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ABSTRACT

The International Resilience Project was intended to determine the multidimensional, reciprocal, and dynamic factors--and relationships of factors--that parents, teachers, caregivers, and children themselves use to promote resilience in children. The samples were 589 children and their caregivers from 14 countries: Lithuania, Russia, Costa Rica, Czech Republic, Brazil, Thailand, Vietnam, Hungary, Taiwan, Namibia, Sudan, Canada, South Africa, and Japan. The ages of the children coincided with the first two of Erikson's developmental stages. Fifteen situations were developed, and adults and children's responses were measured. The major findings include the following: (1) resilience-promoting behavior is consistent with the familiarity of a situation; (2) younger children have a lower frequency of resilience-promoting responses than do older children or adults; (3) reports of a personal experience correlated with a higher percentage of resilience responses; and (4) more than half the responses showed no or only partial use of resilience factors. (Checklists for children's perceptions of resilience are included, and demographic data from 14 countries are appended.) (WP)

The International Resilience Project:

Promoting resilience in children

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International Promotion of Resilience in Children

The International Resilience Project: Promoting resilience in children

The International Resilience Project is addressing the question: What actions do individuals (caregivers and children themselves) take that seem to promote resilience in children? Data are presented from 589 target children and/or their caregivers from the first 14 participating countries returning data. Caregivers and the target children responded to 3 of 15 age differentiated (infancy through 11 years) Situations and reported on a recent Personal Experience of adversity. Factors linked to promoting resilience derive from the literature on resilience. Data were gathered between September, 1993 and August, 1994 and are reported by country or in aggregate. The major findings include: (a) resilience promoting behavior is more consistent with familiarity of a Situation than with independent resilience factors; (b) younger children have a lower frequency of resilience promoting responses than older children or adults; (c) reports of a Personal Experience showed a higher percentage of resilience responses; (d) more than half the responses showed no or partial use of resilience factors; and (e) there is an expansion of factors used and there is a contraction of resilience factors used when examining the dynamic interactions of the external, internal, and social skills factors. Further research should involve (1) anthropologists; and (2) studies based on the dynamics of resilience factors.

resilience children promotion dynamics international

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Special appreciation is extended to the participants, their colleagues, assistants, and students who so carefully translated the instruments and responses, and gathered the data. The families that responded to the Situations and Personal Experiences also made the study possible and gratitude is extended to them as well.

Then, much appreciation is given to Lee G. Burchinal, sociologist, Carl Brezausek, statistical analyst, and to Eurnestine Brown, psychologist, for their insights, analyses, and critical skills.

International Promotion of Resilience in Children

The primary purpose of the International Resilience Project is to determine the multidimensional, reciprocal, dynamic factors and relationships of factors that parents, teachers, caregivers and children themselves are using to promote resilience in children. A secondary purpose is to share the information through professional reports, but ultimately, by transforming the results into guidelines for promoting resilience in children around the world.

Defining resilience is a continuing problem (Kaufman, Cook, Arny, Jones & Pittinsky, 1994) and there is a lack of consensus about the domain covered by the construct of reslience; i.e., its characteristics and dynamics (Gordon & Song, 1994). Further, some languages do not yet have an equivalent word (Kotliarenco, 1993). Spanish, for example, has no word for resilience in psychological literature but, instead, uses the term "la defensa ante la adversidad (Grotberg, 1993)." However, there is sufficient agreement on many of the factors that contribute to resilience or define resilience in certain populations for discussion and study. These factors began to emerge from the early studies by researchers such as Werner (1982), Garmezy (1985; 87) and Rutter (1985; 1991). These factors have been rediscovered reinforced or added to by other researchers. For example, Wolin and Wolin (1993) reinforced Werner and Garmezy's resilience factor of trusting relationships; Loesel (1990; 92) reinforced Werner's resilience factor of emotional support outside the family; Brooks (1992) and Wolin and Wolin (1993) reinforced the resilience factor of self-esteem. Segal (1988) added the resilience factor of encouragement of autonomy and Mrazek and Mrazek (1987) added hope, responsible risk taking, and a sense of being lovable. Loesel (1992), Osborn (1990), and Wang, Haertel, and Walberg (1994) added school achievement as a resilience factor. Garbarino (1993) added belief in God and morality, and Bronfenbrenner (1979) had already contributed the resilience factor of unconditional love from someone. These

contributions are not in chronological order but have emerged and reemerged over time. The earlier contributors are reported in more recent publications.

The problem, then, of defining resilience as a construct is not for lack of agreement on many of the factors characteristic of resilience; rather, the problem seems more related to the dynamic interaction of the resilience factors, the roles of different factors in different contexts, the expressions of resilience factors, and the sources of resilience factors; e.g., internal/external; resources/ skills.

Indeed, this may not describe the full problem of definition, because the genetic makeup and temperament are important aspects for understanding and defining resilience. The genetic makeup and temperament of a child are continuing forces in a child that contribute to the process of becoming resilient. Whether a child is more or less vulnerable to anxiety, challenges, stress and unfamiliarity, whether the child is inhibited or uninhibited, determines how a child perceives himself or herself, how he or she interacts with others and how he or she addresses adversities (Kagan, 1991). Closely related to Kagan's definition of temperament is that of Block and Block (1980) who refer to ego-resilience, indicating there are ego-overcontrollers and ego-undercontrollers, referring respectively to Kagan's inhibited and uninhibited definition. They point out that for children in functional settings, either may serve the child, but in dysfunctional settings, the ego-overcontrollers may have a better chance for developing resilience.

An equally important concern is how to study resilience. There have been two primary ways to date for studying resilience: retrospective studies and concurrent studies. The retrospective studies provided the large base of identified resilience factors as referenced above. The concurrent studies tended to look for those resilient factors in children and adolescents in school

settings (Loesel, Osborn, and Wang, Hacrtel and Walberg as referenced), or in extreme situations; e.g., in a detention setting (McCallin, 1993). The present study draws from both types of study approaches to examine and determine resilience factors, especially in children responding to adversity.

There have also been two primary frameworks for studying resilience: a pathological framework examining psychopathology or social pathology, and a developmental/life-span framework. More research has used the pathological rather than the developmental framework for study. However, there is a growing body of literature focusing more on the developmental/life-span model (Standinger, Marsiske & Baltes, 1994). The shift is particularly important for the study reported here, which is concerned with promoting resilience in children as they develop over time, without a need for some kind of pathology in the family or in the child.

In all the studies referenced, it should be noted that the children were not studied independent of their surroundings; i.e., the family, the social group, the school, the larger community. Thus, the child in context was the basic unit. The child in context is also the basic unit for the present study.

There have been a series of international meetings, each to which, except for the first, the author attended, to address the construct of resilience and identify resilience factors, their dynamics and expressions. One was held in Lesotho in November, 1991, under the sponsorship of the Bernard vanLeer Foundation; another was held in Washington, D.C. in December, 1991, under the joint sponsorship of the Institute for Mental Health Initiatives (IMHI), the American Psychological Association (APA), and the National Institute of Mental Health (NIMH); a third was held in Paris in July, 1993, under the sponsorship of Civitan International Research Center at

the University of Alabama at Birmingham, and the Division of Basic Education, the United Nations Educational Scientific and Cultural Organization (UNESCO); and a fourth was held in New York in October, 1993, under the sponsorship of the International Catholic Child Bureau (ICCB).

This series of international conferences, joined with the literature, suggested a definition of resilience that is used in the present study: Resilience is a universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity.

Resilience may transform or make stronger the lives of those who are resilient. The resilient behavior may be in response to adversity in the form of maintenance of normal development despite the adversity or a promoter of growth beyond the present level of functioning. Further, resilience may be promoted not necessarily because of adversity, but, indeed, may be developed in anticipation of inevitable adversities. There is no magic in resilience.

This universal capacity for resilience is developed and nurtured from factors of external supports and resources; inner, personal strengths; and social, interpersonal skills:

External supports and resources include: trusting relationships; access to health, education, welfare and security services or their equivalent; emotional support outside the family; structure and rules at home; parental encouragement of autonomy; stable school environment; stable home environment; role model; and religious organization/morality.

Interpersonal strengths include: a sense of being lovable; autonomy; appealing temperament; achievement oriented; self-esteem; hope, faith, belief in God, morality, trust; altruism/empathy; locus of control.

Social, interpersonal skills include: creativity; persistence; humor; communication; problem

solving; impulse control; seeking trusting relationships; social, coping skills; intellectual skills.

These resilience factors may act independently or interactively, intensely or moderately, singly or in combination, situational or cumulative, to prevent, minimize or overcome the damaging effects of crisis or chronic adversity, and to contribute to the enhancement and/or transformation of lives.

The present study is not a continuation of the previous lines of research. This study is unique in its intent to examine what parents, caregivers or children do that seems to promote resilience in children. Osborn reported (1990) that mothers who are optimistic tend to have more resilient children than mothers who are not or are, indeed, depressed. However, specific actions on the parts of mothers are not identified. Garbarino (1993) stresses the primary importance of keeping a family intact to help children become resilient or at least deal with adversity, but does not indicate what parents, teachers, caregivers and children themselves are doing to promote resilience.

The research reported here is designed to address the following question: What concrete actions do individuals (parents, teachers, caregivers and children themselves) take to promote resilience in the children in different parts of the world? This world perspective seemed appropriate to learn what different cultures are doing to promote resilience. Do they draw on the same pool of resilience factors? Do they vary in which factors are combined to address adversity? Then, the interest and growing number of activities international organizations engaged in suggested the importance of addressing the topic of study from an international perspective. Therefore, to launch this present study, an Advisory Committee made up of international organizations was formed with Civitan, UNESCO, Pan American Health Organization (PAHO),

World Health Organization (WHO), International Children's Center (ICC), ICCB and the vanLeer Foundation comprising the membership of the Advisory Committee. Their role is to provide suggestions and criticisms to the International Resilience Project.

The Research

Selection of Design, Instruments and Participants

The design and instruments used in the International Resilience Project incorporate the following assumptions:

a. resilience factors that are used in response to adversity, and in reporting a recent personal experience, are, in fact, promoting resilience in the children.

b. adversity is not limited to man-made disasters such as war, famine, poverty, confinement, refugee status, etc., or to natural disasters such as earthquakes, hurricanes, floods, droughts, etc. Adversity may occur in everyday life in the form of divorce, abandonment, abuse, alcoholism, stabbing, illness, death, robberies, loss of home or job, moving, accidents, murder. Resilience may be promoted not necessarily because of adversity but, in fact, may be developed in anticipation of inevitable adversities.

c. the early years of development are accepted as a critical time for acquiring many of the basic skills, attitudes and values that tend to remain over the life span. Werner (1993) specifically stated that children 11 years of age and under are the most likely age group to develop many resilience factors.

d. The Erikson developmental model is an appropriate model to use internationally in this study, in spite of its lack of addressing gender differences. And while there is concern about using

western models for cross-cultural research (Grotberg, 1987; Wade, 1993) many studies (Grotberg & Badri, 1992; Sparling, 1992) have found such models useful when: a. applied without rigid age division lines; b. using flexibility in noting behaviors in observation; c. using culturally adaptive measurements of developmental status; and d. being flexible in intervention activities. Measurement instruments lend themselves quite readily to translation and cultural adaptation (Badri and Grotberg, 1984).

The design for the International Resilience Project includes the following:

a. 15 Situations of adversity. The Situations are listed on Table 1. Situations 1-6 were used for parents and the target children, when appropriate, of children 0-3; Situations 2,4,5,7,8,9 were used for parents and target children where the children were 4-6; and Situations 10-15 were used for parents and target children where the children were 9-11. The ages of the children coincided with the first two developmental stages of Erikson; i.e., trust and autonomy; the developmental stage of initiative; and the developmental stage of industry. The age groupings permit more reliable analysis of data than age by single years. The Situations are further divided into 2 sets of 3 so that no respondent answers questions relating to more than 3 Situations.

Respondents answered the following questions for each adversity Situation:

The adult was asked:

What did the adult do? (Adult could be referenced as parent, teacher, etc.)

How did the adult feel?

What did the child do when the adult did that?

How did the child feel?

How did things come out or how are things now?

The child was asked:

What did the adult do?

What did the child do when the adult did that?

How did the child feel?

How did things come out or how are things now?

The same questions were used when the adult or the child reported a recent personal experience of adversity that involved the target child.

The 15 Situations, developed by the Project Director, were critiqued and modified: (1) through consultation with members of the International Resilience Project Advisory Committee; and (2) through field testing by graduate students at the University of Maryland School of Nursing, under the supervision and training of Peggy Parks, Ph.D.

Instruments used in addition to the Situations and Questions consisted of one non-standardized test and several standardized tests.

Non-standardized test:

Checklist for Children.

To date, there is no test of resilience in the literature, so it became desirable to develop an initial test and to field test it as part of the research design. The 15 item Checklist requires a response of yes or no to a descriptive statement that indicates resilience in the child. The statments for the Checklist for Children are presented in Table 3. A parent may use the Checklist, a teacher, a child or a combination of them. The items of the Checklist were developed in consultation with members of the Advisory Committee and field tested by students at the University of Maryland.

Standardized tests:

Social Skills Rating System: SSRS-Student Form; Elementary Level; and the Parent Form, Preschool level (Gresham & Elliot, 1990).

Nowicki-Strickland Locus of Control Test

Parental Bonding Inventory (PBI) (Parker, Tupling & Brown, 1979).

Each of these tests was used to validate the selection of resilience factors that were assumed to measure social skills, locus of control as an internal strength, and the parental contribution to resilience from external supports. The bonding test was used in Canada (Hiew, 1994); and in cross-cultural groups (Arindell, Hanewald & Kolk, 1989).

Participants

The participants of the International Resilience Project were selected because of their professional status and work and because of their interest in resilience. They hold positions as directors of research at their institutions; professors, medical doctors in health services; directors of training programs; and practicing psychologists. Some of these professionals trained students at graduate or undergraduate levels to gather data for the International Resilience Project. The co-directors of the Project, in consultation with the Advisory Committee and Dr. Parks, developed a Guidance for the research process and a Manual for the Training of Interviewers.

The names of the participants came from members of the Advisory Committee; colleagues through membership in international associations; and from requests by prospective participants themselves as they heard or read about the International Resilience Project.

Participants from 30 countries joined the International Resilience Project. Data from the first 14 of these countries submitting their data are included in this report. The research is primarily

replicative in each country, so that combined data serve a useful, but secondary function.

Data received between September, 1993 and August, 1994 are included and are from the following countries: Lithuania, Russia, Costa Rica, Czech Republic, Brazil, Thailand, Vietnam, Hungary, Taiwan, Namibia, Sudan, Canada, South Africa, and Japan.

Methodology

Initial invitations were sent to recommended participants with an explanation of the purpose of and procedure of the research, and a request for them to indicate a willingness and interest in participating. When such commitment was made, they received a paper summarizing the research on resilience (Grotberg, 1993); the Guidance statement with a Manual for the Training of Interviewers; a packet of the Situations and forms with the Questions to be answered; the Checklist for Children; and additional standardized tests requested for use. The participants were informed that once raw data were standardized, they had autonomy in using the data any way they wished. They understood they would receive a print-out of their summarized data and a disk with the data for each target child in a form compatible with their processing machines. They were asked to provide data from a minimum of 25 target children.

Specific instructions for methodology included:

1. training interviewers
2. subject selection (Subjects did not need to be randomly selected and could consist of the populations served or available within any one or a combination of the three age groups.)
3. interviewing the adult:
    a. demographic information

b. report of external and of intra-family adversities within the preceding 5 years

c. ethnic/cultural identity

d. responses to Questions for Adults relating to selected Situations

e. responses to Questions relating to personal experiences of adversity involving the target child

f. using the Checklist for Children to assess the target child

g. responding to standardized tests

4. interviewing the target child separate from the adult

a. responses to Questions for children relating to the same selected Situations

b. responses to Questions relating to a personal experience of adversity for the child

c. using the Checklist for Children to assess self

d. responding to standardized tests.

5. data analysis

Participants returned the initial data for scoring and analysis. Each participant included a description of the country, city or area where the study took place and provided information about the cultural setting, especially where the target child lived. Participants also included a description of how they proceeded wit h the methodology.

Scoring Responses

The unit of scoring responses to the Situations was the complete episode of the response; i.e., there was a beginning, a process and an ending, each part of which had the use of resilience factors for promoting resilience in the children. A parent or a child would use resilient behavior or present resilience characteristics as they reacted to the adverse Situation, as they drew on

supports, skills, and personal strengths to overcome the Situation, and as the ending was the overcoming of the adversity with, perhaps, evidence of being stronger or more "grown up," as one child stated. A 3 point scale was used for scoring responses. A score of 3 was assigned to a complete episode promoting resilience. The unit of the episode episode was selected for scoring because different parts of the response may or may not be acts promoting resilience. Many episodes had mixed responses. Scoring, then, was a 1 for a non-resilient or harmful response; and a 2 for a response mixing resilient and non-resilient promoting behavior.

When a response was scored a 3, the resilience factors derived from the literature and listed above were used to identify which resilient factors were used in promoting resilience. A further scoring involved identifying the specific external support and resources; the internal, personal factors used; and the social, interpersonal skills used. It was not necessary to use factors from each of the categories to score the episode as resilient. What was important was the successful process of overcoming the adversity.

One of the co-directors scored each response to provide a consistent scoring procedure. An intrascorer reliability check consisted of returning to earlier episodes and rescoring. There was an 85% consistency in scoring. A second reliability check was made with the local scorer of the participants in Canada. Comparing 50 scored episodes, 32 had identical scores of 1, 2, or 3 (64%); and 18 (36%) had a plus or minus one point disagreement. The higher score was given by the senior rater, indicating a perception of more resilience in the episodes. However, the high comparability of scoring suggests a high interscorer reliability and was accepted as a satisfactory check.

Findings

Data provided in the findings came from the 14 countries identified above. The data are presented in Figure 1, Description of Population. The population consisted of a total N of 589 target children and their families or caregivers; 284 (48%) girls and 302 (52%) boys. Most of the children were 9 to 11 years old (51%) with 29% ages 4 to 6 and 18% ages 3 and under. 65% of the children were healthy by WHO standards relating age to height and 90% of the children were in some kind of school situation. 80% of the caregiver respondents were parents, with 20% being teachers or other caregivers. 85% of the families were in some kind of urban or semi-urban setting, including compounds, separate sections of a town or suburb. 18% of the fathers were absent with 3% absent mothers. 46% of the target children have one or more older siblings and 45% have one or more younger siblings. The mean size of families, including all who lived in the same residence, was 5.58, with an average family size of 3 to 5. Some families had members of 10 to 15 which affected the mean. 49% of the fathers had education beyond High School and 47% of the mothers had education beyond High School. 9% of the families reported a serious outside problem and 40% reported a serious intra-family problem within the past five years. The cultural/ethnic identity broke down into 9% with a religious identity; 27% with a national identity; 13% with a racial identity; 27% with a tribal identity; and 10 with a mixed national/racial identity.

More older children responded than younger children, mainly because the participants conducting the research found them able to respond in groups and read the Situations for themselves. Where younger children were involved, the parent often had to be invited in to the place of the interview or the interviewer had to go to the home. Further, it was more difficult to elicit responses from the children. The few target children under 3 was consistent with the decision to add that age group, as many participants stated they worked with families having these

young children and not older children, and wanted to involve such a population in the promotion of resilience. The health information is suspect because many of the children were in cultures where smallness is not a sign of ill health, but of local genetic characteristics. The high percentage of children in a school setting and of parents with higher education is a reflection of the places services were provided these families by the participants or where the children were available in the school setting. An interesting incidental finding is that the correlation between father's level of education and the child's scores on resilience was not significant, while the correlation of the mother's level of education and the child's scores on resilience was low but positive; i.e., .208.

The 6 major outside problems the family experienced over the preceding 5 years were, in rank order: robberies; war; fires; earthquakes; floods; and car accidents. The 6 major within family problems the family experienced over the preceding 5 years were: death of a parent or grandparent; divorce; separation; illness of parent or siblings; poverty; and the family or a friend moving.

The ethnic/cultural identities were of particular interest as all of the families were in a nation; yet only 27% made that the prime identity with another 10% combining national and tribal identities.

The interviews were conducted between September, 1993 and August, 1994. The responses to the 15 Situations are presented in Table 1. The Table provides the data on the adult's or child's responses of no resilience - a score of 1; mixed or incomplete evidence of resilience - a score of 2; or a response of resilience - a score of 3. The separate Situations are used as the basis for analysis so that differences in resilience responses may be noted for the different Situations. This is particularly important when determining how much the nature of the Situation elicits more or

fewer responses of resilience. Further, there is evidence that some Situations were avoided by the respondents or by the interviewer. An analysis conducted to provide data according to country was not useful as the cells became too small for comparisons.

Analysis by Situation

Situation 1: This Situation was used only by parents of children 3 and under. It elicited a high incidence (70%) of resilience responses. The parents seemed to know what to do and the Situation is probably not sufficiently adverse to elicit less resilient promoting behavior.

Situation 2: This Situation was used by parents of children 3 and under, and by parents and children where the children were 4 - 6. The parents had 42% resilience scores, while the children had 7% resilience scores. The adults seemed much more able to provide a response that related to promoting resilience than did the children.

Situation 3: This Situation was used only by parents of children 3 and under. There were few respondents and most of these did not provide a response that could be interpreted as promoting resilience (15.3%). The Situation perhaps is not acceptable because of the child's extreme disabilities. Many cultures have not addressed the problems of severely disabled children and adults.

Situation 4: This Situation was used by adults of children 3 and under, and by adults and children where the children were 4 - 6. There was a higher percentage of responses and with a sharp difference in percentages of scores of resilience between adults (29%) and the children (1.8%). The embarrassment of having a child out of control seemed to elicit many rather punitive responses. The children did not seem sure what to do. As a matter of fact, only one child provided a resilience response.

Situation 5: This Situation was used by adults of children 3 and under, and by adults and children where the children were 4 - 6. The responses continued to indicate a difference between resilience responses of adults and children; however, children had a better idea of what was called for. Still, the adults (26%) were twice as likely as the children (12%) to have a response assumed to promote resilience.

Situation 6: This Situation was responded to only by adults of children 3 and under, and indicates a relatively high level of resilience responses (44%). The Situation may, in fact, tap a parent's familiarity with having a child want to do something the parent does not have time for.

Situation 7: This Situation was responded to by adults and children where the children were 4 - 6. It also indicates a sizable difference in resilience responses between the adults (31%) and the children (11%). Many of the children were only angry or sad or felt their punishment was deserved and did as they were told.

Situation 8: This Situation was responded to by both adults and children, where the children were 4 - 6. The difference in scores assumed to promote resilience between adults (30%) and children (4%) is, again, striking. The parents have an idea how to help children change from real food to pretend food and continue to play, but the children show little creativity or fantasy, and are usually just unhappy.

Situation 9: This Situation was responded to by both adults and children, where the children were 4 - 6. Over one-half the adults (58%) seem to know how to promote resilience in this Situation and the children show greater ability to use behaviors that promote resilience (34%). They are often empathic and helpful.

Situations 10 through 15 are responded to only by adults and children where the children are 9 -

11 years old.

Situation 10: Both adults (41%) and children (31%) have an idea of how to respond in ways that seem to promote resilience. The older children seem more able than children 4 - 6 (except in Situation 9) to provide responses promoting resilience. The role of development over time seems to be operating in the development of resilience. Older children have more ability to deal with adversity than younger. This is not necessarily inevitable, as younger children can certainly seek help from the trusted people around them. What may be suggested is that younger children have need for greater awareness of what they have to help them deal with adversity instead of the rather common responses of obeying or becoming sad or doing nothing.

Situation 11: There is a relatively lower percentage of resilience responses by both adults (29.5%) and by children (21%) than in the other Situations (except for Situation 15 below) for the age group 9 - 11. The problem seemed to be whom to blame and whom to punish. There was little effort for reconciliation or alternative playing areas and playground rules, solutions that would tend to strengthen resilience behavior rather than becoming caught in punishment issues.

Situation 12: Responses to the Situation show high percentages of both adults (38%) and children (47%) drawing on resilience factors and dynamics that help in overcoming adversity. The parents praised the girl for her help and the girl showed empathy, caring and seeking help. Again, however, many of the responses focused on punishment.

Situation 13: This Situation elicited relatively high percentages of resilience responses from both adults (55%) and children (39%). Many parents and children have had a similar experience and seem to have an understanding of what helps the child face this adversity. It seems quite clear that experience with similar situations is useful when dealing with adversity. The idea of

preparation for possible or real adversity seems to be critical in the promotion of resilience in children.

Situation 14: This Situation also elicited resilience responses from both adults (44.5%) and children (33.5%). Some countries changed the presence of guns to a fight scene as they were unwilling to have guns involved. However, the need to protect oneself and one's friends and to seek help, were generally used as ways to face the adversity.

Situation 15: This Situation did not elicit higher percentages of resilience responses either in the adults (19.2%) or in the children (16%). Both seemed to focus on punishment for the behavior with little attempt to learn what was involved, to recognize the disabilities the older children had, or to reconcile the children.

Overall, 38% of adult responses had resilience scores of 3, with 38.3% of adults with children 6 and under having resilience scores and 37.6% of adults with children 9 - 11 having resilience scores. There is virtually no difference in parents' scores regardless of the ages of their children. For children 4 - 6, 11.6% had resilience scores of 3, and for children 9 - 11, 31%, had resilience scores of 3. The overall average of resilience scores of 3 for all children was 24%.

Adults, on the whole, promote more resilience than children, and older children promote more resilience than younger children. These findings suggest that the promotion of resilience depends more on the behavior of parents and adults for children 4 -6 and under, while children 9 - 11 do as much to promote their own resilience as do their parents and other adults. But, it is important to note that these percentages of resilience scores of 3 are relatively low for both adults and children. When well over half of the responses show little or no resilience, the case for promoting resilience in children becomes more important. Further, the role of adults in the promotion of

resilience in children has new significance. It may well be true that resilience in children is dependent on adult contributions to its promotion. Resilience does not develop in a vacuum, it is within a context. As children become older they appear to assume a larger role in the promotion of their own resilience, still in the context of their supports, their acquired skills, and their enhanced inner strengths. The challenge, then, is how to help younger children be more able to promote resilience, how to help adults contribute to this more effectively, and how to help all adults and children become more resilient.

Reports of Personal Experiences in Addressing Adversities

Each adult and each child interviewed was asked to report on a recent personal experience of adversity that included the target child. The same Questions used for the Situations were used to record responses, except that the personal reference was made. Such reports might well provide important information on promoting resilience in children in real life situations. The data are presented in Table 2, according to country. The data reflect the fact that 60% of the adults did not report a personal experience and 43% of the children did not report such an experience. Even when allowing for children who were too young to report a personal experience, the relatively higher reporting of such an experience by children suggests a greater willingness to provide such a report. The researchers at the country level frequently stated that people in their country did not want to admit to a problem, did not want to reveal a problem or were superstitious about the consequences of reporting such a problem.

Table 2 presents the data on resilience scores for each country and the number of respondents who did not provide a Personal Experience. The resilience scores for each country may be compared to the overall scores of resilience for the combined countries to compare the relative

number of resilience scores of 3. The data indicate a variation among countries but there is no clear pattern relating to percentages of adults and children providing a Personal Experience.

Perhaps the most interesting comparison is the percentage of resilience scores of 3 for the combined 15 Situations and the combined reports of a Personal Experience. In such a comparison, 38% of adults had resilience scores of 3 for the combined Situations of all countries and 42% of adults had a score of 3 for the combined reports of a Personal Experience. 24% of the children had resilience scores of 3 for the combined Situations of all countries and 50% of the children had a resilience score of 3 for the combined reports of a Personal Experience. The most striking finding is how much higher the resilience scores for children are on the report of a Personal Experience than in response to the Situations. This may suggest that familiarity with adverse situations elicits more resilience responses. This is consistent with responses to Situations that seem more familiar to respondents.

Checklist for Children

The Checklist for Children, a newly developed 15 item scale for determining the adults's and the child's perception of resilience in the child, provided data from each country in terms of means. The combined mean of 11.33 for adults and 11.59 for children became the base against which to examine the means for each country. Table 3 presents the relationship with the overall mean for the combined data; the means by country for the child and the adult; the indication of where the country means stood in relationship to the overall means; and the percentages of agreement with each statement for the child and for the adult.

Both adults and children have a below 75% agreement on items 2,5,7 and 8 and the adults have considerably lower scores than children for items 13, 14, and 15. Neither adults nor children

seem to see that the child has someone outside the home to tell about problems and feelings; there seem to be few role models; the child is not seen as doing endearing things that make people like him or her; and the child does not believe in a power greater than seen. This last items was questioned by several researchers because the children and adults frequently saw it referring to political power. Both adults and children have limited belief that the child feels that what he or she does makes a difference on how things come out (locus of control). And adults have a different perception than the children about the child focusing on a task, having a sense of humor, or making plans to do things.

There are no clear findings on the consistency of high scores on the Checklist for Children and resilience scores in response to the Situations or report of a Personal Experience. Instead, mixed patterns appeared; e.g., many parents saw their children as resilient when the children had few resilience responses to the Situations or Personal Experience, and the reverse was also true. In other instances, the relationship between the Checklist for Children and resilience scores was consistently positive. The Checklist for Children needs further development.

The Dynamics of Resilience Factors

Two seemingly opposite findings occurred concerning the dynamics of resilience factors used to foster resilience in children. One was the increase in the overall number of resilience factors used by respondents and the other was the decrease in number of resilience factors used in a dynamics by 25% or more of the respondents.

The increase in the number of resilience factors used was, in many ways, a refinement of factors already identified, but were also used with sufficient frequency to merit attention. The expanded list of External supports and resources includes: preparation, and insight to

temperament: own and child's. The expanded list of Internal, personal strengths includes: expectation, flexibility, calming, loving and caring toward others, self-understanding, responsible risk-taking. The expanded list of Social, interpersonal skills includes: assess situation, negotiate, reconcile, assess consequences of behavior, and insight to temperament: own and others. For example, assessment and negotiation may be seen as part of problem solving and reconciliation as part of empathy or communication. However, the more specific behavior occurred with suffience frequency to suggest a need for focus. Probably the most striking addition was the factor of preparation, an added External factor. This factor was critical, especially in reports of Personal Experiences, and is consistent with the finding that resilience seemed more related to the familiarity of the Situation or Personal Experience than to less familiar resilience behavior. The additional factors were not included in the scoring because of the need for consistency in scoring.

The decrease in number of resilience factors used seemed more related to the dynamics of resilience promoting behavior than to the number of resilience factors used. The most frequently used resilience factors were these: trusting relationships, structure and rules at home, parental encouragement for autonomy, and role model, from External supports and resources; sense of being lovable, autonomy, self-esteem, hope and faith and trust, and locus of control, from Internal, personal strengths; and communication, problem solving, and impulse control, from Social, interpersonal skills.

The dynamics seemed to consist of having a trusting relationship, having a sense of being lovable, and being able to communicate. Another dynamic was parental encouragement for autonomy, autonomy, and problem solving. Another dynamic was structure and rules at home, locus of control, and impulse control. And still another dynamic was role model, hope and faith

and trust, and seeking a trusting relationship. Caregivers who provided a trusting relationship and a role model, for example, but did not encourage autonomy, frequently had children who did not respond to Situations or the Personal Experience with evidence of resilience behavior. Parents who promoted a good deal of autonomy with a minimum of a trusting relationship, frequently had children who were autonomous but did not trust adults. These dynamics have importance as they go beyond many programs and much research on one factor, such as self-esteem or problem solving.

Implications of Findings for Research and Programs

The findings suggest that every country in this study is drawing on a common set of resilience factors to promote resilience in their children. Adults and older children use more resilience promoting supports, inner strengths and interpersonal skills than younger children in promoting resilience in the children. Overall, less than half the respondents are using resilience promoting behavior and even those respondents vary individually in use of the factors, largely depending on the situation. Socio-economic level contributed very little to variations in responses and there is a question about using education as an indicator of that level. Many countries have a good deal of education as part of government policy but that does not relate to social or economic status the same as it does in so many western countries.

When reporting a personal experience of adversity and the response to it, large variations in responses occur. However, there is somewhat more resilience promoting behavior than in responses to the Situations. But the number of respondents is greatly reduced from the total possible and what may be operating here is a selective factor of those who have more confidence in their recogniton of and ability to respond to adversity.

The inability to determine by country the cultural variations in using factors to promote resilience was due, to a large extent, to the small cells, when analysis was conducted. Further, there is clear need for local anthropologists and ethnologists to help describe the local culture. Some participants are already attempting to identify the relation of resilience to their culture and to promote resilience within their cultural context. However, there are cultural differences and also differences in the populations within the same country selected for the study. Some cultures rely more on faith than on problem solving in facing adversity. Some cultures are more concerned with punishment and guilt while others discipline and reconcile. Some cultures expect children to be more dependent on others for help in adversity rather than becoming autonomous and more self-reliant. The parents in some countries maintain a close relationship with ther children while others "cut-off" their children at about age 5. The resilient children manage this kind of rejection; non-resilient children withdraw, submit and are depressed. Populations in the study who had a psychologist involved with them in a group or as individuals showed more resilience promoting behavior than those who had no such contacts.

The implications of these findings for further research suggest the following:

1. Research needs to be conducted involving an anthopologist or ethnologist familiar with the local culture to identify more clearly the role of culture in promoting resilience.

2. An examination of what changes or interventions can be made to help parents, caregivers and children promote more resilience in the children, without violating the values and customs of the society.

3. Studies that give more attention to the preparation of children for facing and overcoming potential adversity.

4. Studies based on the recognition of the importance of the dynamics of resilience factors in promoting resilience.

The implications of the findings for program development suggest the following:

1. Share the construct of resilience by:
    a. using a universal vocabulary of resilience
    b. providing resilient and non-resilient promoting examples drawn from the International Resilience Project
    c. discussing common examples and personal experiences of resilience in overcoming adversities
2. Integrate the promotion of resilience with:
    a. the age of the child
    b. the goals of parents and cargivers for the child
    c. the needs of the child
    d. the limits of the culture
3. Assess the results of a program for promoting resilience in children
    a. familiarity with vocabulary
    b. use of resilience promoting factors
    c. recognized changes in caregivers and children in terms of personal experencies with adversity over time.

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Table 1

SITUATIONS AND RESILIENCE SCORES

Situation One

There is no heat (breeze) and seven months old Ramon is too cold (hot). He begins to cry, then screams and yells. The parent (caregiver) does not know what is wrong.

Resilience Score	Adults	Children
	N = 50	
1	3 (6%)	No data
2	12 (24%)	
3	35 (70%)	

Situation Two

Joella, 10 months old, is crawling on the floor and finds a dirty rag. She picks it up and begins to bite it and suck it. The caregiver sees this and know it is very dirty and may cause an infection in the child.

Resilience Score	Adults	Children
	N = 81	N = 48
1	15 (18%)	28 (58%)
2	32 (40%)	17 (35%)
3	34 (42%)	3 (7%)

Situation Three

Eight months old Sabit tries to sit up but keeps falling back or to the side. He tries to reach for a piece of cloth, but his fingers will not grasp it. He does not look at anyone or respond to his parent's voice.

Resilience Score	Adults	Children
	N = 13	
1	2 (15.3%)	No data
2	9 (69%)	
3	2 (15.3%)	

Situation Four

Two year old Frieda is at the market with her parent (caregiver). She grabs some sweets from a tray and begins to put them in her mouth. Her parent tries to take the sweets away because she cannot pay for this treat. Frieda shouts, NO! MINE! arches her back and stiffens all over.

Resilience Score	Adults	Children
	N = 108	N = 59
1	37 (34%)	38 (64.4%)
2	40 (37%)	20 (33.8%)
3	31 (29%)	1 (1.8%)

Situation Five

Jason is two and one-half years old. He is supposed to be eating what very little food there is for him. It is important for him to eat if he is going to survive and grow. He will not eat and when urged to, he throws himself on the floor and screams and kicks in a real temper tantrum.

Resilience Score	Adults	Children
	N = 71	N = 42
1	17 (24%)	24 (57%)
2	35 (50%)	13 (31%)
3	19 (26%)	5 (12%)

Situation Six

Sonia is three years old. She cannot walk because an illness left her legs too weak. She likes to go outside to build things with some blocks of wood she found. Her mother cannot take her outside because she is busy. Sonia starts to cry and begins to throw things at her mother.

Resilience Score	Adult	Children
	N = 50	
1	7 (14%)	No data
2	21 (42%)	
3	22 (44%)	

Situation Seven

Five year old Sam wants to build a road in the family living space. He has a toy made of a piece of wood and he can see it going down the road. He imagines the route and makes noises as he starts to set up the road. But, there are a lot of people in the room at this time and they do not want to be bothered by this intrusion. However, it is not safe for Sam to play outside. He is told NO. Sam screams his protest.

Resilience Score	Adults	Children
	N = 55	N = 47
1	18 (32%)	23 (49%)
2	20 (36%)	19 (40%)
3	17 (31%)	5 (11%)

Situation Eight

Sarah is four years old. She is playing with her older brother and they are pretending they have a shop. They want to sell food and juice and so have arranged some boxes to put the food on and are looking for bottles or vessels to put the juice in. They take food from the family food area to put on the boxes and are filling bottles with juice. Their father sees them and realizes they are taking precious food and juice that the family needs.

Resilience Score	Adults	Children
	N = 44	N = 46
1	12 (29%)	30 (65%)
2	19 (41%)	14 (31%)
3	13 (30%)	2 (4%)

Situation Nine

Raul is six years old. He had an accident when he was three and his legs will not hold his weight any longer. His arms and hands are all right and he uses them all the time. He is building a fence around the piece of wood that he is pretending is the house, and is using small sticks to build with. He has increasing trouble reaching around for the small sticks, and his useless legs keep knocking down parts of the fence. He becomes so frustrated that he begins to throw the small sticks around the room and starts to cry.

Resilience Score	Adults	Children
	N = 37	N = 36
1	7 (19%)	13 (36%)
2	9 (23%)	11 (30%)
3	2 (58%)	12 (34%)

Situation Ten

Nine year old Rita walks to school every day and passes a place where a group of older children stand around. When she passes them they call to her, make fun of her, and sometimes, push her. She has become so frightened she refuses to go to school any more and tells her mother she is sick. Her mother knows she is healthy.

Resilience Score	Adults	Children
	N = 74	N = 156
1	10 (13%)	33 (21%)
2	34 (46%)	75 (48%)
3	30 (41%)	48 (31%)

Situation Eleven

Eight year old Sean is on the school play ground where there is a tree. He climbed up the tree and is sitting on a limb. Two other boys watch Sean and decide to pull him down, just for the fun of it. They grab him by the legs and Sean kicks one of the boys in the face, causing blood to come out of his mouth. The injured boy screams and a teacher comes out of the building.

Resilience Score	Adults	Children
	N = 61	N = 143
1	18 (29.5%)	50 (35%)
2	25 (41%)	63 (44%)
3	18 (29.5%)	30 (21%)

Situation Twelve

Tina is eleven and Clark is six years old. They are in the house alone. Tina is washing some dishes and Clark is putting his toys away in a box. It is almost time for lunch and they are waiting for their mother to come home. Suddenly, Tina hears Clark scream, "My foot is caught! Oh, it hurts!" Tina rushes to Clark.

Resilience Score	Adults	Children
	N = 63	N = 144
1	9 (14.4%)	20 (15%)
2	30 (47.6%)	56 (38%)
3	24 (38%)	68 (47%)

Situation Thirteen

Chris is seven years old and came to school alone. No one was able to bring him on his first day. He has moved from another town and does not know anyone in his new school. Chris is very frightened as he walks into the school, not knowing what to do or which way to go. Several other young children watch him and begin to talk and laugh among themselves. Chris stops and tears start rolling down his cheeks. A teacher comes out of her classroom and sees the situation.

Resilience Score	Adults	Children
	N = 60	N = 141
1	6 (10%)	21 (16%)
2	21 (35%)	64 (45%)
3	33 (55%)	56 (39%)

Situation Fourteen

Four children ages 9 to 11 are at a market and are walking around looking at the food and clothes for sale and talking among themselves. They are having a good time when suddenly they hear gun shots. They know what they are because they have heard the noises before. They stop and look at each other.

Resilience Score	Adults	Children
	N = 56	N = 136
1	6 (11%)	28 (21%)
2	25 (44.5%)	62 (45.5%)
3	25 (44.5%)	46 (33.5%)

Situation Fifteen

Maya is ten years old and Pasha is eight. They are both in school but have been placed in with six year old children because they do not seem to be able to learn things easily. The children tease them and call them stupid and dumb. Some of the children come close to Maya and Pasha on the playground and yell bad names at them. Maya and Pasha are very upset and hit out at the children. Their bigger size gives them an advantage and they hurt three of the children. A teacher comes out of the building and hears the three children scream with pain as she sees Maya and Pasha chasing them.

Resiiience Score	Adults	Children
	N = 58	N = 133
1	19 (32.7%)	56 (42%)
2	28 (48.1%)	56 (42%)
3	11 (19.2%)	21 (16%)

TABLE 2

Personal Experience Resilience Scores Adult and Child

Lithuania

Resilience Score	Adult	Child
1	12	11
2	7	6
3	11	11
Total N	30	28

No Personal Experience Reported: Adult 4
Child 6

36% Adults have resilience scores of 3
39% Children have resilience scores of 3, Ages: 4-6; 9-11

Russia

Resilience Score	Adult	Child
1	1	12
2	6	7
3	10	7
Total N	17	26

No Personal Experience Reported: Adult 26
Child 17

58% Adults have resilience scores of 3
27% Children have resilience scores of 3, Ages: 4-6; 9-11

Costa Rica

Resilience Score	Adult	Child
1	1	1
2	2	4
3	13	10
Total N	16	15

No Personal Experience Reported: Adult 14
Child 15

80% Adults have resilience scores of 3
66% Children have resilience scores of 3, Ages: 9-11

Czech Republic

Resilience Score	Adult	Child
1		5
2	No data	13
3		24
Total N		42

No Personal Experience Reported: Child 6

No adults
56% children have resilience scores of 3, Ages: 9-11

Brazil

Resilience Score	Adult	Child
1	2	2
2	4	7
3	5	3
Total N	11	12

No Personal Experience Reported: Adult 20
Child 19

45% adults have resilience scores of 3
25% children have resilience scores of 3, Ages: 4-6; 9-11

Thailand

Resilience Score	Adult	Child
1	1	
2	1	No data
3	5	
Total N	7	

No Personal Experience Reported: Adult 22

70% adults have resilience scores of 3, Have children: ages: 0-3; 4-6; 9-11
No child data

Viet Nam

Resilience Score	Adult	Child
1	19	13
2	14	19
3	32	31
Total N	65	63

No Personal Experience Reported: Adult 3
Child 5

49% adults have resilience scores of 3
50% children have resilience scores of 3, Ages: 4-6; 9-11

Hungry

Resilience Score	Adult	Child
1		
2	6	No data
3	13	
Total N	19	

No Personal Experience Reported: Adult 6

68% adults have resilience scores of 3, Have children: Ages: 0-3

Taiwan

Resilience Score	Adult	Child
1	2	8
2	9	6
3	9	5
Total N	20	19

No Personal Experience Reported: Adult 5
Child 6

42% adults have resilience scores of 3
26% children have resilience scores of 3, Ages: 4-6; 9-11

Namibia

Resilience Score	Adult	Child
1	5	11
2	12	18
3	11	17
Total N	28	46

No Personal Experience Reported: Adult 22
Child 4

40% adults have resilience scores of 3
36% children have resilience scores of 3, Ages: 4-6; 9-11

Sudan

Resilience Score	Adult	Child
1		2
2	No data	2
3		7
Total N		11

No Personal Experience Reported: Child 14

63% children have resilience scores of 3, Ages: 9-11

Canada

Resilience Score	Adult	Child
1		12
2	No data	11
3		17
Total N		40

No Personal Experience Reported: Child 33

40% children have resilience scores of 3, Ages: 9-11

South Africa

Resilience Score	Adult	Child
1		9
2	4	14
3	7	10
Total N	11	33

No Personal Experience Reported: Adult 71
Child 49

63% adults have resilience scores of 3
30% children have resilience scores of 3, Ages: 4-6; 9-11

Japan

Resilience Score	Adult	Child
1	2	
2	4	No data
3	4	
Total N	10	

No Personal Experience Reported: Adult 16
Child 16

40% adults have resilience scores of 3, Have children: ages: 0-3

Personal Experience Resilience Scores for all countries: Adult and Child

Resilience Score	Adult	Child
1	45	86
2	69	107
3	120	142
Total N	234	335

No Personal Experience Reported: Adult 355
Child 254

42% of adults have resilience scores of 3
50% of children have resilience scores of 3, Ages: 4-6; 9-11

TABLE 3

Checklist for Children
Perceptions of Resilience

Combined Means
Children: 11.59 Adults: 11.33

Country Means

Lithuania

Relationship to mean	Mean	% of agreement with statements
At mean - Child	11.058	73%
At mean - Adult	11.322	75%

Russia

Relationship to mean	Mean	% of agreement with statements
Child	no data	
Above mean - Adult	12.303	80%

Costa Rica

Relationship to mean	Mean	% of agreement with statements
Child	no data	
Above mean - Adult	13.066	87%

Czech Republic

Relationship to mean	Mean	% of agreement with statements
At mean - Child	11.382	75%
At mean - Adult	11.468	76%

Brazil

Relationship to mean	Mean	% of agreement with statements
Above mean - Child	12.750	85%
Above mean - Adult	13.800	90%

Thailand

Relationship to mean	Mean	% of agreement with statements
Child	no data	
Above mean - Adult	12.000	80%

Viet Nam

Relationship to mean	Mean	% of agreement with statements
Above mean - Child	12.666	84%
At mean - Adult	11.087	73%

Hungry

Relationship to mean	Mean	% of agreement with statements
Child	no data	
At mean - Adult	12.280	81%

Taiwan

Relationship to mean	Mean	% of agreement with statements
Below mean - Child	9.076	60%
Above mean - Adult	12.333	82%

Namibia

Relationship to mean	Mean	% of agreement with statements
Above mean - Child	12.703	84%
At mean - Adult	11.956	79%

Sudan

Relationship to mean	Mean	% of agreement with statements
Child	no data	
Below mean - Adult	8.120	54%

Canada

Relationship to mean	Mean	% of agreement with statements
Child	no data	
Adult	no data	

South Africa

Relationship to mean	Mean	% of agreement with statements
Child	no data	
Below mean - Adult	10.333	68%

Japan

Relationship to mean	Mean	% of agreement with statements
At mean - Child	no data	
At mean - Adult	no data	

Checklist for Children

Perceptions of Resilience
Percentages agreeing with statement

Child (N=123)		Adult (N=290)
90	1. The child has someone who loves him/her totally (unconditionally).	94
70	2. The child has an older person outside the home he/she can tell about problems and feelings.	67
89	3. The child is praised for doing things on his/her own.	90
90	4. The child can count on his/her family being there when needed.	87
52	5. The child knows someone she/he wants to be like.	70
82	6. the child believes things will turn out all right.	80
56	7. The child does endearing things that make people like her/him.	74
57	8. The child believes in a power greater than seen.	50
88	9. The child is willing to try new things.	81
90	10. The child likes to achieve in what she/he does.	90
75	11. The child feels that what he/she does makes a difference in how things come out.	72
82	12. The child likes herself/himself.	89
81	13. The child can focus on a task and stay with it.	72
82	14. The child has a sense of humor.	74
75	15. The child makes plans to do things.	65

Figure 1

Description of Population:

Aggregated Demographic Data from 14 Countries

Figure 1.
Description of Population

N = 589

48% girls
52% boys