

A Comparison of Youth Resilience across Seven South African Sites

Adrian D. van Breda

adrian@vanbreda.org

Paper accepted for publication by *Child & Family Social Work*

Abstract

The resilience of children and youth is an increasingly important area of research. Young people growing up in distressed communities, characterised by poverty, crime and family troubles, are particularly vulnerable. Resilience can assist these young people in navigating through these challenges towards independent living, particularly as they transition out of adolescence and into young adulthood. Children in South Africa are almost universally vulnerable, but children growing up in residential care facilities and children from poverty stricken communities are particularly in need of resilience. This quantitative study of 575 South African children compared their resilience in terms of individual, family and community protective factors across seven sites, including child and youth care centres, schools in poor communities and schools in middle class suburban communities. Contrary to expectations, the study found that children in one of the children's homes and one of the poor communities had the highest levels of resilience. Moreover, all but one of the sites scored very high on at least one of the resilience variables, suggesting unique profiles of resilience across the sites. Practice implications for child and family social work are discussed.

Key words

Resilience; children in care; poverty; young people; school

Introduction

Resilience is increasingly recognised as an important facet of a holistic understanding of children and youth (Masten, 2001). This is particularly so among children who experience adversity, such as growing up in poverty, experiencing abuse or suffering multiple losses. Such experiences are all too common among young people in South Africa, and the negative impacts of such adversity can be seen among young people in the years soon after leaving school (Van Breda, 2013). Social workers in the child and family welfare field and social workers in schools are ideally placed to nurture the resilience of young people. This will help them to deal constructively with current adversity and is an investment in their future capacity to overcome adversity.

There has, however, been relatively little research on the resilience of South African youth. Theron and Theron (2010) identified a total of 23 published articles between 1990 and 2008 on the subject. Nine of these used a quantitative design and only two of these had samples exceeding 400 participants. None of the quantitative studies made comparisons across different types of sites – they focused on residential settings, schools or communities, but none included two or more dissimilar settings.

This paper seeks to contribute to the small body of literature on child and youth resilience in South Africa by comparing the resilience of young people across multiple sites, including Child and Youth Care Centres (CYCCs), schools in poverty-stricken communities and schools in middle-class suburbs, using a larger and racially diverse sample. The purpose of the study is to identify differential patterns of resilience across these sites. It is expected that these patterns may provide helpful guidelines for social workers working with children and youth.

Resilience Theory

Resilience, in layman's terms, is the capacity to 'bounce back' after a period of adversity. Vaillant (1993) says that "resilience conveys both the capacity to be bent without breaking and the capacity, once bent, to spring back." Resilience incorporates both adversity and strength, distinguishing it from, for example, the strengths perspective in social work, which emphasises only the strengths (Saleebey, 2008). Van Breda (2001) has operationally defined resilience as "the ratio between the presence of protective factors and the presence of hazardous circumstances". The central research question asked by resilience researchers is (Van Breda, 2001), "Why, when people are exposed to the same stress which causes some to become ill, do some remain healthy?"

There is considerable debate, and confusion, about whether resilience is a process or an outcome (Olsson *et al.*, 2003). There is a large body of literature that speaks of resilience as a process – as people engaging in creative ways within contexts of adversity, utilising protective mechanisms and processes to minimise risk factors. This view of resilience is captured by Van Breda's definition above. There is a growing body of literature that speaks of resilience as an outcome – as people showing well-being and pro-social functioning in spite of the experience of adversity. This view is captured by Vaillant's definition above. Ungar (2004) expresses this distinction nicely when he writes that resilience "may refer to either the state of well-being achieved by an at-risk individual (as in he or she *is resilient*) or to the characteristics and mechanisms by which that well-being is achieved (as in he or she *shows resilience to* a particular risk)".

There is, perhaps, general, if tentative, agreement that resilience involves a complex mix of chains of protective mechanisms that, in the face of complex mixes of risks and vulnerabilities, facilitate positive adaptation or adjustment (Olsson *et al.*, 2003). Resilience can thus be thought of as a process of resiling that leads to a resilience outcome. Much empirical research on resilience has started with an outcome view of resilience (identifying those individuals who have overcome adversity) and then moved towards a process view (identifying the resilience or protective mechanisms that differentiate more resilient from less resilient individuals).

The pioneering work of Kobasa (1979) on ‘hardiness’ is a good example of this. In her first studies she identified samples of executives who had similarly high levels of stressful life events (i.e. adversity) but had different levels of ill-health (i.e. resilience outcomes). She then administered the same tests to both groups and identified dimensions that effectively discriminated between them. These dimensions eventually comprised the construct ‘hardiness’ (i.e. resilience as a process or protective mechanism) which involves a commitment to invest in one’s life situation, a perception of having control over one’s circumstances and a belief that change or challenge, rather than stability, is the normal mode of life. Here we see resilience as process and resilience as outcome operating in an integrated fashion.

Resilience processes or protective mechanisms can be located at different levels of the ecosystem. Many writers (e.g. Betancourt *et al.*, 2011) have shown that resilience processes can be located at individual, family and community levels. Earlier research on resilience tended to emphasise individual resilience mechanisms, such as hardiness or self-esteem. These resilience mechanisms are located inside the individual. Some are deeply nested in the psyche of the individual (such as optimism, which is a deep-seated orientation towards the world) or in their genetic makeup (Rutter, 2003). Others are learned patterns of behaviour or thinking (such as self-efficacy (Bandura, 1982) and learned resourcefulness (Rosenbaum & Ben-Ari, 1985) which are skills that can be learned).

The family has increasingly been recognised as a vital source of resilience for individuals, particularly children and youth (Walsh, 2007). Attachment theory has been helpful in explaining the ways healthy and supportive parent-child relationships strengthen children, enabling them to more successfully negotiate the challenges and vulnerabilities of life (Masten *et al.*, 2011). Even among children growing up with high risk factors and in highly deprived contexts, a stable and caring relationship with a caregiver in the early years of life has been shown to be significantly protective across the life span (Werner, 2013). In addition to viewing families as a source of resilience

mechanisms for children, one can also think of the resilience of the family itself, as a system (McCubbin & McCubbin, 1996).

The community or social environment surrounding children has been found to be an important source of resilience for vulnerable children. The school, in particular, can provide vital protection to vulnerable children (Gilligan, 2000), as a place of refuge, secondary caregiving relationships, the development of important resilience-promoting life skills and the acquisition of an education that facilitates a pathway out of poverty. Similarly, the broader community provides valuable resilience mechanisms for children and youth (Betancourt *et al.*, 2011), such as adult role models and mentors, cultural beliefs and practises and social capital. While much of this research conceptualises the community as a repository of resources for individuals, one can go further to think about the resilience of the community as a whole, which would enable communities (including children, youth and families) to recover from community-level adversities such as natural disasters (Ungar, 2011).

In addition to thinking of resilience as mechanisms located in individuals, families and communities, researchers are increasingly emphasising the interactive and process dimensions of resilience. For example, Ungar (2012) writes that:

...resilience is both the capacity of individuals to *navigate* their way to the psychological, social, cultural, and physical resources that build and sustain their well-being, and their individual and collective capacity to *negotiate* for these resources to be provided and experienced in culturally meaningful ways.

Van Breda (2014) has illustrated these social processes of navigating and negotiating in his study of young men who have left residential care. He found that the resilience of these young people was not related merely to the availability of resources in the social environment, but also to the agency shown by young people as they identify these resources, recognise them as opportunities and mobilise or activate them towards helpful engagement. Such processes take place at the interface between people and their environments.

A resilience perspective on young people in and leaving residential care has become increasingly prominent (Stein, 2006). This is in part because young people in and leaving care are among the most vulnerable of all young people. Children typically wind up in care when all other care options have failed, perhaps due to serious behavioural problems or profoundly depleted families and communities. It is therefore not surprising that studies have shown young people leaving care to have poorer outcomes than young people in the general population, in terms of independent living

arrangements, engagement in employment, education or training, drug and alcohol use, crime, etc. (e.g. Broad, 2005; Dixon & Stein, 2005; Mendes *et al.*, 2011). This has lead Stein (1997) to write, “Statistics about young people leaving care make depressing reading.”

It is in light of these findings that the current study sought to compare the resilience of youth in a variety of settings, including both children’s homes and regular schools where children are living at home with their family. Given the high vulnerability of young people in care and the poor outcomes they show after leaving care, I expected that they would show lower levels of resilience than children living at home with their families. Furthermore, because of the high rates of poverty in some South African communities, and the research that shows that poverty is associated with psychosocial vulnerability (Cluver *et al.*, 2013; Fraser *et al.*, 2004), I also expected that children from schools in poorer communities would show lower levels of resilience than children from schools in wealthier communities.

Of course, this clustering of resilience and vulnerability is not correct, because resilience is the capacity of people to transcend their vulnerability, that is, to have positive outcomes despite being vulnerable. Thus, we can expect to find resilient individuals in poor communities and children’s homes who do not conform to the general pattern of vulnerability leading to negative outcomes. That is the whole point of resilience research. Nevertheless, given that resilience is, to a significant extent, the repertoire of resources and assets that an individual can draw on to bounce back from vulnerability and risk, children living in deprived contexts are likely, on average, to have a smaller and less robust repertoire than children in more advantaged contexts. In this regard, Ungar (2012) writes, “Though individual level [resilience] variables are important and may co-vary with changes to the environment, more change can be accounted for by environment-level variation than by individual factors.”

Methodology

Study Design. The data reported here were collected as part of a larger validation study of a measure of the resilience of youth exiting residential (or other forms of alternative) care. This was, therefore, a quantitative, survey-based, validation design. The validation methodology of Van Breda (2010) was utilised, which is based on, among others, the work of econometricists Walter Hudson (1982) and Annatjie Faul (1995), as well as key psychometric writers (e.g. Nunnally & Bernstein, 1994).

Population, Sampling & Recruitment. The population for this study was defined as South African young people in the age range of 14 to 21 years (the age range that the scale was intended for). From this population, the bulk of which constitutes children (people under the age of 18), I aimed to sample at least 500 participants, as required for a validation study (Orme & Hudson, 1995). Seven sites were identified for data collection. These sites were selected to provide diversity among the validation sample, thus included high schools and Child and Youth Care Centres in three provinces, covering the full age range and ensuring racial and cultural diversity and good representation of those in the lower socioeconomic brackets.

Sites were approached by a member of the research team, usually based on an existing relationship with someone at the site. The key decision maker (usually the principal) of the site was provided with an information letter and organisational consent form. Within each site, specific groups of children were identified, to provide diversity of ages for the overall validation sample. These children were given a participant information sheet and consent form. For children under 18 years, both the parents' and the child's consent was required. 598 children participated in the study.

Data Collection Tool. Participants completed a 209-item scale scored on a five-point Likert scale and a collection of demographic items. The bulk of the questionnaire (187 items) comprised the Girls & Boys Town Questionnaire for Care-Leavers which I, together with a team from Girls and Boys Town, designed. This section of the questionnaire comprised 26 subscales. Five of these subscales plus an additional 24 items from the remaining 21 subscales were deleted through the validation. The final version of this section of the scale, which is used in this paper, thus comprised 21 subscales and 117 items (Table 1). All subscales had an alpha coefficient of at least .70. A multiple group confirmatory analysis, a form of confirmatory factor analysis developed by Hudson (in Van Breda, 2010), was conducted to ensure construct validity.

The Impression Management Index (Van Breda & Potgieter, 2007), a scale that measures social desirability and that was developed and validated in South Africa, was integrated into the questionnaire.

Data Analysis. Data were analysed in SPSS. Questionnaires that were less than 80% completed, viz. 21 questionnaires (3.5%), were deleted from the dataset, based on Hudson's (1982) recommendation for an 'adequately' completed questionnaire. In addition, questionnaires that demonstrated very high levels of impression management were deleted, viz. two questionnaires (0.3%). The final dataset comprised 575 questionnaires.

All scales were scored using Hudson's (1982) Universal Scoring Formula, which produces a scale score that can range from 0 to 100, approximating a percentage, with higher scores indicating higher levels of resilience. The data were analysed using a series of one-way ANOVAs, with the scale scores as dependent variables and the seven sites as the multiple independent variables. Significance was set at $p < .05$

Ethical Considerations. The ethical risks of this study were relatively low because the participants were not involved in an intervention that could potentially cause harm, and the questions in the questionnaire focus towards the positive aspects of life and do not obviously dig into painful life experiences. Nevertheless, any research with children has risks. These risks were reduced by obtaining written permission from the heads of each site, obtaining child and parental consent for participation, conducting data collection in participation with the sites, ensuring the anonymity of the data and arranging with sites to have referral mechanisms in place in case participants required counselling. The University of Johannesburg's Faculty of Humanities Ethics Committee gave ethical approval to the study.

Results

The sample of 575 participants had an average age of 16.8 years, with ages ranging from 13 to 21. The majority of participants (84%) were aged 15-18 years. Participants were drawn from Grades 7 to 12, with the majority (83%) in Grades 10-12. The sample was skewed towards females: 58% girls and 42% boys. The majority (59%) of participants were Black Africans, followed by 26% Coloured (mixed race), 10% White and 5% Indian. Table 2 provides a thumbnail sketch of each site. The sites are sorted in ascending order of anticipated resilience results, based on levels of contextual vulnerability.

Eight of the 21 resilience factors produced nonsignificant differences across the seven sites (Table 3).

Thirteen of the 21 resilience factors showed statistically significant differences across the seven sites (Table 4). The two sites with the highest scores per resilience factor are shaded in dark grey, while the two sites with the lowest scores are shaded in light grey.

Site 2 has the most resilient profile overall (with a mean score of 65.2%) and scores among the top two sites in 10 of the 13 resilience factors that showed a statistically significant difference across

sites and among the lowest two sites in none of the resilience factors. It should be noted, however, that Site 2 has the highest Impression Management Index (IMI) score across the seven sites, at 16.5%; the second highest IMI score is 13.6% and the lowest is 9.4%. However, the IMI interpretation guidelines state that scores under 58% can be considered not to show evidence of impression management (Van Breda & Potgieter, 2007) and the data in the IMI validation had mean scores ranging from 49% to 70%. Thus this score of 16.5%, while statistically higher than the other sites, does not appear to evidence meaningful levels of impression management.

Site 3 has the second most resilient profile, with a mean resilience score of 63.5%. It scores in the top two on six of the resilience factors, but among the lowest two sites on three factors.

Sites 6 and 4 obtained similar mean resilience scores. Site 6 has a mean resilience score of 62.9% and scores among the top two sites on four factors and among the lowest two sites on one. Site 4 has a mean score of 62.1% and scores among the top two sites on just one factor and among the lowest two on three.

Sites 1, 7 and 3 obtained similarly low mean resilience scores. Site 1 has the third lowest mean resilience score of 60.9% and scores among the top two sites on four factors and among the lowest on five. Site 7 has the second lowest mean score of 60.3%, scoring among the top two on three factors and among the lowest on eight. Finally, site 3 has the lowest mean resilience score of 59.9%, scoring among the top two sites on none of the resilience factors and among the lowest two on six factors. It should here also be noted that Sites 3 and 1 had the two lowest IMI scores (9.4% and 8.5% respectively).

A close inspection of the rank orders of the 13 resilience factors that differed significantly across sites reveals that all but one site (Site 3) obtained a top two resilience score for at least one of the resilience factors, and that all but two sites (Sites 3 and 4) obtained the highest score on at least one of the resilience factors. Even Site 7, which scored second lowest overall, obtained the highest mean resilience scores for love relationships and distress tolerance.

Discussion

The resilience profiles of the seven sites did not conform to expectations, namely that children drawn from children's homes would be more vulnerable and consequently less resilient than children drawn from schools and that children drawn from schools in poorer neighbourhoods would be less resilient than children drawn from wealthier neighbourhoods.

The site with the highest resilience profile (Site 2) is a residential children's facility, where all the children have been placed in care through the Children's Court. Under the present welfare approach in South Africa, placements in residential care are a last resort, suggesting that these children come from disturbed social environments and presumably are more vulnerable than children who are not placed in residential care. Other than Site 1 (which is also a children's home), all the other sites were schools and only six of the 508 children at these schools reported living in a children's home. Thus the comparison is between 48 children in children's homes and 502 children not living in a children's home. However, the resilience profile of Site 2 is particularly strong, almost two percentage points higher than the second highest site. It was noted that this group was more prone to impression management than the other sites, perhaps account for a slight inflation of their resilience scores. However, it was also noted that the level of impression management among this group was still well within acceptable standards.

A possible explanation for this finding is that children in a children's home are required to be professionally assessed leading to an individual development plan that is implemented by professional social workers and/or child and youth care workers. A children's home is intended to operate as a therapeutic milieu, that is, the whole living environment is intended to have therapeutic value – every social exchange with other children or staff is engineered towards the child's psychosocial development. In other words, a good children's home will provide high quality 'parenting' and psychosocial development opportunities to its children. For many children, such an environment may create more opportunities for the development of resilience than among children living at home.

This explanation challenges the commonly held perception that children in children's homes are in some way 'damaged'. While these children may well come from 'damaged' families and communities, and may well themselves be 'damaged', the intensive social environment of the children's home can be significantly restorative, and such children can become strongly resilient. Of course, not all children's homes necessarily provide good care, and some children may be better off at home than in a children's home. This points to the need for children's homes to optimally utilise the opportunity they are presented with to develop the children in their care, building the children's resilience so that they are able to succeed when they leave care.

This result does not necessarily contradict the finding that children who leave alternative care have poorer outcomes than children who leave home (e.g. Cashmore & Paxman, 2007; Mendes *et al.*,

2011; Ward *et al.*, 2003). These data give us a picture only of children who are still in care (whether alternative or family). It is not certain that children who leave alternative care will do better than children who leave home, simply because while in care they have higher levels of resilience.

The other children's home in this study, Site 1, did not obtain a positive resilience profile, however, ranking third lowest. This confirms that children from children's homes are not inevitably resilient. Site 1 provides care to a particularly vulnerable group of young people, namely refugee and unaccompanied foreign children. Their status as 'foreigner' results in various identity complexes, a lack of belonging and real or perceived discrimination and xenophobia. This, in particular, may account for the low scores on family relationships, community relationships and community safety. Thus, it is important to examine the social ecology of each group of children when interpreting their resilience. Nevertheless, I had expected the children from Site 1 to have the lowest resilience profile given their highly vulnerable status, thus the fact that they are not among the lowest two groups suggests that the programme offered in this facility may be effective in strengthening their resilience.

A second surprise finding was the comparatively higher scores for Sites 5 and 6 in comparison with Site 7. Site 7 is a suburban school that was a privileged Whites-only public school under the apartheid dispensation. While the racial profile of the school has changed, the children still come from relatively well-resourced communities and financially stable families. Sites 5 and 6, by contrast, are private, but low-fee or no-fee schools located in poor communities, geared towards very poor children. Based on the substantial differences in social environment, I expected to see lower resilience at Sites 5 and 6 compared with Site 7. Yet the reverse is the case. In particular, Site 5 had the second highest overall resilience profile, suggesting that children from very poor communities, unable even to afford schooling, can be highly resilient.

This finding challenges the notion that well-resourced social ecologies generate higher levels of resilience than poorly-resourced social ecologies. As Saleebey (2008) has long said, even the poorest of communities are full of resources that individuals can draw on. In addition, the staff at Sites 5 and 6 appeared, during the data collection processes, to be especially committed and passionate about their work with young people and were certainly doing more than providing a school education. They were invested in developing the whole child, and in the case of Site 6 the family as well (by providing training and volunteering opportunities to parents). It is thus likely that through a variety of opportunities, similar in some ways to those provided to children in children's homes, these children coming from disadvantaged and vulnerable communities are able to acquire

significant resilience resources that may assist them in navigating through the challenges of their social environment.

A third surprise finding is that, with one exception, each of the sites showed significantly higher resilience than other sites in at least one domain. This raises important questions about the appropriateness of group-based research on resilience. In this study I have averaged the scores for the 13 resilience factors to construct an overall measure of the resilience of each group of children. This implies that groups that score higher across the range of resilience factors are more resilient than those who score lower across the range of resilience factors. But it is quite possible that an individual does not need to be resilient on all the factors to be resilient. Perhaps an individual can be resilient on just one or two. For example, a child who has very strong family relationships may be resilient, even in the absence of teacher relationships, community safety and spirituality. Different types of resilience may be salient and efficacious for different children, and a small handful of resilience factors may be sufficient for the child's resilience, regardless of the lack of resilience in other domains.

Site 6 is a useful example of this. The overall findings place this school as third highest in resilience, as discussed in the previous section. However, they scored highest across the seven sites on only one resilience factor, namely teacher relationships. By contrast, Sites 7 and 1, which were second and third lowest overall, scored highest on two resilience factors. For Site 6, however, it seems that this one resilience factor may be a linchpin in the children's resilience profile counterbalancing the relative lacks in other aspects of resilience. This is supported by the markedly higher score obtained compared to the other sites: 86.1% compared with the second highest score of 81.7% and the lowest score of 70.3%. In an otherwise deprived social environment, the children at Site 6 appear to draw significantly from their relationships with their teachers at school, complemented by supportive family and community relationships and strong spirituality, to form a solid resilience profile, even though the other resilience factors are much less impressive.

Implications and Conclusion

These results suggest that any group of children and indeed any child can be resilient, regardless of their social environment – children from a children's home or children from impoverished communities can have resilience that equals or exceeds the resilience of children from wealthier and better resourced communities. Although this study does not intend to provide a case study of each of the seven sites, it does seem that the sites with the highest levels of resilience invest significant effort in the psychosocial development of the children in their care. This includes two schools,

where the educational focus of the institution may be thought to limit the contribution to children's resilience, compared with a children's home which has a much greater mandate to work on the holistic psychosocial development of vulnerable children. It seems that schools can play a major role in developing the resilience of children in vulnerable communities.

Relationships emerge as of particular significance in this study, accounting for five of the 13 resilience constructs that emerged as significantly different across sites. Environmental factors account for another two – community safety and social activities. Together, half of the significantly different resilience constructs involve the children's social ecology. This is a useful finding for schools and social welfare institutions providing care to children, because relationships can be cultivated anywhere, even in the most deprived communities. Teachers can nurture individualised relationships with their children, modelling healthy adult patterns of living, providing spaces for children to be heard and validated, and linking children with psychosocial support services when needed. Children can be linked to mentors in their community and loving family relationships can be fostered. Relationship building does not require funding or infrastructure – conversation between a teacher and a child can take place under a tree during a break.

Schools are also ideally placed to provide a hub of community-based support to families. Schools could make facilities available for families to generate an income through, for example, sewing, food gardening or crafts. Schools could provide facilities and human resources for skills development, such as adult literacy, budgeting or parenting. Schools could provide a base for social workers or community development workers to reach out to children and their families in a local community.

Similarly, social workers and child and youth care workers in residential children's homes can play a meaningful and influential role in developing the resilience of the children in their care, taking on a parental role. The sustained and intensive relationships that can be developed in a residential setting can be valuable in promoting children's resilience.

Recognising and cherishing the unique resilience profile of each child, as well as the social and cultural resilience of the social environment, is vital. This study supports the notion that there are strengths and protective factors in every environment. Identifying and developing these can equip children and young people with the kinds of skills required for a lifetime of overcoming the inevitable challenges of life and for progressing towards independent living and active citizenship.

References

- Bandura, A. (1982) Self-efficacy mechanism in human agency. *American Psychologist*, **37**, 122-147.
- Betancourt, T.S., Meyers-Ohki, S., Stulac, S.N., Elizabeth Barrera, A., Mushashi, C. & Beardslee, W.R. (2011) Nothing can defeat combined hands (Abashize hamwe ntakibananira): Protective processes and resilience in Rwandan children and families affected by HIV/AIDS. *Social Science & Medicine*, **73**, 693-701.
- Broad, B. (2005) Young people leaving care: Implementing the children (Leaving Care) Act 2000? *Children & Society*, **19**, 371-384.
- Cashmore, J. & Paxman, M. (2007) Longitudinal study of wards leaving care: Four to five years on. Social Policy Research Centre, Sydney.
- Cluver, L., Boyes, M., Orkin, M. & Sherr, L. (2013) Poverty, AIDS and child health: Identifying highest-risk children in South Africa. *SAMJ: South African Medical Journal*, **103**, 910-915.
- Dixon, J. & Stein, M. (2005) *Leaving care: Throughcare and aftercare in Scotland*. Jessica Kingsley, London.
- Faul, A.C. (1995) Scale development in social work. Rand Afrikaans University, Johannesburg, South Africa.
- Fraser, M.W., Kirby, L.D. & Smokowski, P.R. (2004) Risk and resilience in childhood. In: *Risk and resilience in childhood: An ecological perspective* (ed M.W. Fraser), pp. 13-66. NASW, Washington, DC.
- Gilligan, R. (2000) Adversity, resilience and young people: The protective value of positive school and spare time experiences. *Children & Society*, **14**, 37-47.
- Hudson, W.W. (1982) *The Clinical Measurement Package: A field manual*. Dorsey, Homewood, IL.

- Kobasa, S.C. (1979) Stressful life events, personality, and health: An inquiry into hardiness. *Journal of Personality and Social Psychology*, **37**, 1-11.
- Masten, A., Monn, A. & Supkoff, L. (2011) Resilience in children and adolescents. In: *Resilience and mental health: Challenges across the lifespan* (eds S. Southwick, B. Litz, D. Charney & M. Friedman), pp. 103-119. Cambridge University Press, Cambridge, UK.
- Masten, A.S. (2001) Ordinary magic: Resilience processes in development. *American Psychologist*, **56**, 227-238.
- McCubbin, M.A. & McCubbin, H.I. (1996) Resiliency in families: A conceptual model of family adjustment and adaptation in response to stress and crises. In: *Family assessment: Resiliency, coping and adaptation: Inventories for research and practice* (eds H.I. McCubbin, A.I. Thompson & M.A. McCubbin), pp. 1-64. University of Wisconsin, Madison, WI.
- Mendes, P., Johnson, G. & Moslehuddin, B. (2011) *Young people leaving state out-of-home care*. Australian Scholarly Publishing, Melbourne, Australia.
- Nunnally, J.C. & Bernstein, I.H. (1994) *Psychometric theory*. McGraw-Hill, New York City, NY.
- Olsson, C.A., Bond, L., Burns, J.M., Vella-Brodrick, D.A. & Sawyer, S.M. (2003) Adolescent resilience: A concept analysis. *Journal of Adolescence*, **26**, 1-11.
- Orme, J.G. & Hudson, W.W. (1995) The problem of sample size estimation: Confidence intervals. *Social Work Research*, **19**, 121-127.
- Rosenbaum, M. & Ben-Ari, K. (1985) Learned helplessness and learned resourcefulness: Effects of noncontingent success and failure on individuals differing in self-control skills. *Journal of Personality and Social Psychology*, **48**, 198-215.
- Rutter, M. (2003) Genetic Influences on risk and protection: Implications for understanding resilience. In: *Resilience and vulnerability: Adaptation in the context of childhood adversities* (ed S.S. Luthar), pp. 489-509. Cambridge University Press, New York.
- Saleebey, D. ed. (2008) *The strengths perspective in social work practice*. Allyn & Bacon, Boston, MA.

- Stein, M. (1997) What works in leaving care? Summary. Barnardo's, Basildon, UK.
- Stein, M. (2006) Young people aging out of care: The poverty of theory. *Children and Youth Services Review*, **28**, 422-434.
- Theron, L.C. & Theron, A.M. (2010) A critical review of studies of South African youth resilience, 1990-2008: review article. *South African Journal of Science*, **106**, 1-8.
- Ungar, M. (2004) *Nurturing hidden resilience in troubled youth*. University of Toronto Press, Toronto, Canada.
- Ungar, M. (2011) Community resilience for youth and families: Facilitative physical and social capital in contexts of adversity. *Children and Youth Services Review*, **33**, 1742-1748.
- Ungar, M. (2012) Social ecologies and their contribution to resilience. In: *The social ecology of resilience: A handbook of theory and practice* (ed M. Ungar), pp. 13-32. Springer, New York.
- Vaillant, G.E. (1993) *The wisdom of the ego*. Harvard University Press, Cambridge, MA.
- Van Breda, A.D. (2001) *Resilience theory: A literature review*. South African Military Health Service, Pretoria, South Africa.
- Van Breda, A.D. (2010) *Multicultural scale development in social work: Measuring the resilience of military families in South Africa*. VDM Verlag Dr. Muller, Saarbrücken, Germany.
- Van Breda, A.D. (2013) Psychosocial vulnerability of social work students. *Social Work Practitioner-Researcher*, **25**, 19-35.
- Van Breda, A.D. (2014) Validation of a measure of resilience of youths exiting residential care. University of Johannesburg, Johannesburg, RSA.
- Van Breda, A.D. & Potgieter, H.H. (2007) Measuring people's tendency to create a favourable impression of themselves. *Social Work Practitioner-Researcher*, **19**, 95-113.
- Walsh, F. (2007) Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process*, **46**, 207-227.

Ward, J., Henderson, Z. & Pearson, G. (2003) *One problem among many: drug use among care leavers in transition to independent living*. Home Office, Research, Development and Statistics Directorate, London.

Werner, E.E. (2013) What can we learn about resilience from large-scale longitudinal studies? In: *Handbook of resilience in children* (eds S. Goldstein & R.B. Brooks), pp. 87-102. Springer, Dordrecht, Netherlands.

Table 1. Construct Definitions & Measurement Properties

Scales	Operational Definitions	Items	Cronbach alpha	Construct Validity
Family Relationships	Relationships with family members are experienced as caring and supportive.	5	.816	.616
Friends Relationships	Relationships with friends are experienced as pro-social, caring and supportive.	6	.783	.532
Teacher Relationships	A relationship with at least one teacher who is experienced as caring and encouraging.	6	.829	.604
Community Relationships	A reciprocally supportive and caring relationship between the youth and community.	5	.834	.637
Role Model Relationships	A relationship with at least one adult (other than parents, teachers or employers) who is experienced as caring and encouraging.	6	.908	.751
Love Relationships	A romantic relationship that is experienced as intimate and characterised by mutual understanding.	5	.809	.603
Community Safety	The perception of the community as being safe in terms of low crime/drugs and high in safety and security.	4	.766	.570
Family Financial Security	The family has sufficient money to cover their needs and does not worry or argue about money.	4	.711	.500
Social Activities	Regular participation in pro-social group activities.	6	.775	.525
Positive Learning Experience	An orientation to learning characterised by low anxiety and high attention.	5	.723	.483
High Self-Expectations	High expectation of self to work hard and achieve the best results.	5	.787	.576
Bouncebackability	A general belief in one's ability to 'bounce back' after difficult times.	5	.751	.517
Interdependent Problem-Solving	A preference for an interdependent approach to problem-solving.	5	.747	.513
Self-Efficacy	The belief in one's ability to organize and execute the courses of action required to manage prospective situations.	7	.775	.503
Optimism	A general expectation that good things will happen in the future.	4	.741	.538
Self-Esteem	A general feeling of self-worth and self-acceptance.	8	.807	.521
Resourcefulness	A belief in one's ability to perform difficult tasks with limited resources.	7	.791	.531
Distress Tolerance	The perceived capacity to withstand negative psychological states.	5	.735	.498
Spirituality	A global orientation towards personal spirituality.	6	.870	.671
Team Work	A perceived ability to work productively with others in a team.	5	.833	.633
Empathy	Feeling with and caring for the well-being of other people.	8	.888	.668

Table 2. Sample Descriptions

Site	Sample	Description
1	17	A residential care setting for refugee and unaccompanied foreign children in Cape Town. Participants were in Grades 8 to 12. Ages ranged from 14 to 20, with a mean of 16.8 years. 35% of participants were female and 94% African.
2	48	A residential care setting for young people in multiple provinces of South Africa. Participants ranged from Grades 7 to 12, with the majority in Grades 8 and 9. Ages ranged from 15 to 21, with a mean of 17.8 years. 6% of participants were female and 50% African.
3	50	A co-educational, public high school in a poor community on the Cape Flats. Participants were all in Grade 10. Ages ranged from 15 to 18, with a mean of 15.8 years. 90% of participants were female and 4% African (and 90% were Coloured).
4	59	A co-educational, public high school in Durban. Participants were in Grades 10 and 11. Ages ranged from 15 to 19, with a mean of 16.5 years. 53% of participants were female and 90% African.
5	96	A co-educational, private but low-fee high school in a township of Johannesburg. Participants were in Grades 10 and 11. Ages ranged from 15 to 18, with a mean of 16.4 years. 55% of participants were female and 100% African.
6	119	A co-educational, private but no-fee school in a poor community of Cape Town. Participants were in Grades 8 to 11. Ages ranged from 13 to 19, with a mean of 15.4 years. 67% of participants were female and 44% African (and 54% were Coloured).
7	186	A co-educational, public high school in a middle class neighbourhood of Johannesburg. Participants were all in Grade 12. Ages ranged from 17 to 20, with a mean of 18.2 years. 55% of participants were female and 50% African.

Table 3. Mean Scores of Non-Significant Resilience Factors.

Resilience Factors	Avg	1	2	3	4	5	6	7
Friends Relationships	71.4	66.9	68.1	74.7	72.3	68.9	72.2	72.4
Family Financial Security	59.9	49.6	61.2	60.3	58.1	59.8	56.3	63.4
Interdependent Problem-Solving	45.8	47.1	50.8	50.5	45.5	48.6	43.9	43.1
Self-Efficacy	72.6	72.7	75.0	66.9	72.5	74.0	73.7	72.1
Self-Esteem	62.7	70.0	66.4	58.7	62.7	66.2	61.6	61.2
Resourcefulness	69.4	72.9	72.7	65.3	68.0	71.2	69.8	68.6
Team Work	78.3	82.5	80.4	73.9	78.8	79.6	78.2	77.9
Empathy	75.9	75.2	80.6	76.7	78.1	73.9	76.4	74.7

Table 4. Mean Scores of Significant Resilience Factors.

Resilience Factors	Avg	1	2	3	4	5	6	7	F	p
Family Relationships	74.5	64.1	77.6	75.8	69.8	73.1	76.7	75.2	2.13	.049
Teacher Relationships	77.1	81.7	79.8	76.8	76.6	77.9	86.1	70.3	10.88	.000
Community Relationships	58.1	51.5	68.5	56.7	57.7	64.0	64.0	49.5	9.70	.000
Role Model Relationships	78.3	85.2	82.9	78.7	78.7	77.3	82.8	73.8	2.88	.009
Love Relationships*	75.7	61.3	77.4	76.6	73.0	68.3	77.0	81.0	3.25	.004
Community Safety	46.6	36.0	53.3	39.7	42.8	52.9	37.3	51.6	7.80	.000
Social Activities	50.3	62.3	61.6	41.0	50.2	51.7	60.0	42.0	12.93	.000
Positive Learning Experience	40.5	40.0	43.5	37.9	45.3	46.2	39.9	36.6	3.11	.005
High Self-Expectations	67.2	70.3	73.3	62.3	72.1	74.5	69.9	59.7	10.70	.000
Bouncebackability	55.4	49.8	55.2	50.1	49.9	59.3	52.2	59.2	3.80	.001
Optimism	76.9	74.6	81.5	72.4	79.6	82.5	80.4	71.2	7.85	.000
Distress Tolerance	35.7	35.3	38.3	31.1	38.0	31.6	32.9	39.5	3.37	.003
Spirituality	68.2	71.3	73.9	68.6	69.8	69.9	71.3	62.8	3.29	.003
Average of the 23 scales	62.0	60.9	65.2	59.9	62.1	63.5	62.9	60.3	3.89	.001

* Love Relationships are scored only for participants who reported being in a love relationship, thus only a little over half the participants scored on this factor.