The Resilience Portfolio Model: Understanding Healthy Adaptation in Victims of Violence

John Grych
Marquette University

Sherry Hamby
Sewanee, University of the South

Victoria Banyard
University of New Hampshire

Objective: 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. ***Approach:*** 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. ***Conclusion:*** 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.

Keywords: adaptation, adversity, positive psychology, protective factors, resilience

Research on the effects of violence on human functioning has focused primarily on the negative outcomes that follow from these experiences. This work has provided an important foundation for describing the adverse impact of diverse forms of violence and spurred the need for action at the levels of policy, prevention, and intervention. However, many people exposed to violence exhibit healthy functioning (e.g., Bonanno, 2004; Masten, 2001), and if we are to develop a more complete understanding of the effects of violence and identify more effective ways for helping those who experience it, we will need to investigate the processes that account for positive as well as negative outcomes. Studies of resil-

ience in victims of violence have identified a number of protective factors associated with better adjustment, but this work has limitations for explaining the mechanisms that foster healthy adaptation. The goal of this article is to introduce a framework, the *Resilience Portfolio Model*, that is rooted in theory and research on resilience but integrates insights from the fields of positive psychology, posttraumatic growth, and coping to provide a more comprehensive understanding of how individuals build fulfilling lives despite their exposure to violence.

In the sections to follow, we highlight key contributions from several lines of research that have examined how people adapt to adversity and identify limitations of each for understanding healthy functioning in victims of violence. We then introduce the Resilience Portfolio Model, describing the strengths and protective factors proposed to contribute to well-being and the specific pathways through which they are proposed to foster resilience. Finally, we outline the implications of the model for research, prevention, and intervention.

Research on Adaptation to Violence

Several fields of study have investigated healthy functioning in individuals exposed to adversity, but they have developed relatively independently and rarely have been integrated in the same explanatory models. Research on different forms of violence similarly is siloed, with most studies focusing on a single type of violence (see Hamby & Grych, 2013). Recent work demonstrates the interconnected and overlapping nature of different forms of

violence (Hamby & Grych, 2013), and suggests that exposure to different types of violence has similar outcomes and may operate through similar mechanisms. The processes that promote resilience in victims of diverse forms of violence also may be similar, and if so, this argues for the value of integrating findings from related areas of study to develop overarching models that describe pathways from violence to healthy outcomes.

Contributions From Research on Resilience

The term "resilience" has been used to refer both to healthy functioning after exposure to significant adversity and to the capacities needed to adapt successfully to significant adversity (e.g., Luthar, Cicchetti, & Becker, 2000; Masten, 2007, 2011). Resilience is best understood as a dynamic process rather than a stable quality of a person because it depends on the constellation of stressors, risk, and protective factors that characterize the person's life at a particular time (e.g., Masten, 2011; Rutter, 2012). Research on resilience in different populations and following different types of adverse events has identified a set of individual, relationship, and community factors that are consistently associated with healthy functioning, including self-regulation, secure attachment, and neighborhood collective efficacy (for a review, see Masten, 2007), and described general mechanisms by which protective factors give rise to adaptive outcomes (e.g., Luthar et al., 2000).

The identification of these protective factors has made an important contribution to clinical psychology, and several dozen studies have reported associations between many of them and positive outcomes in individuals exposed to different types of violence (for a review, see Houston & Grych, 2015). However, this work also has limitations for understanding the processes that promote resilience in victims of violence. First, many of the protective factors studied simply are the inverse of risk factors (e.g., Masten & Tellegen, 2012). High levels of constructs such as emotion regulation and parental warmth are reliably related to healthy functioning, but low levels of these same constructs are associated with greater symptomatology; labeling the opposite pole of a continuous variable documented to be risk factor as a "protective factor" does not reveal anything new about the nature of the association between that construct and health. Second, most studies of resilience in victims of violence have defined good outcomes in terms of the absence of pathology rather than the presence of health; a recent review found that 2/3 of studies examining resilience in children exposed to violence used a measure of symptomatology as the sole measure of adjustment, with low levels of symptoms representing adaptive functioning (Houston & Grych, 2015). Although low levels of pathology clearly are desirable, the emphasis on pathology reflects a narrow view of human functioning and has limited what we know about how people overcome adversity to lead fulfilling lives. Few people characterize their hopes for a happy life simply in terms of avoiding pain; human beings—even those who have experienced tremendous adversity—are motivated to seek joy, love, and meaning, not nondepression and nonanxiety (e.g., Bonanno, 2004; Linley & Joseph, 2004). The emphasis on suffering also neglects the fact that suffering and happiness are not incompatible; many people report high levels of well-being despite experiencing violence and trauma (e.g., Albrecht & Devlieger, 1999; Lecci, Okun, & Karoly, 1994).

Contributions From Research on Positive Psychology

The field of positive psychology was founded as a response to the emphasis of most psychological research on risk and pathology (e.g., Seligman & Csikszentmihalyi, 2000). It has advanced our understanding of the conceptualization and measurement of healthy functioning and identified a range of characteristics that foster well-being, which are typically referred to as character or personal strengths (Peterson, Park, Pole, D'Andrea, & Seligman, 2008; Seligman, Steen, Park, & Peterson, 2005). Unlike many protective factors, the strengths emphasized in the positive psychology literature (e.g., gratitude, compassion, grit) generally do not represent the inverse of a risk factor; for example, ingratitude is not considered to be a risk factor for psychopathology. Thus, strengths may function as unique protective factors that could enhance psychological health following exposure to adversity.

However, positive psychology research also has limitations for understanding resilience in victims of violence. First, much of the work on strengths is correlational, and correlations between strengths and well-being do not show that they have a causal effect on psychological functioning. Second, the processes by which these characteristics promote well-being have not been studied systematically. To contribute to a model of adaptation following adversity and serve as a means for improving psychological health, it is critical to understand how these strengths function. Finally, positive psychology research rarely has focused on victims of violence. There are exceptions, such as studies of victims of the 9/11 terrorist attacks that found that character strengths such as gratitude were associated with healthy functioning (Peterson & Seligman, 2003), but we know little about whether character strengths may help individuals exposed to violence.

Contributions From Research on Posttraumatic Growth

One line of research that has focused explicitly on positive aspects of functioning after exposure to adversity is the study of posttraumatic growth (PTG). Posttraumatic growth refers to deriving meaning from highly stressful experiences that lead to positive changes in views of self, the world, and/or relationships (Tedeschi & Calhoun, 2004). Whereas resilience is conceptualized as maintaining psychological health *despite* exposure to violence, posttraumatic growth is a healthy outcome that occurs *because* the individual experienced a stressful event. Research on PTG has focused attention on the idea that the process of coping with trauma can have beneficial effects on health, but this research has some limitations for understanding its role in responding to trauma. For example, PTG has been conceptualized both as a process for coping with trauma and as an outcome of the coping process (Tedeschi & Calhoun, 2004; Zoellner & Maercker, 2006), and there is inconsistency in the extent to which growth is viewed as a cognitive, emotional, or behavioral phenomenon (e.g., Hobfoll, 2002; Janoff-Bulman, 2004; Wortman, 2004). Further, empirical findings on the links between PTG and mental health are mixed, with some studies showing positive associations between PTG and health indicators and others showing negative associations (Helgeson, Reynolds, & Tomich, 2006). These data raise the question of when the process of seeking to make meaning of

traumatic experiences is growth-producing rather than an indicator of a maladaptive process such as rumination.

Contributions From Research on Coping

Finally, research on stress and coping focuses on understanding behavioral, cognitive, and emotional processes that are more or less helpful for responding to stress, including coping strategies used by victims of violence (e.g., Goodman, Smyth, Borges, & Singer, 2009; Hamby, 2014). Many coping models have been developed, but one of the most influential was created by Lazarus and Folkman (1984). It proposes that behavioral responses to stressful events are guided by individuals' *appraisals* of the event, which involve perceptions of how threatening the event is and beliefs about their ability to cope effectively with the event. This model suggests pathways through which strengths and protective factors can shape both appraisals and coping behavior and thus offers potential mechanisms through which intrapersonal characteristics lead to adaptive outcomes. The coping literature also has limitations for understanding resilience in victims of violence, however. The focus of most coping research has been on attenuating the impact of negative events in the short term, and less attention has been paid to identifying behavior that promotes growth and thriving over time. In addition, coping models have often sought to classify particular strategies as effective or ineffective without taking the context into account (e.g., Hamby, 2014). For example, avoidant behavior generally is considered a maladaptive strategy (Billings & Moos, 1981), but in some violent situations, avoidance may be the safest response (Hamby, 2014). In the Resilience Portfolio Model, we propose that particular strengths and protective factors foster resilience by shaping appraisals and coping behavior, but do not adopt any existing coping frameworks to categorize these behaviors.

The Resilience Portfolio Model

The Resilience Portfolio Model draws on theory and research on resilience, positive psychology, posttraumatic growth, and coping to better understand how people build fulfilling lives despite experiencing violent and traumatic events. Consistent with Bronfenbrenner's (1977) social-ecological framework, it includes protective factors at the individual, family, peer, and community level, and proposes processes through which they foster resilience in victims of violence. The model differs from prior efforts to understand healthy functioning after exposure to violence in several ways.

First, our primary goal is to inform prevention and intervention efforts and so the Resilience Portfolio Model emphasizes what

people *do* in the face of stress that promotes health and well-being, rather than simply describing qualities or resources that they *have*. Although the coping options available to individuals depend in part on the resources available to them, focusing on malleable behavior offers greater potential for prevention and intervention than addressing static personal characteristics or aspects of the environment. Second, it integrates character strengths studied in the positive psychology literature with protective factors identified in work on resilience to provide a more comprehensive accounting of the qualities that lead to better functioning in response to adversity. Third, it proposes processes through which these strengths and protective factors lead to positive outcomes. Fourth, the model describes a wider array of possible outcomes than are usually investigated in the violence literature. Finally, it has a life span focus that considers continuities and discontinuities in how protective processes may operate in childhood and adulthood. There is a developmental disconnect in both resilience and positive psychology research, with nearly all of the studies in these fields focusing either on children or on adults (for exceptions, see Burt & Paysnick, 2012); consequently, there is a need for theoretical models that link the processes studied with children with those from work on adults. See Table 1 for a summary of the unique aspects of the model.

As illustrated in Figure 1, the Resilience Portfolio Model proposes that individuals' psychological health after exposure to violence is a product of the characteristics of the adversity, the assets and resources available to them, and their behavior or responses. The relationships among these constructs are proposed to be transactional: people who have the assets and resources to deal effectively with adversity will tend to function better over time, whereas those who do not will be increasingly vulnerable to adversity; in turn, health and well-being tend to enhance resources and assets (Bronfenbrenner, 1977). Although the largest influence on children's adaptation to adversity lies in their environment, especially their relationships with caregivers (e.g., Biglan, Flay, Embry, & Sandler, 2012), over time the sources of resilience become increasingly internalized. Because both resources and sources of stress tend to be at least somewhat stable, there often is continuity in individuals' ability to adapt to adversity (see Burt & Paysnick, 2012); however, changes in either can lead to changes in functioning.

Exposure to Violence

The processes in the model are set in motion by exposure to violence. As noted above, different forms of violence tend to have similar effects on adjustment and many people who experience one

Table 1
Key Elements of the Portfolio Resilience Model

1. Builds systematically and integratively on research in resilience, positive psychology, posttraumatic growth, and coping.
2. Introduces new potential protective factors that are not simply the inverse of risk factors.
3. Proposes that the *density and diversity* of resources and assets are more important than particular characteristics for understanding resilience.
4. Identifies 3 higher-order functional categories of strengths that are particularly salient for resilience: regulatory, interpersonal, and meaning-making strengths.
5. Incorporates key resilience mechanisms (additive, buffering, inoculating, and insulating) in a single model.
6. Adopts a multi-dimensional approach to defining well-being, including psychological, physical, and spiritual aspects.
7. Adopts a developmental, lifespan focus.
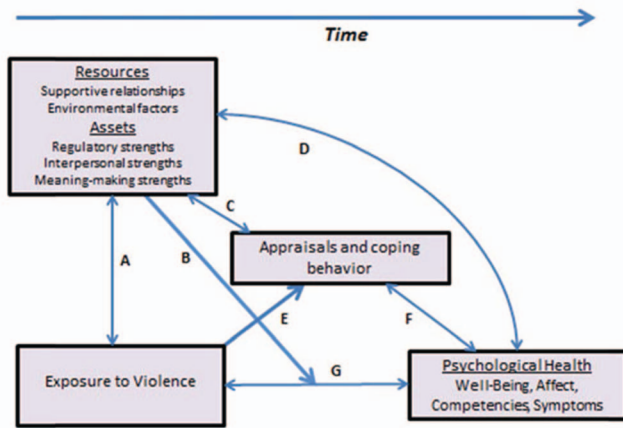8. Identifies specific paths to targets for prevention or intervention.

Figure 1. The Resilience Portfolio Model. See the online article for the color version of this figure.

type of violence experience others as well (see Hamby & Grych, 2013); consequently, we propose that the model applies to diverse forms of violence. At the same time, certain aspects of the particular violent event(s) are likely to shape the impact of the event on the individual and the efficacy of particular protective factors and coping behaviors. First, the identity of the perpetrator is proposed to be important. Violence perpetrated by caregivers or intimate partners is likely to have a more negative impact that violence perpetrated by strangers, in part because it also tends to undermine critical sources of support (e.g., Martin, Cromer, DePrince, & Freyd, 2013). Whether it is acute or chronic and occurs in the context of other significant stressors also is proposed to have different implications for the sufficiency of individuals' ability to cope effectively (e.g., Molnar, Buka, & Kessler, 2001).

Assets and Resources: Portfolio of Protective Factors

Consistent with prior work (e.g., Fergus & Zimmerman, 2005), we use the term *assets* to describe characteristics of the person that promote healthy functioning and *resources* to refer to sources of support outside of the person. Together, they represent what we refer to as each person's unique "portfolio" of strengths and protective factors. This portfolio thus includes variables from across the social ecology (Bronfenbrenner, 1977) and, also consistent the ecological model, resources and assets are proposed to have a reciprocal relationship: greater resources promote the development of assets, and assets in turn can build resources. For example, sensitive and responsive caregiving leads to greater social competence in children, and more socially competent children in turn are able to draw others toward them and develop mutually rewarding relationships that may help situate them in communities with greater social capital and collective efficacy.

Assets. Of the wide array of individual characteristics that have been identified as potential protective factors, resilience researchers have described a "short list" of characteristics that are most consistently associated with healthy adaptation (see Masten, 2007). Many of the strengths described in research on positive psychology are conceptually similar to these protective factors but expand on or add unique elements to them. In the model, we organize these individual characteristics into categories represent-

ing functions proposed to be particularly critical for healthy adaptation: regulating emotions and behavior; building interpersonal relationships; and fostering meaning-making. This grouping also reflects an insight from the positive psychology literature that it is useful to think not only about specific characteristics but also about classes of constructs that share similar features. We propose that it is the number and variety—what Schnell (2011) has called the "density and diversity"—of these characteristics that is most critical for resilience. That is, what matters most for adapting to adversity is the total constellation of strengths and protective factors represented in one's "portfolio" rather than the presence of any particular strength. We refer to this as a "poly-strengths" approach that parallels the construct of "poly-victimization" that has arisen in research on the cumulative burden of violence (Finkelhor, Ormrod, & Turner, 2007). This concept is particularly important for understanding adaptation to violence because exposure to diverse forms of violence can adversely affect many of the protective factors described below. For example, physical and sexual abuse have been shown to undermine children's capacity to regulate affect (e.g., Kim & Cicchetti, 2010; Shipman, Zeman, Penza, & Champion, 2000). Having more types of assets and resources (diversity) and more strengths within each category (density) is proposed to increase individuals' capability to meet self-regulatory, interpersonal, and meaning-making needs despite their exposure to violence.

Regulatory strengths. Self-regulation is a multifaceted process that involves emotional, cognitive, behavioral, and physiological components (e.g., Cole, Martin, & Dennis, 2004; Thompson, 1994). It involves sustaining and supporting goal-driven behavior both in the immediate situation (e.g., coping with a stressor) and over longer periods of time (e.g., graduating from college). Successfully achieving academic, occupational, and even relational goals requires individuals to maintain focus and effort over months or years, plan and organize their time, and continue to strive despite difficulties and diversions. Aspects of self-regulation such as executive functioning and planfulness have been identified as protective in longitudinal research (e.g., Masten et al., 2004; Moffitt et al., 2011), and this category encompasses a number of other frequently identified protective factors, including cognitive abilities, self-efficacy, achievement motivation, and self-direction (e.g., Masten, 2007). Several character strengths studied in the positive psychology literature also can foster regulation and goal attainment over time. Most notably, perseverance and grit (Duckworth, Steen, & Seligman, 2005) reflect the ability to sustain motivation and overcome obstacles while striving toward a goal, and characteristics such as optimism and future-mindedness support continued effort by symbolizing desired outcomes and enhancing beliefs in their attainability.

Emotion regulation is an aspect of self-regulation that plays a critical role in responding effectively to stress. It has been studied primarily in the context of managing negative emotions (e.g., Greenberg, Kusche, & Speltz, 1991; Kim & Cicchetti, 2010), and has been shown to predict better outcomes in children exposed to family (e.g., Cicchetti, Rogosch, Lynch, & Holt, 1993) and community violence (e.g., Kliewer et al., 2004). Although studied much less, the capacity to generate and sustain positive emotions may be just as important for resilience (e.g., Fredrickson, 2001; Zautra, Affleck, Tennen, Reich, & Davis, 2005). Functionalist models of emotion state that positive affect leads people to engage

the environment (Fredrickson, 2001; Oatley & Jenkins, 1996), which can further build their resources and promote effective coping. Therefore, the capacity to experience, maintain, or generate positive affect, which is at least somewhat independent of the capacity to manage negative affect, can support coping in difficult times and build essential assets and resources in good times (e.g., Garland et al., 2010; Layous, Chancellor, & Lyubomirsky, 2014; e.g., Ong, Bergeman, Bisconti, & Wallace, 2006).

Interpersonal strengths. Interpersonal strengths are characteristics within the individual that foster the development and maintenance of close relationships, which are a primary source of happiness and meaning for many people as well as an important source of support when adversity occurs. Social support is one of the most commonly studied protective factors (for a review, see Thoits, 2011) and constitutes a key resource for victims of violence, but resilience research has paid far less attention to people's ability to establish social bonds and what they do to strengthen interpersonal connections. In any social milieu, including schools, communities, and even families, the degree of social support individuals have ranges widely. The positive psychology literature offers the potential to identify personal qualities that are valuable for developing and maintaining good relationships and to explore how this process occurs rather than simply describing the level of support that exists.

The strengths included in this category have both intra- and interpersonal aspects, but we include them here to emphasize their potential for building and sustaining supportive relationships. Qualities such as gratitude, compassion, generosity, and forgiveness all can be conceptualized as internal states, but when expressed behaviorally they enhance social bonds and strengthen interpersonal connections. For example, gratitude has been defined as a disposition that involves noticing and being thankful for past and present experiences (Wood, Froh, & Geraghty, 2010), and it has been shown to predict well-being in longitudinal research (Bono, McCullough, & Root, 2008; Wood, Maltby, Gillett, Linley, & Joseph, 2008). Feeling grateful may enhance subjective well-being, but *acting* grateful, for example, by expressing appreciation to a friend, extends its internal benefits by enhancing interpersonal relationships. Numerous studies have documented links between gratitude and indicators of positive social relationships (for a review see Wood et al., 2010). For example, Lambert and Fincham (2011) showed that expressing gratitude promotes relationship maintenance behaviors, and close relationships are particularly important protective factors when adversity occurs (Fredrickson, 2004).

Meaning-making strengths. This category incorporates ideas from research on resilience, positive psychology, and posttraumatic growth, all of which propose that the capacity to find meaning in difficult and even traumatic life events promotes mental health (e.g., Lyubomirsky, 2001; Masten, 2007). The desire to explain and understand one's experiences is a powerful human characteristic. Even young children spontaneously seek explanations for events that occur in their lives, and this tendency is particularly strong when these events are aversive or distressing (e.g., Fabes, Eisenberg, Nyman, & Michealieu, 1991; Garmezy, 1983; Lazarus & Folkman, 1984). Individuals' capacity to make sense of the events that occur in their lives and to maintain coherence between events and their broader beliefs and values is instrumental in coping with adversity in the short term and also can

foster positive affect and optimism and support sustained effort toward achieving long-term goals (Lyubomirsky, 2001; C. L. Park, 2010). The importance of attempting to make meaning of adverse events has been the central focus of research on posttraumatic growth (Tedeschi & Calhoun, 2004). Studies in this area have described different aspects of meaning-making that individuals engage in following trauma and examined their links with psychological health. However, there is disagreement about the number of dimensions captured by current measures, and most assess self-perceptions of growth that often show little relationship to behavioral measures of changes (Frazier et al., 2009; Gunty et al., 2011; Powell, Rosner, Butollo, Tedeschi, & Calhoun, 2003). Consequently, the aspects of meaning-making that are most critical for growth following traumatic events are not yet known.

Efforts to make meaning from stressful events do not invariably improve well-being. They can result in rumination and distress if the events cannot be integrated into individuals' broader beliefs and values, or if the meaning made reinforces maladaptive beliefs (e.g., the self is bad and deserving of punishment) (e.g., Park, 2010). The Resilience Portfolio Model proposes that making meaning of difficult experiences is facilitated when individuals have a clear set of beliefs, values, and goals and the sense that life has meaning and purpose. Their origin may be secular, but for many people, meaning is rooted in spiritual and religious systems of belief (e.g., King, Hicks, Krull, & Del Gaiso, 2006; C. L. Park, 2010). Although spirituality historically has been neglected in mainstream psychological research (V. Banyard & Graham-Bermann, 1993; Hamby, 2014) and religious activities like prayer at times have been characterized as ineffective forms of coping, empirical studies consistently show that spirituality is associated with life satisfaction and posttraumatic growth (e.g., Shaw, Joseph, & Linley, 2005), and of the strengths studied, spirituality has some of the highest associations with adjustment following adversity (N. Park, Peterson, & Seligman, 2004; Peterson & Seligman, 2003). Regardless of their source, the ability to make sense of traumatic events and integrate them into broader beliefs about the self and the world is proposed to lead to more adaptive appraisals and behavioral responses.

Resources

Resources include people who provide emotional, instrumental, and/or financial support, characteristics of the social ecology such as positive school climate, neighborhood cohesion and collective efficacy, and socioeconomic status.

Supportive relationships. Across the life span, supportive and caring relationships with others are reliably related to more adaptive functioning, although which relationships are most salient evolves over time (e.g., Biglan et al., 2012; Masten, 2007). For children, caregivers are the most critical resource for fostering resilience; they provide protection and nurturance and foster the development of qualities such as self-regulation (Biglan et al., 2012; Conger & Conger, 1982; Fergusson & Lynskey, 1997). Although parents remain important influences, peers become increasingly important sources of support as children transition into adolescence, and romantic partners take on more significant roles in late adolescence and adulthood. These relationships provide a wealth of benefits for mental health, including the enhancement of self-worth and efficacy (e.g., Collishaw et al., 2007). Parental

support (represented by constructs such as parental warmth and secure attachment) is the most commonly studied protective factor in studies of children exposed to violence, and has been associated with resilient outcomes in the majority of these studies (Houston & Grych, 2015). Unfortunately, for children exposed to violence in the home and adult victims of intimate partner violence, the people in the best position to provide support are also the source of the violence. In these cases, relationships with individuals outside of the home—friends, extended family, teachers, and so forth—become increasingly important resources. Indeed, the documented success of prevention programs like Big Brothers, Big Sisters rests on cultivating such relationships (Tierney & Grossman, 1995).

Environmental factors. Environmental characteristics play a key role in theories of healthy development (Bronfenbrenner, 1977), though they have been the subject of relatively little empirical research on resilience in victims of violence. Certain environmental factors have effects on both the resources that promote resilience and the likelihood of being exposed to certain kinds of adversity (Swisher, 2008) including violence (Rothman et al., 2011). For example, the socioeconomic status of individuals and their families often is used as a marker for the ecological context in which individuals live, what resources are available to them, and so forth, and also is consistently related to better mental health outcomes (e.g., Wickrama & Noh, 2010). Nurturing schools and community organizations characterized by supportive staff who model, teach, and reinforce pro-social behavior provide opportunities for children to develop important competencies and promote well-being (e.g., Biglan et al., 2012). In addition to providing resources that can promote healthy functioning, environmental forces also may shape how resilience is expressed or what coping options are utilized. For example, Fleisher (2009) discusses "cultural resilience" or processes of adaptation and response to adversity by groups of people, often via social networks and relationships. Investigating the possibility that resilience is expressed differently in different environmental contexts, as a result of cultural norms about relationships, role flexibility, and the acceptance of particular coping strategies, is an important direction for future study.

Coping responses. This component refers to what people do specifically in response to adversity and how these actions may promote well-being. A number of classification schemes for coping behaviors have been developed (for a review, see Compas, Connor-Smith, Saltzman, Thomsen, & Wadsworth, 2001), but because the context in which violence occurs has a powerful effect on what behaviors may be adaptive or maladaptive (Hamby, 2014), the Resilience Portfolio Model does not label particular strategies as inherently positive. Rather, it identifies how particular strengths and protective factors may influence individuals' appraisals and behavioral responses to violence.

The focus on appraisals underscores the importance of the *meaning* of an adverse event to an individual; when a threatening or stressful event occurs, people try to make sense of why it occurred and what it may mean for and about their lives (Lazarus & Folkman, 1984; C. L. Park, 2010). Meaning-making strengths thus are proposed to shape the kinds of appraisals individuals make for specific events. People who have a coherent sense of meaning may find it easier to fit stressful events into their world view and experience them as less negative and more controllable. For example, Skaggs and Barron (2006) reported that individuals who

view an adverse event as something that helped them to develop as a person show better functioning than those who cannot find meaning in the experience. Meaning-making strengths such as a sense of purpose also can sustain goal-driven behavior and reinforce regulatory and interpersonal strengths (Hamby, 2014). Regulatory and interpersonal strengths are proposed to guide coping as well. Emotion regulation serves to modulate affect and physiological arousal in the face of stressful events and to help individuals to sustain positive affect and motivation to engage in constructive behavior (e.g., Cole et al., 2004). Individuals high in self-efficacy tend to experience a stronger sense of control in the face of stressful events and are more likely to engage in adaptive forms of coping (e.g., Masten et al., 2004). Interpersonal strengths tend to engender support from others; for example, Wood and colleagues (2007) found that more grateful people were more likely to seek and utilize social support and to use coping strategies that involved engaging with the problem.

Psychological Health and Well-Being

The final component of the model, psychological health, is defined broadly to include indicators of well-being and positive affect in addition to symptoms of psychopathology. Well-being is conceptualized both in terms of subjective evaluations of satisfaction with different aspects of life and the attainment of developmental tasks or competence in multiple areas of functioning (e.g., Bonanno, 2004; Masten, Burt, & Coatsworth, 2006). Positive emotions are included not only because they are phenomenologically pleasant, but because they have functional benefits: positive affect promotes creativity, engagement with others, and participation in productive and enjoyable activities, and enhances a sense of meaning in life (e.g., Fredrickson, 2001; King et al., 2006). Positive affect also can reduce negative affect in the moment and thus may play a role in reducing the negative impact of adverse events (e.g., Garland et al., 2010; Ong et al., 2006; Zautra et al., 2005). Research shows that individuals' experience of positive affect is largely independent of their experience of negative affect (e.g., Zautra et al., 2005), and thus the factors that give rise to positive emotions may be somewhat distinct from those that lead to negative affect and could be enhanced even if circumstances causing negative affect do not change.

Proposed Mechanisms of the Path to Resilience

The resilience literature has described a number of mechanisms by which protective factors may operate; these schemes tend to describe similar processes, but often use different terms for the same mechanisms or use the same terms to refer to different processes. Fergus and Zimmerman (2005) attempted to add clarity to this situation by organizing resilience processes into three primary categories, which they label compensatory, protective, and challenge. This classification effectively captures the essential differences among the processes, but in the interest of further increasing clarity and improving communication across subdisciplines of research and practice, we use terms for the mechanisms that we believe best convey how each is proposed to work and avoid using terms that have been used inconsistently, ambiguously, or for more than one concept in studies of resilience. In the model, assets and resources are proposed to promote healthy

functioning in four ways. First, they reduce the likelihood that individuals will experience certain kinds of adversity (Path A). This can be designated an "insulating" effect. For example, individuals with greater economic resources tend to live in neighborhoods that experience less community violence. Types of adversity that are more random (e.g., natural disasters) or unavoidable (e.g., death of a loved one) will not be prevented by individuals' portfolio of assets and resources, but those with more "reliable resource reservoirs" (Hobfoll, 2002) are likely to have lower cumulative lifetime exposure to stress. Although reducing exposure to adversity might not be considered a process that promotes resilience because resilience is defined by the experience of significant adversity, decreasing exposure to stressful events is one way that a robust portfolio of protective factors fosters healthy development. Second, assets and resources can have a "main effect" on health and well-being (Path D). This type of mechanism involves protective factors directly promoting healthy functioning independent of their exposure to violence. For example, people who experience higher levels of gratitude report greater positive affect in their daily life (e.g., Wood et al., 2008) and secure and supportive interpersonal relationships enhance psychological and physical health across the life span(e.g., Fergusson & Lynskey, 1997; Sroufe, Egeland, Carlson, & Collins, 2005). From this perspective, individuals' psychological functioning can be viewed in terms of the balance of protective factors and stressors. A scale therefore makes an apt metaphor: as the number or potency of protective factors available to individuals increase, they tend to exhibit healthier functioning, whereas increasing exposure to adversity tends to reduce psychological health. Fergus and Zimmerman (2005) use the term "compensatory" for this mechanism, but because it could also apply to the next mechanism, we believe that "additive" offers more distinctive and immediately apparent meaning.

Third, resources and assets can have a buffering (moderating) effect on health and well-being (Path B). This type of model represents the protective process originally described by Garmezy in his pioneering work on resilience (e.g., Garmezy, Masten, & Tellegen, 1984). A buffering effect occurs when a protective factor reduces the impact of a stressful event on adjustment but does not lead to healthier functioning in the absence of the stressor. A metaphor for this mechanism is an umbrella: they are valuable for staying dry when it is raining (when stress is experienced), but do not make someone more dry when it is not raining (in the absence of stress). Statistically, this represents a moderating or interaction effect because the association between stress and adjustment differs at different levels of the protective factor. For example, Skopp, McDonald, Jouriles, and Rosenfield (2007) found that exposure to intimate partner violence was positively related to children's externalizing behaviors when their mothers were low in warmth, but not at high levels of warmth. In the model, this effect occurs because individuals' unique constellation of protective factors—their portfolio—shapes what they do when faced with adversity (Path C); effective coping then mitigates the impact of the stressor on mental health and well-being (Path F). Fergus and Zimmerman (2005) use the term "protective" for this mechanism, but because that term is used to label the factors that benefit people in any of the three ways described here, using it as the label for one of the mechanisms can create confusion. Finally, Paths E & G represent *inoculation* effects. Inoculation models propose that exposure to

manageable amounts of stress promotes the development of coping skills that in turn equip the individual to adapt to more markedly negative events that occur later in life. This also has been referred to as a "steeling" effect and is labeled the "challenge" model by Fergus and Zimmerman (2005). Vaccinations provide a metaphor for this type of effect: giving a small dose of a virus creates antibodies that help individuals defend against a more serious infection later. This model proposes that there is a nonlinear relationship between stress and both protective factors and health more broadly in which low levels of stress promote the development of protective factors that maintain healthy functioning whereas high levels of stress are more likely to overwhelm individuals, undermining effective coping and leading to clinical symptoms. Almost all research on adversity assumes that the best score on any adversity measure is zero, but the inoculation model questions this assumption. Given that some form of adversity will befall virtually every person who survives to adulthood, perhaps the experience of successful coping with minor adversities leaves people better equipped to deal with more significant losses. For example, children who experience the death of a pet often are quite distressed but may develop better emotion regulation skills by talking about the loss with a supportive parent. Most research investigating processes by which protective factors predict resilience in victims of violence have tested either additive or buffering models. Additive effects tend to be more commonly documented than buffering effects (Houston & Grych, 2015), with the exception of the social support literature (V. Banyard & Williams, 2007), but it is not clear whether those findings indicate that the additive model better explains how protective factors work or the greater difficulty in detecting statistical interactions in correlational research. The few studies examining inoculation effects are equivocal. For example, the National Survey of Children's Exposure to Violence shows a linear association between the degree of adversity faced by individuals and their health (Turner, Finkelhor, & Ormrod, 2010). It is possible that protective factors may function differently in different contexts or in relation to different types of stress, and so it may not be the case that a particular factor always operates through the same mechanism. However, explicating the specific ways that protective factors foster resilience is important for developing more effective prevention and intervention strategies.

Developmental Considerations

The resources, assets, and adversities described in the model all are expected to change over the course of development. A full treatment of the developmental trajectories of each element is beyond the scope of this article, but we highlight a few points for illustration. Assets such as self-regulation skills develop over the course of childhood, though different strengths develop at different rates. For example, basic abilities to self-soothe and inhibit aggression normally become established in childhood, whereas aspects of executive functioning (e.g., inhibitory control) continue to develop into early adulthood (Burt & Masten, 2009). Similarly, meaning-making strengths depend in part on cognitive development and evolve over the course of adolescence and early adulthood, and may become more salient as individuals get older. The relative influence of internal assets versus external resources also is likely to change over the life span. Most of the protective factors

available to children are external resources, most centrally their caregivers, whereas internal assets become increasingly important as autonomy increases in adolescence and adulthood. External resources remain influential for adults, but they are in a position to exert more control over the resources available to them. It also is important to note the transactional nature of the relations among the model's components. The double-sided arrows in Figure 1 denote reciprocal associations among the constructs. Hobfoll (2002) used the term "resource caravans" to describe how individuals who have greater resources are able to continue to build on them over time, and the model similarly proposes that individuals who exhibit resilience after adversity are more likely to further develop intra- and interpersonal resources that can protect them in the future. For example, those who characteristically experience and express greater positive affect are likely to develop more supportive relationships (Path D), and those who have greater competencies are likely to feel more efficacious to cope with new difficulties that arise (Path F). At the same time, adversity experienced over the course of childhood and adolescence can undermine the development of resources (Path A), and so children who are exposed to high levels of adversity are likely to have fewer of the environmental, relational, and individual resources that foster well-being. This transactional process explains why considerable continuity in both maladjustment and resilience has been documented by studies that follow participants from childhood into adolescence (e.g., Masten et al., 2004; Werner & Smith, 2001). However, age also presents opportunities to change. One of the most important factors explaining why youths exhibiting a maladaptive trajectory switched to the resilient group in adulthood in these longitudinal studies was their capacity to take advantage of "second chance" opportunities in adolescence. These opportunities most often involved developing a satisfying intimate relationship with a well-functioning partner, a stable job, or entry into secondary education (e.g., Werner & Smith, 2001). Of course, their capacity to take advantage of these opportunities was influenced by the assets and resources that they had developed earlier in life, but these findings speak to the importance of considering context in understanding how resilience develops.

Implications for Future Research

The value of a conceptual framework lies in large part in its capacity to organize existing data and its potential to generate new research questions. The Resilience Portfolio Model identifies several directions for research investigating how children and adults cope with and overcome adversity, many of which arise from the effort to bridge research in different domains (e.g., positive psychology and resilience). In the next section we describe some of the most pressing issues highlighted by the model.

Specifying Relations Among Resources, Assets, Behavior, and Health

A key premise of the model is that personal strengths can foster resilience in victims of violence, and this idea leads to a number of testable hypotheses regarding the potential for strengths identified in the positive psychology literature to uniquely predict adjustment beyond established protective factors. The model generates questions about the specific relations among strengths, protective fac-

tors and coping; that is, how resources and assets influence what people *do* in response to adversity. For example, how does the process of meaning-making affect how individuals appraise and respond to violence in the moment? Or how does a strength like perseverance relate to individuals' success in managing their affect and behavior at the time a stressor occurs? Conceptualizing health more broadly also leads to questions about whether particular strengths and protective factors have different associations with different outcomes, such as whether strengths are more closely related to (greater) well-being and protective factors are more closely associated with (lower) clinical symptoms. As noted above, happiness and clinical symptoms are somewhat independent, and it is possible that specific assets and resources may have different associations with different aspects of psychological health. Examining multiple aspects of well-being will offer a more comprehensive understanding of how resilience is experienced.

Investigating protective factors and personal strengths together creates opportunities to test hypotheses that reflect the full constellation of assets and resources available to people. It might be possible to develop profiles of strengths and protective factors that characterize individuals and test whether these profiles better predict adjustment than specific strengths, or whether there are strengths that appear to be more critical or foundational for particular outcomes than others. Adopting a polystrengths perspective similar to the recent focus on polyvictimization in violence research (Finkelhor et al., 2007) also raises the question of whether the total number of strengths in individuals' portfolio is a more potent predictor of their functioning than the nature of those strengths.

Investigating the Mechanisms by Which Strengths Promote Resilience

Research on resilience and positive psychology has identified a number of correlates of better mental health, but still has far to go in identifying which have a causal effect on functioning and how they promote resilience (e.g., Vagi et al., 2013). The Resilience Portfolio Model offers a guide for specifying and testing the processes by which particular strengths influence psychological health directly (additive effect; Path D) and indirectly via appraisals and behavioral responses to stressors (buffering effect, Path C). Kleiman and colleagues (2013) provide an illustrative example. They found that the interaction of gratitude and grit predicted increased meaning in life, which in turn predicted lower levels of suicidal ideation over 4 weeks in a sample of college students.

Investigating how specific self-regulatory, interpersonal, and meaning-making strengths promote resilience following adversity has important implications for improving prevention and intervention. To test questions about the processes that foster healthy functioning, longitudinal, and where feasible, experimental designs are needed to investigate whether resources and assets promote mental health or simply act as indicators of resilience. Moreover, these processes may operate differently at different ages, and so it will be important to consider developmental changes in when particular strengths develop and whether their associations with adjustment differ at different ages.

Exploring Situational and Cultural Factors

One limitation of the research on positive psychology and resilience that is reflected in the Resilience Portfolio model is a lack of attention to situational and cultural contexts. Most of the work in these areas implicitly adopts a culture-neutral, resource-neutral view that emphasizes individual characteristics as determinants of functioning (V. Banyard & Graham-Bermann, 1993; Hamby, 2014). McMillen (2004) also notes the lack of attention to situational and cultural contexts in research on posttraumatic growth and outlines a number of ways that such contexts may influence growth after stress. To fully understand how individuals adapt to violence, it is critical to move beyond a focus on the individual to explore how communities can serve as sources of resilience. Which community or communities are most relevant is likely to vary across sample, as are the most important aspects of the community. In some places, physical location (e.g., neighborhood, county) may be most salient, whereas in others, family ties or shared culture may be more meaningful to individuals. These distinctions may not be obvious to people outside of the community, and so researchers interested in studying violence in a particular area will need to be familiar with the community and open to learning from its members.

Implications for Prevention and Intervention

We believe there is a real hunger in the field for work that can help people achieve true thriving and not simply the avoidance of symptoms. By describing how regulatory, relational, and meaning-making strengths can foster well-being in victims of violence, the Resilience Portfolio model offers a number of directions for enhancing prevention and intervention efforts.

Enhancing Prevention

Prevention programs addressing violence typically focus on identifying risk factors and warning signs rather than building a foundation of skills for healthy relationships, self-efficacy, and decision-making (for an exception, see Social Emotional Learning; Durlak & Weissberg, 2011; Hamby & Grych, 2013). Research stemming from the Resilience Portfolio Model could be useful for identifying character strengths and protective factors that are most relevant for fostering resilience in the face of diverse forms of violence. For example, early in life programs could focus on building resources and assets, such as parenting competencies, to create more nurturing environments (Biglan et al., 2012). Such efforts could have both inoculating and additive effects by reducing children's exposure to violence, fostering strengths, and directly enhancing psychological functioning. Protective factors that have buffering effects may be particularly important targets for more focused prevention programs designed for individuals already experiencing adversity. For example, Wolfe's "4th R" program demonstrated success in preventing interpersonal violence among youth who had experienced child maltreatment (Wolfe, Scott, Wekerle, & Pittman, 2001). Many bystander programs work to help friends be better supports when they receive a disclosure about interpersonal violence, which may have positive effects on community as well as interpersonal resources (V. L. Banyard, Plante, & Moynihan, 2004).

The emphasis of the model on what people do to respond to adversity also highlights the value of building key skills across the life span and developing constructive ways to appraise and cope with difficult events. This can include timing programs to match particular developmental moments. For example, Testa and colleagues (2010) evaluated an intervention for incoming college students that involved teaching parents how to have directed conversations about alcohol abuse and sexual assault with their children prior to beginning their first semester. They found that participants receiving the intervention reported increased mother–daughter communication, which in turn predicted less heavy drinking and lower rates of sexual victimization during the first year of college.

Improving Intervention

Enhancing well-being rather than simply reducing symptoms is central for some models of psychotherapy (e.g., ACT; Hayes, Strosahl, & Wilson, 2012) but traditionally has been emphasized much less than reduction of symptoms. Research in positive psychology has given rise to a wide range of activities designed to build strengths and improve people's quality of life, and they may add value to existing prevention and intervention programs focused more on clinical problems (for reviews, see Seligman et al., 2005; Sin & Lyubomirsky, 2009). Interventions that foster gratitude are among the most frequently studied (see Wood et al., 2010). They involve activities such as regularly making lists of things for which one is grateful and writing and delivering letters to people for whom one is grateful (e.g., Emmons & McCullough, 2003; Froh, Kashdan, Ozimkowski, & Miller, 2009). Empirical evaluations of many of these activities document positive effects on mood and well-being, but few studies have employed longer term follow-ups to determine whether the effects are lasting (for an exception, see Cohn & Fredrickson, 2010), and their efficacy for victims of violence is unknown. Concerns also have been raised about the quality of data used to support some interventions, including the appropriateness of the comparison groups utilized (e.g., Sin & Lyubomirsky, 2009; Wood et al., 2010). Although much needs to be done to establish their efficacy and generalizability, existing data suggest that focusing on strengths may provide new avenues for increasing the impact of prevention and intervention efforts (e.g., Lyubomirsky & Layous, 2013; Seligman et al., 2005).

As described above, the Resilience Portfolio Model's focus on building strengths describes how individuals can respond to victimization in ways that not only alleviate symptoms and enhance well-being but perhaps also create buffers against future adversity. The proposed effects of character strengths on appraisals and coping, for example, suggest specific behavioral strategies that could be integrated into psychotherapy. The model also supports the value of systematically assessing multiple dimensions of well-being. Some dimensions, particularly spiritual well-being, have been relatively neglected in mainstream psychology, and the model's emphasis on meaning-making would be helpful in many direct care settings. Likewise, a multifaceted conceptualization of psychological health has implications for the development of better assessment tools to capture the full range of well-being as well as intervention goals that go beyond symptom reduction.

Conclusions

The Resilience Portfolio Model draws on key contributions from research on resilience, positive psychology, posttraumatic growth, and

coping in an effort to develop a more comprehensive understanding of how individuals exposed to violence overcome these experiences and go on to live happy and successful lives. The model expands the range of protective factors that have been studied in violence research by incorporating personal strengths identified in the positive psychology literature, and describes processes by which they guide appraisals and coping behaviors and promote healthy functioning following exposure to violence. It also identifies new questions for investigating resilience in victims of violence and offers new ideas for prevention and intervention. Integrating insights from these complementary fields of study offers the potential to provide a deeper understanding of how people adapt to adversity and to improve the strategies that we develop to assist them in that process.

References

Albrecht, G. L., & Devlieger, P. J. (1999). The disability paradox: High quality of life against all odds. *Social Science & Medicine, 48,* 977–988. http://dx.doi.org/10.1016/S0277-9536(98)00411-0

Banyard, V., & Graham-Bermann, S. A. (1993). A gender analysis of theories of coping with stress. *Psychology of Women Quarterly, 17,* 303–318. http://dx.doi.org/10.1111/j.1471-6402.1993.tb00489.x

Banyard, V. L., Plante, E. G., & Moynihan, M. M. (2004). Bystander education: Bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology, 32,* 61–79. http://dx.doi.org/10.1002/jcop.10078

Banyard, V. L., & Williams, L. M. (2007). Women's voices on recovery: A multi-method study of the complexity of recovery from child sexual abuse. *Child Abuse & Neglect, 31,* 275–290. http://dx.doi.org/10.1016/j.chiabu.2006.02.016

Biglan, A., Flay, B. R., Embry, D. D., & Sandler, I. N. (2012). The critical role of nurturing environments for promoting human well-being. *American Psychologist, 67,* 257–271. http://dx.doi.org/10.1037/a0026796

Billings, A. G., & Moos, R. H. (1981). The role of coping responses and social resources in attenuating the stress of life events. *Journal of Behavioral Medicine, 4,* 139–157. http://dx.doi.org/10.1007/BF00844267

Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59,* 20–28. http://dx.doi.org/10.1037/0003-066X.59.1.20

Bono, G., McCullough, M. E., & Root, L. M. (2008). Forgiveness, feeling connected to others, and well-being: Two longitudinal studies. *Personality and Social Psychology Bulletin, 34,* 182–195. http://dx.doi.org/10.1177/0146167207310025

Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 32,* 513–531. http://dx.doi.org/10.1037/0003-066X.32.7.513

Burt, K. B., & Masten, A. S. (2009). Development in the transition to adulthood: Vulnerabilities and opportunities. In D. Cicchetti & G. I. Roisman (Eds.), *The origins and organization of adaptation and maladaptation* (pp. 5–18). New York, NY: Oxford University Press.

Burt, K. B., & Paysnick, A. A. (2012). Resilience in the transition to adulthood. *Development and Psychopathology, 24,* 493–505. http://dx.doi.org/10.1017/S0954579412000119

Cicchetti, D., Rogosch, F. A., Lynch, M., & Holt, K. D. (1993). Resilience in maltreated children: Processes leading to adaptive outcome. *Development and Psychopathology, 5,* 629–647. http://dx.doi.org/10.1017/S0954579400006209

Cohn, M. A., & Fredrickson, B. L. (2010). In search of durable positive psychology interventions: Predictors and consequences of long-term positive behavior change. *The Journal of Positive Psychology, 5,* 355–366. http://dx.doi.org/10.1080/17439760.2010.508883

Cole, P. M., Martin, S. E., & Dennis, T. A. (2004). Emotion regulation as a scientific construct: Methodological challenges and directions for child development research. *Child Development, 75,* 317–333. http://dx.doi.org/10.1111/j.1467-8624.2004.00673.x

Collishaw, S., Pickles, A., Messer, J., Rutter, M., Shearer, C., & Maughan, B. (2007). Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample. *Child Abuse & Neglect, 31,* 211–229. http://dx.doi.org/10.1016/j.chiabu.2007.02.004

Compas, B. E., Connor-Smith, J. K., Saltzman, H., Thomsen, A. H., & Wadsworth, M. E. (2001). Coping with stress during childhood and adolescence: Problems, progress, and potential in theory and research. *Psychological Bulletin, 127,* 87–127. http://dx.doi.org/10.1037/0033-2909.127.1.87

Conger, J. C., & Conger, A. J. (1982). Components of hetersocial competence. In J. P. Curran & P. M. Monti (Eds.), *Social skill training: A practical handbook for assessment and treatment* (pp. 313–347). New York, NY: Guilford Press.

Duckworth, A. L., Steen, T. A., & Seligman, M. E. P. (2005). Positive psychology in clinical practice. *Annual Review of Clinical Psychology, 1,* 629–651. http://dx.doi.org/10.1146/annurev.clinpsy.1.102803.144154

Durlak, J. A., & Weissberg, R. P. (2011). Promoting social and emotional development is an essential part of students' education. *Human Development, 54,* 1–3. http://dx.doi.org/10.1159/000324337

Emmons, R. A., & McCullough, M. E. (2003). Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *Journal of Personality and Social Psychology, 84,* 377–389. http://dx.doi.org/10.1037/0022-3514.84.2.377

Fabes, R. A., Eisenberg, N., Nyman, M., & Michealieu, Q. (1991). Young children's appraisals of others' spontaneous emotional reactions. *Developmental Psychology, 27,* 858–866. http://dx.doi.org/10.1037/0012-1649.27.5.858

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. http://dx.doi.org/10.1146/annurev.publhealth.26.021304.144357

Fergusson, D. M., & Lynskey, M. T. (1997). Physical punishment/maltreatment during childhood and adjustment in young adulthood. *Child Abuse & Neglect, 21,* 617–630. http://dx.doi.org/10.1016/S0145-2134(97)00021-5

Finkelhor, D., Ormrod, R. K., & Turner, H. A. (2007). Polyvictimization and trauma in a national longitudinal cohort. *Development and Psychology, 19,* 149–166. http://dx.doi.org/10.1017/S0954579407070083

Fleisher, M. (2009). Coping with macro-structural adversity: Chronic poverty, female youth gangs, and cultural resilience in a US African-American urban community. *Journal of Contingencies and Crisis Management, 17,* 274–284. http://dx.doi.org/10.1111/j.1468-5973.2009.00589.x

Frazier, P., Tennen, H., Gavian, M., Park, C., Tomich, P., & Tashiro, T. (2009). Does self-reported posttraumatic growth reflect genuine positive change? *Psychological Science, 20,* 912–919. http://dx.doi.org/10.1111/j.1467-9280.2009.02381.x

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology. The broaden-and-build theory of positive emotions. *American Psychologist, 56,* 218–226. http://dx.doi.org/10.1037/0003-066X.56.3.218

Fredrickson, B. L. (2004). Gratitude, like other positive emotions, broadens and builds. In R. A. Emmons & M. E. McCullough (Eds.), *The Psychology of Gratitude* (pp. 144–166). New York, NY: Oxford University Press. http://dx.doi.org/10.1093/acprof:oso/9780195150100.003.0008

Froh, J. J., Kashdan, T. B., Ozimkowski, K. M., & Miller, N. (2009). Who benefits the most from a gratitude intervention in children and adolescents? Examining positive affect as a moderator. *The Journal of Positive Psychology, 4,* 408–422. http://dx.doi.org/10.1080/17439760902992464

Garland, E. L., Fredrickson, B., Kring, A. M., Johnson, D. P., Meyer, P. S., & Penn, D. L. (2010). Upward spirals of positive emotions counter downward spirals of negativity: Insights from the broaden-and-build theory and affective neuroscience on the treatment of emotion dysfunctions and deficits in psychopathology. *Clinical Psychology Review, 30,* 849–864. http://dx.doi.org/10.1016/j.cpr.2010.03.002

Garmezy, N. (1983). Stressors of childhood. In N. Garmezy & M. Rutter (Eds.), *Stress, coping, and development in children* (pp. 43–84). New York, NY: McGraw-Hill.

Garmezy, N., Masten, A. S., & Tellegen, A. (1984). The study of stress and competence in children: A building block for developmental psychopathology. *Child Development, 55,* 97–111. http://dx.doi.org/10.2307/1129837

Goodman, L. A., Smyth, K. F., Borges, A. M., & Singer, R. (2009). When crises collide: How intimate partner violence and poverty intersect to shape women's mental health and coping? *Trauma, Violence, & Abuse, 10,* 306–329. http://dx.doi.org/10.1177/1524838009339754

Greenberg, M. T., Kusche, C. A., & Speltz, M. (1991). Emotion regulation, self-control, and psychopathology: The role of relationships in early childhood. In D. Cicchetti & S. L. Toth (Eds.), *Rochester Symposium on Developmental Psychopathology: Vol. 2. Internalizing and externalizing expressions of dysfunction* (pp. 21–55). Rochester, NY: University of Rochester Press.

Gunty, A. L., Frazier, P. A., Tennen, H., Tomich, P., Tashiro, T., & Park, C. (2011). Moderators of the relation between perceived and actual posttraumatic growth. *Psychological Trauma: Theory, Research, Practice, and Policy, 3,* 61–66. http://dx.doi.org/10.1037/a0020485

Hamby, S. (2014). *Battered women's protective strategies: Stronger than you know*. New York, NY: Oxford University Press.

Hamby, S., & Grych, J. (2013). *The web of violence: Exploring connections among different forms of interpersonal violence and abuse*. New York, NY: Springer. http://dx.doi.org/10.1007/978-94-007-5596-3

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). New York, NY: Guilford Press.

Helgeson, V. S., Reynolds, K. A., & Tomich, P. L. (2006). A meta-analytic review of benefit finding and growth. *Journal of Consulting and Clinical Psychology, 74,* 797–816. http://dx.doi.org/10.1037/0022-006X.74.5.797

Hobfoll, S. E. (2002). Social and psychological resources and adaptation. *Review of General Psychology, 6,* 307–324.

Houston, J., & Grych, J. (2015). *Resilience in youth exposed to violence: Protective factors and underlying mechanisms*. Milwaukee, WI: Marquette University.

Janoff-Bulman, R. (2004). Posttraumatic growth: Three explanatory models. *Psychological Inquiry, 15,* 30–34.

Kim, J., & Cicchetti, D. (2010). Longitudinal pathways linking child maltreatment, emotion regulation, peer relations, and psychopathology. *Journal of Child Psychology and Psychiatry, 51,* 706–716. http://dx.doi.org/10.1111/j.1469-7610.2009.02202.x

King, L. A., Hicks, J. A., Krull, J. L., & Del Gaiso, A. K. (2006). Positive affect and the experience of meaning in life. *Journal of Personality and Social Psychology, 90,* 179–196. http://dx.doi.org/10.1037/0022-3514.90.1.179

Kleiman, E. M., Adams, L. M., Kashdan, T. B., & Riskind, J. H. (2013). Gratitude and grit indirectly reduce risk of suicidal ideations by enhancing meaning in life: Evidence for a mediated moderation model. *Journal of Research in Personality, 47,* 539–546. http://dx.doi.org/10.1016/j.jrp.2013.04.007

Kliewer, W., Cunningham, J. N., Diehl, R., Parrish, K. A., Walker, J. M., Atiyeh, C., . . . Mejia, R. (2004). Violence exposure and adjustment in inner-city youth: Child and caregiver emotion regulation skill, caregiver-child relationship quality, and neighborhood cohesion as protective factor. *Journal of Clinical Child and Adolescent Psychology, 33,* 477–487. http://dx.doi.org/10.1207/s15374424jccp3303_5

Lambert, N. M., & Fincham, F. D. (2011). Expressing gratitude to a partner leads to more relationship maintenance behavior. *Emotion, 11,* 52–60. http://dx.doi.org/10.1037/a0021557

Layous, K., Chancellor, J., & Lyubomirsky, S. (2014). Positive activities as protective factors against mental health conditions. *Journal of Abnormal Psychology, 123,* 3–12. http://dx.doi.org/10.1037/a0034709

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York, NY: Springer, Inc.

Lecci, L., Okun, M. A., & Karoly, P. (1994). Life regrets and current goals as predictors of psychological adjustment. *Journal of Personality and Social Psychology, 66,* 731–741. http://dx.doi.org/10.1037/0022-3514.66.4.731

Linley, P. A., & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress, 17,* 11–21. http://dx.doi.org/10.1023/B:JOTS.0000014671.27856.7e

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71,* 543–562. http://dx.doi.org/10.1111/1467-8624.00164

Lyubomirsky, S. (2001). Why are some people happier than others? The role of cognitive and motivational processes in well-being. *American Psychologist, 56,* 239–249. http://dx.doi.org/10.1037/0003-066X.56.3.239

Lyubomirsky, S., & Layous, K. (2013). How do simple positive activities increase well-being? *Current Directions in Psychological Science, 22,* 57–62. http://dx.doi.org/10.1177/0963721412469809

Martin, C. G., Cromer, L. D., Deprince, A. P., & Freyd, J. J. (2013). The role of cumulative trauma, betrayal, and appraisals in understanding trauma symptomatology. *Psychological Trauma: Theory, Research, Practice, and Policy, 52,* 110–118. http://dx.doi.org/10.1037/a0025686

Masten, A. S. (2001). Ordinary magic. Resilience processes in development. *American Psychologist, 56,* 227–238. http://dx.doi.org/10.1037/0003-066X.56.3.227

Masten, A. S. (2007). Resilience in developing systems: Progress and promise as the fourth wave rises. *Development and Psychopathology, 19,* 921–930. http://dx.doi.org/10.1017/S0954579407000442

Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology, 23,* 493–506. http://dx.doi.org/10.1017/S0954579411000198

Masten, A. S., Burt, K. B., & Coatsworth, J. D. (Eds.). (2006). *Competence and psychopathology in development* (2nd ed.). New York, NY: Wiley.

Masten, A. S., Burt, K. B., Roisman, G. I., Obradović, J., Long, J. D., & Tellegen, A. (2004). Resources and resilience in the transition to adulthood: Continuity and change. *Development and Psychopathology, 16,* 1071–1094. http://dx.doi.org/10.1017/S0954579404040143

Masten, A. S., & Tellegen, A. (2012). Resilience in developmental psychopathology: Contributions of the Project Competence Longitudinal Study. *Development and Psychopathology, 24,* 345–361. http://dx.doi.org/10.1017/S095457941200003X

McMillen, J. C. (2004). Posttraumatic growth: What's it all about? *Psychological Inquiry, 15,* 48–52.

Moffitt, T. E., Arseneault, L., Belsky, D., Dickson, N., Hancox, R. J., Harrington, H., . . . Caspi, A. (2011). A gradient of childhood self-control predicts health, wealth, and public safety. *PNAS Proceedings of the National Academy of Sciences of the United States of America, 108,* 2693–2698. http://dx.doi.org/10.1073/pnas.1010076108

Molnar, B. E., Buka, S. L., & Kessler, R. C. (2001). Child sexual abuse and subsequent psychopathology: Results from the National Comorbidity Survey. *American Journal of Public Health, 91,* 753–760. http://dx.doi.org/10.2105/AJPH.91.5.753

Oatley, K., & Jenkins, J. M. (1996). *Understanding emotions: In psychology, psychiatry, and social science*. Cambridge, MA: Blackwell.

Ong, A. D., Bergeman, C. S., Bisconti, T. L., & Wallace, K. A. (2006). Psychological resilience, positive emotions, and successful adaptation to stress in later life. *Journal of Personality and Social Psychology, 91,* 730–749. http://dx.doi.org/10.1037/0022-3514.91.4.730

Park, C. L. (2010). Making sense of the meaning literature: An integrative review of meaning making and its effects on adjustment to stressful life events. *Psychological Bulletin, 136,* 257–301. http://dx.doi.org/10.1037/a0018301

Park, N., Peterson, C., & Seligman, M. E. P. (2004). Strengths of character and well-being. *Journal of Social and Clinical Psychology, 23,* 603–619. http://dx.doi.org/10.1521/jscp.23.5.603.50748

Peterson, C., Park, N., Pole, N., D'Andrea, W., & Seligman, M. E. (2008). Strengths of character and posttraumatic growth. *Journal of Traumatic Stress, 21,* 214–217. http://dx.doi.org/10.1002/jts.20332

Peterson, C., & Seligman, M. E. P. (2003). Character strengths before and after 9/11. *Psychological Science, 14*(381–384). http://dx.doi.org/10.1111/1467-9280.24482

Powell, S., Rosner, R., Butollo, W., Tedeschi, R. G., & Calhoun, L. G. (2003). Posttraumatic growth after war: A study with former refugees and displaced people in Sarajevo. *Journal of Clinical Psychology, 59,* 71–83. http://dx.doi.org/10.1002/jclp.10117

Rothman, E. F., Johnson, R. M., Young, R., Weinberg, J., Azrael, D., & Molnar, B. E. (2011). Neighborhood-level factors associated with physical dating violence perpetration: Results of a representative survey conducted in Boston, MA. *Journal of Urban Health-Bulletin of the New York Academy of Medicine, 88,* 201–213. http://dx.doi.org/10.1007/s11524-011-9543-z

Rutter, M. (2012). Resilience as a dynamic concept. *Development and Psychopathology, 24,* 335–344. http://dx.doi.org/10.1017/S0954579412000028

Schnell, T. (2011). Individual differences in meaning-making: Considering the variety of sources of meaning, their density and diversity. *Personality and Individual Differences, 51,* 667–673. http://dx.doi.org/10.1016/j.paid.2011.06.006

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology. An introduction. *American Psychologist, 55,* 5–14.

Seligman, M. E. P., Steen, T. A., Park, N., & Peterson, C. (2005). Positive psychology progress: Empirical validation of interventions. *American Psychologist, 60,* 410–421. http://dx.doi.org/10.1037/0003-066X.60.5.410

Shaw, A., Joseph, S., & Linley, P. A. (2005). Religion, spirituality, and posttraumatic growth: A systematic review. *Mental Health, Religion & Culture, 8,* 1–11. http://dx.doi.org/10.1080/1367467032000157981

Shipman, K., Zeman, J., Penza, S., & Champion, K. (2000). Emotion management skills in sexually maltreated and nonmaltreated girls: A developmental psychopathology perspective. *Development and Psychopathology, 12,* 47–62. http://dx.doi.org/10.1017/S0954579400001036

Sin, N. L., & Lyubomirsky, S. (2009). Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: A practice-friendly meta-analysis. *Journal of Clinical Psychology, 65,* 467–487. http://dx.doi.org/10.1002/jclp.20593

Skaggs, B. G., & Barron, C. R. (2006). Searching for meaning in negative events: Concept analysis. *Journal of Advanced Nursing, 53,* 559–570. http://dx.doi.org/10.1111/j.1365-2648.2006.03761.x

Skopp, N. A., McDonald, R., Jouriles, E. N., & Rosenfield, D. (2007). Partner aggression and children's externalizing problems: Maternal and partner warmth as protective factors. *Journal of Family Psychology, 21,* 459–467. http://dx.doi.org/10.1037/0893-3200.21.3.459

Sroufe, L. A., Egeland, B., Carlson, E., & Collins, W. A. (2005). Placing early attachment experiences in developmental context. In K. E. Grossman, K. Grossman, & E. Waters (Eds.), *Attachment from infancy to adulthood: The major longitudinal studies.* New York, NY: Guilford Press.

Swisher, R. (2008). Neighborhoods and youth: How neighborhood demographics and social processes affect youth outcomes. *Prevention Researcher, 15,* 7–11.

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry, 15,* 1–18. http://dx.doi.org/10.1207/s15327965pli1501_01

Testa, M., Hoffman, J. H., Livingston, J. A., & Turrisi, R. (2010). Preventing college women's sexual victimization through parent based intervention: A randomized controlled trial. *Prevention Science, 11,* 308–318. http://dx.doi.org/10.1007/s11121-010-0168-3

Thoits, P. A. (2011). Mechanisms linking social ties and support to physical and mental health. *Journal of Health and Social Behavior, 52,* 145–161. http://dx.doi.org/10.1177/0022146510395592

Thompson, R. A. (1994). Emotion regulation: A theme in search of definition. *Monographs of the Society for Research in Child Development, 59,* 25–52. http://dx.doi.org/10.1111/j.1540-5834.1994.tb01276.x

Tierney, J. P., & Grossman, J. B. (1995). *Making a difference: An impact study of Big Brothers, Big Sisters.* Philadelphia, PA: Public/Private Ventures.

Turner, H. A., Finkelhor, D., & Ormrod, R. (2010). Poly-victimization in a national sample of children and youth. *American Journal of Preventive Medicine, 38,* 323–330. http://dx.doi.org/10.1016/j.amepre.2009.11.012

Vagi, K. J., Rothman, E. F., Latzman, N. E., Tharp, A. T., Hall, D. M., & Breiding, M. J. (2013). Beyond correlates: A review of risk and protective factors for adolescent dating violence perpetration. *Journal of Youth and Adolescence, 42,* 633–649. http://dx.doi.org/10.1007/s10964-013-9907-7

Werner, E. E., & Smith, R. S. (2001). *Journeys from childhood to midlife: Risk, resilience and recovery.* Ithaca, NY: Cornell University Press.

Wickrama, K. A. S., & Noh, S. (2010). The long arm of community: The influence of childhood community contexts across the early life course. *Journal of Youth and Adolescence, 39,* 894–910. http://dx.doi.org/10.1007/s10964-009-9411-2

Wolfe, D. A., Scott, K., Wekerle, C., & Pittman, A. L. (2001). Child maltreatment: Risk of adjustment problems and dating violence in adolescence. *Journal of the American Academy of Child & Adolescent Psychiatry, 40,* 282–289. http://dx.doi.org/10.1097/00004583-200103000-00007

Wood, A. M., Froh, J. J., & Geraghty, A. W. A. (2010). Gratitude and well-being: A review and theoretical integration. *Clinical Psychology Review, 30,* 890–905. http://dx.doi.org/10.1016/j.cpr.2010.03.005

Wood, A. M., Joseph, S., & Linley, P. A. (2007). Coping style as a psychological resource of grateful people. *Journal of Social and Clinical Psychology, 26,* 1076–1093. http://dx.doi.org/10.1521/jscp.2007.26.9.1076

Wood, A. M., Maltby, J., Gillett, R., Linley, P. A., & Joseph, S. (2008). The role of gratitude in the development of social support, stress, and depression: Two longitudinal studies. *Journal of Research in Personality, 42,* 854–871. http://dx.doi.org/10.1016/j.jrp.2007.11.003

Wortman, C. B. (2004). Posttraumatic growth: Progress and problems. *Psychological Inquiry, 15,* 81–90.

Zautra, A. J., Affleck, G. G., Tennen, H., Reich, J. W., & Davis, M. C. (2005). Dynamic approaches to emotions and stress in everyday life: Bolger and Zuckerman reloaded with positive as well as negative affects. *Journal of Personality, 73,* 1511–1538. http://dx.doi.org/10.1111/j.0022-3506.2005.00357.x

Zoellner, T., & Maercker, A. (2006). Posttraumatic growth in clinical psychology-a critical review and introduction of a two component model. *Clinical Psychology Review, 26,* 626–653. http://dx.doi.org/10.1016/j.cpr.2006.01.008