



# Promoting Protective Factors for Victims of Child Abuse and Neglect: A Guide for Practitioners

Protective factors are conditions or attributes of individuals, families, communities, or the larger society that, when present, promote well-being and reduce the risk for negative outcomes. These factors may “buffer” the effect of risk exposure and, importantly, may help individuals and families negotiate difficult circumstances and fare better in school, work, and life.

## Why Focus on Protective Factors?

Children who experience abuse and neglect are likely to be exposed to other conditions that put them *at risk* for negative outcomes. In addition, these children are considered to be *in risk* as a result of the trauma they have suffered. Practitioners working with these children, youth, and families must address their immediate safety needs as well as consequences of trauma while also effectively building strengths and assets at the individual, relationship, and community levels. Intervention and prevention efforts intended to reduce risk factors can be effective, but they may also take longer to show evidence of impact.

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Building protective factors for victims of child abuse and neglect can help increase their resilience in the short term. It can also contribute to the promotion of skills, personal characteristics, knowledge, relationships, and opportunities that offset risk factors and contribute to improved well-being and positive longer term outcomes.

## Lessons From the Research Literature

To address the broad spectrum of the U.S. Department of Health and Human Services (HHS), Administration on Children, Youth and Families' (ACYF's) programs and populations, ACYF commissioned *Protective Factors for Populations Served by the Administration on Children, Youth and Families: A Literature Review and Theoretical Framework* (<http://www.dsgonline.com/ACYF>), a literature review and expert consultation effort that distilled findings on protective factors relevant to the five populations it serves: homeless and runaway youth, children exposed to domestic violence, victims of child abuse and neglect, youth in and aging out of foster care, and pregnant and parenting youth. As a result of that review, a general framework for organizing and applying protective factors was developed outlining the evidence for protective factors at the individual, relationship, and community levels.

The findings presented in this factsheet are based on a thorough review of current research that identifies specific protective factors that carry moderate or strong association with improved well-being for victims of child abuse and neglect. This review revealed the need to enhance the evidence base through further research and practice in order to better understand the measures for tracking progress and the policy context and strategies that contribute to effective interventions. For example, the scope and number of studies did not provide sufficient evidence to draw conclusions about the salience of protective factors for all developmental stages. A majority of studies focused on children and youth over the age of 12. The review also highlighted the importance of working at multiple levels to increase individual skills and capacities, strengthen relationships, and build capacity within the community.<sup>1</sup>

<sup>1</sup> Protective factors demonstrating evidence with general populations may also be protective for victims of child abuse and neglect. Omission of a factor here does not mean it cannot be protective for these youth; it primarily means that there is currently no strong or moderate evidence showing its protective nature for child abuse and neglect based on this literature review.

## Protective Factors

The following presents the 12 protective factors with the strongest evidence to date for victims of child abuse and neglect.

### Individual Level

- Sense of purpose
- Agency (self-efficacy)
- Self-regulation skills
- Relational skills
- Problem-solving skills
- Involvement in positive activities

### Relationship Level

- Parenting competencies
- Positive peers
- Parent or caregiver well-being

### Community Level

- Positive school environment
- Stable living situation
- Positive community environment

## Using Protective Factors for Victims of Child Abuse and Neglect

### Which individual skills and capacities can improve the well-being of children who have been abused or neglected?

At the individual level, evidence is strongest for the protective nature of characteristics such as self-efficacy and a sense of purpose as well as skills such as self-regulation skills, relational skills, and problem-solving skills for victims of child abuse and neglect. Involvement in positive activities is also related to positive outcomes in this population.

**Self-efficacy**, defined generally as having a positive internal locus of control, is related to resilience and improvements in internalizing behaviors (e.g., depression, anxiety, social withdrawal, somatic symptoms) for children who have experienced abuse or neglect. **A sense of purpose**, measured by attitudes toward religiosity, faith, or spirituality, is related to reductions in substance abuse

and antisocial conduct, less sexual activity, improvements in internalizing and externalizing behavior, and school performance.<sup>ii</sup>

**Self-regulation skills**, defined typically as the ability to control emotions and cognitive thought processes, are related to resilience, reductions in problematic mental health symptoms, fewer out-of-home placements, and reductions in stress and anxiety for children who have been abused or neglected.<sup>iii</sup> Increases in **problem-solving skills** are linked to improvements in academic performance, positive internalizing and externalizing behaviors, and fewer placement disruptions for this population.<sup>iv</sup> Also, **relational skills** that increase children's abilities to perform effectively in social situations offer important sources of protection for children who have been abused or neglected.<sup>v</sup>

Finally, **involvement in positive activities**, specifically school connectedness, commitment, and engagement, is associated with reductions in delinquency and other negative behaviors for children who have been abused or neglected.<sup>vi</sup>

### **How can parents, guardians, friends, and other adults contribute to the well-being of children and youth who have been abused or neglected?**

Parenting and peer factors play important roles in increasing protection for victims of child abuse and neglect.

**Parenting competencies**, such as setting clear expectations about children's behavior, using positive and consistent supervision and disciplinary practices, and rewarding children for good behavior, are strongly related to a wide range of positive outcomes for children who have experienced abuse or neglect.<sup>vii</sup> These outcomes include reductions in internalizing behaviors and decreases in substance use and other forms of antisocial conduct.

**Parental or caregiver well-being** (e.g., parents or caregivers with strong emotional skills, lower stress levels, and social supports) a key protective factor for children who are have experienced abuse or neglect.<sup>viii</sup>

**Positive peers** can also play an important protective role in the lives of abused or neglected children. Support from positive friends is related to lower levels of substance use, antisocial behavior, and suicide, as well as academic performance among children exposed to abuse and neglect.<sup>ix</sup>

### **How can we create a community that supports the well-being of victims of child abuse and neglect?**

Children who have been abused or neglected benefit from positive community and school environments and from stable living situations. A **positive school environment**, as measured by a positive school climate or effective programming in schools, was related to reductions in delinquency; use of alcohol, tobacco and other drugs; and other antisocial behaviors.<sup>x</sup> A **positive community environment**, as measured by neighborhood advantage, neighborhood cohesion, or informal social control, was related to resilience for victims of child abuse and neglect.<sup>xi</sup> A **stable living environment**, whether it is in a foster or adoptive home or living with both birth parents, is related to school success, higher levels of attachment, and fewer internalizing problems for children who have experienced abuse and neglect.<sup>xii</sup>

## **Where to Go From Here?**

Practitioners working with victims of child abuse and neglect have an important role to play in using protective factors as part of program strategies, and in continuing to develop the evidence base for protective factors in this population. Practitioners can do the following:

- **Assess existing direct services to determine the impact on individual protective factors**, including a sense of purpose, self-efficacy, self-regulation skills, relational skills, and problem-solving skills. Program components can include individual counseling, group counseling, and involving victims of child abuse and neglect in programs for the general population. Integrating children who have experienced abuse or neglect in general population programs can help them to connect with positive peers. Children and youth can benefit from participation in positive activities that are trauma-informed, but not based on their experience of abuse or neglect.

- **At the relationship level**, when the safety of children can be assured, provide services and supports for parents of children exposed to domestic violence. Practitioners can ensure that parents are connected to resources that can assist them in developing the parenting competencies, emotional skills, and social supports they need. While there are many programs addressing these important factors for parents, an appropriate program will have the capacity to work with parents whose children are victims of child abuse and neglect and incorporate a culturally sensitive approach. Additionally, efforts can be made to connect victims of child abuse and neglect to positive peers through programming and other activities.
- **At the community level**, collaborate with other agencies and community organizations to build protective factors. These kinds of factors incorporate many elements. For example, building a positive school environment refers to specific programs as well as general improvement in school climate. Collaboration will likely be necessary to address these factors.
- **Include an evaluation component** that will help build the evidence base for protective factors already showing some research support, as well as for those factors that have been useful in a practice context, but do not yet have evidence of impact. Practitioners have a unique opportunity to contribute to the understanding of how to effectively promote protective factors and how to measure meaningful changes at the practice level. In developing the framework, it was clear that other factors may also be protective, but the evidence is not yet sufficient. In that sense, the framework and supporting evidence can also be seen as a guide to future research.
- **Engage in advocacy, policy development, and community engagement activities** to inform policymakers about the importance of investing in evidence-based protective factors for victims of child abuse and neglect.

## Conclusion

No single program or initiative is likely to have the resources to address all pertinent factors, and it may not always be possible to incorporate protective factors at multiple levels. In such cases, the framework should be thought of as a guide to where collaboration might occur. If a program can work with one or two factors at the individual or relational levels, then this framework can help in selecting partners for collaboration who can address other evidence-based factors relevant to children who have been abused or neglected. This may include efforts to ensure that there are supports for children who have been abused or neglected at school and in the community, and making all efforts possible to ensure a stable living environment for them.

It is vital that practitioners who work with victims of child abuse and neglect use evidence-based strategies whenever possible. It can sometimes be difficult to identify programs and strategies that are designed specifically for this in-risk population. However, by focusing on enhancing the aforementioned protective factors, we can help ensure these in-risk youth have a better chance to enjoy positive life outcomes.

## Resources

### Promoting Protective Factors Factsheets

(Development Services Group, Inc. [DSG], & Child Welfare Information Gateway)

This factsheet is part of a series of factsheets for practitioners developed by DGS for ACYF. The series explores the importance of protective factors in working with the following in-risk populations served by ACYF:

- *Promoting Protective Factors for Children Exposed to Domestic Violence*  
<https://www.childwelfare.gov/pubs/factsheets/guide-domesticviolence/>
- *Promoting Protective Factors for Children and Youth in Foster Care*  
<https://www.childwelfare.gov/pubs/factsheets/guide-fostercare/>

- *Promoting Protective Factors for In-Risk Families and Youth*  
<https://www.childwelfare.gov/pubs/factsheets/in-risk/>
- *Promoting Protective Factors for Pregnant and Parenting Teens*  
<https://www.childwelfare.gov/pubs/factsheets/guide-teen/>
- *Promoting Protective Factors for Victims of Child Abuse and Neglect*  
<https://www.childwelfare.gov/pubs/factsheets/victimscan/>

### **Protective Factors for Populations Served by the Administration on Children, Youth, and Families: A Literature Review and Theoretical Framework**

(ACYF & DSG)

ACYF contracted DSG to examine the research and develop a literature review on protective factors relevant to ACYF's target populations. Information and resources gleaned from this examination helped inform this factsheet and aid the development of graphic models and a brief for researchers. Access the Protective Factors Literature Review, graphic models, and brief for researchers on the DSG website.

<http://www.dsgonline.com/ACYF>

### **Protective Factors Approaches in Child Welfare**

(Child Welfare Information Gateway)

This issue brief provides an overview of protective factors approaches to the prevention and treatment of child abuse and neglect. It is designed to help policymakers, administrators, child welfare and related professionals, service providers, advocates, and other interested individuals understand the concepts of risk and protective factors in families and communities and learn ways in which building protective factors can help to lessen risks for child abuse and neglect.

<https://www.childwelfare.gov/pubs/issue-briefs/protective-factors/?hasBeenRedirected=1>

### **Prevention Resource Guide**

(HHS's Children's Bureau, Office on Child Abuse and Neglect; Child Welfare Information Gateway; FRIENDS National Center for Community-Based Child Abuse Prevention; & Center for the Study of Social Policy—Strengthening Families)

This guide was created primarily to support community-based child abuse prevention professionals who work to prevent child maltreatment and promote well-being. Find information on protective factors approaches to promoting well-being, working with families using protective factors, engaging communities, and protecting children. The guide also includes tip sheets for parents and caregivers and activity calendars—in both Spanish and English. Access the guide through the National Child Abuse Prevention Month website.

<https://www.childwelfare.gov/topics/preventing/preventionmonth/resource-guide/>

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### **Endnotes**

<sup>i</sup> Bolger, K. E., & Patterson, C. J. (2001). Pathways from child maltreatment to internalizing problems: Perceptions of control as mediators and moderators. *Development and Psychopathology*, 13(4), 913–40.

Daigneault, I., Hébert, M., & Tourigny, M. (2007). Personal and interpersonal characteristics related to resilient developmental pathways of sexually abused adolescents. *Child and Adolescent Psychiatric Clinics of North America*, 16(2), 415–34.

Himelein, M. J. & McElrath, J. V. (1996). Resilient child sexual abuse survivors: Cognitive coping and illusion. *Child Abuse & Neglect*, 20(8), 747–58.

Kim, J., & Cicchetti, D. (2003). Social self-efficacy and behavior problems in maltreated and nonmaltreated children. *Journal of Clinical Child and Adolescent Psychology*, 32(1), 106–17.

<sup>ii</sup> Chandy, J. M., Blum, R. W., & Resnick, M. D. (1996). History of sexual abuse and parental alcohol misuse: Risk, outcomes and protective factors in adolescents. *Child and Adolescent Social Work Journal*, 13(5), 411–32.

Herrenkohl, T. I., Tajima, E. A., Whitney, S. D., & Huang, B. (2005). Protection against antisocial behavior in children exposed to physically abusive discipline. *Journal of Adolescent Health*, 36(6), 457–65.

Kim, J. (2008). The protective effects of religiosity on maladjustment among maltreated and nonmaltreated children. *Child Abuse & Neglect*, 32, 711–20.

Perkins, D. F., & Jones, K. R. (2004). Risk behaviors and resiliency within physically abused adolescents. *Child Abuse & Neglect*, 28(5), 547–63.

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

Schelble, J. L., Franks, B. A., & Miller, D. M. (2010). Emotion dysregulation and academic resilience in maltreated children. *Child Youth Care Forum*, 39, 289–303.

Kim, J., Cicchetti, D., Rogosch, F. A., & Manly, J. T. (2009). Child maltreatment and trajectories of personality and behavioral functioning: Implications for the development of personality disorder. *Development and Psychopathology*, 21, 889–912.

Curtis, W. J., & Cicchetti, D. (2007). Emotion and resilience: A multilevel investigation of hemispheric electroencephalogram asymmetry and emotion regulation in maltreated and nonmaltreated children. *Development and Psychopathology*, 19(3), 811–840.

Kim, J., & Cicchetti, D. (2010). Longitudinal pathways linking child abuse and neglect, emotion regulation, peer rejection, and psychopathology. *Journal of Child Psychology and Psychiatry*, 51, 706–716.

Cicchetti, E., & Rogosch, F. A. (2007). Personality, adrenal steroid hormones, and resilience in maltreated children: A multilevel perspective. *Development and Psychopathology*, 19, 787–809.

Flores, E., Cicchetti, D., & Rogosch, F. A. (2005). Predictors of resilience in maltreated and nonmaltreated Latino children. *Developmental Psychology*, 41(2), 338–51.

Kolko, D. J. (1996). Individual cognitive behavioral treatment and family therapy for physically abused children and their offending parents: A comparison of clinical outcomes. *Child Maltreatment*, 1, 322–42.

Berkowitz, S. J., Stover, C. S., & Marans, S. R. (2010). The child and family traumatic stress intervention: Secondary prevention for youth at risk of developing PTSD. *Journal of Child Psychology and Psychiatry*. Retrieved from <http://www.med.upenn.edu/traumaresponse/documents/cftsi.pub.pdf>.

Swenson, C. C., Schaeffer, C. M., Henggeler, S. W., Faldowski, R., & Mayhew, A. M. (2010). Multisystemic therapy for child abuse and neglect: A randomized effectiveness trial. *Journal of Family Psychology*, 24(4), 497–507.

Deblinger, E., Lippmann, J., & Steer, R. (1996). Sexually abused children suffering posttraumatic stress symptoms: Initial treatment outcome findings. *Child Maltreatment*, 1, 310–321.

Cohen, J. A., & Mannarino, A. P. (1996). A treatment outcome study for sexually abused preschool children: Initial findings. *Journal of the American Academy of Child and Adolescent Psychiatry*, 35(1), 42–50.

Cohen, J. A., Deblinger, E., Mannarino, A. P., & Steer, R. (2004). A multi-site randomized controlled trial for multiply traumatized children with sexual abuse-related PTSD. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43(4), 393–402.

<sup>iv</sup> Berkowitz, S. J., Stover, C. S., & Marans, S. R. (2010). The child and family traumatic stress intervention: Secondary prevention for youth at risk of developing PTSD. *Journal of Child Psychology and Psychiatry*. Retrieved from <http://www.med.upenn.edu/traumaresponse/documents/cftsi.pub.pdf>.

Coohy, C., Renner, L. M., Hua L., Zhange, Y. J., & Whitney, S. D. (2011). Academic achievement despite child maltreatment: A longitudinal study. *Child Abuse & Neglect*, 35, 688–99.

Kim, J., & Cicchetti, D. (2003). Social self-efficacy and behavior problems in maltreated and nonmaltreated children. *Journal of Clinical Child and Adolescent Psychology*, 32(1), 106–17.

Schultz, D., Tharp–Taylor, S., Haviland, A., & Jaycox, L. (2009). The relationship between protective factors and outcomes for children investigated for maltreatment. *Child Abuse & Neglect*, 33, 684–98.

Swenson, C. C., Schaeffer, C. M., Henggeler, S. W., Faldowski, R., & Mayhew, A. M. (2010). Multisystemic therapy for child abuse and neglect: A randomized effectiveness trial. *Journal of Family Psychology*, 24(4), 497–507.

<sup>v</sup> Berkowitz, S. J., Stover, C. S., & Marans, S. R. (2010). The child and family traumatic stress intervention: Secondary prevention for youth at risk of developing PTSD. *Journal of Child Psychology and Psychiatry*. Retrieved from <http://www.med.upenn.edu/traumaresponse/documents/cftsi.pub.pdf>.

Bolger, K. E., Patterson, C. J., & Kupersmidt, J. B. (1998). Peer relationships and self-esteem among children who have been maltreated. *Child Development*, 69(4), 1171–97.

Kim, J., & Cicchetti, D. (2003). Social self-efficacy and behavior problems in maltreated and nonmaltreated children. *Journal of Clinical Child and Adolescent Psychology*, 32(1), 106–17.

Kolko, D. J. (1996). Individual cognitive behavioral treatment and family therapy for physically abused children and their offending parents: A comparison of clinical outcomes. *Child Maltreatment*, 1, 322–42.

McLewin, L.A., & Muller, R. T. (2006). Attachment and social support in the prediction of psychopathology among young adults with and without a history of physical maltreatment. *Child Abuse & Neglect*, 30, 171–91.

Schultz, D., Tharp–Taylor, S., Haviland, A., & Jaycox, L. (2009). The relationship between protective factors and outcomes for children investigated for maltreatment. *Child Abuse & Neglect*, 33, 684–98.

Swenson, C. C., Schaeffer, C. M., Henggeler, S. W., Faldowski, R., & Mayhew, A. M. (2010). Multisystemic therapy for child abuse and neglect: A randomized effectiveness trial. *Journal of Family Psychology*, 24(4), 497–507.

<sup>vi</sup> Herrenkohl, T. I., Tajima, E. A., Whitney, S. D., & Huang, B. (2005). Protection against antisocial behavior in children exposed to physically abusive discipline. *Journal of Adolescent Health*, 36(6), 457–65.

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

Zingraff, M. T., & Leiter, J. (1995). *Deflecting maltreated children from delinquency: Cross-sectional & longitudinal analyses of the mediating role of school achievement & participation*. Retrieved from <https://www.ncjrs.gov/pdffiles1/Digitization/162019NCJRS.pdf>.

- vii Chaffin, M., Hecht, D., Bard, D., Silovsky, J. F., & Beasley, W. H. (2012). A statewide trial of the SafeCare home-based services model with parents in child protective services. *Pediatrics*, *129*(3), 509–15.
- Collishaw, S., Pickles, A., Messer, J., Rutter, M., Shearer, C., & Maughan, B. (2007). Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample. *Child Abuse & Neglect*, *31*(3), 211–29.
- Herrenkohl, E. C., Herrenkohl, R. C., & Egolf, B. (1994). Resilient early school-age children from maltreating homes: Outcomes in late adolescence. *American Journal of Orthopsychiatry*, *64*, 301–309.
- Kim–Spoon, J., Haskett, M. E., Longo, G. S., & Nice, R. (2012). Longitudinal study of self-regulation, positive parenting, and adjustment problems among physically abused children. *Child Abuse & Neglect*, *36*(2), 95–107.
- Kolko, D. J. (1996). Individual cognitive behavioral treatment and family therapy for physically abused children and their offending parents: A comparison of clinical outcomes. *Child Maltreatment*, *1*, 322–42.
- Lansford, J. E., Malone, P.S., Stevens, K. I., Dodge, K. A., Bates, J. E., & Pettit, G. S. (2006). Developmental trajectories of externalizing and internalizing behaviors: Factors underlying resilience in physically abused children. *Development and Psychopathology*, *18*, 35–55.
- Lundahl, B. W., Nimer, J., & Parsons, B. (2006). Preventing child abuse: A meta-analysis of parent training programs. *Research on Social Work Practice*, *16*(3), 251–62.
- Prinz, R. J., Sanders, M. R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population-based prevention of child maltreatment: The U.S. Triple P system population trial. *Prevention Science*, *10*(1), 1–12.
- viii Berkowitz, S. J., Stover, C. S., & Marans, S. R. (2010). The child and family traumatic stress intervention: Secondary prevention for youth at risk of developing PTSD. *Journal of Child Psychology and Psychiatry*. Retrieved from <http://www.med.upenn.edu/traumaresponse/documents/cftsi.pub.pdf>.
- Rosenthal, S., Feiring, C., & Taska, L. (2003). Emotional support and adjustment over a year's time following sexual abuse discovery. *Child Abuse & Neglect*, *27*(6), 641–61.
- Williams, J., & Nelson–Gardell, D. (2012). Predicting resilience in sexually abused adolescents. *Child Abuse & Neglect*, *36*(1), 53–63.
- ix Bolger, K. E., Patterson, C. J., & Kupersmidt, J. B. (1998). Peer relationships and self-esteem among children who have been maltreated. *Child Development*, *69*(4), 1171–97.
- Collishaw, S., Pickles, A., Messer, J., Rutter, M., Shearer, C., & Maughan, B. (2007). Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample. *Child Abuse & Neglect*, *31*(3), 211–29.
- Herrenkohl, T. I., Tajima, E. A., Whitney, S. D., & Huang, B. (2005). Protection against antisocial behavior in children exposed to physically abusive discipline. *Journal of Adolescent Health*, *36*(6), 457–65.
- Perkins, D. F., & Jones, K. R. (2004). Risk behaviors and resiliency within physically abused adolescents. *Child Abuse & Neglect*, *28*(5), 547–63.
- Schultz, D., Tharp–Taylor, S., Haviland, A., & Jaycox, L. (2009). The relationship between protective factors and outcomes for children investigated for maltreatment. *Child Abuse & Neglect*, *33*, 684–98.
- x Perkins, D. F., & Jones, K. R. (2004). Risk behaviors and resiliency within physically abused adolescents. *Child Abuse & Neglect*, *28*(5), 547–63.



Crooks, C. V., Scott, K., Ellis, W., & Wolfe, D. (2011). Impact of a universal school-based violence prevention program on violent delinquency: Distinctive benefits for youth with maltreatment histories. *Child Abuse & Neglect*, 35(6), 393–400.

<sup>xi</sup> DuMont, K. A., Widom, C. S., & Czaja, S. J. (2007). Predictors of resilience in abused and neglected children grown-up: The role of individual and neighborhood characteristics. *Child Abuse & Neglect*, 31(3), 255–74.

Jaffee, S. R., Caspi, A., Moffitt, T. E., Polo-Tomás, M., & Taylor, A. (2007). Individual, family, and neighborhood factors distinguish resilient from nonresilient maltreated children: A cumulative stressors model. *Child Abuse & Neglect*, 31(3), 231–53.

<sup>xiii</sup> Bos, K., Zeanah, C. H., Fox, N. A., Drury, S. S., McLaughlin, K. A., & Nelson, C. A. (2011). Psychiatric outcomes in young children with a history of institutionalization. *Harvard Review of Psychiatry*, 19(1), 15–24.

Croft, C., Beckett, C., Rutter, M., Castle, J., Colvert, E., Groothues, C., ... Sonuga-Barke, E. J. S. (2007). Early adolescent outcomes of institutionally-deprived and non-deprived adoptees. II: Language as a protective factor and a vulnerable outcome. *Journal of Child Psychology and Psychiatry*, 48(1), 31–44.

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



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