor-Davidson Resilience Scale, the Resilience Scale for Adults and the Brief Resilience Scale received the best psychometric ratings. The conceptual and theoretical adequacy of a number of the scales was questionable. We found no current ‘gold standard’ amongst 15 measures of resilience. A number of the scales are in the early stages of development, and all require further validation work. Given increasing interest in resilience from major international funders, key policy makers and practice, researchers are urged to report relevant validation statistics when using the measures.

Davidson, G., Devaney, J., & Spratt, T. (2010). The impact of adversity in childhood on outcomes in adulthood research lessons and limitations. *Journal of Social Work, 10*(4), 369-390.

Current UK Government policy is concerned with the possible connections between childhood adversity, social exclusion and negative outcomes in adulthood. Understanding the impact of adverse childhood experiences on outcomes in adulthood is therefore key to informing effective policy and practice. In this article, the research on the impact of childhood adversity on outcomes in adulthood is reviewed in the broad categories of: mental health and social functioning; physical health; offending; service use; and economic impact. The literature on resilience that focuses on those who experience adversity, but do not have associated negative outcomes is also briefly considered. The strengths and limitations of the range of research methods used are then examined. Previous studies have tended to focus on specific forms of adversity, predominantly abuse and neglect, and either: specific populations and specific outcomes; specific populations and general outcomes; or general populations and specific outcomes. This means there may be incomplete understanding of the inputs (the range of adverse experiences in childhood), the processes (how these may affect people) and the outcomes (across domains in adulthood). It is concluded that it is important for social work researchers to engage in the current debate about how to prevent harmful childhood adversity and there is an important gap in the research for more interdisciplinary large-scale general population studies that consider the full range of childhood adversity and associated impacts across time and the possible processes involved.

Simpson, C. L. (2010). Resilience in women sexually abused as children. *Families in Society*, 91(3), 241-247.

Research suggests that adult women who have experienced childhood sexual abuse (CSA) vary on whether and how they experience long-term effects. According to current literature, the variation appears to be due to both risk and protective factors. In addition, the variation also appears to occur in connection with certain factors that function to help buffer the effects of CSA. The purpose of this study is to identify the protective factors that best predict resilience in a sample of 134 female adults who are members of AMAC (Adults Molested as Children). The clinical implications of these findings are discussed.

Atkinson, P. A., Martin, C. R., & Rankin, J. (2009). Resilience revisited. *Journal of Psychiatric and Mental Health Nursing*, 16(2), 137-145.

Contemporary reports of individuals experiencing severe adversity have led to renewed debate regarding the processes that mediate a person's ability to withstand extremes of both psychological and physical abuse. The capacity to recover from extremes of trauma and stress is termed resilience. This important concept is of key relevance to health professionals as resilience and also defines a more general concept of responding to challenges that affect the individual in terms of their health behaviour. The evidence base in this area is noteworthy in that much research is based on historical case studies that, although rich in both content and appeal, also fall short of contemporary rigour in terms of validity. This review will describe the evidence for the salience of the concept of the resilience to health and mental health and the implications of the domain to the healthcare professional.

Martinez-Torteya, C., Bogat, G. A., von Eye, A., & Levendosky, A. A. (2009). Resilience among children exposed to domestic violence: The role of risk and protective factors. *Child Development*, 80(2), 562-577.

Individual and family characteristics that predict resilience among children exposed to domestic violence (DV) were examined. Mother-child dyads ($n = 190$) were assessed when the children were 2, 3, and 4 years of age. DV-exposed children were 3.7 times more likely than nonexposed

children to develop internalizing or externalizing problems. However, 54% of DV-exposed children maintained positive adaptation and were characterized by easy temperament (odds ratio [OR] = .39, $d = .52$) and nondepressed mothers (OR = 1.14, $d = .07$), as compared to their nonresilient counterparts. Chronic DV was associated with maternal depression, difficult child temperament, and internalizing or externalizing symptoms. Results underscore heterogeneous outcomes among DV-exposed children and the influence of individual and family characteristics on children's adaptation.

American Psychological Association Task Force on Resilience and Strengths in Black Children and Adolescents. (2008). [Resilience in African American children and adolescents: A vision for optimal development](#). Washington, DC: Author.

McClure, F. H., Chavez, D. V., Agars, M. D., Peacock, M. J., & Matosian, A. (2008). Resilience in sexually abused women: Risk and protective factors. *Journal of Family Violence*, 23(2), 81-88.

The goal of this study was to evaluate the contribution of family characteristics (family conflict and cohesion) and abuse characteristics (age at which abuse occurred, abuse severity, and relationship to perpetrator) to resilience (self-acceptance, ability to engage in positive relationships with others, and environmental mastery) in a sample of one hundred and 77 university women who had experienced childhood sexual abuse (CSA). The respondents completed a questionnaire that focused on childhood experiences including family environment in childhood, characteristics of the abuse they had experienced in addition to degree of current resilience defined as their level of well-being (self-acceptance, ability to engage in positive relationships with others, and environmental mastery). The results indicated that family characteristics accounted for 13–22% of the variance in the well-being outcomes. In contrast, abuse characteristics accounted for 3% or less of the variance in the well-being outcomes. The clinical implications of these findings are discussed.

Suzuki, S. L., Geffner, R., & Bucky, S. F. (2008). The experiences of adults exposed to intimate partner violence as children: An exploratory qualitative study of resilience and protective factors. *Journal of Emotional Abuse*, 8(1-2), 103-121.

Research indicates a large percentage of children exposed to intimate partner violence (IPV) experience psychological, social, cognitive, behavioral, and physical problems. These deficits can have overwhelming long-term problems for children. Although there is some evidence of the intergenerational cycle of violence, not all children exposed to IPV encounter abuse in their adult relationships. This study qualitatively explored the protective factors or resiliencies that contribute to adaptive outcomes of adults exposed to IPV as children. Ten major and five minor themes emerged from this analysis. These themes were organized into internal factors/individual characteristics, family factors, and external factors. Implications for practice are also discussed.

Breno, A. L., & Galupo, M. P. (2007). Sexual abuse histories of young women in the US child welfare system: A focus on trauma-related beliefs and resilience. *Journal of Child Sexual Abuse*, 16(2), 97-113.

This research provides descriptive data regarding sexual abuse histories of high-functioning women ($N = 84$; 18-25 years old) previously in the child welfare system. Placement histories of foster youth who were sexually abused were distinct. Girls with a history of sexual abuse were more likely to have been in restrictive housing and changed placements twice as often as girls with no history of sexual abuse. Trauma-related beliefs (TRB) subsequent to sexual abuse varied depending upon where sexual abuse occurred. TRB scores were negatively correlated with resilience and positively correlated with number of sexual abusers. Powerlessness was found to make a significant contribution to resiliency scores above and beyond foster care and abuse demographics.

Daigneault, I., Hébert, M., & Tourigny, M. (2007). Personal and interpersonal characteristics related to resilient developmental pathways of sexually abused adolescents. *Child and Adolescent Psychiatric Clinics of North America*, 16(2), 415-434.

Childhood sexual abuse is a prevalent and important social problem. In this article the authors' main objective is the exploration of resilience among sexually abused adolescents under child

protection services care in Quebec, Canada. The introduction provides an overview of the impact of childhood sexual abuse and conceptualizations of trauma, resilience, recovery, and factors linked to resilience profiles. The remainder of the article discusses a study of resilience and factors predicting resilience over a 5-month period for a sample of 86 teenage girls under child protection services care.

DuMont, K. A., Widom, C. S., & Czaja, S. J. (2007). Predictors of resilience in abused and neglected children grown-up: The role of individual and neighborhood characteristics. *Child Abuse & Neglect*, 31(3), 255-274.

This paper examines individual, family, and neighborhood level predictors of resilience in adolescence and young adulthood and describes changes in resilience over time from adolescence to young adulthood in abused and neglected children grown up. We use documented cases of childhood physical and sexual abuse and neglect ($n = 676$) from a Midwestern county area during the years 1967–1971 and information from official records, census data, psychiatric assessments, and self-reports obtained through 1995. Analyses involve logistic regressions, replicated with Mplus to test for possible contextual effects. Almost half (48%) of the abused and neglected children in adolescence and nearly one-third in young adulthood were resilient. Over half of those who were resilient in adolescence remained resilient in young adulthood, whereas 11% of the non-resilient adolescents were resilient in young adulthood. Females were more likely to be resilient during both time periods. Being white, non-Hispanic decreased and growing up in a stable living situation increased the likelihood of resilience in adolescence, but not in young adulthood. Stressful life events and a supportive partner promoted resilience in young adulthood. Neighborhood advantage did not exert a direct effect on resilience, but moderated the relationship between household stability and resilience in adolescence and between cognitive ability and resilience in young adulthood.

Walsh, K., Blaustein, M., Knight, W. G., Spinazzola, J., & van der Kolk, B. A. (2007). Resiliency factors in the relation between childhood sexual abuse and adulthood sexual assault in college-age women. *Journal of Child Sexual Abuse, 16*(1), 1-17.

Research has suggested that childhood sexual abuse (CSA) may be a risk factor for adulthood sexual assault. This study examined associations between CSA experiences, cognitive resiliency variables, and revictimization. Participants were 73 college-age females who completed self-report questionnaires assessing CSA, adult assault, self-efficacy, locus of control (LOC), and coping styles. Sexual assault was categorized as forced or coerced assault based on the tactics used by the perpetrator. Results indicated that CSA alone was the strongest independent predictor of forced adult assault; however, LOC and positive coping were associated with resiliency to coercive sexual assault. The current findings have clinical implications in that LOC and coping styles are characteristics that can be enhanced through therapy.

Ahern, N. R., Kiehl, E. M., Sole, M., & Byers, J. (2006). A review of instruments measuring resilience. *Issues in Comprehensive Pediatric Nursing, 29*(2), 103-125.

The objectives of the study were to evaluate the psychometric properties and appropriateness of instruments for the study of resilience in adolescents. A search was completed using the terms resilience and instruments or scales using the EBSCO database (CINAHL, PreCINAHL, and Academic Search Premier), MEDLINE, PsychINFO and PsychARTICLES, and the Internet. After instruments were identified, a second search was performed for studies reporting the psychometric development of these instruments. Using inclusion and exclusion criteria, six psychometric development of instrument studies were selected for a full review. A data extraction table was used to compare the six instruments. Two of the six instruments (Baruth Protective Factors Inventory [BPFI] and Brief-Resilient Coping Scale) lacked evidence that they were appropriate for administration with the adolescent population due to lack of research applications. Three instruments (Adolescent Resilience Scale [ARS], Connor–Davidson Resilience Scale, and Resilience Scale for Adults) had acceptable credibility but needed further study in adolescents. One instrument (Resilience Scale [RS]) was determined to be the best instrument to study resilience in the adolescent population due to psychometric properties of the instrument and applications in a variety of age groups, including adolescence. Findings of this review indicate that

the RS is the most appropriate instrument to study resilience in the adolescent population. While other instruments have potential (e.g., ARS, BRFI) as they were tested in the adolescent and young adult populations, they lack evidence for their use at this time. An evaluation of the review and recommendations are discussed

Bogar, C. B., & Hulse-Killacky, D. (2006). Resiliency determinants and resiliency processes among female adult survivors of childhood sexual abuse. *Journal of Counseling & Development, 84*(3), 318-327.

This phenomenological, qualitative study examined resiliency determinants and resiliency formation among 10 women who had been sexually abused as children. An examination of the determinants and processes that facilitated resiliency in participants' adult lives revealed 5 determinant clusters (interpersonally skilled, competent, high self-regard, spiritual, and helpful life circumstances) and 4 process clusters (coping strategies, refocusing and moving on, active healing, and achieving closure).

Edmond, T., Auslander, W., Elze, D., & Bowland, S. (2006). Signs of resilience in sexually abused adolescent girls in the Foster Care System. *Journal of Child Sexual Abuse, 15*(1), 1-29.

Childhood sexual abuse has been shown to result in numerous negative emotional and psychological difficulties that can last a lifetime (e.g., Beitchman, Zucker, Hood, DaCosta, & Cassavia, 1992; Desai, Arias, Thompson, & Basile, 2002; Thompson, Arias, Basile, & Desai, 2002). For those sexual abuse survivors who are placed in the foster care system, there is the hope of the abuse ending but it comes at the cost of separation from their families. Both events constitute significant stressors that can disrupt normal development. Youths who have had these experiences are psychologically at risk for developing mental health and behavioral problems that can negatively affect their life trajectories. Yet, there are those who, despite having had such painful experiences as child sexual abuse and placement in the foster care system, appear to be functioning well. This paper provides an empirical examination of a group of sexually abused adolescent girls who are in the foster care system, some of whom seem to be psychologically well adjusted and some of whom are struggling with serious mental health and behavioral problems. This within

group difference provides an opportunity to study signs of resilience in a population that has not been previously studied by resilience researchers.

Greenberg, M. T. (2006). Promoting resilience in children and youth: Preventive interventions and their interface with neuroscience. *Annals of the New York Academy of Sciences*, 1094(1), 139-150.

Preventive interventions focus on reducing risk and promoting protective factors in the child as well as their cultural ecologies (family, classroom, school, peer groups, neighborhood, etc). By improving competencies in both the child and their contexts many of these interventions promote resilience. Although there are now a substantial number of preventive interventions that reduce problem behaviors and build competencies across childhood and adolescence, there has been little integration with recent findings in neuropsychology and neuroscience. This article focuses on the integration of prevention research and neuroscience in the context of interventions that promote resilience by improving the executive functions (EF); inhibitory control, planning, and problem solving skills, emotional regulation, and attentional capacities of children and youth. Illustrations are drawn from recent randomized controlled trials of the Promoting Alternative Thinking Strategies (PATHS) curriculum. The discussion focuses on the next steps in transdisciplinary research in prevention and social neuroscience.

Klein, R. A., Kufeldt, K., & Rideout, S. (2006). Resilience theory and its relevance for child welfare practice. In R. J. Flynn, P. M. Dudding, & J. G. Barber (Eds.), *Promoting Resilience in Child Welfare* (pp. 34–51). Ottawa, ON: University of Ottawa Press.

Masten, A. S., & Shaffer, A. (2006). How families matter in child development: Reflections from research on risk and resilience. In A. Clarke-Stewart & J. Dunn (Eds.), *Families count: Effects on Child and Adolescent Development* (pp. 5–25). New York: Cambridge University Press.

Alvord, M. K., & Grados, J. J. (2005). [Enhancing resilience in children: A proactive approach](#). *Professional Psychology: Research and Practice*, 36(3), 238-245.

Many clinical practitioners today are interested in helping children be more resilient. The authors briefly review the literature and identify protective factors that are related to or foster resilience in children. After discussing individual and family intervention strategies currently in use, the authors present a practical, proactive, resilience-based model that clinicians may use in a group intervention setting. The model entails interactive identification of protective factors with children, free play and behavioral rehearsal, training in relaxation and self-control techniques, practice in generalizing skills acquired, and active parent involvement. Implications of this group intervention model are discussed. (PsycINFO Database Record © 2012 APA, all rights reserved).

Boyden, J., & Mann, G. (2005). Children's risk, resilience, and coping in extreme situations. In Author (Ed.), *Handbook for working with children and youth: Pathways to resilience across cultures and contexts* (pp. 3–26). Thousand Oaks, CA: Sage.

Fergus, S., & Zimmerman, M. A. (2005). [Adolescent resilience: A framework for understanding healthy development in the face of risk](#). *Annual Review of Public Health*, 26, 399-419.

Adolescent resilience research differs from risk research by focusing on the assets and resources that enable some adolescents to overcome the negative effects of risk exposure. We discuss three models of resilience—the compensatory, protective, and challenge models—and describe how resilience differs from related concepts. We describe issues and limitations related to resilience and provide an overview of recent resilience research related to adolescent substance use, violent behavior, and sexual risk behavior. We then discuss implications that resilience research has for intervention and describe some resilience-based interventions.

Flores, E., Cicchetti, D., & Rogosch, F. A. (2005). Predictors of resilience in maltreated and nonmaltreated Latino children. *Developmental Psychology*, 41(2), 338-351.

To date, few studies have sought to investigate the effects of child maltreatment and processes influencing maladaptation and resilience in Latino children. In the current investigation, multiple

aspects of functioning, personal resources, and relationship features were examined in school-age maltreated and nonmaltreated Latino children. Maltreated Latino children were found to have fewer areas of resilient functioning. Ego-resiliency and ego-control, as personal resources, and the ability to form a positive relationship with an adult figure outside of the immediate family predicted resilience. However, certain aspects of interpersonal functioning were differentially related to resilience for maltreated and nonmaltreated Latino children. These findings have implications for understanding how resilience can be promoted in maltreated and nonmaltreated Latino children.

Tedeschi, R. G., & Kilmer, R. P. (2005). Assessing strengths, resilience, and growth to guide clinical interventions. *Professional Psychology: Research and Practice, 36*(3), 230-237.

Recently, the field of mental health has incorporated a growing interest in strengths, resilience, and growth, psychological phenomena that may be associated with healthy adjustment trajectories and profitably integrated into strategies for clinical assessment and practice. This movement constitutes a significant shift from traditional deficit-oriented approaches. Addressing clinical practitioners, this article (a) provides a broad overview of these constructs and phenomena, (b) discusses their relevance for clinical assessment and intervention, and (c) describes selected strategies and approaches for conducting assessments that can guide intervention. (PsycINFO Database Record © 2012 APA, all rights reserved).

Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*(1), 20-28.

Many people are exposed to loss or potentially traumatic events at some point in their lives, and yet they continue to have positive emotional experiences and show only minor and transient disruptions in their ability to function. Unfortunately, because much of psychology's knowledge about how adults cope with loss or trauma has come from individuals who sought treatment or exhibited great distress, loss and trauma theorists have often viewed this type of resilience as either rare or pathological. The author challenges these assumptions by reviewing evidence that resilience represents a distinct trajectory from the process of recovery, that resilience in the face

of loss or potential trauma is more common than is often believed, and that there are multiple and sometimes unexpected pathways to resilience.

Masten, A. S. (2004). Regulatory processes, risk, and resilience in adolescent development. *Annals of the New York Academy of Sciences*, 1021(1), 310-319.

This article highlights the potential of developmental psychopathology as a useful integrative perspective for the challenging task of linking the study of brain development and adolescent behavior in context; it considers clues from behavioral research on resilience on the nature of regulatory processes as risks and assets, or vulnerabilities and protective factors for the development of competence and psychopathology in adolescence; and it advocates more integrative neurobehavioral research on risk and resilience in adolescent development.

Trickett, P. K., Kurtz, D. A., & Pizzigati, K. (2004). Resilient outcomes in abused and neglected children: Bases for strengths-based intervention and prevention policies. In K. I. Maton, C. J. Schellenbach, B. J. Leadbeater, & A. L. Solarz (Eds.), *Investing in Children, Youth, Families, and Communities: Strengths-based Research and Policy* (pp. 73–95). Washington, DC: American Psychological Association.

Wilcox, D. T., Richards, F., & O'Keeffe, Z. C. (2004). Resilience and risk factors associated with experiencing childhood sexual abuse. *Child Abuse Review*, 13(5), 338-352.

The effects of child sexual abuse are wide-ranging and impact on children, families and health/social care systems. The authors review this literature, examining the shortcomings of the 'victim-offender' model, and consider the complex, multifactorial nature of this question. Factors associated with a progression from victim to perpetrator are explored and the prevalence of abuse in the general population is also discussed. Protective as well as risk factors are considered and the pivotal role of 'personal reliance' is considered as it relates to empowering damaged young people to become healthy adults. The authors also discuss implications for the treatment of young people who become abusers. Two case examples are briefly reported upon and the article concludes with a consideration of ways to helpfully address the needs of children who become sexual perpetrators.

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Bolger, K. E., & Patterson, C. J. (2003). Sequelae of child maltreatment: Vulnerability and resilience. In S. S. Luthar (Ed.), *Resilience and Vulnerability: Adaptations in the Context of Childhood Adversities* (pp. 156–181). New York: Cambridge University Press.

Curtis, W. J., & Cicchetti, D. (2003). Moving research on resilience into the 21st century: Theoretical and methodological considerations in examining the biological contributors to resilience. *Development and Psychopathology*, *15*(3), 773–810.

Empirical investigations of resilience over the past 30 years have examined a wide range of psychosocial correlates of, and contributors to, this phenomenon. Thus far, theoretical treatments of resilience have focused almost exclusively on psychosocial levels of analysis to derive explanatory models. However, there have been no formal discussions of either theory or research that have examined the biological contributors to, or correlates of, competent functioning despite the experience of adversity. This paper seeks to fill this gap and sets forth a preliminary theoretical framework and outline of empirical strategies for studying the biological underpinnings of resilience. The initial sections of the paper discuss the particular suitability of a transactional organizational theoretical perspective as a conceptual foundation for including a biological level of analysis within the extant theoretical framework of resilience. Subsequently, other important theoretical considerations for the inclusion of a biological perspective on resilience are discussed, including the avoidance of an approach that would reduce resilience to merely a biological process, the application of the constructs of multi-finality and equi-finality to a biological perspective on resilience, as well as a general discussion of the potential for utilization of brain imaging and other technologies in the study of resilience. The possible relation between the mechanisms of neural plasticity and resilience are examined in some detail, with specific suggestions concerning research questions needed to examine this association. Sections of the paper discuss the likely relation of several areas of brain and biological functioning with resilience, including emotion, cognition, neuroendocrine and immune functioning, and genetics. The paper concludes with a discussion of the implications of a biological perspective on resilience for preventive interventions.

Reynolds, A. J., & Ou, S. (2003). Promoting resilience through early childhood intervention. In S. S. Luthar (Eds.), *Resilience and vulnerability: Adaptation in the context of childhood adversities*. New York: Cambridge University Press.

Banyard, V. L., Williams, L. M., Siegel, J. A., & West, C. M. (2002). Childhood sexual abuse in the lives of Black women: Risk and resilience in a longitudinal study. *Women & Therapy, 25*(3-4), 45-58.

Childhood sexual abuse (CSA) is associated with long-term mental health consequences. This article reviews the results of one longitudinal study, whose sample consisted primarily of African American women. The purpose is to give voice to an understudied group of CSA survivors and to highlight the variability in risk and protective factors. Key findings related to mental health consequences, re-traumatization, and resilience are reviewed and set within the broader context of research on African American women and child sexual abuse. Implications for future research and clinical practice are discussed.

Lambie, I., Seymour, F., Lee, A., & Adams, P. (2002). Resiliency in the victim–offender cycle in male sexual abuse. *Sexual Abuse: A Journal of Research and Treatment, 14*(1), 31-48.

The prevalence of childhood sexual abuse in child molesters is considerably higher than that in the general population. This finding had led to the “victim–offender cycle” being popularized as an explanation for sexual offending. However, not all child molesters were victimized as children, so it is of interest to examine the factors that contribute to the victim–offender cycle or, conversely, resiliency. This study examined the “moderating factors” that may prevent a male victim of sexual abuse from entering the victim–offender cycle. Two groups were interviewed as part of the study: a “resilient group” ($n = 47$) and a victim–offender group ($n = 41$). After correction for age and education level, the resilient group were less likely to have fantasized and masturbated about the abuse, less likely to report deriving pleasure from the abuse, more likely to have had frequent social contact with adolescent peers and to have had more family and nonfamily support during childhood. The findings support the need for multifactorial models of resiliency, the victim–offender cycle, and sexual offending. Recommendations about the prevention of the victim–

offender cycle are made, including the need for a thorough systemic assessment of all male victims of sexual abuse and the involvement of their family system in counseling.

Dufour, M. H., & Nadeau, L. (2001). Sexual abuse: A comparison between resilient victims and drug-addicted victims. *Violence and Victims, 16*(6), 655-672.

The goal of this study was to determine which variables distinguish resilient victims from drug-addicted victims, who were sexually abused during their childhood—in addition, to measure the contribution of these variables to the level of distress experienced by the victims. There were two groups of 20 women interviewed. The resilient group showed no clinically significant symptoms of mental distress, and the addicted group were undergoing treatment for drug dependency. They all completed a semi-structured interview and a questionnaire regarding the type and severity of their sexual abuse, mental health status, self-esteem, locus of control, support and cognitive factors from Finkelhor's model. Both of these groups were equally and severely abused. Resilient and addicted women both received a moderate level of support. These women also reported the same sense of betrayal and powerlessness. Furthermore, both groups behave, to a large degree, that they now control what happens to them (internal locus of control). There were three distinguishing variables among the two groups, they were stigmatization, self-blame, and hazard for the locus of control. In comparison, resilient women had less self-blame for having been abused and they also felt less stigmatized than addicted women. In fact, stigmatization and self-blame account for 65% of the TSC-40 variance. These results suggest that cognitive strategies, particularly those that are linked to the interpretation of the event, may have some importance in the recovery.

McGloin, J. M., & Widom, C. S. (2001). Resilience among abused and neglected children grown up. *Development and Psychopathology, 13*(4), 1021-1038.

Although an extensive literature has accumulated documenting the maladaptive outcomes associated with childhood victimization, a limited body of knowledge addresses resilience. This paper sought to operationalize the construct of resilience across a number of domains of functioning and time periods and to determine the extent to which abused and neglected children grown up demonstrate resilience. Substantiated cases of child abuse and neglect from 1967 to 1971

were matched on gender, age, race, and approximate family social class with non-abused and non-neglected children and followed prospectively into young adulthood. Between 1989 and 1995, 1,196 participants (676 abused and neglected and 520 controls) were administered a 2-hr in-person interview, including a psychiatric assessment. Resilience requires meeting the criteria for success across six of eight domains of functioning: employment, homelessness, education, social activity, psychiatric disorder, substance abuse, and two domains assessing criminal behavior (official arrest and self-reports of violence). Results indicate that 22% of abused and neglected individuals meet the criteria for resilience. More females met the criteria for resilience and females were successful across a greater number of domains than males. We speculate on the meaning of these findings and discuss implications for the child maltreatment field. Limitations of the study are also acknowledged.

Werner, E. E., & Smith, R. S. (2001). *Journeys from Childhood to Mid-life: Risk, Resilience, and Recovery*. Ithaca, NY: Cornell University Press.

Luthar, S. S., & Cicchetti, D. (2000). [The construct of resilience: Implications for interventions and social policies](#). *Development and Psychopathology*, 12(4), 857–885.

The focus of this article is on the interface between research on resilience—a construct representing positive adaptation despite adversity—and the applications of this work to the development of interventions and social policies. Salient defining features of research on resilience are delineated, as are various advantages, limitations, and precautions linked with the application of the resilience framework to developing interventions. For future applied efforts within this tradition, a series of guiding principles are presented along with exemplars of existing programs based on the resilience paradigm. The article concludes with discussions of directions for future work in this area, with emphases on an enhanced interface between science and practice, and a broadened scope of resilience-based interventions in terms of the types of populations, and the types of adjustment domains, that are encompassed.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). [The construct of resilience: A critical evaluation and guidelines for future work.](#) *Child Development*, 71(3), 543-562.

This paper presents a critical appraisal of resilience, a construct connoting the maintenance of positive adaptation by individuals despite experiences of significant adversity. As empirical research on resilience has burgeoned in recent years, criticisms have been levied at work in this area. These critiques have generally focused on ambiguities in definitions and central terminology; heterogeneity in risks experienced and competence achieved by individuals viewed as resilient; instability of the phenomenon of resilience; and concerns regarding the usefulness of resilience as a theoretical construct. We address each identified criticism in turn, proposing solutions for those we view as legitimate and clarifying misunderstandings surrounding those we believe to be less valid. We conclude that work on resilience possesses substantial potential for augmenting the understanding of processes affecting at-risk individuals. Realization of the potential embodied by this construct, however, will remain constrained without continued scientific attention to some of the serious conceptual and methodological pitfalls that have been noted by skeptics and proponents alike.

Werner, E. (2000). Protective factors and individual resilience. In J. Shonkoff, & S. Meisels (Eds.), *Handbook of Early Childhood Intervention* (2nd ed., pp. 115–132). New York, NY: Cambridge University Press.

Wyman, P. A., Sandler, I., Wolchik, S., & Nelson, K. (2000). Resilience as cumulative competence promotion and stress protection: Theory and intervention. In D. Cicchetti, J. Rappaport, I. Sandler, & R. P. Weissberg (Eds.), *The Promotion of Wellness in Children and Adolescents* (pp.133–184). Washington, DC: Child Welfare League of America Press.

Heller, S. S., Larrieu, J. A., D’Imperio, R., & Boris, N. W. (1999). Research on resilience to child maltreatment: Empirical considerations. *Child Abuse & Neglect*, 23(4), 321-338.

To review the current research literature on resilience to maltreatment in childhood and adolescence. First, this paper addresses the methodological issues applicable to this area of

research. Second, it reviews the empirical literature on the protective factors believed to contribute to resilience to maltreatment and offers commentary on specific issues raised in each study. The current findings are summarized and an integrated descriptive picture, based on the extant literature of the processes and factors contributing to the development of resilience to childhood maltreatment is outlined. Based on this extensive review and critique of the current empirical literature on resilience to maltreatment, suggestions for future investigations in this area are recommended.

Masten, A. S., Hubbard, J. J., Gest, S. D., Tellegen, A., Garmezy, N., & Ramirez, M. L. (1999). Competence in the context of adversity: Pathways to resilience and maladaptation from childhood to late adolescence. *Development and Psychopathology*, *11*(1), 143-169.

Competent outcomes in late adolescence were examined in relation to adversity over time, antecedent competence and psychosocial resources, in order to investigate the phenomenon of resilience. An urban community sample of 205 (114 females, 90 males; 27% minority) children were recruited in elementary school and followed over 10 years. Multiple methods and informants were utilized to assess three major domains of competence from childhood through adolescence (academic achievement, conduct, and peer social competence), multiple aspects of adversity, and major psychosocial resources. Both variable-centered and person-centered analyses were conducted to test the hypothesized significance of resources for resilience. Better intellectual functioning and parenting resources were associated with good outcomes across competence domains, even in the context of severe, chronic adversity. IQ and parenting appeared to have a specific protective role with respect to antisocial behavior. Resilient adolescents (high adversity, adequate competence across three domains) had much in common with their low-adversity competent peers, including average or better IQ, parenting, and psychological well-being. Resilient individuals differed markedly from their high adversity, maladaptive peers who had few resources and high negative emotionality. Results suggest that IQ and parenting scores are markers of fundamental adaptational systems that protect child development in the context of severe adversity.

Cicchetti, D., & Rogosch, F. A. (1997). The role of self-organization in the promotion of resilience in maltreated children. *Development and Psychopathology*, 9(4), 797-815.

The dynamic nature of resilience necessitates that children from high-risk backgrounds who are functioning adaptively despite experiences of adversity must be examined over time. In the current investigation, the adaptation of school-age maltreated and non-maltreated socioeconomically disadvantaged children was examined over 3 consecutive years. In accord with predictions, a higher percentage of non-maltreated children than of maltreated children were found to be resilient. Moreover, a higher percentage of maltreated than of non-maltreated children were shown to exhibit functioning consistently in the low adaptive range. Differential predictors of resilience were found in maltreated and non-maltreated children. Specifically, for maltreated children, positive self-esteem, ego resilience, and ego overcontrol predicted resilient functioning, whereas relationship features were more influential for non-maltreated children. These findings are discussed in relation to the unfolding of resilient self-organizational strivings in maltreated and non-maltreated children.

Himelein, M. J., & McElrath, J. A. V. (1996). Resilient child sexual abuse survivors: Cognitive coping and illusion. *Child Abuse & Neglect*, 20(8), 747-758.

This research examined cognitive coping strategies associated with resilience in a nonclinical sample of child sexual abuse (CSA) survivors. In Study 1, 180 college women completed surveys assessing self-enhancing cognitive distortions of reality, known as positive illusions, and CSA history. CSA survivors and nonvictimized women were found to be equally likely to engage in illusion, and for both groups, measures of illusion were strongly associated with psychological well-being. In Study 2, a qualitative study, a subsample of 20 CSA survivors from Study 1 were interviewed regarding their efforts to cope with CSA. Analysis was focused on comparisons between well-adjusted and poorly-adjusted women. The high adjustment group revealed a greater tendency to engage in four types of cognitive strategies: disclosing and discussing CSA, minimization, positive reframing, and refusing to dwell on the experience. The results of both studies highlight the importance of cognitive reappraisal in CSA recovery. Implications for therapists working with CSA survivors are discussed.

Rak, C. F., & Patterson, L. E. (1996). Promoting resilience in at-risk children. *Journal of Counseling and Development, 74*(4), 368-373.

Intervening effectively with youths at risk from early deprivation, family dysfunction, poverty, abuse, and other factors is a major concern for educational and social service policymakers. Current research suggests that a majority of at-risk youths do not experience drastic outcomes, but many exhibit protective factors that buffer them from negative consequences. Longitudinal studies from Hawaii, the continental United States, and Great Britain have identified several personality, familial, and environmental variables that promote resiliency in youths at risk. This article discusses these variables and provides counselors with an assessment technique and strategies to promote a salutogenesis perspective.

Spaccarelli, S., & Kim, S. (1995). Resilience criteria and factors associated with resilience in sexually abused girls. *Child Abuse & Neglect, 19*(9), 1171-1182.

Alternative measures of resilience and correlates of resilience were examined in a sample of 43 sexually abused girls who were assessed using a self-administered interview at the time of intake for psychotherapy. Results indicated relatively high levels of disagreement as to which girls were resilient using maintenance of social competence and absence of clinical levels of symptomatology as alternative criteria. Most girls that had maintained age-normative levels of social competence were, nonetheless, manifesting clinically significant levels of symptoms. A warm and supportive relationship with a nonoffending parent was a strong correlate of resilience, regardless of which criteria was used. Lower levels of abuse related stress, fewer negative cognitive appraisals of the abusive relationship, and less reliance on aggressive coping behaviors were also significant predictors of resilience based on the absence of clinical levels of symptomatology. However, parental support and level of abuse stress were the only two variables to enter a logistic regression model predicting resilience. The research and clinical implications of these findings are discussed.

Herrenkohl, E. C., Herrenkohl, R. C., & Egolf, B. (1994). Resilient early school-age children from maltreating homes: Outcomes in late adolescence. *American Journal of Orthopsychiatry*, 64(2), 301-309.

The interaction of individual and environmental characteristics over time in children from maltreating families is examined in order to explore the origins, scope, and stability of resilience in children from abusive and neglectful home environments. Response to supportive influences in the extended family and wider community, as well as determination to be different from abusive parents, is emphasized as crucial to resilient behavior and is illustrated by a case study.

Cicchetti, D., Rogosch, F., Lynch, M., & Holt, K. (1993). Resilience in maltreated children: Process leading to adaptive children. *Development and Psychopathology*, 5(4), 629-647.

Evidence for resilience, competent functioning despite severe adversity, was investigated in school-age, disadvantaged maltreated ($N = 127$) and nonmaltreated ($N = 79$) children attending a summer camp program. Multiple areas of adaptation (social adjustment, risk for school difficulty, psychopathology) were assessed from self, peer, and camp counselor perspectives and school records. A composite index of adaptive functioning was developed, and levels of competence were delineated. Personality dimensions and personal resources, including cognitive maturity, self-esteem, ego-resiliency, and ego-control, were evaluated as mechanisms promoting individual differences in successful adaptation. Maltreated children as a group evidenced lower overall competence when compared to nonmaltreated children. An equal proportion of maltreated and nonmaltreated children, however, demonstrated high levels of competence, whereas more maltreated children than nonmaltreated children evidenced low levels of competence. Ego-resiliency, ego-control, and self-esteem were each found to predict individual differences in competent functioning. Evidence for the differential role of ego-control in promoting competence for maltreated versus nonmaltreated children was found. The results are discussed in terms of mechanisms contributing to resilient outcomes in maltreated children and the implications of the study of resilience for the field of developmental psychopathology.

Garnezy, N. (1993). Vulnerability and resilience. In D. C. Funder, R. D. Parke, C. Tomlinson-Keasey, & K. Widaman (Eds.), *Studying Lives through Time* (pp. 377–398). Washington, DC: American Psychological Association.

Valentine, L., & Feinauer, L. L. (1993). Resilience factors associated with female survivors of childhood sexual abuse. *American Journal of Family Therapy*, 21(3), 216–224.

The 22 women interviewed in this study were in a high-risk group for low self-esteem, depression, shame, and other long-term interpersonal difficulties due to their survival of childhood sexual abuse. Unlike many of their contemporaries, they have been able to have relationships, stable careers, and healthy personalities. This paper explores the variables and patterns gathered from their interviews. The resiliency themes extracted included: the ability to find emotional support outside the family; self-regard or the ability to think well of oneself; spirituality; external attribution of blame and cognitive style; and inner-directed locus of control.

Garnezy, N. (1991). Resilience in children's adaptation to negative life events and stressed environments. *Pediatric Annals*, 20(9), 459-460.

Functional adequacy (the maintenance of competent functioning despite an interfering emotionality) is a benchmark of resilient behavior under stress. While resilient adults can be identified as adults who once experienced a great deal of despair as children, I am not prepared to mark off the construct of resilience because such people may carry with them a realistic baggage of sadness and unhappiness. The very nature of despair that is present for children of the ghetto, the status of minority children in today's America, all have a reality that can neither be ignored nor denied. Perhaps a portion of resilient behavior is the evaluative awareness of a difficult reality combined with a commitment to struggle, to conquer the obstacle, and to achieve one's goals despite the negative circumstances to which one has been exposed, which were and remain evocative of sadness.

Luthar, S. S. (1991). Vulnerability and resilience: A study of high-risk adolescents. *Child Development, 62*(3), 600-616.

Factors that allow children to maintain socially competent behaviors despite stress were examined among 144 inner-city ninth-grade students with a mean age of 15.3 years. Stress was operationalized by scores on a negative life events scale, and definitions of social competence were based on peer ratings, teacher ratings, and school grades. Moderator variables examined included intelligence, internal locus of control, social skills, ego development, and positive life events. Following theoretical models by Garmezy and Rutter, distinctions were made between compensatory factors (which are directly related to competence) and protective/vulnerability factors (which interact with stress in influencing competence). Ego development was found to be compensatory against stress. Internality and social skills proved to be protective factors, while intelligence and positive events were involved in vulnerability processes. This study also revealed that children labeled as resilient were significantly more depressed and anxious than were competent children from low stress backgrounds.

Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology, 2*(4), 425-444.

This article reviews the research on resilience in order to delineate its significance and potential for understanding normal development. Resilience refers to the process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances. Three resilience phenomena are reviewed: (a) good outcomes in high-risk children, (b) sustained competence in children under stress, and (c) recovery from trauma. It is concluded that human psychological development is highly buffered and that long-lasting consequences of adversity usually are associated with either organic damage or severe interference in the normative protective processes embedded in the caregiving system. Children who experience chronic adversity fare better or recover more successfully when they have a positive relationship with a competent adult, they are good learners and problem-solvers, they are engaging to other people, and they have areas of competence and perceived efficacy valued by self or society. Future studies of resilience will need to focus on processes that facilitate adaptation. Such studies have the

potential to illuminate the range and self-righting properties of, constraints on, and linkages among different aspects of cognitive, emotional, and social development.

Anthony, E. J. (1987). Risk, vulnerability, and resilience: An overview. In E. Anthony & B. J. Cohler (Eds.), *The Invulnerable Child* (pp. 3–48). New York: Guilford Press.

Garmezy, N. (1985). Stress-resistant children: The search for protective factors. In J. E. Stevenson (Ed.), *Recent research in developmental psychopathology: Journal of Child Psychology and Psychiatry book supplement 4* (pp. 213–233). Oxford: Pergamon Press.

Werner, E. E., & Smith, R. S. (1982). *Vulnerable but Invincible: A Study of Resilient Children*. New York: McGraw–Hill.