Research shows that youth who are maltreated are more likely than their non-maltreated peers to have mental health problems, physical health liabilities, and relationship concerns. However, not all individuals who experience child abuse and neglect develop physical or psychological challenges. In fact, despite their circumstances, some children thrive.

Youth who succeed in the face of adversity are considered resilient.

RESILIENCE IS NOT a trait or characteristic.
Instead it is a process of child development that unfolds over time. Youth may be resilient in some areas of life but not others, and at some times but not at other times.

RESILIENCE IS ordinary.
The ‘ingredients’ for resilience are things that may seem quite ordinary, such as having a positive adult role model or being skilled at coping with tough emotions. Across studies, 10-25% of maltreated youth have resilient outcomes, but these percentages can vary based on how researchers specifically define resilience.

RESILIENCE CAN stem from individual traits, interpersonal relationships, and environmental factors.
Resilience stems from:
- Positive emotions
- Self-esteem
- Emotion regulation and coping skills
- Self-control
- Close friendships
- Caring adults
- Specific biological factors like brain function, genetics, and hormone patterns

The science of resilience can help us improve the lives of maltreated youth.

10 - 25% of maltreated youth have resilient outcomes

If we can discover the reasons why some maltreated youth thrive, we can use this information to shape prevention programs and interventions to help other maltreated youth.


WHAT CAN WE DO?

If you are an educator, social worker, or other professional who works with maltreated youth, offering your care and support can help youth succeed.

Help maltreated youth build social skills and friendships with their peers.

Clinicians can work with youth to enhance coping and emotion regulation skills and self-esteem.

Family-focused interventions can help build youth’s resilience. Child-parent psychotherapy intervention has been shown to be effective in children 5 and under.

REFERENCES