A Conceptual Analysis of Interpersonal Resilience as a Key Resilience Domain: Understanding the Ability to Overcome Child Sexual Abuse and Other Adverse Interpersonal Contexts

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Abstract:

Objectives: We conduct a conceptual analysis of interpersonal resilience as a domain-specific type of resilience, based on the premise that it is a multi-faceted construct. We consider interpersonal resilience within the context of child sexual abuse (CSA) as an under-attended and salient interpersonal stressor with profound implications involving the self and personal identity. Undoubtedly the most under-reported form of abuse, we examine the statistics known-to-date to highlight urgent areas for attention, pressing for resilience and developmentally focused empirical investigation.

Methods: Selected publications supporting an analysis of concepts in defining resilience are included. Given the need to conceptually develop how specific types of resilience act as potential targets for intervention and social change in trauma-related contexts, a systematic, meta-analysis, or scoping review is premature.

Results: We describe interpersonal resilience as a developed orientation that is deeply rooted in self and identity issues. Interpersonal resilience incorporates processes that develop a sense of interpersonal efficacy, social self-esteem, mattering, and self-compassion that may buffer against negative social experiences, specifically the traumatic event of CSA embedded within adverse contexts.

Conclusions and Implications: Interpersonal resilience is a distinct type of resilience, distinguishable from emotional resilience and dispositional traits. Empirical research on the nature of interpersonal resilience in challenging contexts is warranted. Intervention

programs need to be expanded to include an explicit emphasis on practical resilience strategies, including promoting interpersonal resilience through skill-development, mentoring, and community-based opportunities.

Introduction

Abuse by a family member or someone connected with the family is in itself a barrier to victims accessing help (UK Child Commissioner's Report, 2015, p. 8)

Essentially, the strategy involved here is to support the transformation of traumatic helpless into learned helpfulness. Such a shift facilitates the need and ability to help others, altruism toward others, and the development of compassion with detachment. If children can be identified immediately after suffering a traumatic stressor and helped to cope with that stressor, they will be less prone to engage in self-destructive behaviors such as drug abuse, school failure, unsafe sex, and violence. (Bell, 2001, p.376)

Growing up as an only child on a Midwestern farm, Brett's loneliness made him a target of a local child molester – one of his elementary school teachers. For a decade, Brett suffered the diabolical combination of special attention woven together with sexual abuse; a combination that left him confused, alienated and further isolated from his peers and his family. Somehow, Brett retained an inner thread, a thin but seemingly unbreakable link to a selfhood out of reach to the man who abused him, a link to an inner reference point of what is right. At 16, Brett disclosed the abuse. (Portraits and Biographies of Male Survivors of Childhood Sexual Abuse ; http://bristleconeproject.org/men/brett-bussen/)

Youth represent more than 20% of a country's population and, as such, have been declared a priority group for this decade (World Health Organization, 2014). The early adolescence and young adult periods involve significant transitions and the accordant

stress of challenge and change. It is both a window of risk and opportunity for learning new ways of relating. In general, adversity is unavoidable in terms of major life events, as well as daily stressors in the form of hassles. Stress also comes in the form of needing to adapt to numerous transitions in a relatively short period of time, including transitions to secondary school and work force entry, driving a car, engaging in dating and romantic relationships, and having expectations for and greater interest in autonomy, peer preferences, and activities.

Our particular interest in the current paper is on individual differences in the reactions and responses of children and adolescents to interpersonal stressors. In particular, we consider the characteristics of those young people who show remarkable resilience despite being faced with exceptional interpersonal challenges and threats that come in the form of a wide array of stressors. Some stressors and strains are frequent, typical, and common in that they are experienced to some degree by most young people. Unfortunately, some young people also have unique stressors to deal with in their lives such as peer victimization and rejection (see Platt, Kadosh, & Lau, 2013) or family disruptions due to parental divorce or the death of a parent (see Sandler et al., 2010; Sigal, Wolchik, Tein, & Sandler, 2012). Unfortunately, far too many young people have to endure profound interpersonal adversities rooted in the behaviours of other people, including significant maltreatment during their childhood and adolescence and acts of exclusion that can cause hurt and social pain. As the most stigmatizing form of maltreatment, CSA youth are vulnerable to social rejection when disclosing their victimization to peers, as youth most often engage peers in personal information. While males are less likely to be help-seeking for emotional problems, research supports early disclosure for better mental health in adulthood, recognizing that masculinity demands, such as emotional control, self-reliance, and homophobia may be especially strongly enforced in adolescence (Easton, 2014). Despite such multi-layered challenges, we are particularly interested in gaining a better understanding of those young people who are still able to bounce back and flourish in the interpersonal domain despite the things that they have experienced and the people they have had to endure.

Taking a more contextualized approach, adverse childhood experiences (ACEs) include abuse and neglect (e.g., child sexual, physical, emotional abuse, neglect, witnessing inter-parental violence), as well as other traumatic events (parental death, divorce, living with someone abusing substances, or living with a household member who has mental illness, has attempted suicide, or who is going or gone to prison). The presence of ACEs is a "red flag" for adolescent health and wellbeing. For example, among child welfare-involved youth, the literature has noted compromised physical health (e.g., poor dental health; Bright, Alford, Hinojosa, Knapp & Fernandez-Baca, 2014) and overall poor health and somatic complaints (e.g., more than 90% had ACEs by age 14, primarily in experiencing neglect and caregiver depression, with recent exposures predicting somatic complaints, Flaherty et al., 2013), as well as risk for psychosis (Varese et al., 2012). Higher rates of exposure to all types of adversity were evident among lesbian/gay/bisexual young adults as compared to their heterosexual counterparts, including child physical and sexual abuse, homelessness, being kicked out of one's house, and both physical and sexual intimate partner violence (IPV), although physical IPV was higher only among bisexual respondents. This signals a greater level of ACEs in the social context of a potentially more challenged and protracted self-

acceptance for sexual minority youth and young adults (McLaughlin, Hatzenbuehler, Xuan, & Conron, 2012). In terms of health care, less than 11% of U.S. primary care pediatricians are familiar with ACEs and, when used in health screening, the most common ACEs inquired after are maternal depression and parental separation/divorce (Kerker et al., in press). ACEs may be a valuable tool alongside resilience measurement to better understand the contexts of adversity and resilience in developmental adjustment.

Some observers downplay the trauma potential of adversity and its commonality among youth, suggesting that young people are "bubble-wrapped," overprotected and, perhaps indulged, or shielded from exposure to personal failure experiences (see Malone, 2007). As seen above, statistics and empirical research are not in accordance with this claim. The socioeconomic context must also be considered. Schreier and Chan (2013) highlight the adverse context of socioeconomic disadvantage in areas of fewer safe spaces (e.g. parks, public facilities, living environments), whereby there are immediate spill-over impacts, such as reduced family physical activity, restrictive parenting practices, or toxic chemical exposure. With socioeconomic disadvantage, the resilience potential of community resources to buffer exposure to these harmful influences on health is minimal due to insufficient access and availability.

Below, we underscore how remarkable it is when a young person is still able to be interpersonally resilient by considering in detail a traumatic stressor that involves great adversity—the experience of CSA. Our description and overview of CSA focuses on what is currently known about this type of abuse with a particular emphasis on those young people who show remarkable resilience in the face of it. Heterogeneity found among CSA survivors represents a very useful context for assessing what it means to be interpersonally resilient, and the factors and processes that contribute to the development of interpersonal resilience.

Child Sexual Abuse: A Hidden Problem

While maltreatment has in the past decades been considered more as a broad category, given the data on the overlap among types, there is renewed interest in understanding unique impacts. The Fourth National Incidence Survey of Child Abuse and Neglect found that about 21/1000 early to mid-adolescents (12–14 years old) were maltreated, yet only about 8/1000 children in this adolescent age group were actually reported to child welfare or child protective services (see Sedlak et al., 2010). More recent attention has been given to CSA, a human rights, public health, and gender-based issue (Basile, 2015), where innovations are required at every ecological level across systems (individual, family, school, community, etc.) to adequately address CSA cases and reduce stigma to support early disclosure and intervention that targets resilience-building and the re-establishment of trust in self and others.

The recent *Report of the UK Children's Commissioners* (2015) advances that: (1) only one in eight youth come to the attention of protection authorities; (2) about two-thirds of CSA is experienced in and around the family; (3) many victims are abused by more than one perpetrator who tended to know each other; (4) one-third of victims tried to tell someone, with 20% telling five or more persons; and (5) obstacles to disclosure include victims not understanding their experiences with CSA until adults, holding fears of not being believed, not having a language to describe what happened to them, feelings of shame and guilt, and a

sense of responsibility to protect family members by keeping CSA a secret. In the survey for the report, 75% of victims were females in the pre- to mid-adolescent range, consistent with the gender ratio described in all epidemiological studies to date.

The impact of CSA is beginning to be mapped specifically on the brain. In a study of females, CSA was linked to cortical thinning in the somatosensory field related to the genitals and psychological abuse to thinning in the regions related to self-awareness and self-evaluation (Heim, Mayberg, Mletzko, Nemeroff, & Pruessner, 2013). Clearly, it is impossible to consider CSA as not having involved psychological abuse. CSA involves salient impacts to self-identity as well as to the body, which, in turn, consequently impacts how the young person who has experienced CSA manages and navigates him or herself within relationships.

The United States' Incident-Based Reporting System for 2013 had 6000 law enforcement agencies report their statistics on sexual offences. Rape was defined for the 2013 data collection as: Penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim (https://www.fbi.go/about_us/cjis/ucr/nibrs/2013/resources/nibrs-rape-vs.-srs-rape). Other sexual offence categories included sodomy, assault with an object, fondling, and incest. While not yet considered as a national reporting system, 34% of eligible agencies (with coverage of 92 million US inhabitants) reported their data on nearly 6 million victims of crime. The findings for 2013 sex offences are reported in a monograph (https://www.fbi.gov/about-us/cjis/ucr/nibrs/2014/resource-pages/nibrs-report_sexoffenses_2013_12-1-15.pdf).

With rape, the pattern seen is similar to any statistics from child welfare. The data reinforce the overwhelming victimization of females (over 36,000), as compared to male classification of rape (611). Offenders were overwhelmingly males (26,000) as compared to females (900). The most common victims are teenagers between ages 13 and 18 years (modal age=15 years), and offenders between ages 16 and 25, committed by a male acquaintance at a place of residence (71.6%), with 88% of offenders using "personal weapons" (e.g., physical attack). The non-home locales typically include schools, campgrounds, and shopping malls.

Sodomy (oral/anal rape) constituted 10% of sex offences and the gender distribution was more even between male (3578; 47.1%) and female (4008; 52.8%) victims, with mainly male (6725) rather than female offenders (418). Nearly 88% of these involved physical attack. Offenders were mainly adults, although18.5% were between the ages of 11 and 15. The most likely victim is a five year-old male, with assaults taking place in residential locales. Primarily, the relationship to the offender was within family (33.1%) or a known relationship (47.9%). In a similar vein, physical force appears to be very frequent, with the highest injury rates in the <19 year olds group (Choudhary, Gunzler, Tu & Bossarte, 2012). Easton (2014) in his study of adult males found that the use of force by the CSA abuser was significantly predictive of adult internalizing disorder symptoms (e.g., anxiety, depression, somatization, suicidality).

Incest was found in 1,187 victims (1.6% of sexual offences), with 82% of victims being female and 90.5% of offenders being male. The prominent offender categories were: another child (32.8%), family member (26.4%), sibling (25%), step-relative (9.9%) and grandparent (5.9%). Given the high levels of siblings and other family members, the incest category seems to capture highly dysfunctional families with intra-familial assaults across generations;

50% of victims were between ages 10 and 18 years old when this incident was reported to police, but given the nature of familial dysfunctionality, one would expect a more chronic course in maltreatment overall. The presence of CSA may be a sentinel event because it is unanticipated, involves physical and/or psychological injury, and signals a maltreating environment. Moreover, when CSA is experienced at young ages, it may be indicative of not only direct familial attack, but also a pattern of CSA risk secondary to neglect. The overwhelming, unmet emotional and protection needs challenge victims to access their resilience in safer settings, such as schools.

As the above statistics attest, with CSA, there is some experience of force to hold the victim in place in order to commit the sexual assault – it is specific, targeted activity by a physically stronger, combative offender who may also practice various means of psychological manipulation (e.g., forcing a distortion of an attachment relationship; threats of damage to self and significant others; cognitive distortions de-emphasizing the coercion etc.). Thus, CSA consists of a physical attack (force), a physical invasion of private body parts, and a psychological manipulation in perpetrator explanations, severe threats, and special attention. Normatively, children have early sensitivity to the privacy of sexual body parts and schools have engaged in "good touch-bad touch" CSA prevention and awareness of "stranger danger." With CSA, there often occurs a conditioning of capitulation and silencing. Given how reticent victims are to disclose and how often they need to tell to be heard, the social environment can sometimes reinforce passivity and silence.

With CSA, there are multiple boundaries crossed which would otherwise uphold an autonomous self-in-development. For females, there are issues with cross-gender, given their assailants are mainly males. For males, there are issues with same-gender, given their assailants are mainly males. Further, there may be issues with conceptualizing "home," as most assaults occur in either the victims' or the offenders' living environment. The further issue is the age of these incidents coinciding with the transition to formal schooling.

Sexual Violence Towards Male Youth

While the true estimate of CSA is dependent on the context for safe disclosure, boys may be assaulted at earlier ages, making verbal disclosures less likely and instead displaying behavioural signs of acting out. The sexual violence victimization of boys and young men is a critical research priority given: (1) the scope of the problem; (2) the lack of knowledge about male-specific impairment patterns; (3) little to no attention paid to resilience; (4) the relative lack of services; (5) missing information on gender-specific intervention targets and promising, tailored intervention models; and (6) the numerous service entry doors that victimized males enter (e.g., child welfare, justice, street-youth services, Aboriginal services, pediatrics, psychiatry, emergency room visits, education, faith-based services), where their trauma may go undetected. Global population estimates of male CSA (8%, Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011) are in-line with Canadian estimates (5.8% before age 16; Afifi et al., 2014; 8.3% in Ontario, Tanaka, Afifi, Wathen, Boyle & MacMillan, 2014). A US national incidence study found boys report more sexual violence (SV) with age, with lifetime rates for males at 15 (4.3%) increasing at age 17

(5.1%), potentially reflecting greater risk or SV recognition (Finkelhor, Shattuck, Turner & Hamby, 2014). In US Justice data, where there were 7000 police reports/5 years, <9 years old was the peak age range for male CSA, followed by 10 -19 year olds. The most common acts were fondling, sexual assault with an object, and rape. Consistent with other data, assaults happened most in a residence; other sites were a commercial place, college, and jail.

For boys, there is an added stigma due to ideas of masculinity (Collin-Vézina, Daigneault & Hébert, 2013), given that most are young males developing a sense of self. As the most common police-based incident against males is occurring at age 5 or under, there is an added challenge for these individuals with respect to verbalizing their experiences in a societal context whereby males are expected to be primarily actors rather than verbal expressors. They are generally expected to be "tough" and, if not aggressive, assertive. What are we expecting of these preschool-age males? It is noted, for young adult and older adolescents male victims, especially if street-involved, the perpetrators will include females (e.g., Homma, Nicholson, & Saewyc, 2012; Saewyc et al., 2013). How does this further impact a male in his capacity to form and manage relationships, especially if they have experienced childhood CSA? At this point, both genders have been perpetrators for some males. The failure to reach sex trade youth is devastating, as they may be less empowered to negotiate condom use and, therefore, prone to sexual disease, broader health issues, and wider human rights violations (McClure, Chandler, & Bissell, 2014).

The neuroendocrine impacts of trauma for males may promote acting-out behaviours, possibly via the hypothalamic-pituitary-gonadal nervous/sex glandular system impacting hormone levels (Simmons et al., 2014). Male victims are at greater risk for physical aggression (LaPorte, Jiang, Pepler, & Chamberland, 2011), sexual aggression (Loh & Gidycz, 2006; Merrill, Thomsen, Gold, & Milner, 2001) and psychological abuse (Dardis, Edwards, Kelley, & Gidycz, 2013) towards dating partners. There is evidence that drinking to cope among males elevates risk for later disorder (Creswell, Chung, Clark, & Martin, 2013; Schraufnagel, Davis, George, & Norris, 2010). CSA is the strongest predictor of suicidal ideation and attempts, adjusting for other adversities. Males who experienced CSA show the strongest link to attempt severity (multiple attempts, medical attention); yet, the CSA history may go unrecognized (often not queried), and referral to services tailored to gender and trauma may be missed or not be available (Bruffaerts et al., 2010; Rhodes et al., 2014). Furthermore, youth who experienced CSA admitted to psychiatric hospital were treated with more medications, including antipsychotics, and had longer hospital stays than youth who had not experienced CSA(Keeshin et al., 2014). While homeless youth with a connection to a health practitioner used the emergency room services more often, homeless youth with CSA histories used emergency services less often (Strike et al., 2014). The effects of health impairment are broad: male victims of CSA are at greater risk to be out of the labour force due to sickness and disability, and have lower incomes (Barrett & Kamiya, 2012).

Resilient Responses to Child Sexual Abuse

A key component of wellbeing in the context of trauma is resilience (e.g., North, Abbacchi & Cloninger, 2012). Resilience is viewed as a learnable skill rather than an element

of temperament; it has been conceptualized as an outcome, a moderator to stress, and a process for coping with stress and adverse contexts (Herrman et al., 2011). With resilience, the individual and their environment interact in ways that optimize development and resources are accessible, available, navigated and negotiated (Ungar, 2013a, 2013b).

Some initial accounts of resilience characterized some abuse and neglect survivors as "invulnerables," who seemed relatively impervious to stress (see Farber & Egeland, 1987). Descriptions of these "invulnerables" typically focus on their emotional resilience and their remarkable achievements and accomplishments when the odds are stacked against them. It is also important to conceptualize their resilience from an interpersonal perspective in terms of the ability or capacity to overcome the context of adverse child and adolescent experiences and go on to develop healthy relationships and social lives.

As noted earlier, one focus in the current article is to understand those young people who seem able to withstand significant interpersonal stress and strain and who go on to have social well-being. It has been clearly established that being maltreated early in life by primary caregivers is not conducive to developing resilience, yet there is substantial heterogeneity in the outcomes experiences by maltreated children and youth (see Luthar, Lyman, & Crossman, 2014). A recent systematic review of 37 studies was conducted by Domhardt, Munzer, Fegert, and Goldbeck (2015). These studies included 10 studies with data on resilience rates. Research with children and adolescents found that rates of resilience ranged from 10% to 53%, while research with adult CSA survivors found that rates of resilience ranged from 15% to 47%. The substantial variability in estimates was attributed primarily to differences in how resilience was defined (i.e., was it positive functioning in one domain or several domains?) (see Domhardt et al., 2015). How resilience is conceptualized and assessed is a key consideration as shown by previous research by Walsh, Dawson, and Mattingly (2010). They examined data from the National Survey of Child and Adolescent Well Being, and demonstrated that resilience rates varied considerably depending on which indicators of competence needed to be in place in order for a child or adolescent to be deemed resilient.

The review by Domhardt and associates (2015) is particularly informative because they identified factors that contributed to being more or less resilient. Resilience and related positive outcomes were linked with having higher levels of education, dispositional optimism and hope, beliefs about personal control and self-efficacy, an active coping style, and a tendency to make external attributions of blame. Other key factors were interpersonal and emotional competence, the development of social attachments, and garnering support from family and the wider social environment.

Given clear indications from this review by Domhardt et al. (2015) that positive interpersonal factors and associated competencies distinguish more or less resilient children and adults with a CSA history (also see Collishaw et al., 2007), it seems reasonable to conclude that within this group, the positive functioning displayed by certain individuals represents the development of a socially-based type of resilience. Given the multiple levels of relationship challenge in CSA, it seems apparent that interpersonal resilience is a key element in personal wellbeing and establishing the capacity to construct safe environs for adolescent and young adult development (Flett, Hewitt, Oliver, & Macdonald, 2002).

Toward a Domain-Specific Approach to Resilience

In a recent paper, Flett, Sue, Ma, and Guo (2014) described the need to consider resilience not only in terms of general emotional resilience, but also in terms of developing a sense of achievement or goal-related resilience, when faced with difficult performance situations, and a tendency to be interpersonally resilient (e.g., less emotional reactivity, less acting-out behaviours), when faced with problematic interpersonal situations. The current article revisits the concept of interpersonal resilience and outlines why systematic inquiry on this component of the resilience construct is needed. This emphasis on interpersonal resilience reflects the premise that the social well-being of children and adolescents is one of the most important if not the most important aspect of adaptability; accordingly, the truly resilient young person thrives and flourishes not only emotionally and academically, but socially as well.

It should be noted from the outset that our analysis is motivated, in part, by an interest in understanding certain young people who seem to be high functioning and able to cope in the achievement domain, but not in the interpersonal domain. Many of these young people are highly perfectionistic and seem to operate according to the social reaction model that sees perfectionism as a coping response to feelings of inferiority and adverse experiences (see Flett, Hewitt, Oliver, & Macdonald, 2002). When viewed from this perspective, perfectionistic strivings are not optimal; the young perfectionist feels that he or she has to be perfect and must be striving all of the time, so as to distract themselves from interpersonal problems and stressors and associated feelings of self-doubt and inadequacy. This interpretation accords with data suggesting that intellectually gifted children who are under pressure, and who feel that they must be perfect, can appear to be academically resilient and intellectually capable, yet they suffer from higher levels of sadness and anxiety (Stornelli, Flett, & Hewitt, 2009). Some of these children hide behind a façade of invulnerability based on their achievements and accomplishments and feel like imposters of functionality and control (Flett & Hewitt, 2013, 2014). In the case of maltreated youth, this high achievement orientation may be a product of parental emotional abuse that includes demands to maintain an image of the perfect family. Unfortunately, such tension in the presentational self can be met with profound self-punitiveness that can escalate into acts of intentional self-harm (see Flett, Goldstein, Hewitt, & Wekerle, 2012).

The remainder of this article will describe the various facets of interpersonal resilience. This analysis is informed by advances in the broader psychological literature. We begin by describing interpersonal resilience in more detail and by discussing how a focus on interpersonal resilience is in keeping with a multi-domain view of the self. We also discuss why an explicit focus on interpersonal resilience is needed in light of the challenges faced by children and adolescents in contemporary society. The various elements of interpersonal resilience are then outlined. Finally, we conclude by outlining some ways to promote interpersonal resilience and discussing key directions for future research.

Conceptualizing Interpersonal Resilience

Our focus on interpersonal resilience stems from the need to emphasize strengths alongside difficulties (Bell, Romano, & Flynn, 2013), and is predicated on claims that

resilience should be conceptualized as a multi-dimensional construct (Luthar, Cicchetti, & Becker, 2000), and viewed from the approach that young people demonstrate multiple competencies across multiple domains. It is also based on the general premise that resilience involves key components of the self and personal identity, and typically reflects characteristics such as ego resilience, ego control, and self-esteem (see Cicchetti, 2013). The term "interpersonal resilience" is used rather than "relational resilience" to be more inclusive and reflect the need to be able to bounce back from negative treatment received from people who may not really be known to the individual. The National Scientific Council on the Developing Child (2015) suggested that some children will be able to be resilient when faced with one type of interpersonal stressor (e.g., bullying,), but these children may not be resilient when confronted with another type of interpersonal stressor (e.g., parental discord). The present definition incorporates the capability of bouncing back from social exclusion situations when relationships have not been formed.

   The need to develop interpersonal resilience becomes evident when the developmental tasks outlined by Masten and Coatsworth (1998) are considered. Developmental tasks incorporate an interpersonal focus during infancy (e.g., attachment to caregivers), middle childhood (e.g., getting along with peers), and adolescence (e.g., forming close friendships). Interpersonal resilience is defined as the tendency to withstand negative feedback and less than ideal treatment by other people and persist in terms of maintaining positive relationships and pursuing personally important goals, including interpersonal goals. It is deeply rooted in the self-concept, beliefs about the self, and views of the self in relation to other people. Someone who is high in interpersonal resilience is able to adapt without withdrawing socially when they are confronted on a regular basis with social adversity. These interpersonally resilient individuals are capable of an adaptive form of disengagement when exposed to negative social feedback or placed in situations that arouse feelings of anger, resentment, and humiliation (Leitner, Hehman, Deegan, & Jones, 2014; White, Kross, & Duckworth, 2015). While negative emotions are clearly felt and experienced by such individuals, the feelings are less intense and managed in an effective manner.

   In a recent analysis of preventive longitudinal investigations, Werner (2013) reiterated the need for at least one competent and caring adult early in life, and the overall benefits of developing positive interconnections among protective factors, including the vital importance of supportive relationships. Bell (2001) articulated a checklist of interpersonal resilience building blocks, including: (1) intellectual curiosity; (2) compassion; (3) mentalization; (4) obtaining the conviction of one's right to survive; (5) possessing the ability to remember and invoke images of good and sustaining figures; (6) having the ability to be in touch with affects, not denying or suppressing major affects as they arise; (7) having reasons for living; (8) having the ability to attract and use support; (9) possessing a vision of the possibility and desirability of restoration of moral order; (10) having the need and ability to help others; (10) having a non-restricted affective range; (11) being resourceful; and (12) being altruistic toward others.

   In a similar vein, Cacioppo, Reis, and Zautra (2011) listed nine personal resource factors that promote social resilience. These factors are as follows: (1) the capacity and

motivation to perceive others accurately and empathically; (2) feeling connected to other individuals and collectives; (3) communicating caring and respect to others; (4) perceiving others' regard for the self; (5) values that promote the welfare of self and others; (6) ability to respond appropriately and contingently to social problems; (7) expressing social emotions appropriately and effectively; (8) trust; and (9) tolerance and openness. These nine factors largely represent either positive interpersonal tendencies or social skills and capabilities that should almost certainly facilitate positive social interactions. Their description helps provide a broader sense of the nature of interpersonal resilience. It can also form the basis for an extensive program of research on the nature of interpersonal resilience.

The emphasis on the role of a positive self-concept and self-system is based, in part, on insights gleaned from the research on maltreated children that shows the tendency towards an internalized negative self-view, especially in terms of the self in relation to other people (Beeghly & Cicchetti, 1994). As emotional maltreatment is an under-current to all forms of maltreatment, an important consideration in terms of wellbeing is recent evidence which suggests that exposure to harsh parental rejection contributes to dispositional self-criticism that, in turn, predicts depression and suicidal tendencies (Campos, Besser, & Blatt, 2013).

According to our conceptualization of interpersonal resilience, individual differences should be a reflection of a confluence of factors (e.g., child temperament, parental affection), but interpersonal resilience should not be regarded as fixed. Positive life experiences, positive role models, and direct coaching can increase levels of interpersonal resilience over time. This perspective is in keeping with dynamic views of the development of social competence (see Elicker, Englund, & Sroufe, 1992). A key component of this perspective on social competence is the notion that "… different kinds or qualities of adaptation at each stage of development have predictable implications for the preparedness of the individual to meet the challenges that follow" (Elicker et al., 1992, p. 79).

It is important when conceptualizing interpersonal resilience to be clear about other attributes and constructs it is associated with, but distinguishable from, such as interpersonal problem-solving ability. Here we are focusing on a form of "interpersonal bounce" or interpersonal buoyancy from the perspective of the person who still feels and experiences negative interpersonal experiences, but who seems to have a protective outer shell that seemingly repels interpersonal negativity directed at the self and wards off psychological pain induced by others. The interpersonally resilient adolescent is also comparatively more able to adapt to new situations that involve significant interpersonal challenges (e.g., the transition to high school), and more able to adjust to changes across interpersonal contexts in terms of their flexibility in interacting with a range of personalities, including those most people would find aversive. This may involve a greater tolerance for ambiguity when interpersonally relating to others, perhaps an outcome of the typically unpredictable relational experiences in the maltreating home, or due in part to being appropriately assertive and developing creative ways of resolving interpersonal conflicts. For these same individuals, however, it may come at a cost of being mainly other-oriented through the use of maltreatment-related hyper-vigilance and sensitivity to subtle emotional changes (Wekerle, Dunston, Alldred, & Wolfe, 2014).

Before we examine interpersonal resilience in more detail, we briefly consider why it is important for children and adolescents to develop interpersonal resilience. We then summarize the existing literature on interpersonal resilience.

Why is Interpersonal Resilience Important for Children and Adolescents?

Our emphasis on interpersonal resilience is based on several considerations. First, with the exception of a few noteworthy contributions, there is a paucity of theoretical or empirical inquiry on this topic, and this is especially the case with interpersonal resilience among children and adolescents. The lack of systematic inquiry is perplexing given the importance of social wellbeing, and how basic psychological needs reflect the need to be positively connected with other people and establish a healthy sense of autonomy.

 Second, there is a need to understand interpersonal resilience given that it is widely accepted that interpersonal stress in general is one of the most distressing and impactful types of stress that people experience. While our focus in the current article has been on the experience of CSA and other adverse events, research on the general experience of negative social interactions suggests that daily interpersonal stressors and unsupportive interactions can have a substantial negative impact on psychological well-being over and above the impact of other types of stress (Flett, Hewitt, Garshowitz, & Martin, 1997; Lakey, Tardiff, & Drew, 1994; Lee, Hankin, & Mermelstein, 2010; McCaskill & Lakey, 2000).People who remain interpersonally resilient despite exposure to negative social interactions can tell us much about what is involved in successful life adaptation.

Third, we live in a time period that is unique in that other people can make our lives incredibly stressful via negative experiences delivered online. Researchers are just beginning to explore the concept of "digital stress" (Weinstein & Selman, 2014). It is evident that digital stress is highly interpersonal in nature since it can typically involve being exposed to such things as personal attacks, public shaming and humiliation, being imitated in a derogatory way, or being pressured (Weinstein & Selman, 2014).

A growing body of research has established that uncontrollable interpersonal stressors can be a significant source of distress for adolescents. Some of the stressors are experienced within the context of key interpersonal relationships (Seiffge-Krenke, 2011). A meta-analysis of the ability of adolescents to cope with interpersonal stressors showed that when the results of 40 studies were compiled, there were small but significant associations between maladaptive coping with interpersonal stress and poorer psychosocial functioning. Moreover, the goodness-of-fit hypothesis was supported; that is, the use of active forms of coping was more effective when confronted with a controllable interpersonal stressor (Clarke, 2006). This meta-analysis conducted by Clarke (2006) was illuminating in various other respects as well. Most notably, the 40 studies included in this meta-analysis provide an overview of the many possible stressors that adolescents may be faced with. Stressors included events involving family members (e.g., parental divorce, family conflict, parental criticism), romantic partners (e.g., argument with partner), peers (e.g., peer hassles, argument with a friend), and traumatic events (e.g., CSA, being physically attacked). It should be noted that this meta-analysis was based on studies conducted in 2001 or earlier, and this would explain

why highly salient modern stressors such as cyber-bullying and Internet harassment were not included; these stressors can be quite persistent and can provide intense distress (see Cappadocia, Craig, & Pepler, 2013; Fenaughty & Harre, 2013).

Contemporary research also has a unique focus on self-generated stressors that are typically interpersonal in nature, and are seen as emanating from personal choices and actions, such as initiating a relationship with an undesirable, disagreeable partner. This type of stress is known as "dependent stress' because it is dependent on the actions, choices, and emotional functioning of the individual. This type of stress is also quite deleterious; self-generated "dependent" stress in adolescents is linked concurrently and longitudinally with depression (Chan, Doan, & Tompson, 2014; Rudolph et al., 2000), combining with other vulnerability factors to heighten mental health risk (Hamilton et al., 2014). An explicit focus on the destructive process of self-generated stress is essential in developing contemporary programs that are designed to enhance resilience and that make note of interpersonal options in terms of response and the selection of people to interact with (see, for example, Wekerle & Avgoustis, 2003, for a discussion of attachment style and dating violence).

Distinguishing Interpersonal Resilience from Access to Social Resources

The existing literature on interpersonal resilience (or social resilience) is not extensive, and it is limited further by the fact that several authors refer to interpersonal resilience when they have actually assessed social factors that can promote or bolster a person's interpersonal resilience. Unfortunately, many researchers purport to be studying interpersonal resilience when they are assessing resource factors such as social support.

To our knowledge, only one team of researchers has extensively described interpersonal resilience. Cacioppo et al. (2011) described the concept of "social resilience" in a highly informative paper. Their timely analysis went beyond a focus on individual resilience to also include an emphasis on social resilience in groups. They define social resilience as "… the capacity to foster, engage in, and sustain positive relationships and to endure and recover from life stressors and social isolation. Its unique signature is the transformation of adversity into personal, relational, and collective growth through strengthening existing social engagements, and developing new relationships, with creative collective actions" (Cacioppo et al., 2011, p. 44). In this conceptualization, there is a strong emphasis placed on the ability to work with others, consistent with the concept of post-traumatic growth. These researchers have developed a social resilience training program designed to promote social cohesion in military personnel (Cacioppo et al., 2015).

Jordan (2013) has used the term "relational resilience" to describe a similar concept, which is derived from a relational model of development and resilience. This model has as its main tenet the notion that the core motivation in life is to be engaged in growth-fostering relationships that reciprocate empathy and empowerment. Relational resilience is defined as "… the capacity to move back into growth-fostering connections following an acute disconnection or in times of stress" (p. 77). While the notion of relational resilience is not as extensively described as the concept of social resilience outlined by Cacioppo and colleagues, relational resilience does include an emphasis on mutuality, being able to build relationships

and have relational awareness, as well as not allowing oneself to be dominated by others.

It is likely that there is overlap between a person's level of interpersonal resilience and their overall resilience. However, there are various lines of evidence that point to the likely existence of a distinct type of interpersonal resilience. For instance, analyses of the structure of the self-concept have identified several interrelated yet distinguishable areas, including the physical, achievement, and interpersonal self-concepts (Harter, 1986; Rosenberg, 1979; Shavelson & Marsh, 1986). On a similar note, it is possible and important to distinguish levels of social self-efficacy and academic self-efficacy (see Bandura, Barbaranelli, Caprara, & Pastorelli, 1996). Research on life satisfaction indicates that it is meaningful to distinguish life satisfaction in the physical, achievement, and interpersonal domains (see Alfonso, Allison, Rader, & Gorman, 1996). Just as it is possible to identify young people who have high academic self-efficacy, but moderate to low social self-efficacy, or the young people who have high athletic self-concepts, but low academic self-concepts, it should be possible to identify a subset who are relatively invulnerable in terms of their academic buoyancy, but who are vulnerable due to relatively low levels of interpersonal buoyancy, or vice versa.

Below, we list a number of key components hypothesized to be facets of interpersonal resilience. The facets listed below seem to reflect some recurring themes. Most notably, the elements of interpersonal resilience reflect a strong sense of self and maintaining a positive orientation toward other people both proximally and in the future, despite having experienced significant interpersonal adversity in the past. It may extend to viewing the

Table 1. Facets of Interpersonal Resilience

Social Self-Efficacy	A perceived capability to generate positive interpersonal outcomes and connections
Self-Esteem via Mattering	A felt sense of being important and feeling significant to other people that has been internalized by the self and the person realizes "I matter"
Social Hope/Optimism	A tendency to have positive outcome expectancies when envisioning the interpersonal future
Social Approach Orientation	A position orientation to move toward people after experiencing interpersonal adversity and setbacks
Social Malleability/Adaptability	The capability to change and positively redefine and extend the self when in a novel or challenging social situation
Low Sensitivity to Rejection/Criticism	A low readiness to attend to, perceive, and react to negative social feedback
Adaptive Interpersonal Disengagement	An unwillingness to let negative social feedback and adverse experiences influence self-worth appraisals
Social Self-Compassion	The capability of responding mindfully toward the self with kindness and self-acceptance after experiencing interpersonal adversities, commiting social blunders, or failing to meet social expectations
Growth Mindset Toward the Social Self	Cognitively appraising social blunders and adverse experiences as learning opportunities and chances to develop social capabilities from a process perspective

past in reasonable, positive ways. For example, one youth in the MAP study relayed that he knew he was abused, but that the parent made a bad decision, that they were not a through-and-through bad person. (The youth maintained only phone contact with the perpetrating parent). This sort of view may be more coherent as perpetrators offer some positive experiences, and such "meaning-making" of abuse keeps personal integrity in tact and personal safety a priority. The various facets that are described include social self-efficacy, interpersonal optimism and hope, and self-compassion in challenging interpersonal circumstances. Other key facets include developing a sense of mattering to other people and establishing the ability to adaptively disengage from adverse interpersonal experiences.

Facets of Interpersonal Resilience

The key facets of interpersonal resilience are summarized in Table 1. We underscore our belief that interpersonal resilience is clearly reflected in a person's sense of self and identity by beginning with a discussion of social self-efficacy and establishing a sense of personal control.

Social Self-Efficacy and Internal Locus of Control

The interpersonally resilient child or adolescent has a sense of self-determination with respect to social matters that is reflected by a high degree of social self-efficacy and an internal locus of control, with the capacity to interact and accept help from others. For maltreated youth, the relational context of their abuse and neglect can translate distrust into a view of dominating independence, which may come at the cost of a dismissing (versus dependent/pre-occupied or secure) form of relating (Wekerle & Avgoustis, 2003). Nonetheless, the adaptiveness of having a higher level of perceived self-efficacy in conflictual peer relations has been shown for both maltreated and non-maltreated children (Kim & Cicchetti, 2003). A sense of being able to generate more positive interpersonal outcomes is a safeguard against feelings of social helplessness and hopelessness, and the feelings of distress and anger that otherwise might be experienced.

The importance of an internal locus of control in resilience has been shown in several studies (Bolger & Patterson, 2003; Werner, 2013), but it is particularly relevant in terms of being interpersonally resilient. Relevant to maltreatment and other adverse events in childhood or adolescence, Levenson (1981) posited a locus of control dimension involving powerful others that was assessed by items such as "I feel like what happens in my life is mostly determined by other people." Similarly, the Spheres of Control Scale (Paulhus, 1983; Paulhus & Van Selst, 1990) has a subscale that assesses individual differences in interpersonal control (i.e., control over other people in dyadic and group situations). This type of control is clearly distinguishable from personal control in non-social situations (i.e., achievement situations) (Paulhus, 1983).

According to this type of perspective, the key component for interpersonal resilience is a determination to not let other people dictate personal outcomes and choices that should come from the self. That is, there is not simply a strong resistance to negative social influence, there is also a propensity to make active choices and structure activities in ways that promote

this sense of being in charge, and have a clear sense of mastery in interpersonal contexts. The person who has developed interpersonal resilience has also come to accept that many things done by other people are beyond his or her control, and it is much better to focus on what can be controlled according to a sense of personal autonomy, self-determination, personal mastery, and values.

This tendency to exert self-determination, and resist and overcome negative social influences, was illustrated in a case excerpt of Ellen, who was one of seven sisters forced to contend with psychotic behaviors of a mother suffering from manic depression, as well as the aberrant tendencies of a psychopathic, sadistic father (Anthony, 1987). Ellen was described as a child who "… thrived scholastically, emotionally, and interpersonally" (Anthony, 1987; p. 181). Ellen's interpersonal resilience was shown when she was asked to use materials to construct what her life with her mother was like. Ellen built a castle that clearly was more than a metaphor for her. When asked what it was like in the castle, Ellen responded as follows:

> *"It was like being in a world in which everything worked and everyone worked together and where you had a job to do that was the job that you wanted to do and no one could stop you from doing it. I am the queen of this castle and I do not want anyone to enter who can spoil my life" (Anthony, 1987, p. 182).*

Mattering and Social Self-Esteem

Social self-esteem is a concept introduced originally by Ziller and associates, describing high self-evaluation in social contexts, where there is also a high degree of self-acceptance and social acceptance (Ziller, Hagey, Smith, & Long, 1969). Our conceptualization of interpersonal resilience involves an emphasis on having moderate to high social self-esteem that is relatively stable. In contrast, children and adolescents who are interpersonally vulnerable have lower social self-esteem that is relatively unstable. The need to consider not only the level of self-esteem, but also the within-person stability, is illustrated by an impressive longitudinal study of developmental trajectories showing that adolescents with fluctuating social self-esteem are especially prone to adjustment difficulties (Molloy, Ram, & Gest, 2011).

We maintain that a vitally important aspect of interpersonal resilience is the tendency to have high social self-esteem in terms of a sense of mattering to other people. This emphasis on mattering is in keeping with the many illustrations of how exposure to a caring adult can promote a more positive self-identity and heightened resilience (e.g.,, Anawati, & Flynn, 2006). Mattering reflects the normative need to feel significant and make meaningful connections with others. Rosenberg and McCullough (1981) focused on three components: (1) the sense that other people depend on us; (2) the perception that other people regard us as important; and (3) that other people are actively paying attention to us. Rosenberg (1985) expanded on this conceptualization by suggesting that mattering also included the notion that others would miss the person if he or she were no longer around. Mattering is regarded as a component of self-esteem in a way that is in keeping with our understanding of social self-esteem (Rosenberg, 1985).

The importance of mattering was demonstrated within a sample of over 1,000 boys. It was reported that self-esteem was higher among those boys who were made to feel significant by their parent (Coopersmith, 1967). As might be expected, several researchers have found that among adolescents and adults, a stronger perceived sense of mattering predicts less depression, less suicide ideation, and greater self-esteem (Elliott, Colangelo, & Gelles, 2005; Elliott, Kao, & Grant, 2004; Marshall, 2001; Schieman & Taylor, 2001; Taylor & Turner, 2001).

Unfortunately, while a sense of mattering is protective and should facilitate resistance to interpersonal stress and other types of stressors, a sense of not mattering is a highly deleterious orientation that is often implicated in suicidal tendencies, and it is for this reason that suicide prevention initiatives emphasize the theme "You Matter." The most well-known initiative is the "You Matter" campaign in the United States that was developed by the National Suicide Prevention Lifeline (youmatter.suicidepreventionlifeline.org).

Recent research conducted with emerging adults indicates that lower levels of mattering are associated with a history of child maltreatment, including emotional maltreatment and emotional neglect (Flett, Goldstein, Pechenkov, Nepon, & Wekerle, 2016). This research showed that the negative associations between maltreatment and low levels of mattering were still evident after controlling for variance attributable to other broad personality styles such as neuroticism. It was also found in this investigation that there is a robust negative association between mattering and loneliness, in keeping with the notion that not mattering fosters social disconnection and alienation from other people.

Collectively, these data suggest that those young people who have been treated as if they don't matter will likely have reduced levels of interpersonal resilience and they will be socially isolated and avoidant. However, it also follows that subsequent exposure to caring, influential people and caring communities can build a sense of mattering and interpersonal resilience among those who have encountered trauma and other adverse interpersonal events and occurrences.

A resilient orientation will be most evident among those young people who have incorporated and internalized mattering experiences into their sense of personal identity. This may have been fostered by self-reflection, mentoring, excelling in areas of recognition, and observations of a highly regarded other. Our analysis recognizes that people can be treated as if they matter or they don't matter, and only a proportion of people will internalize these experiences into their self-views. The internalization of mattering has great potential significance in terms of responding resiliently to adversities such as the experience of CSA, where individuals may regard themselves (and be told) that they are objects to be used, by different persons, in different settings, but in the same (sexual) way. People who maintain an identity reflecting the theme "I don't matter" will not proactively address stressors and, in all likelihood, will have negligible levels of self-care.

Social Hope/Social Optimism

Another key aspect of interpersonal resilience is the ability to retain a sense of interpersonal or social hope. General research on interpersonal schemas and working models distinguishes people who are relatively pessimistic versus those people who have positive

expectancies about the future, including the self in relation to other people (Baldwin, 1992; Bowlby, 1980, 1989; Main, Kaplan, & Cassidy, 1985). While hope has been examined most typically as a global, monolithic entity, some research attests to the feasibility and usefulness of examining hope from a domain-specific approach. This approach shows clearly that it is both possible and meaningful to identity individual differences in interpersonal hopefulness (Campbell & Kwon, 2001; Shorey, Roberts, & Huprich, 2012). It is possible to examine social hope or optimism at a global level, but it is also possible to examine social optimism at the relationship level in terms of expectancies about specific other people (Carnelley & Janoff-Bulman, 1992). Interpersonal resilience should incorporate a generally optimistic view, as well as an optimistic view of relationships with specific others.

Social Approach Orientation

A young person can falsely seem to be interpersonally resilient by becoming adept at avoiding threatening social situations. It is essential to be able to distinguish between youth who seems resilient but are actually not, and those who are truly interpersonally resilient. Accordingly, interpersonal resilience must also include a willingness to approach other people, without being manipulative, especially when making transitions that require interpersonal adaptation. This positive orientation is a form of interpersonal responsiveness when interpersonal problems arise that contrast with the tendency for seemingly resilient youth to become socially or psychologically disconnected.

This tendency to be positively and responsively oriented toward others was illustrated via person-oriented analyses of a group of four-year-old African American children enrolled in Head Start, an early child development program. Mendez, Fantuzzo, and Cicchetti (2002) analyzed profiles of social competence, identifying a group of children characterized as "prosocial resilients." These children were described as highly adaptable with few peer difficulties, and most importantly for our current purposes, they had a tendency to approach peers and new situations in a socially competent and sensitive manner.

The notion of social approach can also be considered at a motivational level. Elliot, Gable, and Mapes (2006) extended past work on achievement goals to the interpersonal domain; they showed that it is possible and meaningful to distinguish between interpersonal approach goals versus interpersonal avoidance goals. Approach goals reflect hopes for affiliation; avoidance goals reflect fears of rejection. Emerging adolescents were assessed in terms of their friendship-approach goals versus their friendship-avoidance goals. It was established that having friendship-approach goals was associated with better psychosocial outcomes (i.e., greater relationship satisfaction, reduced loneliness), and a lower frequency of negative interpersonal events (Elliot et al. 2006). The degree to which interpersonal resilience involves approach goals remains to be explored in future research, but it follows from this work that adolescents with an elevated level of interpersonal resilience will be better able to withstand social stressors due to a proactive orientation toward other people that could foster the sense of mattering to others discussed above.

Social Malleability and Adaptability

The interpersonally resilient individual is also someone who has developed the capability of extending the self in a positive manner when new social situations are encountered, or there is a need to accommodate to people who would be described by other people as having "strong personalities." Social malleability involves the capacity to call on or develop inner resources when in a situation or in a role that requires adapting or accommodating to challenging interpersonal circumstances. This emphasis is in keeping with the broader emphasis on the role of adaptability in resilience and coping with unique circumstances (Martin, Nejad, Colmar, & Gregory, 2013). It is highly related to the description of functional interpersonal flexibility described by Paulhus and Martin (1988), but is specific to circumstances that call for a resilient response to an interpersonal challenge.

It is important to emphasize that social malleability is not simply a tendency to be non-assertive and self-silencing, while succumbing to the wishes of domineering people. Rather, it is a growth-oriented style that involves developing a social cognitive orientation and using interpersonal skills in response to less than optimal social situations (e.g., constant exposure to a disagreeable or controlling peer or co-worker).

Low Sensitivity to Rejection and Criticism

A high level of rejection sensitivity is another factor implicated in emotional vulnerability that can escalate into extreme anxiety, depression, and suicidality. Rejection sensitivity is defined as a disposition to anxiously expect, perceive, and over-react emotionally to rejection (Downey & Feldman, 1996). Rejection sensitivity is conceptualized as a defensive motivational system that incorporates the attentional and perceptual processes underlying social information processing (Romero-Canyas, Downey, Berenson, Ayduk, & Kang, 2010). Rejection sensitivity is linked with risk of distress, especially among people high in this personality disposition who experience relationship stress (Chango, McElhaney, Allen, Schad, & Marston, 2012) and who have relationships terminated by partners (Ayduk, Downey, & Kim, 2001). The link between rejection sensitivity and depressive symptoms is especially evident among adolescents with low perceived support from their parents and friends (McDonald, Bowker, Rubin, Laursen, & Duchene, 2010).

In contrast, interpersonally resilient children and adolescents are much less sensitive to rejection, criticism, and negative evaluation, perhaps as a result of several inter-related characteristics, including an overarching sense of mattering, interpersonal self-efficacy, and secure attachment. The interpersonally resilient child has comparatively less need for social approval, reassurance, and acceptance, given that she or he has developed the capacity to understand that not everyone is going to hold them in high regard or be nice to them. Accordingly, rejections and criticisms are cognitively reappraised in a manner that involves attributing negative social feedback to factors outside the self or external circumstances. However, in those situations where cognitive reappraisal is not possible, there is a tendency to respond with self-compassion, rather than self-criticism or self-hatred.

Adaptive Interpersonal Disengagement

The lower level of rejection sensitivity described above should be accompanied by the

capability to adaptively disengage (i.e., by using self-protection and self-safety strivings), after experiencing social mistreatment. The concept of adaptive disengagement was introduced in an earlier segment of our article. Leitner and colleagues (2014) describe it as the tendency to disengage self-esteem from negative outcomes. That is, the adaptively disengaged person has come to make her or his sense of self-worth relatively impervious to negative experiences and challenging outcomes, so the sense of self and identity is simply not at stake. In contrast, the young person with low interpersonal resilience has his or her self-concept shaped and unduly influenced by feedback and mistreatment from others.

Parenthetically, it should be noted that Leitner et al. (2014) did not focus on interpersonal adaptive engagement due to their more general emphasis on the ability to disengage from negative experiences. However, when they evaluated their new measure of adaptive disengagement, they did so in an experimental situation that involved some participants being ostracized by a confederate. This paradigm underscores the relevance of adaptive disengagement in challenging social situations.

Social Self-Compassion

According to a recently proposed self-punitiveness model of self-harm behaviour (Flett et al., 2012), some individuals are highly sensitized to the negative self-worth implications of failing to meet expectations, and their self-harm tendencies reflect a need or desire to harm the self, which is fueled by feelings of self-criticism, shame, and broad over-generalizations of the self as deficient and inadequate. Setting up high personal expectations may be an unconscious or conscious "trap-setting" for the self to experience failure. One of the keys to fostering resilience in a vulnerable young person with these tendencies is to transform their sense of self so that self-acceptance and self-compassion develop as a defense against their overgeneralized self-criticism. Self-compassion involves being kind and accepting toward oneself as an alternative to self-criticism and self-hatred (Neff, 2003). The role of self-compassion in resilience is in keeping with recent evidence illustrating that self-compassion can help mitigate exposure to maltreatment (Játiva & Cerezo, 2014; Tanaka, Wekerle, Schmuck, Paglia-Boak, & The MAP Research Team, 2011; Vettese, Dyer, Li, & Wekerle, 2011).

In keeping with our emphasis on interpersonal resilience, self-compassion is particularly needed following adverse interpersonal experiences in general, but especially in those situations in which another person is hypercritical and claims that personal deficiencies and defects of the target person are responsible (i.e., toxicity of persons with other-oriented blame and other-oriented perfectionism). Any lasting tendencies to be punitive toward oneself must be countered by developing the tendency to exercise self-compassion following interpersonal adversities. This form of self-compassion includes developing a sense that other people also undergo interpersonal adversities and self-kindness is called for following social blunders and rejections. This involves a detachment from adversities, such that there is no over-identification with the experience as somehow uniquely related to the self (e.g., not preferring "poor me" or "if I didn't have bad luck, I'd have no luck" sort of interpretations).

Seeing the Social Self from a Growth Mindset Perspective

Finally, another vitally important element of interpersonal resilience is having developed a healthy cognitive orientation as part of the social self. There is a strong tendency among young people to blame themselves when things do not go well with other people, including a tendency to internalize criticisms and humiliations that other people direct toward them. This social self-criticism is usually not warranted, but reflects an egocentric tendency to focus attention on the self, and see the self as the causal agent, as the core adolescent developmental task is self-identity in the context of increasing autonomy. However, the development of interpersonal resilience requires having established a social-cognitive capacity that is complex, and cognitively reappraising feedback and experiences directed toward the self, so that negative attributions are not made solely to one's character and other relatively permanent attributes. In the case of maltreatment, the victim experiences a causal self-focused attribution for the maltreatment that is sustained. The victimizer puts not only abuse, but also blame upon the youth victim, and CSA may be a context for bizarre, reality-testing challenges that may take the form of illogical self-blame (Wekerle et al., 2014).

An essential element in the formation of a positive cognitive orientation is having developed the growth-oriented mindset. Carol Dweck and her colleagues have shown the clear benefits of having a growth mindset that sees mistakes, blunders, and failures as learning opportunities rather than a less adaptive fixed mindset that promotes a focus on fixed personal defects, and a tendency to respond with helplessness and hopelessness in the face of stressors and threats (see Dweck, 2012; Yeager & Dweck, 2012). Recent work indicates that the growth mindset can be developed with respect to beliefs about intellectual ability, but also with respect to beliefs about emotion-regulation capabilities (Romero, Master, Paunesku, Dweck, & Gross, 2014). The growth mindset in the context of interpersonal resilience entails seeing interpersonal setbacks and social blunders as typical and expected (similar to self-compassion), and reframing these experiences as information that can be used for the purpose of new learning . According to this perspective, mistakes and errors made in public may initially seem catastrophic, but eventually they come to be viewed as an opportunity for growth and the implementation of more adaptive approaches when similar situations arise in the future. Here the growth mindset includes a view that the interpersonal capabilities that foster resilience in adverse interpersonal contexts can be developed and enhanced in ways that fit with a process orientation rather than a static sense of fixed capabilities.

Promoting Resilience from an Interpersonal Perspective

We will conclude our analysis of interpersonal resilience with a brief discussion of the importance of promoting interpersonal resilience. First, however, it is important to reiterate that our conceptualization of interpersonal resilience emphasizes that it is a capability that can be developed and enhanced. That is, it can be learned and encouraged. The notion that interpersonal resilience can be fostered and promoted fits with our description of the factors that underscore interpersonal resilience. Perhaps the clearest illustration of this position is the concept of mattering. Key exposure to caring adults or to friends who make the young person feel significant and important can have a positive and transformative effect. However,

there are many ways to promote a sense of mattering in order to enhance interpersonal resilience. It is important to develop a sense of mattering outside the home in community and school settings. Several studies have utilized the Youth Risk Behavior Survey, which includes a one-item global assessment of mattering to the community. Unfortunately, only about half of the young people surveyed indicated that they mattered to some extent in their community (Murphey, Lamonda, Carney, & Duncan, 2004), and there seems to be much room for improvement in terms of finding meaningful ways to foster a sense of community mattering. Accordingly, analyses of ways to promote positive youth development have identified community support for mattering as essential in youth-based empowerment, and a call has been issued for youth to have genuine opportunities to make a contribution to their communities through leadership and volunteer activities that help to develop or strengthen a sense of mattering (National Research Council and Institute of Medicine, 2002).

One thing is abundantly evident is that any attempt to promote interpersonal resilience should ideally engage caregivers and significant others in the youth's social network (Bell, 2001). Caregivers can play a vital role in promoting key meta-cognitive messages and opportunities for role-modeling through the use of mentalizing, which helps to counteract the need for social approval and, instead, fosters self-compassion rather than self-criticism when negative interpersonal outcomes are experienced. School-based efforts to promote interpersonal resilience and other types of resilience will be undermined if the messages received in the family context are at odds with the themes being expressed at school.

Directions for Future Research

Coherent work is now needed to explore and illuminate the interpersonal resilience construct and evaluate our contention that interpersonal resilience is a potentially worthy target for intervention as a multi-dimensional construct. This work seems critical to understanding how best to support maltreated youth and to understand the particular relational challenges posed by CSA. In particular, the impact of gender on resilience processes, and the question of how CSA victimization influences very young males are issues in need of urgent empirical attention and partnerships among police, child welfare, public health, and researchers. Given that social wellbeing is an important aspect of positive development, it will be important to empirically establish that young people who are interpersonally resilient do indeed experience more positive social and health outcomes. Key issues involve investigating how interpersonal resilience relates to other types of resilience and whether it is possible to identify various developmental trajectories in interpersonal resilience. Programmatic research on the developmental experiences that foster interpersonal resilience among maltreated youth experience diversity in resources is focal.

It is also important to conduct research that examines the feasibility and usefulness of examining factors and processes that promote resilience from an interpersonal perspective. For instance, research on hope and optimism as general constructs can be modified to include an emphasis on interpersonally-based outcome expectancies. Also, it is important to study self-compassion following negative social interactions and experiences, including committing social blunders. Presumably, the person who is prone to social avoidance

and anxiety will become more resilient and higher in social functioning to the extent that they learn to become self-compassionate and self-accepting following blunders, and have increased experience with this new way of relating to the self. The person who is able to develop the ability to cognitively reappraise interpersonal experiences in a less threatening manner should be better able to bounce back from subsequent interpersonal adversity towards renewed social engagement.

Summary

In summary, we described the parameters of adverse childhood and adolescent experiences and potential links to a multi-faceted approach to interpersonal resilience, particularly with regard to the traumatic event of CSA. Interpersonal resilience is conceptualized as a social form of buoyancy or grit that involves a determination to bounce back from and withstand negative social feedback, negative interactions, and other adverse interpersonal experiences and events, such that other people do not have an undue influence on the self. A positive view of the self is at the centre of interpersonal resilience, and this is supported by an ability to adaptively disengage and maintain a strong sense of positive self-worth despite encountering experiences that could conceivably threaten the individual's self-image and sense of identity. The interpersonally resilient youth has a sense of interpersonal efficacy and high social self-esteem, especially in terms of a sense of mattering to other people. This positive view of the self in relation to others extends to interpersonal expectancies and a socially hopeful or optimistic approach that tends to influence the interpretation of social cues and life experiences.

Interpersonal resilience is advanced as a potentially promising target for children and adolescents, especially with respect to enhancing the self-righting and healing processes related to maltreatment. A restoration of balance in interpersonal dynamics seems especially potent for the victims of CSA, particularly the young CSA victim who is entering the social arena of school and can be supported towards socially relevant growth. The maltreated youth should not be put in positions of self-disadvantage by anyone, including him- or herself, or use interpersonal avoidance as the primary form of coping. The blame and shame belongs solely to his or her perpetrator(s). When laws and competent adults fail to step forward and safeguard children and adolescents, it becomes clear that the priority intervention needs to be child abuse prevention, coupled with an integrated dedication to fostering positive social-emotional learning and resilience.

Interpersonal resilience is expected to confer and increase as life unfolds, and be demonstrated most during critical life transitions that require significant adaptability. While it may be tempting to consider any individual with a high level of interpersonal resilience as an invulnerable person who is immune to interpersonal stressors, it is more reasonable to simply accept that everyone is strongly impacted by social stressors and setbacks. However, the interpersonally resilient person has learned how to bounce back from these experiences and proactively engage with others in ways that make it less likely that subsequent interpersonal stress will be experienced as devastations of the self. This person should then be able to withstand subsequent challenges.

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