

Resilience: Strengthening Relationships, Fostering Hope

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Children experiencing homelessness are, by nature of their situation, surrounded by risks. They may not have food to eat, a place to sleep, clothes to wear, or medical care. Given these extreme risks, how is it that some homeless children and youth are able to succeed in school and life? Exploring the concept of resilience can provide answers.

Resilience is defined as the capacity of all children to exceed expectations even when faced with hardship or adversity. Implicit within the definition of resilience are two conditions: 1) the existence of risk and adversity within the child's life, and 2) the achievement of positive adaptation despite threats to the child's development. Therefore, resilience is a way of viewing normal development as it occurs outside of ideal conditions. Viewing development through a resilience lens automatically implies a focus on positive outcomes and constitutes a framework for identifying and augmenting strengths in homeless and other at-risk children.

This information brief will provide an understanding of resilience and a framework for working with children in terms of their individual strengths. The brief is divided into two parts: 1) an overview of key ideas and findings in scientific studies of resilience, and 2) a focus on formal and informal ways to build resilience in children. With an understanding of resilience, concerned adults can build relationships with children that act as umbrellas, protecting children from the storms in their lives.

Background

Studies of resilience began in the 1970's when doctors of patients with schizophrenia questioned why some of their patients were able to lead relatively normal lives and other patients were not.5 Later studies focused on the children of parents with schizophrenia, beginning more than three decades worth of research into childhood resilience. Early studies of childhood resilience implied that certain children were "invulnerable" to adversity and possessed certain remarkable, individual characteristics. Years of resilience research, however, have illuminated that resilience is more ordinary than extraordinary, occurring commonly when children's support systems are protected and function normally despite the experience of hardship.⁶ Based on these findings, resilience is more appropriately conceptualized as a property of a supportive, caretaking environment instead of a property of "invulnerable," individual children.7

Risk/Vulnerability Factors

To be considered resilient, a child must have encountered risks that pose a significant threat to development.⁸ Risk or vulnerability factors can be demographic (e.g., low socioeconomic status) or social (e.g., behavior problems) in nature. Statistical probabilities are used to define risk; thus, a high-risk factor is one that carries significant statistical odds for negative outcomes. Examples of such negative outcomes include: problem behaviors, school failure, physical health concerns, abuse, injury, early pregnancy, AIDS, and drug use.⁹

Risk factors frequently co-occur and rarely exist in isolation. For example, the experience of homelessness usually implies the existence of other risks such as poverty, lack of medical care, and hunger. The accumulation of multiple risks is more influential on individuals than a single risk. For example, children exposed to four to six risk factors experienced 20 times the rate of psychological problems compared to children who experienced only one risk factor or none. Table 1 summarizes some of the factors that put children at risk.

Table 1. Risk Factors at Various Levels. 12

Level of Influence	Risk Factor	
Community	 Massive community trauma Community violence Impoverished neighborhood Ineffective social policies 	
School	Poor quality schools	
Peer	Negative peer pressure Social rejection	
Family	 Low SES Poor parenting Limited maternal education Unskilled occupational status of the head of household Dependency on state for financial support Parental unemployment Parental relationship instability Child maltreatment Housing problems 	

Positive Outcomes/Adaptation

Various methods are used to quantify positive outcomes for children. Positive adjustment might be defined as succeeding or excelling in one domain (such as academics) with average performance in other domains. Alternatively, positive adaptation can be viewed as meeting the major expectations of a given society or culture. For a child, this might be as simple as following rules in school and participating in activities. However, resilience is not a fixed, stable entity. Among maltreated children, positive adjustment tends to be unstable over time.

Protective Factors

What is the difference between children who are able to "beat the odds" and children who are not? Commonly, the answers involve features within individuals or their environment that appear to be protective. Protective factors negate or lessen the impact of negative life experiences or risks. Those that are internal, sometimes referred to as protective child attributes, 17 include certain characteristics and personality traits. Table 2 identifies these attributes and key research findings.

What are Positive Outcomes?16

- Social competence
 - Secure attachment to caregiver
 - Positive relationships with classmates and teachers
 - Peer acceptance
- Meeting developmental milestones
- Meeting societal and cultural developmental expectations
- Good academic performance
 - Academic achievement
- Absence of mental health concerns
 - Psychopathology ratings
- Cognitive development
- · Good health
- Positive adjustment
- Pro-social and lack of antisocial behavior

Table 2. Protective Child Attributes 18

Individual Factor	Definition	Reseach Findings	
Ego-resiliency	The ability to control and adapt impulses in different situations	Ego-resilient children tend to be resourceful and adaptive in unfamiliar siturations.	
Positive self-esteem	Children who feel good about themselves exhibit positive self-esteem	Positive self-esteem is associated with greater self-confidence and willingness to try new things.	
Positive self-perceptions	The ability to realistically examine personal strengths and weakness	Children who are capable of identifying and remembering their personal strengths are less likely to be discouraged when challenged.	
Intellectual functioning	The capacity to acquire and apply knowledge	Higher ratings of intelligence are associated with greater academic achievement and decreased likelihood of anti-social behavior problems.	
Internal locus of control	Belief that one has control over situations in life	Children with an internal locus of control are more likely to take responsibility for their actions and attribute their success to their own hard work.	
Emotion regulation	Ability to understand, manage, and appropriately cope with emotions	Children with higher ratings of emotion regulation were also rated as having closer and more stable relationships with peers and adults.	
Self-efficacy	Belief in one's own ability to accomplish goals and meet expectations, an "I can do it" attitude	Children with high levels of self-efficacy are more likely to persist with challenging tasks in school.	
Easygoing temperament	Approachable in social situations, adapting quickly to change, and having a consistently happy disposition	Children who possess an easygoing temperament were rated as having interpersonal relationships that were less conflicted and warmer then children with other temperaments.	
Positive affect	Synonymous with optimism; tending to see events, people, and things in a positive light	Children rated as having a positive affect have lower levels of depression and anxiety.	
Conscientiousness	Having empathy for others	Conscientiousness fosters the formation of close adult and peer relationships.	

Many positive child attributes are dependent on children's environment and context, developed through interactions within the environment: at school, in the community, and in the family (See Table 3.) One researcher

summarized, "Resilience rests, fundamentally, on relationships. The desire to belong is a basic need, and positive connections with others lie at the very core of psychological development; strong, supportive resilient adaptation." ¹⁹

Table 3. What Factors Protect Children?²⁰

Community Factors	Research Findings	
Positive relationships with alternative caregivers	Especially for children who have experienced maltreatment from a primary caregiver, a supportive and encouraging relationship with an alternative caregiver serves a protective function.	
Successful adult role models	Adult role models provide encouragement, motivation, and hope for children experiencing adversity.	
Informal social support systems for parents of at-risk children	Inner-city mothers with high levels of perceived support exhibit fewer depressive symptoms, make fewer negative comments about being a parent, and use less punishment with their children.	
Sense of belonging to the community	High levels of participation and cohesion within the community foster high ratings of social support and mitigates the negative effects of poverty and violence.	
School Factors	Research Findings	
Quality child care and preschool experiences	Quality child care and preschool experiences provide children with a greater likelihood of academic success and decrease the risk for later behavior problems.	
Warm, supportive, and consistent class-room environments	Classrooms that are rated as more warm and structured have lower rates of behavior problems and higher levels of academic achievement.	
Supportive relationships with teachers	Supportive relationships with teachers increase students' learning and engagement as well as cultivating a sense of belonging in the classroom.	
Friendships with peers	Supportive peer relationships enhance bonds to the school community and serve to remediate social skills and negative behaviors. Supportive relationships with peers may help buffer children from negative life events such as divorce.	
Peer acceptance	Over time peer acceptance can modify the effects of family advesity and decrease behavior problems.	
Early intervention programs	Early intervention is the provision of services for children who have been identified as having a disability or are at-risk for a disability. The purpose of providing service early is to lessen the effects of the disability on the child and his/her family. Early intervention programs reduce the risk of future behavior problems, increase the probability of academic success, and provide parents with comprehensive supports.	
Involvement with structured extracurricular activities	Amoung pre- and early adolescent children with adjustment problems, involvement in school extracurricular activities is linked to reduced criminal arrests and lower school drop-out rates.	
Family Factors	Research Findings	
Quality parenting	Quality parenting is the single most robust protective factor for children exposed to various adversities.	
Strong family relationships	Strong family relationships are characterized by the presence of a close relationship with at least one parent figure. A close relationship with either parent, mother or father, has been identified as protective.	
Early family relationships	Early family relationships form the basic structure from which all meaningful development unfolds.	
High levels of parental warmth and appropriate control	The authoritative parenting style, identified by research as the most favorable parenting style, is characterized by the presence of a close relationship with either parent, mother or father, has been identified as protective.	

Table 3. What Factors Protect Children? 20 continued

Family Factors continued	Research Findings continued	
Early family relationships	Early family relationships form the basic structure from which all meaningful development unfolds.	
High levels of parental warmth and appropriate control	The authoritative parenting style, identified by research as the most favorable parenting style, is characterized by a balence between consistent structure/discipline and a warm, supportive relationship.	
Supportive, warm relationship with father	Fathers who are employed and rated as nurturing have children with fewer behavioral problems.	
Older, competent siblings	Older, competent siblings are potential role models and mentors for younger siblings	
Relationships with extended kin	Extended family provides increased opportunities for social and monetary support.	
Family routines	Family routines are consistent activities such as nightly family dinners, quiet time each evening, and regular time spent together. These routines provide consistency and are characteristic of families rated as warm.	

Ways to Strengthen Resilience

Interventions to foster resilience in children should be two-fold, aiming to enhance protective factors as well as reduce the risk factors that children face.²¹ Environmental features constitute the majority of protective factors, which suggests that interventions should aim to build upon these protective factors by improving relationships within the family, school, and community.²²

When developing or evaluating interventions to strengthen resilience, it is important to focus on five key principles.

- Interventions should have a foundation in resilience research findings. Investigate whether the intervention has been studied with the population you seek to serve. An intervention that has proven successful in fostering resilience in a group of maltreated, urban children may not be as effective or appropriate for a group of rural students identified with conduct disorder.
- Interventions should aim to promote positive adaptation.
 For example, a well-designed intervention for problem behaviors would seek to promote positive discipline instead of strictly focusing on decreasing harsh punishments.
- Build on strengths within the community. The community should be involved in the planning, implementation, and evaluation of an effective intervention. Input from the community is critical during the planning phase to ensure feasibility, applicability, buy-in, and fidelity of implementation. By harnessing existing community strengths and resources it is more likely the intervention will become self-sustaining; thus, able to build resilience in a greater number of youth over a longer period of time.
- Focus on interventions that target multiple levels—com-

munity, family and individual. Interventions that work on multiple levels are the most powerful and effective for supporting resilience. An example of a multi-level intervention is the Pierce Count Front Door Project in Tacoma, Washington. The Front Door Project provides comprehensive wrap-around services for identified homeless families with children. On an individual level, the project monitors and provides targeted supports to encourage identified children's educational success. By providing housing referrals, move-in costs, deposits, and rental-assistance, the project is impacting the family level by providing housing stability. Additionally, The Front Door Project provides educational and occupational training and employment services to parents; thus, allowing the family to be self-sufficient and benefiting the community as a whole.

• Use data collection to track the effectiveness of an intervention. Collecting data will provide feedback on how well the intervention is accomplishing its purpose. Monitoring the progress of an intervention throughout implementation will allow for changes to be made so that the intervention successfully builds resilience. Data collection and proof of the impact of an intervention can also be helpful in securing funding for current and future resilience building interventions.

Given these principles and the expansiveness of resilience research findings, intervention efforts can focus on many different aspects: individual child, family, school, and community. Some interventions focus on early childhood literacy while others focus on reducing community violence and strengthening positive adult role models. Although their goals appear very different, both interventions strengthen resilience by supporting different protective factors and reducing certain risk factors. Table 4 outlines examples of some current community programs that support resilience.

Table 4. Formal Organizations That Support Resilience in Children²³

Organiza- tion	Description	Protective Factors	Research Evaluation
Big Brothers, Big Sisters of America (BBBSA)	BBBSA supports youth ages 6-18 mainly from single-parent homes. Adult volunteers from the community are matched with a child and spend about an hour each week together.	Positive adult role models Supportive adult relation- ship	BBBSA youth were 46 percent less likely to initiate illegal drug use and 27 percent less likely to skip school. Students fared better academically and demonstrated more high quality relationships with peers.
Boys and Girls Clubs of America	Association of clubs are designed solely for youth programs and activities. Each club provides a physical location where children and youth can go in their own neighborhoods that is affordable, open daily, and staffed by trained professionals.	 Positive relationships with alternative caregivers Successful adult role models Sense of belonging in community Supervision by adults Participation in local organizations Friendships Involvement with structured extracurricular activities 	Participating children had increased opportunities for peer and adult relationships. Children who had a strong relationship with a staff member were less likely to have behavior problems. Children who had friendships through the Boys and Girls Club also had higher rates of self-esteem.
Quality Early- Childhood Experiences	Programs for children (0-5) feature a low student-to-teacher ratio, emphasize early literacy skills, language development, and cognitive skills.	 Early intervention Supportive relationship with teachers Quality interactions with mother Informal social support for family 	The Perry Preschool Project provided high-quality preschool to three and four year old children living in poverty and at-risk of school failure. In a follow-up study at age 27, preschool participants completed an average of one additional year of school, spent less time receiving special education services, and had a 44 percent higher graduation rate.
Nurse- Family Partnership	Nurse-Family Partnership programs coordinate nurse home visits to low-income pregnant women, most of whom are unmarried, teenagers, or without previous children. The nurse visits the home every other week during the pregnancy and the first two years of the child's life. The nurse educates the new mother on topics including: preventative health care, competent care of children, and maternal development (educational, occupational, etc.).	 Quality parenting Strong family relationships Early family relationships Parental competence Informal social support systems for parents of at- risk children 	After two years, children of the nurse-visited women had 20 percent fewer health-related injuries and after six years, the same children had a much lower percentage of severe behavioral problems. Fifteen years later the study found that children of the nurse-visited women: had 59 percent fewer arrests; had 48 percent fewer incidents of child abuse and neglect; were less likely to use alcohol and tobacco; and were less likely to be convicted of an offense.
Homeless Education Programs	Programs identify homeless children and youth, enroll students in school, ensure that students receive the services for which they are eligible, and make referrals for health, mental health, dental or other care as necessary.	 Quality child care and preschool experiences Sense of belonging to the community Supportive relationships with teachers Involvement with structured extracurricular activities 	Research indicates that it may take four to six months for a student to acclimate socially and academically after changing schools. Students who are highly mobile have lower test scores and are less likely to be successful academically than their peers who are not as mobile.

Resilience and Children Experiencing Homelessness

The concept of resilience can inspire optimism and positive attitudes in individuals who work with children experiencing extreme hardships, such as homelessness. Resilience changes the focus to children's unique strengths and ways to support those strengths as opposed to a concentration on the challenges that they might face. Strong relationships, support, and a sense of belonging can be the key difference for a child who "beats the odds." In addition to cultivating emotional connections, it is important for children who are, or have been, homeless to experience success in school and other settings. By decreasing barriers to school enrollment and participation, homeless education programs foster resilience by providing children with an opportunity to be successful in school. School professionals, shelter providers, and parents alike, can support the development of all children, and especially those experiencing homelessness by ensuring their access to high quality educational opportunities and keeping them engaged in a welcoming school environment.

Informal Ways to Support Resilience in Children²⁴

What Can Adults Do?

- Encourage positive attitudes
 - Positive attitudes include thinking positively and persisting on challenging tasks. Positive attitudes reflect a sense of power, promise, purpose, worth, and self-efficacy. Children with positive attitudes are optimistic and believe that they can succeed in school and make friends.
 - Use words of encouragement to support the development of positive attitudes
 - Model positive attitudes for children
- Provide compassionate support and honest communication
 - Be understanding and open so that children feel comfortable discussing their concerns
 - Offer support to help children solve the challenges they face related to homelessness
- Promote social competence
 - Encourage children and adolescents to develop emotional attachments with relatives, neighbors, and others
 - Support the child's maintenance of connections by keeping the child as stable as possible, or by encouraging long distance connections
 - Provide opportunities for the child to help others.
 Volunteering in the community or at school is a great method of teaching empathy for others.
 - Teach appropriate social skills such as: problem solving, decision making, assertiveness, communicating effectively, managing emotions, conflict resolution, and resisting peer pressure
- Use and promote positive parenting practices
 - Strive for a balance between consistent structure and

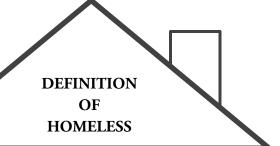
- emotional support when raising children
- Increase the quality and quantity of caring relationship at school, at home, and in the community
 - Children need much more praise than criticism
 - Adults should develop their ability to be sympathetic and sensitive to the individuals needs and abilities of children
- Communicate high expectations
 - Provide consistent structure and clear expectations
- Maximize opportunities for meaningful participation at school and in activities
 - Ensure that the child regularly attends school and completes homework assignments
 - Allow for a quiet, consistent location for the child to complete homework and receive help
 - Teach study skills and encourage the child to develop a repertoire of study skills that work best for them
- Cultivate involvement in structured extracurricular activities
 - Help children develop a talent by mentoring, encouraging, helping set manageable and realistic goals, and providing opportunities or resources.
 Children have improved reactions to stress, a source of friendships, a constructive use of free time, and positive self identity when they participate in an activity that makes them feel competent and happy
- Expand the range of constructive, structured activities available for children (e.g., summer school and afterschool programs)
- Participate in faith-based organizations which can contribute to children's spiritual and moral development
- Reduce levels of violence both on the national and local levels through gun control and safety

What Can Schools Do?

- Structure school environments to maximize the potential for success
 - When children are successful in academics they usually face other challenges successfully.
 - School and after-school programs should be designed so that children are successful most of the time.
 - At school, success is increased through the use of different teaching strategies to accommodate different learning styles.
- Create partnerships between the school, family, and the community
- Foster supportive relationships between teachers and students
- Help the child attain peer acceptance
- Structure the school environment to encourage supportive peer relationships
 - Cooperative peer tutoring
 - Reading buddies

Endnotes

- 1. Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71, 543-562.
- 2. Masten, A. S. (2001). Ordinary magic: Resilience process in development. American Psychologist, 56, 227-238.
- 3. Luthar, Cicchetti, & Becker, 2000; See also, Brendtro, L. K., Brokenleg, M., & Van Bockern, S. (2005). The circle of courage and positive psychology *Reclaiming Children and Youth*, 14, 130-136.
- 4. Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology*, 12, 857-885.
- 5. Luthar, Cicchetti, & Becker, 2000
- 6. Masten, 2001
- 7. Doll, B. Zucker, S. & Brehm, K. (2004). Resilient classrooms: Creating healthy environments for learning (practical interventions in the schools). New York: The Guilford Press.
- 8. Masten, 2001
- 9. Durlak, J. A. (1998). Common risk and preventive factors in successful prevention programs. *American Orthopsychiatric Association*, 68, 512-520.
- 10. Luthar, S. S. (2006). Resilience in development: A synthesis of research across five decades. In D. Cicchetti & D. J. Cohen (Eds.), *Developmental psychopathology: Risk, disorder, and adaptation* (pp. 740-795). New York: Wiley.
- 11. Rutter, M. (1979). Protective factors in children's responses to stress and disadvantage. In M. Whalen & J.E. Rolf (Eds.), *Primary prevention of psychopathology: Vol. 3. Social competence in children.* (pp. 49-74), Hanover. NH: University Press of New England.
- 12. Studies include: Durlak, 1998; Flores, E., Cicchetti, D., & Rogosch, F.A. (2005). Predictors of resilience in maltreated and nonmal-treated Latino children. *Developmental Psychology, 41*, 338-351.; Kim-Cohen, J., Moffitt, T. E., Caspi, A., & Taylor, A. (2004). Genetic and environmental processes in young children's resilience and vulnerability to socioeconomic deprivation. *Child Development, 75*, 651-668.; Kupersmidt, J.B., Coie, J.D., & Howell, J.C. (2004). Resilience in children exposed to negative peer influences. In K. Maton, C. J. Schellenbach, B. J. Leadbeater, & A. L. Solarz (Eds.), *Investing in children, youth, families, and communities: Strengths-based research and policy* (pp. 251-268). Washington, D.C.: American Psychological Association.; Luthar, 2006; Mahoney, J.L. (2000). School extracurricular activity participation as a moderator in the development of antisocial patterns. *Child Development, 71*, 502-551.; Masten, 2001
- 13. Luthar, Cicchetti, & Becker, 2000
- 14. Masten, 2001
- 15. Farber & Egeland, 1987 in Luthar, 2006
- 16. Masten, 2001; Luthar, 2006
- 17. Luthar, 2006
- 18. Luthar, 2006, p. 780
- 19. Studies include: Doll, et al., 2004; Luthar, 2006; Mahoney, 2000; Masten, 2001
- 20. Studies include: Curtis, W. J., & Cicchetti, D. (2003). Moving research on resilience into the 21st century: Theoretical and methodological considerations in examining the biological contributors to resilience. *Development and Psychopathology*, 15, 773-810.; Doll, et al., 2004; Flores, Cicchetti, & Rogosch., 2005; Luthar, 2006; Masten, 2001
- 21. Masten, 2001
- 22. Brooks, J. E. (2006). Strengthening resilience in children and youths: Maximizing opportunities through the schools. *Child-ren & Schools*, 28, 69-76.
- 23. Studies include: Perry preschool project. Retrieved November 16, 2007, from Social Programs that Work Web site: http://www.evidencebasedprograms.org/ Default.aspx?tabid=32.; Nurse-family partnerships. Retrieved November 14, 2007, from Social Programs that Work Web site: http://www.evidencebased-programs.org/Default.aspx?tabid=35.; Reed-Victor, E., & Pelco, L.E. (1999). Helping homeless students build resilience. *Journal for a Just and Caring Education*, 5, 51-71.; Roffman, J. G., Pagano, M. E., & Hirsch, B. J. (2001). Youth functioning and experiences in inner city after-school programs among age, gender, and race groups. *Journal of Child and Family Studies*, 10, 85-100; Tierney, J.P., Grossman, J.B., and Resch, N.L. (1995). *Making a Difference: An Impact Study of Big Brothers Big Sisters*. Philadelphia: Public/Private Ventures, 1995
- 24. Brooks, 2006; Doll, et al., 2004; Harvey, V. S. (2007). Resiliency: Strategies for parents and educators. *Communique of the National Association of School Psychologists*, 1, 3-14.; Luthar, 2006; Mahoney, 2000



Anyone who, due to a lack of housing, lives:

- In emergency or transitional shelters;
- In motels, hotels, trailer parks, campgrounds, abandoned in hospitals, awaiting foster care placement;
- In cars, parks, public places, bus or train stations, abandoned buildings;
- Doubled up with relatives or friends,
- In these conditions and is a child or youth not in the physical custody of an adult (unaccompanied youth*),
- In these conditions and is a migratory child or youth. To determine homelessness, consider the *permanence and adequacy* of the living situation.
- * Unaccompanied youth a youth without fixed, regular, and adequate housing who is not in the physical custody of a parent or guardian. This includes runaways and youth denied housing by their families (sometimes referred to throwaway children and youth).

Project HOPE-Virginia

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