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

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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 resilience 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

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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.

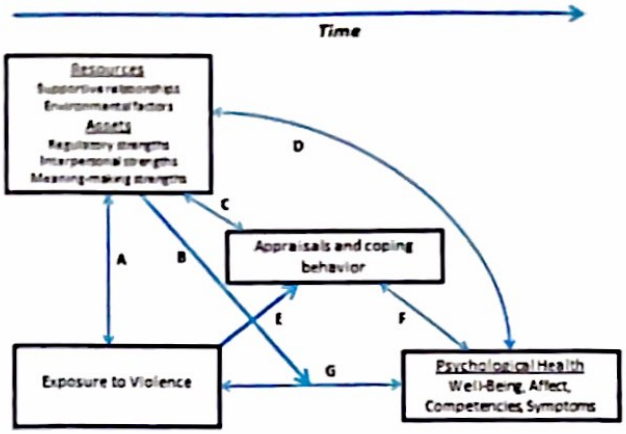

Figure 1. The Resilience Portfolio Model. See the online article for the color version of this figure.

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 representing 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