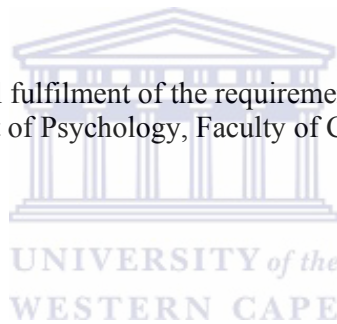


**AN INVESTIGATION INTO THE RELATIONSHIP BETWEEN  
GENDER, SOCIOECONOMIC STATUS, EXPOSURE TO VIOLENCE  
AND RESILIENCE IN A SAMPLE OF STUDENTS AT THE  
UNIVERSITY OF THE WESTERN CAPE**

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A minithesis submitted in partial fulfilment of the requirements for the degree of Magister Psychologiae in the Department of Psychology, Faculty of Community & Health Sciences, University of the Western Cape



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NOVEMBER 2010

## KEYWORDS

Socioeconomic status

Resilience

Gender

Exposure to violence

Community violence

Protective factors

Risk factors

Disadvantaged background

Students

Coping

Apartheid

Youth



## ABSTRACT

Children growing up in South Africa are likely to have been exposed to various social risks that may be linked to apartheid's legacy of social inequality and dispossession. The consequences of that are directly linked to economic and material hardship, as well as to different forms of violence experienced at an individual, family and community level. Resilience is understood as a process that helps individuals deal successfully with stressful events and unpleasant conditions. This study, located within the systems theory framework, recognises that resilience is multidimensional and multi determined and can be understood as the product of connections with, and between multiple systemic levels over time, and further understands that risks factors are seen as influences that occur at the individual, family, community and societal level. The quantitative study used a secondary analysis survey of data and utilised a sample of 281 students from UWC - 90 male and 190 female. In drawing from the literature the study examined the relationship between gender, Socioeconomic status (SES) and exposure to violence and resilience. Results of the factorial MANOVA indicate a statistically significant association between low SES and exposure to violence ( $p < 0.05 = 0.036$ ). There were no statistically significant results for the associations between gender and exposure to violence and resilience, as well as the association between SES and resilience. These results were contrary to what was predicted. The results of the present study suggest that in the South African context, both males and females have managed to find ways of coping when faced with adversity as well as being able to draw from their protective influences. It is also possible that the selected variables (gender and SES) may only be significant in relation to other variables. The limitations of the study were also discussed, and recommendations for future research were put forward.

## DECLARATION

I declare that “*An investigation into the relationship between gender, socioeconomic status, exposure to violence and resilience in a sample of students at the University of the Western Cape*” is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the resources I have used or quoted have been indicated and acknowledged as complete references.

---

Emily Matshedisa Mokoena



November 2010

## ACKNOWLEDGEMENTS

I would also like to express my heartfelt appreciation to the following persons for their important contributions to this project:

My supervisor, Mr Rashid Ahmed thank you for your guidance throughout the process of this research undertaking and it has been a pleasure working with you.

Ms Maria Florence your assistance is greatly appreciated.

My partner and comrade, Shepherd Mati, you are my rock and pillar, your support is priceless. My beloved children, Kukie Mokoena and Malibongwe Mati, your unconditional love and understanding, gave me strength throughout this whole process and my wonderful niece, Mimie Mokwana, thank you for your support. My dear friends Dr Lorenza Depretto-Coray and Professor Daniel Coray and Inge van Reenen for all your encouragement and financial support, which have made it possible for me to continue with my studies and Patty Kolbe thank you for all the hard work.

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# CHAPTER 1

## OVERVIEW OF THE STUDY

### 1.1 General Introduction

Most South Africans have either been exposed to or have experienced violence in their lifetime. Every year, the statistics from the South African police confirm that sexual and property crimes and crimes involving interpersonal violence continue at levels at least as high, if not higher, than during the apartheid era (Barbarin, Richter, deWet & Wachtel, 1998). In 1995, South Africa had the fifth highest murder rate among the countries tracked by Interpol, and more than half of all trauma cases admitted to hospitals in urban areas resulted from violent incidents involving weapons (Meumarm & Peden, 1997). Williams et al. (2007) confirm that trauma is deeply ingrained within the South African society, and, as a result, South Africa is considered globally as one of the most violent countries.

Child and adolescent exposure to violence is a continual problem in the United States and has been acknowledged as a key public health problem by the Center for Disease Control and Prevention (Leeb, Paulozzi, Melanson, Simon & Arias, 2008). Straus (1992) extrapolated that every year more than 10 million U.S. children witness physical violence between their parents whilst the National Center of Child Abuse and Neglect (NCCAN) reports that out of every 1,000 children, at least 23 of them will be victims of maltreatment, physical abuse, sexual abuse, and neglect (Sedlack & Broadhurst, 1996). [Ward, Flisher, Zissis, Muller and Lombard (2001) maintain that many of the children exposed to violence, have been reported to suffer from depression and anxiety symptoms] While the negative effects of exposure to violence have been reported, not much attention has been given to resilience. Studies focussing on negative effects of violence are limited in that they do not usually shed light on strengths that could become the focus of interventions and fail to recognize that most children exposed to violence do cope successfully (Lynch, 2003; Masten, 2001). Recent studies looking at exposure to violence have shifted their focus to resilience, and these studies have over the past four decades identified the characteristics and protective factors of individuals, families, and communities relating to resilience. Resilience can be seen as an acquired, gradually internalized, generalized set of attributes that enable a person to adapt to life's difficult circumstances (Alvord & Grados, 2005). In other words, the concept of resilience

relates to (1) exposure to major risk or severe danger; and (2) the attainment of positive adaptation regardless of major assaults on the developmental process (Garmezy, 1991).

Resilience may often originate from factors external to the child and the latest research has led to the explanation of three sets of factors concerned in the development of resilience: (1) attributes of the children themselves, (2) aspects of their families, and (3) characteristics of their wider social environments (Werner & Smith, 1992). That is, rather than simply studying which child, family, and environmental factors are involved in resilience, and researchers are gradually striving to understand ‘*how*’ such factors may contribute to positive outcomes (Luthar, 1999). Resilience does not come from exceptional and particular qualities, but from the ‘everyday magic’ of ordinary, normative human resources in the minds, brains and bodies of children, as well as in their families, relationships and communities and the characteristics of resilience in that case, are ordinary abilities people have internally (within the child) and externally (within the family and the community) explains (Masten, 2001). Resilience does not occur in the absence of risk but is rather the presence of protective factors or processes that shield the effects of difficulties; therefore, resilience complements risks (Hjemdal, Friborg, Stiles, Rosenvinge & Martinussen, 2006).

Gardynik and McDonald (2005) suggest that the aim of resilience research is to improve understanding of the resilience process so that it may then be extended to other, potentially resilient individuals. One area of research that researchers have targeted is resilience in ethnic and /or racial subpopulations in efforts to recognize differences and or similarities between and among them (Morales, 2000). In the South African context, Veenendal (2006) study focussed on the role that resilience plays in the relationship between race and trauma, and the present study extends this focus and investigates the relationship between gender, socioeconomic status (SES), and exposure to violence and resilience in a sample of students at the University of the Western Cape.

## **1.2 Aim of the study**

The current study aims to investigate whether gender and socioeconomic status influence both exposure to risk and resilience.

## **1.3 Research Questions**

The research questions for this study relate to:

(1) Is there any relationship between gender, socioeconomic status and community exposure to violence and resilience?

(2) Given that students who come from more advantaged backgrounds are likely to experience better access to resources, do their socioeconomic status protect them from risk and exposure to violence and how does this influence their resilience?

#### **1.4 The value of the study**

So far, most research on resilience in young adults and children has taken place within the Euro-American context. Overall, in the South African context, there has been relatively less research in the area of resilience. The recent study conducted by Veenendaal (2006) sheds some light on the relationship between race, resilience and trauma within the South African context. This study extends this research and focuses on whether differences in gender, socioeconomic status and exposure to violence have an effect on resilience. It is essential that these areas be covered since somewhat less attention has been given to the link between gender differences, socioeconomic status, and exposure to violence, and resilience amongst young adults' literature. In fact, gender has been implicated as an essential influence in explaining resilience (Rutter; Werner & Smith; as cited in Von Secker, 2004), and the link between socioeconomic status (SES) and resilience in the South African context remains relatively unexplained.

#### **1.5 Overview of the manuscript**

Chapter 1 is an introduction and briefly touches on the exposure to violence in the South African and international context.

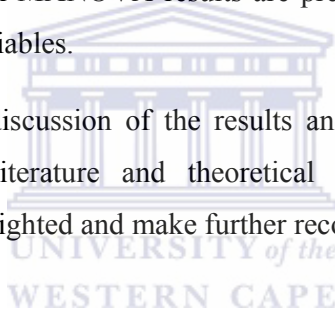
Chapter 2 introduces and reviews relevant literature that pertains to the present study and in particular takes a look at the concept of resilience, and related concepts such as risk and protective factors. The second and third sections focus on studies both within the South African context and internationally that have dealt with (1) gender, exposure to violence and resilience and (2) socioeconomic status, exposure to violence and resilience. The last section of this chapter examines the 1977 Bronfenbrenner ecological theory based on the systems theory that is used for this study.

Chapter 3 discusses the methodology that is used for this study in particular, the rationale, aim and objectives of the study, hypotheses, and sample characteristics, measuring

instruments, data collection and analysis procedures, including ethical considerations. Even though the sample used in this research is comprised of students, the intended target group of the study is the South African youth. The design of this study is quantitative and uses secondary data analysis. The correlations are used to determine the relationships between subscales of the measures and the multivariate analysis of variance (MANOVA) in particular; the multivariate factorial analysis of variance is used to determine the differences in gender and socioeconomic status in terms of resilience and exposure to community violence. According to Hair Jr, Black, Babin and Anderson, (2010) MANOVA is an extension of analysis of variance (ANOVA) and it is used to accommodate more than one dependent variable and in addition, it is concerned with differences between groups.

Chapter 4 presents the results of the study such as descriptive statistics, and a brief overview of internal reliability consistencies (Cronbach Alpha), correlations to determine inter subscales relationships and factorial MANOVA results are presented which highlight the main and interaction effects of the variables.

Chapter 5 is a summary and discussion of the results and combines the results with the research questions, relevant literature and theoretical framework. Furthermore, the limitations of the study are highlighted and make further recommendation for future research.



## CHAPTER 2

### LITERATURE REVIEW

#### 2.1 INTRODUCTION

This chapter reviews specific literature on resilience in youth and in particular explores related concepts such as risk and protective factors. Then the second section discusses the effects of violence on the youth in the wider South African context. The third section looks at resilience in youth in specific contexts such as exposure and effects of violence for the individual, family and community, also taking into account gender and socioeconomic status. South African cases will be discussed where appropriate. The concluding section gives a discussion on the theoretical framework of this study, which is the 1977 Bronfenbrenner ecological theory based on the systems theory is utilized for this study.

#### 2.2. Resilience

The definition of resilience remains a problem. There is consensus that definitions of resilience differ in various studies, thus making the definition of the concept of resilience problematic (Luthar, Cicchetti & Becker 2000). (Kaplan, as cited in Veenendal, 2006) point out that the inconsistencies in the definition of resilience are directly linked to four of the following reasons: Firstly, differentiating between resilience and consequences is problematic, in that to a certain degree resilience is still being defined in terms of the end results or response to danger, and in some instances resilience is defined as part of those factors that interact with stress to produce certain results. Secondly, the reason there are still some inconsistencies is the broad range of consequences wherein resilience is defined in terms of end results. Thirdly, others define resilience as a combination of individual qualities, such as the differences in personal characteristics and last, the inconsistency is due to the differences in the definition of risk and protective factors as end results of resilience.

For the purpose of this study, the preferred definition of resilience is that given by Rutter (1987) which states that 'resilience' relates to how some people give in to stress and adversity but others prevail over life-threatening danger. Rutter further states that resilience cannot be seen as a fixed attribute of the individual, for those people who manage successfully with difficulties at one point in their lives may react badly to other stressors when their situation is different, if circumstances change, resilience alters. Expanding further on this notion is Clinton (2008) who maintains that resilience necessitates that someone be exposed to an

unpleasant event or condition and the outcome should be that the person does better than would have been expected. In other words, crucial within this concept are two essential conditions: (1) exposure to major risk or serious adversity; and (2) the achievement of positive adjustment notwithstanding major assault on the developmental process (see Luthar & Zigler, 1991; Masten, Best & Garmezy, 1990). Masten (2001) raises an important fact by stating that resilience may be more widespread than formerly thought and further argues that resilience is 'ordinary rather than extraordinary'. In line with this suggestion, resilience may be something that all individuals have the ability to achieve. Resilience is therefore not the mere absence of risk, but to a certain extent the presence of protective factors or processes that shield effects of adversity, noticeably the interest in resilience research has been related to the adaptable nature of resilience factors (Hjemdal, Friborg, Stiles, Rosenvinge & Martinussen, 2006). For instance, authors such as Masten, Best, and Garmezy (1990) proceeded to describe three different groups of resilient individuals. The first group entails those individuals from high-risk groups who triumph over the odds and essentially accomplish better than expected results. The second group of individuals adjust well in spite of ongoing stressful experiences, such as divorce or job loss. The third group comprises individuals who recover from a single traumatic experience, such as child maltreatment. Cederblad (1996), managed to demonstrate several key features that characterise resilience in people who overcome difficult life conditions. By and large, these people are perceived as more flexible than vulnerable people and manage by using several protective resources either within themselves or in their environment (Friborg, Hjemdal, Rosenvince & Martinussen, 2003). Several authors (Rutter, 1990; Garmezy, 1993) classify these protective resources into:

- Psychological/dispositional attributes
- Family support and cohesion; and
- External support systems.

These are seen as the most important determinants of a healthy adjustment to long-term stresses. Some of the studies conducted so far have reported that resilient people draw heavily on positive dispositional attributes and behaviours like internal locus of control, pro-social behaviour and empathy, to tackle stresses. Furthermore, these people have an optimistic self image and display great optimism for the future (see Werner and Smith, 1992; Cederblad, Dahlin, Hagnell and Hansson, 1994; Cedeblad, 1996; Blum, 1998). Clausen

(1993) highlights that resilient people seem to have a strong ability to organise their lives but further emphasizes that resilience does not shield the person from harmful events but rather resilient persons seem to manage more functionally and are flexible with stress.

Historically, resilience was originally conceptualized as the result of personality traits or coping styles that seemed to make some children continue to progress along a positive development path even when faced with great difficulties. These children were called 'hardy' 'invulnerable' 'super kids' or 'stress resistant' (Bolig & Weddle, 1998). Werner and Smith (1989) studied these children over time, and the researchers noticed a similar pattern amongst the majority of these children, that regardless of the high risk environments in which they grew up, they developed into healthy and successful young adults. (Felsman & Vaillant, as cited in Waller, 2000) are of the opinion that placing importance on individual invulnerability is challenging in several ways. Firstly, the idea that the individual is invulnerable is 'negating to the human condition'. No one is either resilient or vulnerable all of the time. Secondly, focusing exclusively on within person factors makes it difficult to understand the ecosystemic context of resilience (Walsh, as cited in Waller, 2000). The assumption is that 'resilient persons grew themselves up... they either had the right stuff all along... or acquired it by pulling themselves up by their bootstraps' (Walsh, as cited in Waller, 2000).

The concepts of 'invulnerability and invincibility' lost support due to their fixed and static quality, thus Rutter (1985, 1987) proposed that resilience is a fluid quality that acts to modify responses to psychosocial risk. Understanding individual reaction to unpleasant life situations lies in recognizing protective processes, not identifying factors that contradict risk (Rutter 1987) since resilience is not a fixed attribute but a dynamic interaction between risk and protective processes, and that either the vulnerability-protective factor has no effect in low-risk populations or its effect is overstated in the presence of the risk variable (Friborg et al., 2003).

As research advanced, it became clear that a positive adjustment regardless of exposure to adversity involves a developmental progression, such that new vulnerabilities and /or strengths frequently materialize with changing life situations (Masten & Garmezy, 1985). These later studies, rather than focusing on the children who were victims of negative factors, the studies focused instead on those who had not given in. The questions this work asked were: What is it about these children that make it possible for them to survive? What makes them seem immune to the factors that negatively affect others? For some, this approach



resulted in a paradigm change. Luthar, Cicchetti and Becker (2000) conclude that significant progress has been made in understanding resilience over the past few decades, and the continued investigation of risk and protective processes carries much potential to expand developmental theory and to suggest useful avenues for intervention.

### **2.3 Risk and Protective Factors**

According to Arrington and Wilson (2000), risk and vulnerability are frequently terms that are used interchangeably, but the difference between the two has been highlighted. “Risk” is commonly used when referring to groups of people, while “vulnerability” is regularly used to differentiate an individual. Werner (1990) further explains that vulnerability indicates an individual’s weakness to a negative outcome. Furthermore, Arrington and Wilson (2000) described a risk as a critical event such as a death in the family, divorce, or some other trauma. On the other hand, Masten (1994) described risk as something that hampers normal functioning and a risk factor is something that, for most people, could lead to distress and potentially harmful outcomes. Fraser (1997) articulates, that the most significant contribution in the area of prevention research was the identification of risk factors, which were thought to be linked with psychosocial problems (e.g. alcoholism, drug abuse, teen pregnancy, delinquency, school drop outs) and these factors according to Fraser (1997), are influences that take place at any systemic level (i.e. individual, family, community, society) and are seen as a risk to positive adaptational outcomes.

Werner and Smith (1992) mention that even though ‘risk’ is a statistical concept applicable to the study of groups, it frequently has been applied to individuals, families, and communities who, consequently, are labelled according to their perceived deficit. Constantine, Benard and Diaz (1999) further state that the labelling often leads to the identification, labelling, and stigmatizing of youth, their families, and their communities. Longitudinal research on high-risk populations, now referred to as ‘resilience research’, has found that at least 50% and usually closer to 70% of individuals in this group defies the odds and achieve competence, confidence, and caring in adulthood (Werner & Smith, 1992). Werner (1990) cites Rutter, as stressing that nobody is invulnerable; every person has a "threshold" beyond which he or she can "succumb". Therefore, intervention may be considered as an effort to change the balance from susceptibility to resilience, either by decreasing exposure to risk factors and stressful

life events, or by increasing the amount of existing protective factors in the lives of susceptible children (Werner, 1990). Changing the balance or tilting the scales from vulnerability to resilience may happen as a result of one person or one opportunity. Individuals who have thrived regardless of adverse environmental conditions in their families, schools, and/or communities have often done so because of the presence of environmental support in the form of one family member, one teacher, one school, one community person that encouraged their success and welcomed their participation (Murray, 2003).

Rutter (1987) explains that during the last decade the concept of 'protective factors' has become firmly established in the field of psychiatric risk research. Rutter further states that the concept is linked to the notion of resilience, in that there has been a shift of focus from vulnerability to resilience, but also from risk variables to the process of negotiating risk situations, and instead of searching for broadly based protective factors 'we need to focus on protective mechanisms and processes', that is, we need to ask 'why and how' some individuals manage to maintain high self-esteem and self-efficacy in spite of facing the same adversities that lead other people to give up and lose hope. Then again, protective factors are considered to encourage positive end results by functioning as barriers between individuals and the risk factors intruding on their well-being. Protective factors have been defined as the specific competencies that are necessary for the process of resilience to occur (Dyer & McGuiness, 1996).

Current research suggests that the right combination of protective influences can compensate the negative impact of exposure to multiple risk factors (Werner & Smith, 1992). Protective factors are also considered to enhance positive outcomes by functioning as a protection between individuals and the risk factors imposing on their well-being. Recent research suggests that the right combination of protective influences can compensate for the negative effect of exposure to multiple risk factors (Werner et al., as cited in Waller, 2001). Werner and Smith, (1989) viewed protective factors as resources. Furthermore these factors can modify the impact of risk exposure and can alter outcome status. As with risk factors, the relationships between protective factors and outcomes can be indirect. Children and youth with positive temperaments, for example, may elicit care and support from adults, and receiving social support from adults can influence children's long-term adjustment (Werner

& Smith, 1989). Thus, positive temperamental characteristics help explain outcome status through social support.

Authors such as Tusaie, Puskar and Sereika (2007) state that many protective factors have been identified as potential shapers of individual resilience: cognitive factors such as cognitive reframing, problem solving abilities, optimism, a sense of meaning or a cohesive narrative about the stressor, high intelligence level, reading skills, resourcefulness in seeking social support, etc. Furthermore, Waller (2001) proposes that risk and protective factors are not dichotomous categories, but fluid and dynamic processes. Constantine, Benard and Diaz (1999) explain that the exact nature of the network of relationships between risk and resilience factors, and the conditions under which resilience is best promoted and risk most successfully moderated, are topics of ongoing research investigation. Hjemdal, Friborg, Stiles, Rosenvinge and Martinussen (2006) further explain that resilience is thus not the mere absence of risk, but to a certain extent the existence of protective factors or processes that maintain effects of adversity. Over time the following authors, Luthar (1991) and Rutter, (1987) have established that protective factors have been found to work together with risk factors in lots of different ways. According to Li, Nussbaum and Richards (2007) along risk, child adjustment is influenced by protective factors. Positive individual, family and community resources present prospects to reduce both externalizing and internalizing symptoms.

In concluding this section Luthar, Cicchetti and Becker (2000) warn that some caution should be considered for future research in the area which explores processes that underlie protective/risk factors and further suggest that research on resilience must accelerate its move from a focus on description to a focus on clarifying developmental process questions. With mounting evidence that a particular variable does affect competence levels within a specific at-risk group, investigators need to focus their inquiry on understanding the means by which such protection (or vulnerability) might be presented. Furthermore, concretely such efforts can be investigated by examining the degree to which different methods may mediate the effects of a given “protective factor”. Once scientists have gathered support that certain constructs are without fail linked with positive outcomes among particular at-risk groups, possible mechanisms would need to be defined on the basis of earlier empirical and theoretical evidence. For example, if religious faith was the protective factor in question, likely basic mechanisms might include (1) increases in informal supports, and (2) reductions in dysfunctional coping patterns (e.g., alcohol use) for negotiating everyday stressors (see

Brody, Stoneman, & Flor, 1996; Luthar, 1999). The relative importance of each hypothesized mediator could then be statistically examined by means of processes summarized by Baron and Kenny (1986), which essentially involve determining the degree to which associations between antecedent (protective) and outcome variables are attenuated after taking into account shared variance between these and the hypothesized mediators.

#### **2.4. Exposure to violence and resilience**

Authors such as Appel and Holden, (1998); Margolin and Gordis, (2000) mention that research describes violence in different ways. Most important types of violence that have been investigated relate to (a) child maltreatment, as well as physical abuse, sexual abuse, and neglect; (b) aggression between parents; and (c) community violence, together with direct victimization and witnessing of violence. Regardless of high rates of co-occurrence among exposure to different types of violence, the authors state that published works have normally looked at child abuse, domestic violence, and community violence separately. Ward, Martin, Theron and Distiller (2007) report that researchers around the world have reported that children's exposure to community violence has been recognized as a widespread problem and many studies have acknowledged the incidence and impact of trauma on youths. In a recent study carried out by Finkelhor, Ormrod, Turner, and Hamby (2005) in the United States of America, indicated that more than half of the sampled youth experienced physical assault during the survey year; approximately 1 in 8 experienced child maltreatment (e.g. emotional abuse or neglect); approximately 1 in 12 experienced sexual victimization (e.g. rape, sexual assault, or forced viewing of pornography); and as many as 1 in 3 had witnessed some form of violence (e.g. witnessed domestic violence, seen a murder, or lived in a war zone). These figures suggest that a large number of children and adolescents are exposed to direct victimization and are witnesses to other forms of violence.

The South African experience is similar. A study conducted by Prinsloo, Matzopoulos and Sukhai (2003) reported that the Cape Town homicide rate in 2001 was 88 per 100 000 and this was much higher than the estimated global rate of 28.8 per 100 000. In addition, Ward et al. (2001) discovered that, overall, children are exposed to high levels of violence, and that victimisation by violence in Cape Town was as high as 50 percent, and the witnessing of violence as high as 82 percent. Duncan (1997) found that the number of South African children who have been exposed to violence has reached thousands.

An example is the study conducted by Harber in (2001) and carried out on 550 students from three different schools in the area of Durban. The results showed that school A, for example; found that 51% of students felt either unsafe or extremely unsafe while travelling to and from school. Fear of crime when travelling was greater than experience of crime but 23% had experienced being bullied or threatened, 13% had been assaulted, 34% robbed, 17% verbally abused and 4% sexually abused. At school, fear of crime was again greater than experience of crime but 33% had been bullied or threatened, 11% had been assaulted, 27% had been robbed, 23% had been verbally abused and 2% had been sexually assaulted. The results for school B and C did not differ much from school A's results.

Community violence is defined as 'deliberate acts intended to cause physical harm against a person in the community such as neighbourhood, school, and other public places'. McCart et al. (2007); Mazza and Overstreet (2000) reported that researchers use the term 'exposure to violence' to explain different types or forms of violence. In addition, the tendency that is taking place internationally shows that several studies have begun to examine the interaction between resilience and exposure to community violence. Three particular themes have emerged: (a) multiple risks and protective factors may be involved, (b) children may be resilient in some domains but not in others and (c) factors that are protective in one context may not be so in another context (Lynch, 2003; O'Donnell, Schwab-Stone, & Mueyed, 2002).

Research in the area of community violence differs in that McCart et al. (2007) reported that a number of studies have found somewhat strong links between community violence exposure and symptoms of post-traumatic stress disorder, anxiety and depression, and aggressive behaviour problems in urban samples. However, other studies have found few or no links between the degree of community violence exposure and psychological distress. For example, when Farrell and Bruce (1997) examined the psychological effects of exposure to community violence using longitudinal data from a group of African American sixth graders in urban public schools, witness to violence was not significantly correlated with emotional distress. Margolin and Gordis (2004) state that exposure to violence can either be as a direct victimization and or as witnessing the violence, and a study conducted by Richters and Martinez (1993) revealed that South African children's exposure to ambient and explicit violence generates effects similar to those observed when the violence entails direct victimization.

Tolan (2001) argues that experiences of community violence affect adolescents; however the experience for each adolescent is different. This could be linked to disparity in exposure to violence, disparity in awareness of safety, disparity in coping styles, or some interaction of these three. It is how the individual understands the threat that is the precursor to how that individual reacts and exposure to violence normally leads to unpleasant results if the violence is seen as uncontrollable (Blechman, Dumas & Prinz, 1994).

Considering the above, Harber (2001) states, many South African children were born, raised, have developed, married and died in violent situations. Some have grown to be so immune to violent actions that they see violence as a tolerable form of expression and as a way of channelling their emotions. Schools located in disadvantaged areas, where the culture of violence is in control, are overwhelmed with violence, crimes, gangs, drugs, contraband and other related problems (IPT, 1999a, p. 35). Doll and Lyon (1998) point out that the South African press frequently carries stories of violent robbery, rape and murder in schools. Furthermore, South African children have been exposed to many different forms of violence: political, familial, and community. These children face multiple risks and are the most at risk to negative developmental effects and need more different, strong protective factors than children facing less risk (Doll & Lyon, 1998). The sheer presence of protective factors does not guarantee resilience (Mazza & Overstreet, 2000). The balance is what decides the resilience of the protective mechanism that adds to coping and resistance to stressors, and risk factors that heighten vulnerability (Stoiber & Good, 1998).

The demands of coping with constant community violence differ from those associated with coping with acute trauma (Garbarino & Kostelny, 1997). Children exposed repeatedly to neighbourhood violence must adjust developmentally, taking on a new reality with new approaches to safety (Garbarino et al. 1997). Safety concerns act as organizing forces in the lives of many urban youth. There is some evidence to suggest that urban youth cope to make themselves feel safer (Kozol, 1995; Reese, Vera, Thompson, & Reyes, 2001), but there is little systematic research that relates the use of specific coping strategies to feeling safer or reducing exposure to violence.

Several studies have concluded that children exposed to high levels of community violence are at major risk of developing emotional problems (Durant, Cadenhead, Pendergrast, Slavens, & Under, 1994; Martinez & Richters, 1993). Researchers have found exposure to



high levels of violence to be related with problems such as increased anxiety, depression, difficulty concentrating, inattention, and sleep disturbances (Singer, Anglin, Song, & Lunghofen, 1995), and with symptoms associated to post-traumatic stress disorder (PTSD; e.g. Berton & Stabb, 1996; Fitzpatrick & Boldizar, 1993). Although witnessing one violent event can be harmful in and of itself, many children report witnessing violence on a regular basis (Richters & Martinez, 1993; Singer et al. 1995). Studies examining stress and coping have shown that daily stress has a primary role in the development and maintenance of psychological difficulties (Banez & Compas, 1990), and research in this area has pointed to the multifaceted effects of multiple stressors on children's coping and adjustment. Several studies have concluded that children's level of functioning declines as the occurrence of stressors increases (Forehand, Middleton, & Long, 1987; Rutter, 1987). Findings from these studies suggest that repeated exposure to violence might serve as a chronic stressor for some urban children and predispose them to emotional distress.

A study conducted by Barbarin, Richter and de Wet (2001) in conducted a study in South Africa on children exposed to violence yielded interesting results in that, family violence was linked directly to attention and aggression, and indirectly to academic motivation. Family satisfaction was significantly and directly related with academic motivation and inversely, correlated with oppositional behaviour and spirituality was correlated inversely with aggression and directly, with academic motivation. Children's individual resilience was correlated inversely with attention, oppositional behaviour, and aggression. But other authors have found that not all children who live in high-risk environments experience the negative developmental outcomes associated with chronic stressors (Garmezy,1991; Rutter, 1987). Some children may be protected by factors that shield them from the influences of chronic stress either by directly influenced adjustment, or by modifying or reducing the impact of stressors on negative outcomes.

The presence of strong family support has been shown to be related to positive adaptive outcomes for children at high-risk because of multiple life stressors (Pryor-Brown & Cowen, 1989). In addition Pryor-Brown et al. (1989) stress that the size of the social support network was a mostly important mediator of the relationship between stressful life events, as well as exposure to violence and victimization, and adjustment in young children. Although these studies suggest that size and availability of children's social support networks are important concerns in their emotional adjustment. Dubow, Edwards and Ippolito (1997) state that there

is a need to examine the perceived quality of the social support available to children, even though many studies have shown the main effects of social support on children's adjustment, relatively few have found strong evidence for protective effects. Such findings, according to Dubow et al. (1997) emphasize the importance of examining gender differences in children's responses to and experiences of community violence and the potential role of family support.

Children's exposure to violence is regularly overlooked and unattended by parents and by professionals who work with children. Children who are exposed to violence have a tendency to show symptoms related with common types of maladjustment. Therefore, professionals may not be aware when violence plays a role in the aetiology of those symptoms. Detailed information about the diversity of effects related to exposure to violence and the factors that influence those results will assist to recognize children who may possibly be of risk for negative outcomes. Models for understanding risk and protective factors in the child and his or her social context will inform interventions for violence-exposed children (Margolin & Gordis, 2003).

## **2.5 Gender, exposure to violence and resilience**

Morales (2008) suggested that gender difference need to be looked into in resilience studies. This area is identified as being fundamental by resilience pioneers such as Rutter (1987) and Werner and Smith (1982). This section of the literature review will broadly focus on the related area, that is, gender influences on exposure to violence and subsequently, gender and resilience. Gender differences in resilience have been investigated less often, but one constant finding is that the resilient women tend to elicit and provide more social support (Werner, 2001).

Several scholars, Buckner, Beardslee and Bassuk (2004); Leadbeater, Blatt, and Quinlan (1995) report that regardless of the level of exposure, girls appear to be more likely to report symptoms of distress after experiencing violent incidents. However, some research has shown that there may be gender differences in the types of symptoms reported after exposure to violence. Thus, rather than concluding that boys do not experience symptoms or that they play down their response to a violent event, it is possible that there are basic gender differences in the type of response. In particular, girls may be more likely to report internalizing symptoms (e.g. depression, anxiety, and hyper-arousal), while boys more often report externalizing symptoms (e.g., aggression and conduct problems). Werner and Smith (1992) report that in their studies conducted over time, they found interesting gender



differences in resilience. They discovered males were more at risk to separation from or loss of caregivers in the first decade of life (early to middle childhood) than girls, but in the second decade (adolescence) girls were more vulnerable to chronic family conflict and disturbed interpersonal relationships than boys. The authors further discovered that more positive changes occurred among the women who had mental health problems as adolescents than among the men. These results provide convincing evidence that even though many factors may help at-risk children overall to be resilient in the face of adversity, the resiliency process may differ for men and women and lastly, Valliant and Davis (2000) confirmed previous studies that resilient individuals were not essentially intellectually strong but rather skilled at effectively using whatever skills they have available to assist them to cope.

Rutter's study (as cited in Rasmussen, Aber & Bhana, 2004) states that coping differs across gender. Gender differences among adolescent coping styles mirror adult differences. Aggressive responses to stressors are more common among boys than among girls, and, even though recent studies suggest that violence among girls increased in the 1990s, boys are still much more likely to act violently than girls (Rasmussen et al., 2004).

Qualitative evidence from a study of youth coping with neighbourhood violence suggests that this may be to 'save face' in order to prevent social isolation and future victimization (Reese & Thompson & Reyes, 2001). One study reported that girls responded to increased exposure to violence with greater depressive symptomatology and boys with increased protective measures (Jenkins & Bell, 1997). Wasonga's (2002) study on values that maintain student external assets and the development of resiliency, reported the correlations between external assets and resiliency were higher for males even though their scores were significantly lower than those of females. The lower scores in external assets and resiliency among males showed an environment that restricted male experience and perceptions in terms of caring relations, high expectations, and opportunities for participation in significant activities compared to girls.

In violent neighbourhoods this translates into girls associating with gangs for protection from sexual victimization by dangerous individuals in the community, and boys for protection from victimization by the gangs themselves (Reese et al. 2001). Girls are more likely to address problems immediately and talk about them with friends, whereas boys usually do not address problems until they are imminent, and try to manage them alone. (Boekaerts, 1996).

Gender differences may also result from differences in types of violence exposure, with girls reporting more frequent sexual victimization and boys other types of interpersonal conflict (Jenkins & Bell, 1997). This study found that all coping strategies were associated with increased perceptions of safety in high crime neighbourhoods, but few were in this way effective in other contexts

Harber (2001), still reporting on crime and violence in South African schools, states that violence is not gender neutral, in that it is greatly carried out by boys. Whereas the main victims of sexual violence are females, the main victims of violence *per se* are males. All therefore stand to gain from a reduction in levels of violence. Much greater attention needs to be given, in the life skills curriculum and through the ethos of the school as a whole, to promoting gender equality and in particular models of masculine identity not predicated on force and violence (Morrell, 1998).

The Farrel and Bruce (1997) study examined the frequency of exposure to community violence among urban middle school students and also explored the impact of exposure on the frequency of violent behaviour and emotional distress. In terms of prevalence, a higher percentage of sixth graders in this sample reported exposure to a variety of violent incidents. Boys in particular reported high frequencies of exposure and were more prone to have experienced beatings and threats of violence than were girls. Boys also reported higher frequencies of violent behaviour and lower levels of emotional distress than did girls. These findings regarding the impact of exposure to violence were not consistent across gender and exposure to violence was positively related to subsequent changes in the frequency of violent behaviour among girls, but not among the boys. Exposure to violence was not significantly related to subsequent changes in emotional distress for either boy or girls.

Von Secker (2004) further explains that even though isolated risk indicators such as SES, race, ethnic status, and gender may be highly predictive, they should not be interpreted as definite. Risk is the delicate likelihood of an unwanted outcome for a population, not for an individual (Garmezy & Masten, 1986). That subtle but significant distinction means that individuals are not at risk of low science achievement because they are poor, female, or a minority; rather, they are part of highly variable risk populations (Von Secker 2004).

## **2.6 Socioeconomic status, exposure to violence and resilience**

Children in poor families are at an increased risk of behavioural and cognitive problems compared with children who live in non-poor families (Bradley & Corwyn, 2002; Brooks-Gunn & Duncan, 1997; Kim-Cohen, Moffitt, Caspi & Taylor 2004). Conversely, not all poor children develop problems, and some of these resilient children function more healthily than expected, given the level of deprivation they have experienced (Luthar & Zigler, 1991; Masten, Best & Garmezy, 1990; Kim-Cohen et al. 2004). This view is shared by Barbarin (1990) who states that growing up in poverty has its own advantages in that it gives children opportunities to increase their managing skills and build on their self-efficacy. Children from low socioeconomic backgrounds learn early on how to deal with adult challenges. Furthermore, this forces them to be more resourceful and know how to avoid danger. McLeod and Kessler (1990) also argue that research must shift away from focussing on the assumption that being poor causes vulnerability. In contrast, the 'coping resources' explanation should be the main focus. This view argues that socioeconomic status influences vulnerability indirectly through its relationship to a broader class of coping resources, such as social support and resilient personality characteristics.

Garmezy (1991) cites Michael Rutter's research on children growing up in poverty and they observed that half of the children living under conditions of disadvantage do not repeat that pattern in their own adult lives. Furthermore, they found that one out of four children of alcoholic parents develops alcohol problems and three out of four do not.

In South Africa, increasing attention is being paid to the residual effects of apartheid as expressed in economic inequality and community violence. Unfavourable conditions that were reinforced under the apartheid regime, such as household poverty and community violence, subject children to multiple daily stressful experiences that can seriously compromise psychological functioning and development (Barbarin, Richter, de Wet, & Wachtel, 1998; DeLongis, Folkman, & Lazarus, 1988). For example, Robertson and Berger (1994) observed that children growing up in dangerous and poor areas of South Africa exhibit considerably more stress-related symptoms than did children living in communities that were socially and economically advantaged. Until now, the psychological effects of community violence on children have been more consistently demonstrated in research than have the effects of low socioeconomic status (SES) (Barbarin, Richter & Wachtel, 1998). Moreover, the effects of poverty and violence are more distinct for conduct problems and school achievement than they are for emotional difficulties (McLoyd, 1998). Notwithstanding these

differences, the gathered evidence linking low economic status and community violence to cognitive impairments, externalizing disorders, and problems of emotional deregulation is compelling (McLoyd, 1998; Richters & Martinez, 1993).

There is some evidence that one psychological factor that has been related to both lower SES and poorer health is stress. Low-SES children are more often exposed to unpredictable and stressful negative life events (Brady & Matthews, 2002). Certain types of negative events are likely to characterize the life experiences of low-SES individuals, including greater exposure to violence (Selner-O'Hagan, Kindlon, Buka, Raudenbush, & Earls, 1998) and experiences with discrimination (Clark, Anderson, Clark, & Williams, 1999). Stressful life conditions, in turn, have been correlated with negative biological and health outcomes in children (Evans & English, 2002).

## **2.7 Theoretical Framework**

Waller (2001) points out that resilience research, originates from the field of study of psychiatry and developmental psychology, and has mostly focussed on within-person factors, rather than considering the ecosystemic context of change. Jessor as cited in Waller (2001), explains that the ecosystemic perspective is an "emerging paradigm" in adolescent research, in that, children are influenced by multiple interacting systems, and ecological models may be seen as most helpful in examining how urbanization affects children and the social context in which they live (Bronfenbrenner, as cited in Waller, 2001). The principle of the ecological model is based on a systems theory, which functions on the notion of feedback and reciprocity (Black & Krishnakumar, 1998). The growing theoretical acceptance in the child development field of the transactional-ecological model of human development in which the human personality is viewed as a self-righting mechanism that is engaged in active, ongoing adaptation to its environment has resulted in a growing research interest in moving past the identification of risk factors for the development of a problem behaviour to an examination of the "protective" factors, those traits, conditions, situations, and episodes, that appear to change or even reverse, inference of negative effect ( Benard,1991).

An ecological point of view gives importance to the interrelationships between individuals and the contexts in which they live and the shared, interactive processes taking place between macro- and micro-level contexts (Bronfenbrenner; Harvey; as cited in Harney, 2007). In other

words, the individual remains important, but is seen as important in the ecosystem as well as interacting with others, the family, small groups and community (Meyer, Moore & Viljoen, 2003). Furthermore, the ecosystemic perspective is also seen as “a way of thinking and organizing knowledge that stresses the interrelatedness and interdependency” between individuals and social systems such as families, groups, organizations, communities, societies (Queralt, 1996, p. 17).

An ecological perception of human development considers and identifies the influence of community, subculture, and culture on basic psychological and interpersonal processes throughout the lifespan. An ecological viewpoint proposes that the question, “what makes a person resilient?” is less practical than asking “within what contexts do particular processes cultivate resilience for particular people?” (Harney, 2007). It is this approach that guides the present study. Systems theory takes into account the risk and protective factors that may be biological, psychological, social, spiritual, and environmental or any mixture of these (Ashford, LeCroy & Lortie, 2000). In addition, protective and risk factors within a given ecosystem are active and not programmed characteristics (Rutter, as cited in Waller, 2001). In addition, Becvar and Becvar (2006, p. 8) state that ‘systems theory guides our attention away from the individuals and individual problems looked at in isolation and toward relationships and relationship issues between individuals’.

Walsh (1998) emphasizes that there is increasing appreciation that resilience is multi-dimensional and multi-determined, and can be best understood as the creation of transactions within and between multiple systemic levels over time. The relationship between human beings and adversity is neither linear nor unidirectional. As indicated earlier, this debate is taken further by Ashford, Le-Croy, and Lortie, (2000) who explain that risk and protective factors may be biological, psychological, social, spiritual, environmental, or any combination of these. The authors maintain that these may occur within the individual (e.g. neurobiological disorders, cognitive skills), within the family (e.g. parental alcoholism, role flexibility), within the community (e.g. dangerous neighbourhoods, self-help groups), or within larger social and environmental systems (e.g. poverty, racism, affirmative action legislation). Germain (1991) further explains the ecological balance of interacting systems in ‘our lives as dynamic’ since it is continuously changing as individuals and larger social systems are reinforced by good fortune and challenged by adversity. Similarly, protective factors and risk factors within a given ecosystem are dynamic; they are not fixed attributes

(Rutter, 1987). Rather, their effect is apparent only in the context of their interaction, the larger context in which this interaction occurs, and the meaning of a particular factor to a given individual. For example, while gender influences the effect of stress on adjustment, the effect of gender varies with age. While most studies find that boys are more vulnerable than girls to stressful life events such as divorce in early and middle childhood, in adolescence the reverse is true (Smith & Carlson, 1997). Adolescent girls report more adverse life events than boys, evaluate these events as being more stressful, and react to them more negatively (Compas & Bond, 1989). Both threatening and protective influences can originate from internal or external factors or from a combination of the two. Even though the bulk of resilience research has focused on individual responses to adversity, the concept is now being applied to larger social systems such as families (Walsh, 1998), organizations (Kurzman & Akabas, 1993), and communities (Saleebey, 1997). It is becoming clear that human systems irrespective of size can, and do, develop in the process of meeting challenges (Fraser, 1997).

Waller (2001) mentions that a holistic, ecosystemic point of view is central to the strengths perspective. From an ecosystemic perspective, individual, family, and community change is not only possible, but unavoidable and continuous. The ecosystemic point of view suggests that protective influences can be introduced into an individual's life through any relationship in any part of the ecosystem (personal attributes, family strengths, a high-quality recreation program, social policies promoting education, etc.). Moreover, this positive influence can echo throughout the child's ecosystem, further enhancing the possibility of positive adjustment results. For many individuals, families, and communities, understanding resilience requires analysis of the impact of oppression. Jessor (1993) noted that research on psychosocial development that ignores conditions of intense and chronic adversity (e.g. racism, poverty, limited access to resources) limits our understanding of development in general and of resilience in particular.

# CHAPTER 3

## METHODOLOGY

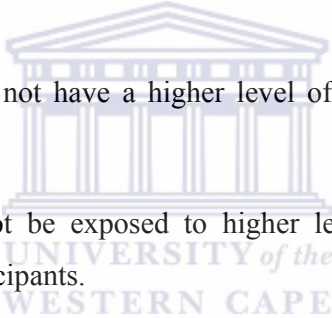
### 3.1 Introduction

The focus of this chapter is on the method used for conducting the research. Special consideration is given to the specific hypothesis of the study, sample characteristics, measuring instruments, method of data collection and analysis procedures. Ethical consideration for the study is also taken into account.

### 3.2 Hypotheses

The four main hypotheses tested for this study state that:

Null hypotheses:

- 
- Female participants will not have a higher level of resilience as compared to male participants.
  - Male participant will not be exposed to higher levels of community violence as compared to female participants.
  - Participants from low SES background will not be exposed to higher levels of community violence as compared to participants from high SES background.
  - Participants from high SES background will not have higher levels of resilience as compared to participants from low SES background.

Alternative hypotheses:

- Female participants will have a higher level of resilience as compared to male participants.
- Male participant will be exposed to higher levels of community violence as compared to female participants.
- Participants from low SES background will be exposed to higher levels of community violence as compared to participants from high SES background.



- Participants from high SES background will have higher levels of resilience as compared to participants from low SES background.

### **3.3 Research design**

The research method is quantitative and it involves secondary analyses of survey data. According to Dale, Arber and Procter (1988, p.3) secondary data analysis is an empirical exercise carried out on data that has already been collected. It offers unlimited opportunities for the replication, re-analysis and re-interpretation of existing research. It can also provide researchers with the prospect of embarking on longitudinal analyses to research and understand past events and to engage in exploratory work to test new ideas, theories and models of research design (Smith, 2008). However, a secondary analysis of data is a method that has been criticised for reducing complexity of social experiences (Smith, 2008). According to Terre Blanche, Durrheim and Painter (2006) the starting point of the qualitative method is the use of a sequence of determined categories, and from this, broad and generalisable comparisons are made.

### **3.4 The larger study**

The larger study is a cross-cultural study investigating differences between South African and Norwegian students on resilience. A biographical questionnaire, adult resilience scale, the Beck Depression inventory, Harvard Trauma scale and the Child Community Exposure to Violence scale were administered to a convenience sample. A random sample of four classes from the Psychology 1 programme was chosen to participate and the questionnaires were distributed to all those present in class on that day.

### **3.5 The current study**

Veenendal's (2006) study investigated resilience within the South African context in terms of 'race' difference amongst students who have been exposed to violence and trauma. The current study focuses on variables not investigated in her study. Furthermore, it investigates how gender and SES influence risk and resilience and the relationship between these variables. It is important to focus on these variables in order to gain an understanding on how protective factors assist students to adapt and cope with life's challenges.



### 3.6 Sample

This study used a convenience sample of 281 first-year level Psychology students. The sample size is the same as that used in Veenendaal's 2006 study which utilised the 281 surveys obtained from the participants who originally volunteered in the larger study.

**Table 3.6.1 Description of sample characteristics**

	N	%
<b>Gender</b>		
Male	90	32.0
Female	190	67.0
Not available	1	.4
<b>Language</b>		
English	144	51.2
Afrikaans	51	18.1
IsiXhosa	66	23.4
Not available	17	6.04
<b>Race</b>		
African	89	32.0
Coloured	161	58.0
Indian	21	7.5
White	8	2.7
Not available	2	0.7
<b>Household income</b>		
R0-R1000	31	11.03
R1000-2 999	47	16.7
R3000-5 999	48	17.08
R6000-9 999	45	16.01
R10 000+	78	27.7
Not available	32	11.4

The sample is mainly female (68%) English speaking (51.2%) Coloured (58%) and (27.7%) of the participants, i.e. 78 participants, came from a family with an income of R10 000 or more.

### **3.7 Research Instruments**

The study utilised three of the five instruments utilised for the original study. These are; (1) Biographical information (which includes a measurement of SES items), (2) Child exposure to community violence scale (CECV), and, (3) Resilience Scale for Adults (RSA). (see Appendix A)

#### **(a) The biographical questionnaire**

The biographical questionnaire forms part of the (RSA) and is a biographical information measure that has a section which gives information about the age, gender, religion, dwelling, family relations, language, ethnicity and financial details such as family income, and family status.

#### **(b) The Child Exposure to Community Violence Scale (CECV)**

This measure was put together as an attempt to systematically examine children's self-reported exposure to violence, and was an adaptation from the *'Things I Have Seen and Heard'* scale, developed by Richters and Martinez (1992). In the past decade, this scale has been used widely, either in its original or in modified forms. The original scale consists of 25 items and has been the most widely used approach to assessing child exposure to violence (Trickett, Duran, & Horn, 2003). For the purpose of this study the scale was used in its modified form and it consisted of 36 items, with each item on a 3-point Likert-type scale, which assess how frequently a child has witnessed or experienced a given form of violence in their lifetime. For example, it requires the child to confirm the frequency in the following pattern 'have you heard guns being shot', 'have you actually been beaten up by someone outside the family' and the child must indicate whether this is true 'many times', 'a few times', and 'never'. The Richters and Martinez study (1993) states that this scale has been shown to have adequate test-retest reliability of .81 for a one-week interval; an internal consistency of .83 and this scale was previously used in the South African context. Furthermore, the CECV was developed to measure types of violence both witnessed and directly experienced by children. Thompson et al. (2007) report states that four types of alteration have been made to the scale, in that most researchers have focussed on violence

exposure and have excluded items that assess the consequences of exposure, mainly feelings of safety. Other researchers have treated violence victimization and violence witnessing as separate sub-scales. For the current research, the CECV scale is also separated into two sub-scales, violence victimization - that is, experiencing violence - and violence witnessing.

### (c) Resilience Scale for Adults

The RSA measure constructed by Friborg and colleagues in 2001, consists of a 33 item self-report in a seven-point semantic differential scale format, and each item has a positive and a negative element at each end of the scale continuum (Friborg et al. 2005) and this is to adjust for acceptance response biases and the scores vary from 33 to 165, with higher scores reflecting higher levels of resilience (Friborg, Martinussen, & Rosenvinge, 2006). It consists of five factors subscale; (a) personal competence which is further divided into two sub-scales of positive perception (6 items) and positive perceptions of the future (4 items), (b) social competence scale (6 items) (c) personal structure (4 items) (d) family cohesion (6 items) and (e) social resources support (7 items) as outlined by (Friborg, Hjemdal, Rosenvinge & Martinussen, as cited in Friborg et al. 2005). The validity and reliability of the RSA has been satisfactory, with the internal consistency coefficients and test-retest correlations (4 months) ranging from .76 to .86 (Friborg et al. 2005).

### **3.8 Data collection procedure**

For this study, permission was not sought since data was already collected in the main study. However, it is important to state the procedures which were followed by the main study in seeking permission for the original study. The main study sought permission from the head of the Psychology Department and the Dean of Research to do the main research using psychology students. Once permission was given for the research to go ahead, the relevant lecturers in the Psychology Department were approached for assistance with administering questionnaires to the students. Thereafter, appropriate times and venues were arranged, the students were briefed about the project and those who volunteered were given questionnaires after completing consent forms (Veenendaal, 2006). The participants in the main research study completed the 281 questionnaires in English and it took about 40 minutes to complete a questionnaire. Once the questionnaires were completed, they were given back to the researcher.

### **3.9 Data Analysis**

Data analysis was carried out using a Statistical Package for the Social Science (SPSS). The SPSS programme was used to obtain descriptive statistics and reliability coefficients for the RSA and CECV measures. The reliability coefficients were determined using Cronbach's alpha ( $\alpha$ ) (Field, 2005). The multivariate analysis of variance (MANOVA), mainly the factorial analysis of variance was conducted to establish the nature of the relationship between gender and socioeconomic status as independent variables on exposure to violence and resilience as dependent variables. That is, the two independent variables are used to analyze differences in dependent variables. This is done by assessing the significant interactive effects between the two independent variables on the dependent variables separately and collectively.

### **3.10 Ethical Considerations**

Ethical approval was obtained for the main study and during that process the researcher in the main study conducted the study in accordance with the requirements of the ethical code of the Health Professional Council of South Africa (HPCSA) and the process of conducting the research fulfilled the ethical rules that relate to research with human subjects. Most importantly, informed consent was obtained from all participants by using a letter which they signed, and they were asked to participate in the study willingly, and were told that they had the right to withdraw from the study at any time. In addition, anonymity was guaranteed by not using the student names or any other information that might identify them as individuals. The responses were kept confidential. The students were also made aware that the research would not be detrimental to their health, and should they think that they needed any counselling, the Counselling Centre was readily available to help them. The original questionnaires are presently safely stored in the supervisor's office and locked in a safe place as per requirements of confidentiality and anonymity agreed upon in the original study. The current study complies with these requirements and the supervisor remains the sole custodian of the data.

Whereas many studies have focussed on academic achievement and resilience, this study's focus is on relationship between gender, socioeconomic status, exposure to violence and resilience in a sample of students at the University of the Western Cape; the student population is used as proxy to represent South African youth.

## CHAPTER 4

### RESULTS

#### 4.1 Introduction

The primary goal of this study is to ascertain whether there is a relationship between gender and socioeconomic status on resilience and exposure to community violence. This chapter provides the results which emanate from the research methods described in the last chapter. As a starting point, the descriptive statistics and reliabilities for the RSA and CECV measures are presented. Then, the results of the correlations and multivariate factorial analyses of variance are presented.

#### 4.2 Descriptive statistics and Reliabilities for scales

This section looks at the descriptive statistics as well as reports on the results of the internal consistency of the two scales, RSA and CECV respectively, using Cronbach's alpha as the reliability coefficient. A reliability of (.7-.8) was used as an indicator for an acceptable value for Cronbach alpha (Kline, as cited in Field, 2005).

**Table 4.2.1 Descriptive statistics and reliabilities for the RSA**

<b>RSA Scale</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>No of items</b>	<b>Alpha</b>
Resilience Scale for Adults	281	11.41	23.91	33	1.00
Family Cohesion	281	11.72	24.05	6	0.97
Social Competence	281	11.53	24.15	6	0.97
Planned Future	281	10.92	23.71	4	0.97
Social Resources	281	10.91	24.29	7	0.98
Structured Style	281	12.25	25.48	4	0.96
Positive Perception of Self	281	11.35	24.18	6	0.97

The above table represents results from the present study and indicate a mean of 11.41 for the resilience scale for adults and the sub-scales 11.72 for family cohesion, social competence 11.53, planned future 10.92, social resources 10.90, structured style 12.25 and positive perception of self 11.35. The reliability coefficient for the overall RSA yielded an adequate reliability of 0.99 the sub-scales, family cohesion 0.97; Social competence 0.97; planned future 0.97; social resources 0.98; structured style 0.96 and positive perception of self 0.97

**Table 4.2.2 Descriptive statistics and reliabilities for the CECV**

Scale	N	Mean	SD	Items	Alpha
CECV	281	3.46	5.93	36	0.96
Experienced violence	281	3.43	5.86	15	0.95
Witnessing violence	281	3.48	6.22	21	0.92

For this study the total CECV scale yielded a mean of 3.46, and the sub-scale Experienced Violence a mean of 3.43 and the subscale witnessed violence a mean of 3.48. The reliability coefficients obtained in the current study was for the overall CECV scale 0.96, for Experience of Violence subscale 0.96, and for Witnessing Violence subscale 0.92.

### 4.3 Correlations between RSA Sub-Scales

In order to establish whether any relationship exists between the sub-scales of the RSA a bivariate, Pearson's Product-moment correlation coefficient was computed. The comparative strength of the correlations is indicated in the table below.

**Table 4.3.1 Correlations between the sub scales of the RSA**

		1.Family cohesion	2.Social Competence	3.Planned Future	4.Social Resources	5.Structured Style	6.Positive Perception
1.Family Cohesion	Pearson Correlation	1	.975**	.977**	.975**	.940**	.982**
	Sig. (2-tailed)		.000	.000	.000	.000	.000
	N	281	281	281	281	281	281
2. Social Competence	Pearson Correlation	.975**	1	.970**	.973**	.943**	.980**
	Sig. (2-tailed)	.000		.000	.000	.000	.000
	N	281	281	281	281	281	281
3. Planned Future	Pearson Correlation	.977**	.970**	1	.979**	.914**	.978**
	Sig. (2-tailed)	.000	.000		.000	.000	.000
	N	281	281	281	281	281	281
4.Social Resources	Pearson Correlation	.975**	.973**	.979**	1	.907**	.982**
	Sig. (2-tailed)	.000	.000	.000		.000	.000
	N	281	281	281	281	281	281
5.Structured Style	Pearson Correlation	.940**	.943**	.914**	.907**	1	.943**
	Sig. (2-tailed)	.000	.000	.000	.000		.000
	N	281	281	281	281	281	281
6.Positive Perception	Pearson Correlation	.982**	.980**	.978**	.982**	.943**	1
	Sig. (2-tailed)	.000	.000	.000	.000	.000	
	N	281	281	281	281	281	281

\*\* . Correlation is significant at the 0.01 level (2-tailed).

The results presented in Table 4.3.1 above indicate as expected that all the correlations between the RSA subscales are positive and highly correlated. As can be seen all correlations

are above 0.90. The lowest correlation was 0.91 and the highest correlation was 0.98 all  $ps < .001$ .

#### 4.4 Correlations between CECV Sub-Scales

The Pearson's Product-moment Correlation was applied to determine whether there is a relationship between the CECV sub-scales. Table 4.4.1 below reports on these results.

**Table 4.4.1 Correlations between the sub scales of the Child Exposure to Community Violence (CECV)**

		1.Experiencing Violence	2. Witnessing Violence
1.Experiencing Violence	Pearson Correlation	1	.907**
	Sig. (2-tailed)		.000
	N	281	281
2.Witnessing Violence	Pearson Correlation	.907**	1
	Sig. (2-tailed)	.000	
	N	281	281

\*\* . Correlation is significant at the 0.01 level (2-tailed).

The results presented in Table 4.4.1 above indicate as expected that all the correlations between the CECV subscales are positive and highly correlated. The correlation between the two scales is  $r = .907$ , all  $ps < .001$ .



#### **4.5. Results of the Multivariate Factorial Analysis of variance**

A multivariate factorial analysis of variance design of two independent variables and two dependent variables was computed with gender and socioeconomic status as independent variables, while resilience and exposure to community violence are the dependent variables.

The four main hypotheses tested for this study, state that:

- Female participants will have a higher level of resilience as compared to male participants.
- Male participant will be exposed to higher levels of community violence as compared to female participants.
- Participants from low SES background will be exposed to higher levels of community violence as compared to participants from high SES backgrounds.
- Participants from high SES background will have higher levels of resilience as compared to participants from low SES background.

##### **4.5.1 Descriptive Statistics of RSA and CECV measures for gender and socioeconomic status measures**

The table 4.5.1.1 below reports on the scores of descriptive statistics of RSA and CECV measures for gender and socio economic status measures.

**Table 4.5.1.1 Means scores of RSA and CECV measures for gender and SES**

Variable	Male (n=90)			Female (n=190)		
	M	SD	NO	M	SD	NO
<b>(RSA) Resilience</b>						
less than 1000	5.07	2.04	10	13.69	28.39	21
between 1000-2999	12.67	25.14	15	24.17	37.89	32
between 3000-5999	7.21	11.15	13	15.38	30.51	35
between 6000-9999	4.36	1.52	15	7.49	17.31	30
<u>more than 10000</u>	<u>4.56</u>	<u>1.75</u>	<u>28</u>	<u>7.90</u>	<u>16.88</u>	<u>49</u>
<b>(CECV) Exposure to Community Violence</b>						
less than 1000	3.57	1.88	10	2.45	.31	21
between 1000-2999	9.85	24.71	15	3.26	1.59	32
between 3000-5999	2.77	.71	13	3.53	2.93	35
between 6000-9999	3.03	.99	15	2.88	.68	30
<u>more than 10000</u>	<u>3.17</u>	<u>1.81</u>	<u>28</u>	<u>3.02</u>	<u>.99</u>	<u>49</u>

Table 4.5.1.1. provides a summary of the means scores of each of the dependent variables across gender and socioeconomic status. A visual inspection reveals that female participants have higher resilience mean scores as compared to male participants and participants from both groups who come from a socioeconomic background that earned between 1000-2999 have higher mean scores in resilience. A visual inspection of CECV mean scores indicates that male participants have overall higher mean scores as compared to female participants. Male participants who come from the socioeconomic status that earned between 1000-2999 have highest mean score in exposure to community violence.

#### 4.5.2 Multivariate and Univariate Tests for Group difference in RSA and CECV (dependent) measures across gender and socioeconomic status (independent) measures

The tables 4.5.2.1 and 4.5.2.2. below report on the multivariate as well as univariate assessment of the interaction and main effects of the dependent and independent variables.

**Table 4.5.2 .1 Multivariate test for significant interaction and main effects**

##### Multivariate Tests

<u>Effect</u>	<u>Statistical Test</u>	<u>Value</u>	<u>F</u>	<u>Hypothesis df</u>	<u>Error df</u>	<u>Sig*.</u>	<u>D<sup>2</sup></u>	<u>Observed Power</u>
<b>Gender</b>								
	Pillai's Trace	.019	2.572 <sup>a</sup>	2	267	.078	019	.511
	Wilks' Lambda	.981	2.572 <sup>a</sup>	2	267	.078	019	.511
	Hotelling's Trace	.019	2.572 <sup>a</sup>	2	267	.078	019	.511
	Roy's Largest	.019	2.572 <sup>a</sup>	2	267	.078	019	.511
	Root							
<b>SES</b>								
	Pillai's Trace	.076	2.127	10	536	.021	038	.906
	Wilks' Lambda	.924	2.147 <sup>a</sup>	10	534	.020	039	.909
	Hotelling's Trace	.081	2.168	10	532	.018	039	.913
	Roy's Largest	.074	3.970 <sup>a</sup>	5	268	.002	069	.946
	Root							
<b>SES x Gender</b>								
	Pillai's Trace	.045	1.224	10	536	.273	022	.641
	Wilks' Lambda	.955	1.230 <sup>a</sup>	10	534	.269	023	.644
	Hotelling's Trace	.046	1.236	10	532	.265	023	.646
	Roy's Largest	.043	2.327 <sup>c</sup>	5	268	.043	042	.743
	Root							

Sig\*Computed using alpha =.05

The table above shows the results of the multivariate factorial analysis of variance, interaction and main effect on gender, SES and Gender x SES. The Pillai's Trace was used as the omnibus test statistic. The combined dependent variables resulted in a non-significant multivariate main effect for both gender  $F(2,267) = 2.572, p. > 05, \text{partial } \eta^2 = 019$ . Pillai's Trace, resulted in a significant multivariate main effect for all the Socioeconomic Status groups,  $F(10,536) = 2.127, p <.05, \text{partial } \eta^2 = .038$ . The Gender X Socioeconomic multivariate interaction effect, Pillai's Trace resulted in a non-statically significant,  $F(10,536) = 1.224, p >.05, \text{partial } \eta^2 = .022$ .

To probe the statistically significant multivariate effects, univariate tests of between the subject effects was conducted on each individual dependent variable.

**Table 4.5.2 .2 Univariate test for significant interaction and main effects**

**Univariate Tests**

**Univariate Tests (Between –Subjects Effects)**

<b>Effect</b>	<b>Dependent Variable</b>	<b>Sum of Squares</b>	<b>df</b>	<b>Mean Square</b>	<b>F</b>	<b>Sig*.</b>	<b>D<sup>2</sup></b>	<b>Observed Power</b>
<b>Corrected Model</b>								
	Resilience	9.976E3	11	906.930	1.619	<b>.093</b>	.062	.811
	Exposure To violence	670.112 <sup>c</sup>	11	60.919	1.776	<b>.058</b>	.068	.853
<b>Gender</b>								
	Resilience	1.723E3	1	1.723E3	3.076	<b>.081</b>	.011	.416
	Exposure To violence	75.917	1	75.917	2.213	<b>.138</b>	.008	.317
<b>SES</b>								
	Resilience	5.218E3	5	1.044E3	1.863	<b>.101</b>	.034	.631
	Exposure To violence	414.616	5	82.923	2.417	<b>.036</b>	.043	.762
<b>Gender x SES</b>								
	Resilience	914.122	5	182.824	.326	<b>.897</b>	.006	.133
	Exposure To violence	375.764	5	75.153	2.191	<b>.056</b>	.039	.713

Sig\*Computed using alpha =.05

The table above shows the results of the univariate tests of between the subject effects on each individual dependent variable. The results indicate that the SES main effect on exposure to community violence was significant  $F(5, 82.923) = 2.417, p < .05$ , partial  $\eta^2 = .043$ . There were no other significant main or interaction effects.

#### 4.6. Results of the Estimated Marginal Means

The estimated marginal means of main and interaction effects of dependent variables was run as a follow-up to multivariate and univariate tests and is broken down by gender and socioeconomic status.

Table below reports the results for the estimated marginal means for gender main effects on dependent variables.

**Table 4.6.1. Gender**

Dependent Variable	Gender	Mean	Std. Error
RSA (Resilience)	Male	8.188	2.667
	Female	13.816	1.785
CECV (Exposure to violence)	Male	4.241	.660
	Female	3.060	.442

The table above indicates results for Gender main effect on the dependent variables. For resilience, male participants had a lower mean (8.19) as compared to female participants (13.82). In terms of exposure to community violence the male participants had a higher mean (4.24) and female participants had a lower mean (3.06).

The estimated marginal means results for SES main effects on the dependent variables are presented in the Table 4.6.2.

Table 4.6.2. below reports the results for the estimated marginal means for SES main effects on dependent variables, RSA and CECV.

**Table 4.6.2 SES**

Dependent Variable	Socio-Economic Status (SES)	Mean	Std. Error
RSA (Resilience)	Less than 1000	9.381	4.547
	Between 1000-2999	18.423	3.703
	Between 3000-5999	11.299	3.844
	Between 6000-9999	5.925	3.742
	More than 10 000	6.226	2.803
CECV (Exposure to violence)	Less than 1000	3.012	1.125
	Between 1000-2999	6.560	.916
	Between 3000-5999	3.154	.951
	Between 6000-9999	2.957	.926
	More than 10 000	3.094	.694

Table 4.6.2. above shows results for SES main effect on the dependent variables. For resilience, the group which earned less than 1000 had a mean of (9.38) and between 1000-2999, males had a mean of (18.42), between 3000-5999, (11.30), between 6000-9999, (5.92) and (6.23). In terms of exposure to community violence, the group that earned less than 1000 had a mean

of (3.01) and between 1000-2999, had a mean of (6.56), between 3000-5999, had a mean of (3.14), between 6000-9999, mean of (2.96) and for more than 10 000, had a mean of (3.09).

Table 4.6.3 below reports the results for the estimated marginal means for gender by socioeconomic status interaction effects on dependent variable, RSA.

**Table 4.6.3. Gender by Socioeconomic Status on resilience**

Dependent Variable	Gender	X SES	Mean	Std. Error
Resilience	Male	Less than 1000	5.067	7.484
		Between 1000-2999	12.673	6.111
		Between 3000-5999	7.212	6.564
		Between 6000-9999	4.362	6.111
		More than 10 000	4.556	4.473
	Female	Less than 1000	13.696	5.165
		Between 1000-2999	24.172	4.184
		Between 3000-5999	15.385	4.001
		Between 6000-9999	7.489	4.321
		More than 10 000	7.896	3.381

The estimated marginal means results for SES x Gender interaction effects on dependent variable, CECV are presented in the Table 4.6.4. below.

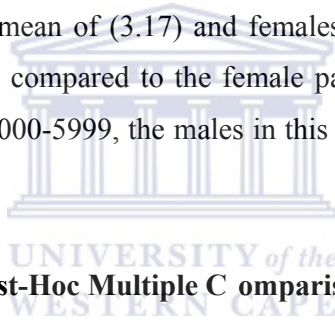
Table 4.6.4. below reports the results for the estimated marginal means for gender by socioeconomic status interaction effects on dependent variable, CECV.

**Table 4.6.4. Gender by Socioeconomic Status on exposure to violence**

<b>Dependent Variable</b>	<b>Gender</b>	<b>x</b>	<b>SES</b>	<b>Mean</b>	<b>Std. Error</b>
Exposure To violence	Male		Less than 1000	3.569	1.852
			Between 1000-2999	9.856	1.512
			Between 3000-5999	2.774	1.624
			Between 6000-9999	3.031	1.512
			More than 10 000	3.170	1.107
		Female		Less than 1000	2.455
			Between 1000-2999	3.265	1.035
			Between 3000-5999	3.535	.990
			Between 6000-9999	2.883	1.069
			More than 10 000	3.018	.837



The tables 4.6.3 and 4.6.4 above report the results for the estimated marginal means for gender by socioeconomic status interaction effects on dependent variable, RSA and CECV respectively. As regards to resilience and SES, the male participants who come from a SES which earned less than 1000 had a mean of (5.07) and females a mean of (13.69) and between 1000-2999, males had a mean of (12.67) females, a mean of (24.17), between 3000-5999, males had a mean of (7.21) and females a mean of (15.48), between 6000-9999, males had a mean of (4.36) and females a mean of (7.49) and more than 10000, males had a mean of (4.56) and females a mean of (7.90). Noticeably, all the female participants had higher mean as compared to the male participants. In terms of exposure to community violence, the male participants who come from an SES which earned less than 1000 had a mean of (3.57) and females a mean of (2.45) and between 1000-2999, males had a mean of (9.85) females, a mean of (3.26), between 3000-5999, males had a mean of (2.77) and females a mean of (3.53), between 6000-9999, males had a mean of (3.03) and females a mean of (2.89) and more than 10000, males had a mean of (3.17) and females a mean of (3.02). All the male participants had higher mean as compared to the female participants, with the exception of the group that earned between 3000-5999, the males in this group had a lower mean than the female participants.



#### **4.7. Results of the Scheffe's Post-Hoc Multiple Comparisons**

The Scheffe's post-hoc multiple comparisons were carried out as a follow up to determine which groups in the SES differ significantly from each other when the dependent variables (RSA and CECV) are taken into account. The results are reported in the Tables 4.7.1 and 4.7.2 below.

**Table 4.7.1. Scheffe's Post-Hoc Multiple Comparisons and RSA**

		<b>Groups to be Compared</b>	<b>Mean difference between groups (I-J)</b>	<b>Std Error</b>	<b>Statistical significance of Post Hoc Scheffe</b>
<b>Dependent</b>					
<b>Variable</b>	<b>Group I</b>	<b>Group J</b>	<b>Mean difference</b>	<b>Std Error</b>	<b>Scheffe</b>
<b>RSA</b>	less than 1000	between 1000-2999	-9.5902	5.47613	.690
		between 3000-5999	-2.2597	5.45341	.999
		between 6000-9999	4.4656	5.52428	.985
		more than 10000	4.2304	5.03433	.982
between 1000-2999	less than 1000	9.5902	5.47613	.690	
	between 3000-5999	7.3305	4.85678	.809	
	between 6000-9999	14.0558	4.93622	.154	
	more than 10000	13.8206	4.38099	.080	
between 3000-5999	less than 1000	2.2597	5.45341	.999	
	between 1000-2999	-7.3305	4.85678	.809	
	between 6000-9999	6.7253	4.91101	.866	
	more than 10000	6.4901	4.35256	.817	
between 6000-9999	less than 1000	-4.4656	5.52428	.985	
	between 1000-2999	-14.0558	4.93622	.154	
	between 3000-5999	-6.7253	4.91101	.866	

	more than 10000	-2352	4.44104	1.000
more than 10000	less than 1000	-4.2304	5.03433	.982
	between 1000-2999	-13.8206	4.38099	.080
	between 3000-5999	-6.4901	4.35256	.817
	between 6000-9999	.2352	4.44104	1.000

**Table 4.7.2 Scheffe's Post-Hoc Multiple Comparisons and CECV**

		Groups to be Compared	Mean difference between groups (I-J)	Std Error	Statistical significance of Post Hoc
<b>Dependent Variable</b>					
Variable	Group I	Group J	Mean difference	Std Error	Scheffe
CECV	less than 1000	between 1000-2999	-2.5537	1.35513	.616
		between 3000-5999	-.5142	1.34951	1.000
		between 6000-9999	-.1182	1.36705	1.000
		more than 10000	-.2584	1.24581	1.000
	between 1000-2999	less than 1000	2.5537	1.35513	.616
		between 3000-5999	2.0395	1.20187	.718
		between 6000-9999	2.4355	1.22153	.554
		more than 10000	2.2953	1.08413	.484
	between 3000-5999	less than 1000	.5142	1.34951	1.000
		between 1000-2999	-2.0395	1.20187	.718
		between 6000-9999	.3960	1.21529	1.000
		more than 10000	.2558	1.07709	1.000
	between 6000-9999	less than 1000	.1182	1.36705	1.000
		between 1000-2999	-2.4355	1.22153	.554

	between 3000-5999	-.3960	1.21529	1.000
	more than 10000	-.1402	1.09899	1.000
more than 10000	less than 1000	.2584	1.24581	1.000
	between 1000-2999	-2.2953	1.08413	.484
	between 3000-5999	-.2558	1.07709	1.000
	between 6000-9999	.1402	1.09899	1.000

The tables 4.7.1 and 4.7.2 above presents the results of the Scheffe's post-hoc analyses and the results indicated a non-significant statistical difference for all the SES groups in terms of resilience and exposure to community violence.



## CHAPTER 5

### DISCUSSION

#### 5.1 Introduction

This chapter discusses the results presented in Chapter 4. These results are discussed in the light of the main hypotheses of the study, outlined in Chapter 3. After the discussion, a review, and thereafter, a supposition is presented, which highlights the limitations of the current study and makes recommendations for future research.

#### 5.2 Reliability analysis for the RSA

The internal consistency for the reliability coefficient for the RSA in this study yielded a perfect Cronbach alpha coefficient ( $\alpha = 1.00$ ) which means that the RSA is a reliable measure of resilience and this score was slightly higher but compared favourably with the previous South African study (see Veneendal, 2006), as well as other studies. A study conducted by Friberg, Barlang, Martinussen, Rosenvinge and Hjemdal (2005) compared the RSA to other personality measures, and the RSA sub-scales internal reliability consistency for that study ranged from  $\alpha = 0.76$  to  $0.87$ . For the current study the Cronbach alpha coefficients were higher, for perception of self ( $\alpha = 0.97$ ), planned future ( $\alpha = 0.97$ ), social competence ( $\alpha = 0.97$ ), family cohesion ( $\alpha = 0.97$ ), social resources ( $\alpha = 0.98$ ) and structured style ( $\alpha = 0.96$ ). As expected, the results of the bivariate, Pearson's Product-moment, between all the RSA sub-scales were highly positively correlated, and ranged between ( $r = 0.97-0.94$ ) and all  $p < 0.001$ , indicating a very dependable relationship. Therefore, the results from the current study suggest sufficient internal reliability efficiency for the RSA.

#### 5.3 Reliability analysis for the CECV

The CECV is an adaptation from the "Things I Have Seen and Heard" which has been shown to have adequate test-retest reliability ( $\alpha = 0.81$  for a one-week interval; Richters & Martinez, 1993a) and internal consistency ( $\alpha = 0.83$ ; Overstreet & Braun, 1999), and ( $\alpha = 0.89$ ; Overstreet et al., 1999).

There is no available data from previous studies on the internal consistency of the current 36-item CECV scale. Nevertheless for the current study, the internal reliability efficiency is ( $\alpha = 0.96$ ) for the CECV scale and the two sub-scales are violence victimization ( $\alpha = 0.95$ ), and violence witnessing ( $\alpha = 0.92$ ). The results suggest that the current adaptation of the CECV

compares favourably with the previous studies of (Richters & Martinez, 1993a; Overstreet & Braun, 1999)

With regard to the correlations between the CECV sub-scales, witnessing violence and experiencing violence are positive, and highly correlated, indicating a very dependable relationship, ( $r=0.97$ ), all  $ps<.001$ . Like the RSA this suggests sufficient internal consistency for the purposes of this study.

#### **5.4 Multivariate Factorial Analyses of Variance**

A factorial multivariate analysis was utilised to examine the hypotheses mentioned in Chapter 3, Methodology. There were no significant main or interaction effects for the variables, gender and socioeconomic status, on resilience. There was also no significant main effect of gender on exposure to violence and no significant interaction effect for gender and socioeconomic status on exposure to violence. There was only a significant main effect of SES on exposure to violence ( $p < 0.05 = 0.036$ ). The Scheffe post-hoc test found no significant differences between any of the SES groups.

##### **5.4.1 SES and CECV**

It was hypothesised that a low SES would be associated with a higher exposure to violence. The results of the study support this hypothesis ( $p < 0.05 = 0.036$ ). A previous South African study confirmed that children growing up in dangerous and poor areas of South Africa showed considerably more stress-related symptoms than did children living in communities that were socially and economically advantaged (Robertson & Berger, 1994). In the United States, there is an increase in children witnessing violence and being exposed to it as a result of verbal and physical assaults in their own homes, communities and their schools (Hastings & Kelley, 1997). Children are likely to suffer from violence in communities affected by poverty, hopelessness, drugs and gangs (Snyder, Sickmund & Poe-Yamagata 1996). In South Africa, unemployment, poverty and low social capital are acknowledged as significant risk factors for violence (Krug, Dahlberg, Mercy, Zwi & Lazano, 2002). The end results of Apartheid reflect racially divided communities, which are branded by different forms of deprivation (Bond, 2004), including an increasing gap between the rich and the poor, with most black households living in abject poverty.

##### **5.4.2 SES and Resilience**

It was hypothesised that high SES would be associated with higher levels of resilience. Past studies have suggested that children in poor families are more likely to have behavioural and cognitive problems compared with children in non-poor families (Bradley & Corwyn, 2002). Low SES children are more often exposed to unpredictable and stressful negative life events (Brady & Matthews, 2002). Certain types of negative events are likely to characterize the life experiences of low SES individuals, including greater exposure to violence (Selner-O'Hagan, Kindlon, Buka, Raudenbush, & Earls, 1998) and discrimination (Clark, Anderson, Clark, & Williams, 1999). Stressful life conditions, in turn, have been correlated with negative biological and health outcomes in children (Evans & English, 2002).

For the present study, the above hypothesis was not supported. Researchers (Ahmed, Seedat, Van Niekerk, and Bulbia, 2004) found that context influences resilience. They found differences in terms of 'race' in their measure of community resilience. In South Africa 'race' can be used as a proxy for SES and similar finding was expected. One possibility is that the difference holds for community resilience but not for individual resilience. Barbarin (1990) found that growing up in poverty has its own advantages in that it gives children opportunities to increase their managing skills and build on their self-efficacy. Children from low socioeconomic backgrounds learn early on how to deal with adult challenges. Furthermore, this forces them to be more resourceful and know how to avoid danger. McLeod and Kessler (1990) argue that research must shift away from focussing on the assumption that being poor causes vulnerability. In contrast, the 'coping resources' explanation should be the main focus. This view, argues that socioeconomic status influences vulnerability indirectly through its relationship to a broader class of coping resources, such as social support. For the present study then, these resources could be present but are not assessed by the study. Garnezy (1991) citing Michael Rutter's research on children growing up in poverty, observes that half of the children living under conditions of disadvantage do not repeat that pattern in their own adult lives. That is, one out of four children of alcoholic parents develops alcohol problems and three out of four do not. In a nutshell, not all poor children develop problems, and some of these resilient children, given the level of dispossession they have experienced, function better than expected (Luthar & Zigler, 1991).

#### **5.4.3 Gender and CECV**

The South Africa police statistics confirm that sexual and property crimes and crimes involving interpersonal violence continue at levels at least as high, if not higher, than during

the apartheid era (Barbarin, Richter, deWet & Wachtel, 1998). In addition, Margolin and Gordis (2004) state that exposure to violence can either be as direct victimization and or as witnessing the violence. A study conducted by Richters and Martinez (1993) uncovered that, for South African children who are exposed to ambient and explicit violence, the effects are parallel to those observed when the violence involves direct victimization.

It was hypothesised male participants would have greater exposure to violence as compared to female participants. Rutter, as cited in Rasmussen, Aber and Bhana (2004), found that coping differs across gender. Gender differences among adolescent coping styles mirror adult differences. Aggressive responses to stressors are more common among boys than among girls, and, even though recent studies suggest that violence among girls increased in the 1990s, boys are still much more likely to act violently than girls (Rasmussen et al. 2004). “Violence against women has been one of the major features of post apartheid South Africa” (Vetten, 2005). Other South African studies have highlighted that a boy’s experience of violence at home, of being a direct victim of the conflict, is linked to his inflicting violence on his female date (Wolf & Foshee 2003). It has also been found that the need for young men to control women in intimate relationships is prevalent and considered essential in affirming their masculinity (Wood & Jewkes as cited in Kubeka, 2008).

For the current study, the above hypothesis was not supported, and, while the mean was in the expected direction, the results were not significant. One possibility is that women may be underreporting violence. Connell (1995) posits that frequently it is women and girls who are at the receiving end of violence. Violence is about power and is gendered. It is rooted in unequal gender power relations. Girls may also experience more severe violence at the hands of boys, while boys endure moderate abuse from girls (Arriaga & Foshee, 2004; Maxwell & Maxwell, 2003). The current study assesses the frequency not the severity of violence. While there may be no significant difference in terms of exposure, there could be significant difference in terms of severity.

#### **5.4.4 Gender and Resilience**

It was hypothesised that females would be more resilient than male participants. Morales (2008) suggested that gender differences need to be looked into more often in resilience studies. One constant finding is that resilient women tend to elicit and provide more social support (Werner, 2001). However, gender differences are not constant. More studies have found boys to be more vulnerable than girls to stressful life events, such as divorce in early



and middle childhood, while in adolescence the reverse is true (Smith & Carlson, 1997). Adolescent girls report more unfavourable life events than boys, experience these events as more stressful, and react to them more negatively (Compas & Bond, 1989). There could be two main reasons why the present study found gender differences. One possibility is that firstly, since in South Africa children have been exposed to many different forms of violence: political, familial, and community (Barbarin et al. 2001), both males and females were not shielded from violence and, as a result, are equally resilient. Resilience is understood in terms of the presence of protective factors or processes that shield the effects of adversity (Hjemdal, Friborg, Stiles, Rosenvinge & Martinussen, 2006).

The results of the present study suggest that in the South African context, both males and females have managed to find ways of coping when faced with adversity as well as being able to draw from their protective influences. Another possibility is that gender differences do not hold for young adults, studies have suggested a link between psychosocial stressors and developmental periods. Werner and Smith (1992), discovered males were more at risk to separation from or loss of caregivers in the first decade of life (early to middle childhood) than girls, but in the second decade (adolescence) girls were more vulnerable to chronic family conflict and disturbed interpersonal relationships than boys were. Several other studies found similar developmental variations (Smith & Carlson, 1997; Compas & Bond, 1989).

#### **5.4.5 Interaction Effects**

There were no significant interaction effects for gender and SES on both exposure to violence and resilience. One possibility is that gender and SES may be significant only in relation to other variables. As indicated earlier in the literature review, Ashford, Le-Croy, and Lortie, (2000) explain that risk and protective factors may be biological, psychological, social, spiritual, environmental, or any combination of these. They maintain that these may occur within the individual (e.g. neurobiological disorders, cognitive skills), within the family (e.g. parental alcoholism, role flexibility), within the community (e.g. dangerous neighbourhoods, self-help groups), or within larger social and environmental systems (e.g. poverty, racism, affirmative action legislation). Germain (1991) further explains ‘the ecological balance of interacting systems in our lives as dynamic’ since it is continuously changing as individuals and larger social systems are reinforced by good fortune and challenged by adversity. Similarly, protective factors and risk factors within a given ecosystem are dynamic; they are not fixed attributes (Rutter, 1987).

## 5.5 Conclusion

The theory proposed by (Bronfenbrenner, 1977) is once more helpful in understanding the results of this study. According to Black and Krishnakumar (1998), the ecological theory considers children as active members who contribute to their interactions in their environment rather than simply being submissive recipients. Alvord and Grados (2005) emphasize that resilience should be seen as an accomplished, progressively internalized, and generalized set of qualities that allow a person to become accustomed to life's difficult conditions. Resilience involves action. It also means taking charge of one's life. And resilient youth become proactive when faced with challenges. They adjust to difficult situations by using internal as well as external resources. They are realistic. Resilient children come to understand that although they cannot control everything, they do have some power to influence what happens next. Resilience cannot be seen as a fixed attribute of the individual, for those people who manage successfully with difficulties at one point in their life may react badly to other stressors when their situation is different, and, if circumstances change, resilience alters (Rutter, 1987). Furthermore, Walsh (1998) sees resilience as multi-dimensional and multi-determined, and argues that it can be best understood as the product of transactions within and between multiple systemic levels over time, and that the relationship between human beings and adversity is neither linear nor unidirectional.

Barbarin et al. (2001) warn that economic disparity promoted by apartheid continues to be at the heart of the problem of violence in South Africa today, and any successful effort to reduce violence must also address economic inequality. Lynch 2003, states that direct experiences of violence form part of the child's immediate environment (or micro system) and these experiences take place within a broader context that is the exo system, which provides a background for the child's immediate experiences. Even though children may not be experiencing violence directly, ambient incidences of violence can still exert an influence on their development by how violence affects the accessibility and sufficiency of resources and support, as well as how it affects the family's emotional well-being and approach to daily life. Furthermore, Barbarin and colleagues suggest that South African community life needs the traditional values of *Ubuntu*, which highlight people's responsibility to show concern and care for others, and provide effective family support. Furthermore, institutions of learning should provide a safe and supportive environment for the youth.

## 5.6 Limitations of the study

The limitations of this study deserve mention. Firstly, the sample of the youth who participated in the study at the university may not be generalized to other South African community samples, in that a large number of the participants in this sample came from the SES group earning a monthly income of more than R10 000. Secondly, the study was correlational and cross sectional in design and therefore was not able to explore causality. Significant results suggest associations. Thirdly, the measures used in the study were self-report measures, and, therefore, are affected by the intrinsic limitations of self-report data such as rater bias, deception and distortions. However, in terms of self-report of exposure to violence, studies have pointed out that self-report measures are the best representative and most accurate indicator of the amount of violence children have witnessed, and gathering information directly from those who have experienced violence is as beneficial as interviewing parents and teachers (White, Bruce, Farrell and Kliewer, 1998). Fourthly, the most important limitation that qualifies the findings is that while the sample was large at 281, cell sizes were unequal. Fifthly, the data was secondary data analysis, a method that has been criticised for reducing the complexity of social experiences. Finally, the data for the SES was divided into five categories and, therefore, it was difficult to reduce it into low and high income earners.

Finally, while internal reliability was adequate, the cross-cultural relevance of any instrument remains a challenge.

### **5.7 Recommendations**

In the light of the above limitations, the following are recommended for future research:

1. Consider conducting a similar study based on the same variables but focussing on working youth and unemployed youth. There is a need for research that examines the long term effects of violence in South Africa on the youth. Such research should aim at identifying youth who experienced and witnessed violence and analyze the youth coping mechanisms.
2. There is a clear need for more research that will examine the impact of exposure to violence on the youth in South Africa and their ability to form and maintain relationships, and assess peer interactions, dating behaviours, attitudes toward the opposite sex, intimate relationships, and risks for later violence. In addition, the research must examine how violence exposure affects moral development and social responsibility, as well as juvenile and adult criminal behaviour.

3. Qualitative studies could examine some of the current findings and also complement existing data. For example whether there are any gendered differences in eliciting and utilising social support.
4. There is a need to research early intervention and prevention for youth at risk due to exposure to community violence. If ways of identifying and defining the factors that place youths at risk or that protect them from harmful consequences, are developed, targeted interventions can be provided and services that have demonstrated effectiveness can be put in place.



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## RESILIENCE STUDY

### BIOGRAPHICAL INFORMATION

Please read through carefully and either tick or specify the appropriate answer.

1. Age: \_\_\_\_\_
2. Gender: Male  Female:
3. Religion: Christian  Muslim  Hindu  Other (specify) \_\_\_\_\_
4. The area/suburb you live in \_\_\_\_\_
5. Family relations:  
  
I live in a nuclear family (only with my parents, brothers and sisters).   
I live in a joint family (with parents, brothers and sisters, grandparents, uncles, aunts and cousins in the same house).
6. Year of study: \_\_\_\_\_
7. Course of Study: \_\_\_\_\_
8. Majors: \_\_\_\_\_
9. Your **first** language is: English  Afrikaans  Xhosa   
Other (specify) \_\_\_\_\_
10. How are you financing your studies?  
  
Parents  Loan   
Bursary  Full-time employment   
Casual/Part-time employment   
Other (specify) \_\_\_\_\_

11. Your (or the combined family) estimated income is
- Less than R1 000       Between R1 000 – R2 999
- Between R3 000 – R5 999       Between R6 000 – R9 999
- More than R10 000

12. Relationship status: Single       Boyfriend
- Girlfriend       Married
- Cohabitant       Separated
- Divorced

- \*13. The Apartheid government classified you as:

- 'African'       'Coloured'
- 'Indian'       'White'

\* We do not support categorization along these lines, but thought it may be helpful for this study to obtain this data. We use the term 'black' to refer to all the historically disadvantaged (i.e. 'African', 'Coloured' and 'Indian'), but acknowledge that Apartheid created different experiences of oppression.

WESTERN CAPE

**CHILD EXPOSURE TO COMMUNITY VIOLENCE (CECV)**  
**Adapted from Richter's Things I've Seen and Heard**

Below is a list of questions about events that may have happened to you. Please make a single tick in the appropriate column for each item. Please tick one of the following: many times, a few times or never, depending on whether these comments were true of you in the **PAST MONTH**.

Question.....	True for you .....		
	Many times	A few times	Never
1 Have you heard guns being shot?	Many times	A few times	Never
2 Have you seen somebody arrested?	Many times	A few times	Never
3 Have you felt unsafe when you are at home?	Many times	A few times	Never
4 Have you seen drug deals?	Many times	A few times	Never
5 Have you seen somebody being beaten up in your neighbourhood?	Many times	A few times	Never
6 Have you heard grown-ups in your home yell at each other?	Many times	A few times	Never
7 Have you seen somebody get stabbed in your neighbourhood?	Many times	A few times	Never
8 Have you seen somebody get shot in your neighbourhood?	Many times	A few times	Never
9 Have you seen a gun in your home?	Many times	A few times	Never
10 Have you seen grown-ups in your home hit each other?	Many times	A few times	Never
11 Have you seen a dead body around your neighbourhood (don't include funerals)?	Many times	A few times	Never
12 Have you seen gangs in your neighbourhood?	Many times	A few times	Never
13 Have you seen somebody pull a gun on another person in your neighbourhood?	Many times	A few times	Never
14 Have you seen someone in your home get shot or stabbed?	Many times	A few times	Never
15 Has your house even been broken into (robbed)?	Many times	A few times	Never
16 Have you seen somebody pull a knife on (or show a knife to) another person?	Many times	A few times	Never
17 Have you seen somebody steal something from another person's house or store?	Many times	A few times	Never
18 Have you ever seen someone else be forced to do something with their private parts they didn't want to do?	Many times	A few times	Never
19 Have you ever been threatened to be beat up by a family member?	Many times	A few times	Never
20 Have you ever been threatened to be beat up by someone outside your family?	Many times	A few times	Never
21 Have you actually been beaten up by a family member?	Many times	A few times	Never
22 Have you actually been beaten up by someone outside your family?	Many times	A few times	Never
23 Has someone in your family threatened to kill you?	Many times	A few times	Never
24 Has someone outside your family threatened to kill you?	Many times	A few times	Never
25 Has someone in your family threatened to shoot or stab you?	Many times	A few times	Never

26	Has someone outside your family threatened to shoot or stab you?	Many times	A few times	Never
27	Have you seen a family member pull a knife or gun on another family member?	Many times	A few times	Never
28	Has someone shot or stabbed you?	Many times	A few times	Never
29	Has someone in your family ever touched you or kissed you in a way that made you feel uncomfortable?	Many times	A few times	Never
30	Has someone outside your family even touched you or kiss you in a way that made you feel uncomfortable	Many times	A few times	Never
31	Has someone in your family ever made you do something with your private parts or with their private parts that you did not want to do?	Many times	A few times	Never
32	Has someone outside your family ever made you do something with your private parts or with their private parts that you did not want to do?	Many times	A few times	Never
33	Have you known someone who was killed by another person?	Many times	A few times	Never
34	Have you seen someone being killed by another person in your neighbourhood?	Many times	A few times	Never
35	Have you pinched, kicked or locked up by a family member?	Many times	A few times	Never
36	Have you been pinched, kicked or locked up by someone outside your family?	Many times	A few times	Never





### Resilience Scale for Adults

Please think of how you usually are, or how you have been the last month, how you think and feel about yourself, and about important people surrounding you. Please check the option box that is closest to the end statement that describes you best.  
(Developed by Odin Hjemdal & Oddgeir Frøberg)

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ female/male

1. My plans for the future are	difficult to accomplish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	possible to accomplish
2. When something unforeseen happens	I always find a solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I often feel bewildered
3. My family's understanding of what is important in life is	quite different than mine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	very similar to mine
4. I feel that my future looks	very promising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	uncertain
5. My future goals	I know how to accomplish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am unsure how to accomplish
6. I can discuss personal issues with	no one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	friends/family-members
7. I feel	very happy with my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	very unhappy with my family
8. I enjoy being	together with other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	by myself
9. Those who are good at encouraging me are	some close friends/family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	nowhere
10. The bonds among my friends is	weak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	strong
11. My personal problems	are unsolvable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I know how to solve
12. When a family member experiences a crisis/emergency	I am informed right away	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	it takes quite a while before I am told
13. My family is characterized by	disconnection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	healthy coherence
14. To be flexible in social settings	is not important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	is really important to me
15. I get support from	friends/ family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No one
16. In difficult periods my family	keeps a positive outlook on the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Views the future as gloomy
17. My abilities	I strongly believe in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I am uncertain about
18. My judgements and decisions	I often doubt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I trust completely
19. New friendships are something	I make easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I have difficulty making
20. When needed, I have	no one who can help me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	always someone who can help me

21. I am at my best when I	have a clear goal to strive for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	can take one day at a time
22. Meeting new people is	difficult for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	something I am good at
23. When I am with others	I easily laugh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I seldom laugh
24. When I start on new things/projects	I rarely plan ahead, just get on with it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I prefer to have a thorough plan
25. Facing other people, our family acts	unsupportive of one another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	loyal towards one another
26. For me, thinking of good topics for conversation is	difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	easy
27. My close friends/ family members	appreciate my qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	dislike my qualities
28. I am good at	organizing my time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	wasting my time
29. In my family we like to	do things on our own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	do things together
30. Rules and regular routines	are absent in my everyday life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	simplify my everyday life
31. In difficult periods I have a tendency to	view everything gloomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	find something good that help me thrive/prosper
32. My goals for the future are	unclear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	well thought through
33. Events in my life that I cannot influence	I manage to come to terms with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	are a constant source of worry/concern

