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The Context of Resilience among At-Risk Bahamian Youth

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by

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ABSTRACT

Many children are raised in environments that are not conducive to healthy development, yet grow up to be productive, well-adjusted adults. Resilience is the term used to refer to better than expected outcomes. The purpose of this study was two-fold: first, to identify the challenges that exist to undermine development among youth growing up in urban areas of Nassau, Bahamas, and secondly, to gain a culturally sensitive understanding of positive adaptation or resilience among this group. Additionally, the study sought to identify the positive factors that serve to buffer the effects of the risk factors and ultimately promote resilience. A mixed method approached was utilized for this study; interviews were first conducted with older youth and then Grade 9 and Grade 11 students in two local public schools completed surveys. Relationships with parents and nonparental adults, self-efficacy, and involvement in meaningful activity were the factors that were significant predictors of resilience in this sample of urban Bahamian students.

DEDICATION

To everyone who was raised in the 'ghetto' and had their value discounted because of it.

To everyone who has been told that they would never amount to anything.

This project is dedicated to you.

ACKNOWLEDGEMENTS

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CHAPTER I

INTRODUCTION

Context and Statement of the Problem

Adolescence is the stage of life that connects childhood and adulthood (Gallatin, 1975), beginning around age 10 to 12 with puberty and ending with physiological maturity (VandenBos, 2007). Historically, adolescence was defined primarily in terms of biological changes, puberty, rapid growth and high sexual activity, often described as a period of storm and stress (Hall, 1904). Hall's theory of adolescence is credited as the formal introduction of the period as a distinct stage, separate from childhood, to the Western world (Demos & Demos, 1969). Others would follow and similarly describe this period as intensely emotional and filled with extreme mood swings and conflict, particularly between the adolescent and parents (Arnett, 1999; Demos & Demos, 1969).

Erikson (1968) posed a psychosocial theory of development which divided the lifespan into eight stages and offered challenges that are associated with each stage. The entire theory is based on the idea of conflict, both internal and external, that everyone experiences in some form as a new stage in life is approached; from the crisis emerges a more mature individual (Erikson, 1968). The stage for the adolescent, aged 13 to 19, is Identity vs. Identity Confusion. Erikson suggested that an identity crisis occurs when young people try to determine who they are and which adult roles best fit them as the transition into adulthood emerges. Most adolescents do pass through the stage successfully, i.e. find an identity.

Whether a biological or psychosocial definition of adolescence is embraced, there is no doubt that the period of adolescence encompasses both an overwhelming amount of physical changes and a range of novel experiences as the individual tries to make an

identity for himself or herself, and is a time that can be very stressful. Since Hall's

theory of adolescence, the focus of this period as being traumatic has been reinforced

(Arnett, 1999). However, the focus on adolescence as being a time of rebellion and

distress for everyone is inaccurate (Arnett, 1999; Gallatin, 1975). In fact, a more recent

trend is to acknowledge that the period of adolescence is most likely to be a stressful

period as compared to other stages in the lifespan; however, not all adolescents will

experience and respond to stress in the same way due to individual and cultural

differences (Arnett, 1999). The present study explored the Bahamian experience of

living in urban neighbourhoods from the adolescent perspective. While acknowledging

the many stressors and risks associated with adolescence and urban living, the study

focused on identifying the strengths and successes of these adolescents and the social

mechanisms that advance such positive outcomes.

The Bahamas, an independent island nation, consists of more than 20 inhabited

islands and cays with a population of about 325,000 (Department of Statistics, 2005).

About 70% of the entire population reside on the smallest island of New Providence

(Gomez, Kimball, Orlander, Bain, Fisher, et al., 2002). Another distinction of this island

is the profusion of many social ills, including poverty, violence and disease (Department

of Statistics, 2004). These problems are generally concentrated within certain areas of

the island which are referred to as urban or inner-city (Department of Statistics, 2004).

Limited access to the resources that promote educational, emotional and physical

development are common challenges associated with poverty (Bowen, Desimone &

McKay, 1995; Cauce, Stewart, Rodriguez, Cochran & Ginzler, 2003; Department of

Statistics, 2004). Illiteracy, teen-related violence, and teen sexual risk-taking are some of the issues plaguing Bahamian society, and more specifically, these urban areas.

The national averages, based on performance on the Bahamas General Certificate for Secondary Education (BGCSE) examinations for the 2008-09 school year were, in English Language, a grade of "D" and for Mathematics, a grade of "E-", based on a grading scale with ranges from A to G (Bonimy, 2009). Minimum entry requirement for the College of the Bahamas and other local independent tertiary institutions is a grade of "C" in both English and Mathematics on the BGCSE, thus leaving about half the students sitting the examination ineligible for tertiary educational opportunities.

According to the report of persons charged from 2000 to 2006 prepared by the Royal Bahamas Police Force (2009), the national murder count has increased. Of concern is the increase of murders committed by juveniles, which increased from 0 to 6, and accounted for almost 10% of the murder rate in the year 2006. This report shows similar trends in other major crimes, including unlawful drug and firearm possession, and burglary, including break-ins in homes and shops.

These ill effects of poverty and violence are beyond the individual student, or even their families, and suggest that there is a systemic problem that should be addressed. Given this escalation of social problems plaguing Bahamian communities, it would seem that the future of the country and particularly the future of the youth is bleak; however, despite the challenges, there are trends that offer a source for optimism. Bahamian youth are persisting to successfully transition into adulthood. It is this phenomenon, successful outcomes in the presence of challenges, known as *resilience* (Masten, 2001)*,* that was of interest in the present study.

Despite national health concerns, both teenage pregnancy and HIV transmission have decreased in the past three years (Health Information and Research Unit, 2010). As of December 2009, there were only 137 new reported cases of HIV among the teenagers, which is the lowest rate in more than 20 years.

Despite the low national average of BGCSE (all subjects), of the 25,739 students in grades 10, 11 and 12 who sat the exams in 2009, 46% of them achieved a score of "C" or above which makes them eligible for both tertiary educational and local employment opportunities (Bonimy, 2009). The data reflecting the destination of the 2009 high school graduates are not available; however, in 2008, 38% of all Bahamian high school graduates were college bound while another 18% entered the work force (Stubbs, 2009).

This evidence suggests that all is not lost as it relates to the physical, educational and psychological wellness of the Bahamian youth. It was the goal of the present study to identify the processes and/or factors that play a vital role in facilitating resilience specifically amongst Bahamian youth.

Literature Review

Positive psychology

"Psychology is not just the study of weakness and damage; it is also the study of strength and virtue" (Seligman, 1998, p. 2). Positive psychology, as a branch within mainstream psychology, seeks to expand the typical deficit model of the human experience to also explore strengths and wellness (Snyder & Lopez, 2007). Topics such as strengths, assets, resilience, and competence building are the focus of many research studies within positive psychology (Masten, 2001; Seligman, 1998, Snyder & Lopez,

2007). Positive psychology does not disregard, deny or seek to lessen the reality of illness or suffering, but acknowledges that this is not the entirety of the human experience (Snyder & Lopez, 2007). Within this area of psychological research, treatments go beyond fixing what is 'broken' and encompass the idea of promoting overall wellness, competence and optimal maturity (Seligman, 1998).

In recent years, the literature has also reflected this shift toward a more positive view as it relates specifically to child development (Benson, Scales, Hamilton & Sesma, 2006). The goals are to identify and promote the skills, characteristics and contexts that encourage positive development (Benson & Pittman, 2001; Masten, 2001). This philosophical standpoint is also referred to as a strengths-based approach to research and is adopted in the current study.

Ecology of human development

The ecology of human development theory suggests that each child is a part of a number of systems within his or her environment; these systems influence or impact both general development and the child's behaviour (Bronfenbrenner, 1979). In its very basic form, this theory suggests that to understand an individual, one has to look at the systems of which the individual is a part. Four systems are identified: microsystem, mesosystem, exosystem and macrosystem (Bronfenbrenner, 1979). Microsystems include the immediate environment such as home or school. The mesosystem includes the systems that are created by the connections or overlap of multiple microsystems. For example, a mesosystem occurs when children from the same family or neighbourhood (microsystems) attend the same school or group. Bronfenbrenner further suggested that the stronger and richer the links between microsystem elements (what he termed the

mesosystem), the better the situation for children at the centre of those systems (Bronfenbrenner, 1979). The exosystem and macrosystems are wider and have less direct or immediate effects on the individual; however, changes in either of these systems do affect the general experience of the person. An example of the exosystem would be the workplace of the parent, whereas the macrosystems would be represented by the culture, legal system or government. Although the exo- and macrosystem are important in development, the proposed study will examine the role of the micro- and mesosystems that influence Bahamian youth.

Another central concept to this theory is reciprocity such that the child, or individual, is not only affected by his or her environment but also affects and changes the systems of which he or she is a part (Bronfenbrenner, 1979). For example, a child with severe medical problems due to an incurable disease contributes to an increase of her father's group health insurance rates because of so many claims over the course of a specific time period. Within this framework, the environment and individual or groups are engaged in a dynamic exchange at various levels.

Bowen and Chapman (1996) adopted an ecological approach to the study of adolescent resilience as measured by physical health, psychological well being and adjustment. In their study, the roles of neighbourhood danger and social support were assessed as predictors of adolescent wellness. The assessment included four measures of social support, which represented the primary microsystems which adolescents are influenced by: neighbourhood, teacher, friend and parental support. Neighbourhood danger consisted of two subscales, one of which measured the adolescents' subjective sense of safety within their neighbourhood and the other which assessed more objective

views of the area. The sample included 207 students from a combination of middle and high schools located in urban areas of Charlotte, North Carolina and Jacksonville, Florida. The majority (67%) of the students identified themselves as black, with more than half of the total sample receiving some form of governmental food assistance. Three analyses were conducted to assess the relationship between social support and neighbourhood danger and each of the three outcome variables: physical health, psychological wellness and adjustment. Social support was found to be the one significant predictor of physical health, psychological wellness and adjustment in the urban youth. Furthermore, when social support was broken down, parental social support was the only consistently significant predictor of all three outcome variables. Of the three analyses conducted, physical health was the only outcome which neighbourhood danger significantly predicted. In summary, the results suggest that social support, particularly parental social support, had a greater influence on adaptation in the lives of the at-risk youth than their experiences or perceptions of neighbourhood danger (Bowen & Chapman, 1996).

Feinstein, Driving-Hawk and Baartman (2009), conducted a mixed method study that examined factors associated with resilience in Native American teenagers based on Bronfenbrenner's Ecological theory and a Native American model called the Circle of Courage. According to Feinstein et al. (2009), the Circle of Courage identifies four needs: belonging, mastery, independence and generosity, which foster resilience and propel individuals to reach their potential. The students were recruited from a school on the Lakota Sioux reservation in Midwestern USA. Ninety-eight percent of the students

enrolled in the school were Native American with low SES as determined by their qualification for free or reduced lunches.

The primary interviewer was an undergraduate student on the research team; he was selected as the sole interviewer due to his Native American background and connections with educators on the reservation. Nine students who were identified as academically successful by their teachers participated in the interviews. Another 52 students completed a 10-question survey. The content of the interviews was similar to the questions on the survey. The questions asked the students' perception of the importance of five values to their parents, their friends and themselves. The five values were: having a job, getting an education, religious membership, helping a neighbor and sports or exercise.

The results were broken down and reported using the structures presented in Bronfenbrenner's theory: microsystem, mesosystem, exosystem and chronosystem (also called macrosystem). In general, the results of the study suggest that for this Native American community, resilience among teenagers was associated with the opportunity to receive a good education. In addition, the results also confirmed that involvement in extra-curricular activities served as a protective factor in promoting resilience among teenagers in this reservation. Finally, the family and extended family's support (or value) of school was positively associated with the student's hopeful outlook (Feinstein et al., 2009).

What are the risks or threats to wellness?

Risk

Some researchers define risk factors as "influences, occurring at any systemic level (i.e., individual, family, community, society), that threaten positive adaptational outcomes" (Waller, 2001, p. 292). There are a number of ways to conceptualize risk as it relates to youth development (Arrington & Wilson, 2000). Some researchers define risk based on the experience of a unique traumatic or significant event. In these cases, an individual is at-risk because of some specific event; examples include children born prematurely, or individuals who experienced Hurricane Katrina. In the Women's Study, a longitudinal qualitative study that began in the early 1970s, female sexual abuse survivors were followed for more than 25 years and interviewed at two different time points: 1990 and 1997 (Banyard, Wiliams, Siegel & West, 2002). Included in the sample of participants was a control group of women who matched the demographics of the sexual abuse survivors but had not experienced any form of sexual abuse. The women who were sexually abused were identified as at-risk for various negative health and psychological complications as a result of their childhood abusive experiences. In Wave 3 of the analysis, 87 of the original 206 participants were interviewed and 29% of those 87 women showed resilient characteristics. Through the interviews, the researchers were able to conclude that these women were functioning "relatively well in many aspects of their lives" (Banyard et al., 2002, p. 53). An additional 18% of the women interviewed in Wave 3 showed competence in almost all areas assessed and were classified by the researchers as demonstrating excellent resilience. These highly resilient women, however, had experienced less severe child physical abuse and/or were less likely to have

experienced incest. Another characteristic of this group of highly resilient women was that they were raised in fairly stable homes.

Still others define risk based on the behaviours that an individual is already exhibiting such that an adolescent is considered at-risk if he or she is engaged in negative behaviour, e.g., drug use/abuse or gang involvement (Arrington & Wilson, 2000; Palermo, 2009; Resnick & Burt, 1996). In a five year qualitative study of resilience, youth were identified as at-risk because of their involvement in antisocial behaviour which led to a subsequent incarceration (Todis, Bullis, Waintrup, Schultz & D'Ambrosio, 2001). The study was conducted over a five- year period as 15 youth who were identified as *potentially* resilient by their correction officers transitioned from a group home to independent living. Also interviewed were people (family and non-familial) who were identified as significant to the success of the adolescents. The aim of the study was to identify the factors that were relevant in promoting positive adaptation in adolescents who were engaged in early anti-social behaviours.

The limitation of the latter conceptualization is that it is very easy to overlook and not account for antecedents of such behaviours (Resnick & Burt, 1996). The view of risk that was adopted by the present study is the ecological perspective, which builds upon the ecology of human development framework. This conceptualization establishes risk not by the externalizing behaviours that an adolescent exhibits, but by the risky environments within which the adolescent lives (Resnick & Burt, 1996). Thus, children at higher risk are those who are embedded within environments that "heighten their vulnerability— communities with a dearth of social resources, high levels of stress, and inadequate institutional support" (Resnick & Burt, 1996, p 174).

Daly, Shin, Thakral, Selders and Vera (2009) adopted an ecological approach to defining risk and assessing resilience specifically looking at levels of school engagement in urban adolescents of colour. Daly et al. (2009) examined the relationships that existed between perceived social support and neighbourhood conditions as it related to the adolescents' school engagement. The social support scale they used included subscales that measured parental, teacher and peer social support. This variable was considered a protective factor against risk present in the neighbourhood of the students. Neighbourhood conditions, which were used to define risk, measured the adolescent's perception of problems including crime, delinquency and lack of resources within the community. Results indicated that a perceived lack of resources in the neighbourhood was predictive of school engagement, such that those youth who reported greater risk, i.e. worse neighbourhood conditions, also reported lower levels of school engagement.

What does success look like?

Resilience framework

The topic of resilience within the psychological literature is extensive; thus, definitions vary depending on the framework from which the research is drawn. It is suggested that resilience can be considered as "developmental outcomes, coping strategies or a set of competencies" (Ungar, 2008, p. 220). Resilience as a developmental outcome considers how the individual has developed in the face of some form of difficulty. In this viewpoint, there is not always one single traumatic event or stressor that challenges physical development, but it is also influenced by the environment of disadvantage to which the child was exposed. Resilience, then, as defined in this framework, is the child's ability to surpass developmental expectations (Arrington &

Wilson, 2000; Masten, 2001). Typically, this viewpoint is associated with developmental psychology where characteristics within the chid are assessed (Ungar, 2008). The studies by Bowen and Chapman (1996) and Daly et al. (2009), which were described above, are examples of conceptualizing resilience as an adaptation. Resilience is understood to be a process and an outcome as the individual interacts with the systems that he or she is a part.

The coping viewpoint looks at an individual's response to a particular stressor or situation and the skills or strategies employed to help decrease the negative effects associated with the stressor (Davey, Goettler, & Walters, 2003). Lee, Shen and Tran (2009) assessed psychological resilience as defined by a perception of recovery in a sample of African American adult Hurricane Katrina evacuees. Resilience, in this study, was viewed as the ability of people to "cope with stress and catastrophe, implying that some people succeed in the face of adversity" (p. 11). Their study assessed a number of variables including psychological resilience, human loss, possession of insurance, property loss/destruction, psychological distress and health status. The results suggested that human loss, not being insured, and property loss were all related to psychological distress, with human loss being the strongest variable. In addition, when psychological distress and health status were considered as intervening variables in the analyses, it was found that psychological distress was a significant mediator of resilience such that the more distress reported, the lower the resilience scores.

The final viewpoint is conceptualizing resilience as a set of competencies that a child possesses that help them to combat challenges to their well-being. Benson et al. (2006) identified 40 assets, which are subdivided into eight categories, that are associated

with healthy development. The eight categories are further subdivided into two groups: internal and external assets. The four external assets include support, empowerment, boundaries and expectations, and constructive use of time, while the four internal assets are categorized as commitment to learning, positive values, social competencies, and positive identity. Research within this framework shows that the more of these assets (also called competencies) that a child possesses, the fewer high-risk behaviours the child will engage in (Benson et al., 2006; Scales, Benson & Mannes, 2006). Regardless of which framework from which the research is drawn, there is a common theme: in order for resilience to be present, there must be some identified risk or threat to wellness (e.g. premature birth, poverty, traumatic situation) and subsequent advancement in spite of the presence of such risks (Luthar, Cicchetti & Becker, 2000; Masten, 2001, Masten & Powell, 2003; Snyder & Lopez, 2007; Ungar, 2008; Waller, 2001).

Masten (2001) refers to resilience as "positive adaptation" (p. 228). Both the individual's internal welfare and external achievements are considered when assessing positive adaptation (Masten, Herbers, Cutuli, & Lafavor, 2008). The resilience research framework is guided by three questions. First, the researcher should consider what "success" looks like for the child within the particular cultural and family systems. Second, it is important to identify the potential threats to functioning, and finally, it is important to identify the protective factors that will promote resilience given the presence of the risk factors (Masten et al., 2008).

Resilience, when conceptualized as positive adaptation, is considered an outcome that can be a function of internal and/or external qualities. Individual traits or characteristics such as temperament or cognitive ability are credited as the primary

mechanisms responsible for positive adaptation (Arrington & Wilson, 2000). Resilience can also be considered as a function of the environment, such that factors beyond the individual characteristics are credited for promoting wellness, such as an individual's relationships or social support network (Arrington & Wilson, 2000; Scales et al., 2006). Taking an ecological approach, the present study understands resilience as an interactive function of both internal characteristics and external factors. In this situation, the individual's ability or qualities are as important in understanding the situation as the environment within which he or she is embedded (Waller, 2001). This approach also acknowledges that across the life span, there are many aspects of the environment (i.e. micro-, meso-, exo- and macrosytems) that influence resilience in each person (Walsh, 1998).

The internal and external mechanisms that promote development, as discussed above, are often referred to as protective factors (Luthar, Cicchetti & Becker, 2000; Masten, 2001; Ungar, 2008). These protective factors serve as buffers, such that the impact of the problem is decreased when these factors are in place. In Bowen and Chapman's (1996) study, parental social support served as a protective factor such that those adolescents who identified more support also scored higher on measures of physical and psychological wellness and adjustment. Protective factors can also directly affect the child through removal of the risk, as in the situation where a child is physically removed from the home in a situation with abuse or neglect (Ungar, Lee, Callaghan & Boothroyd, 2005). Researchers suggest that there are three broad sets of protective factors that promote resiliency: factors within the child, such as self regulation or intelligence; factors within the family (or other relationships); and those within the broader social

environment (Luthar et al., 2000; Snyder & Lopez, 2007). In accordance with resilience theory, Masten et al. (2008) further teased out the groups of protective factors into eleven smaller units which comprise the 'short list' of strengths which have emerged from research to be consistently associated with successful children. External factors such as: positive relationships with adults and peers, supportive teachers and school environment and effective parents are included on this list. Internal qualities accounted for the bulk of the factors and included intelligence, self regulation, motivation and effective stress management skills. Additionally, and of interest to this project were the internal factors of perceived efficacy and spirituality.

The present study looked at primarily (but not exclusively) the influence of environmental factors on resilience among at-risk adolescents. Specifically, the factors that were explored in the present study were: positive relationships with parents/guardians and caring adults, involvement in meaningful activity and school engagement. In addition, the role of perceived self-efficacy and spirituality were explored. It is suggested that in the absence of these factors, at-risk children are less likely to overcome the risks associated with their lives (Masten, 2001; Masten et al., 2008, Snyder & Lopez, 2007). It is important to distinguish that these factors are not exclusive to success in *resilient* children as studies have shown that all children can benefit from such factors being present in their lives (Masten, 2001).

Culture and resilience

Consideration of the role of culture in conceptualizing resilience is fairly new and the literature suggests it is an important consideration because a true understanding of wellness is both context and culture specific (Arrington & Wilson, 2000). Ungar (2008) suggests that although the features that constitute healthy functioning may be globally accepted, the importance of such features in promoting resilience may vary from culture to culture.

Resilience is neither static nor uniform. Research that has specifically examined resilience within the context of culture has found that resilient individuals or resilient groups will look different, depending on the culture or subculture they are associated with (Ungar, 2008; Waller, 2001). That is, a specific community may be comprised of idiosyncratic qualities that promote resilience which differ from the greater culture.

In addition, resilient behaviour is considered to be a product of the various transactions between and within multiple systemic levels and the individual (Walsh, 1998). The idea here is that individual adaptation is embedded in larger family and social systems, where there is "mutuality of influences" (Walsh, 1998, p. 12). Essentially, the individual is a part of a bidirectional relationship with the environment (Bronfenbrenner, 1979). Thus, resilience is best considered as a process where the individual or group affects the systems within which he or she is embedded (Arrington & Wilson, 2000; Ungar, 2008). Cowen (1994) suggested that wellness differs depending on the person and their stage of life. This concept translates well into understanding resilience as not only fluid but also contextually based (Ungar, 2008; Waller, 2001). Thus, being resilient does not equate with being invulnerable; as an individual can show vulnerability in one

aspect or situation at one stage in life while showing resilient characteristics in another (Waller, 2001).

In a strengths-based ethnographic study of Chicano/a adolescents, Holleran and Waller (2003) conducted interviews to explore the lives of 18 individuals aged 13 to18, related to resilience and ethnicity. The results of their study suggested that a "strong positive Mexican identity" may serve as a protective factor in the promotion of resilience among the youth. Cultural concepts such as collectivism and *religiosidad* were common themes that emerged from individual interviews and focus groups. The concept of *religiosidad* draws from the Christian worldview and suggests that suffering can be transformative (Holleran & Waller, 2003). Throughout the interviews, the researchers found that this transformative view of suffering is what the youth used to deal with the violence experienced in their communities. This then became a source of strength as the negativity was used to propel the positive in the participants' lives, as the youth "sought meaning and opportunity in their hardship" (p. 342). This finding specifically reconfirms the importance of cultural sensitivity in understanding the resilience process. The violence expressed or experienced by this group can easily be classified as only a risk factor, where negative outcomes are expected of those exposed to it; however, the reports of this group suggest that within the context of their cultural values, the Chicano/a adolescents are able to draw strength from the experience and overcome. The researchers suggest that "historical, social, economic, and political factors related to both personal and social identity" should be considered specifically as they relate to the experience of the Mexican youth that reside in borderlands (Holleran & Waller, 2003, p. 344).

In another study, a relational and Africentric-focused intervention was assessed as it related to promoting resiliency in preadolescent African American females (Belgrave, Chase-Vaughn, Gray, Addison & Cherry, 2000). The intervention was aimed to increase self esteem, ethnic identity and Africentric values specifically in girls over a four month period. All of the participants were between the ages of 9 to13, had at least one younger sibling, low SES (defined as being a recipient of a school lunch program) and were from a specific area in an East Coast city that was considered high-risk because of its socio-environmental status. The girls were assigned to one of two groups where one group received the intervention and the other was the control. There were more participants (92) in the comparison group then the intervention group (55) due to attrition. The pre-test analysis showed no differences in demographics between those participants who left and those who remained in the study. Africentric values were based on the seven principles of *Nguzo Saba*, which are: unity, self-determination, collective work and responsibility, cooperative economics, purpose, creativity, and faith (Belgrave et al., 2000). At the end of the intervention period, the girls who received the intervention scored higher on measures of Africentric values and ethnic identity. In addition, their scores on the measure of resilience and self esteem were higher than their counterparts who had not participated in the program. The results of this study suggest that the inclusion of cultural concepts in the promotion of resilience is important particularly in African American preadolescent females and should be considered in preventative efforts (Belgrave et al., 2000).

An ecological conceptualization of risk and resilience calls for an exploration of not only family and community factors but also cultural ideals and traditions (Clauss-

Ehlers, 2008). As evidenced from the results of the Holleran and Waller (2003) study on

Mexican youth, it is important to understand the values and customs of a culture to have a

thorough appreciation of challenges faced and the strengths possessed by at-risk youth.

What are the factors or mechanisms that promote positive adaptation?

Social Support

Research has confirmed that relationships or *social support* often play an

important role in healthy development and healthy adaptation (Bowen & Chapman, 1996;

Malecki & Demaray, 2006; Masten & Coatsworth, 1998; Ungar, 2008). Malecki and

Demaray (2006) define social support as an individual's "perceptions of supportive

behaviours from individuals in his or her social network (e.g., parents, teachers,

classmates, close friends, school), that enhance functioning and/or may buffer him or her

from adverse outcomes" (pp. 376-377).

In the Bowen and Chapman (1996) study discussed above, adolescent resilience

as measured by physical health, psychological well being and adjustment and its

relationship with social support and neighbourhood danger was explored. Social support

was found to be a significant predictor of physical health, psychological wellness and

adjustment in the urban youth, with parental social support holding the strongest

relationship. Positive relationships served as a protective factor that buffered the impact

of risk on healthy adaptation in at-risk youth. The presence of these relationships in an

individual's life also sometimes has an additive effect on positive outcomes, where the

more relationships engaged in, the better the outcomes (Benson et al., 2006). The

relationships experienced by the individual do not have to be parental or familial in nature for positive outcomes to occur (Richmond & Beardslee, 1988; Scales et al., 2006).

Tusaie, Puskar and Sereika (2007) examined psychosocial resilience (PR) and its relationships with optimism, age, gender, perceived family and friend support, and the number of bad life events experienced in 624 adolescents aged 14 to18 living in Western Pennsylvania, USA. The sample was predominantly Caucasian (97%) which represented the greater population from which the sample was drawn. In addition, about 60% of the sample was comprised of females. Most students (45%) reported medium levels of resilience. Perceived family and friend support was shown to be a significant predictor of psychosocial resilience. Other variables that were significant predictors of psychosocial resilience were optimism, bad life events, gender and age. Of all the significant predictors, optimism showed the strongest direct positive influence on psychosocial resilience, followed by perceived social support from family.

Malecki and Demaray (2006) investigated the relationship between perceived social support and academic resilience in 164 urban middle school students. The participants were in grades six through eight, were primarily of Hispanic ethnicity (65%) and were divided in two groups based on SES status. Students were classified as lower SES if they received free or reduced cost lunches; all others were placed in the higher SES group. Academic resilience was measured by the student's GPA, while social support included a measure for parental and classroom support. The results indicated that there was a significant relationship between GPA and social support scores. Both SES and social support (parent and school) were found to significantly predict academic performance in the middle school students. In addition, the results suggested that

regardless of SES, those students who reported greater social support had higher GPA scores. However, in situations where there was lower social support, the greater the risk present for the student, i.e. lower SES, the lower the academic performance.

Whether it is in the form of positive interactions or helpful behaviour, social support is usually associated with more positive outcomes amongst individuals with various challenges. As it relates to teens who are at-risk, the results of the studies reviewed above support the idea that the presence and/or perception of positive relationships serves to minimize the negative effects of their environment, thus helping to promote positive outcomes.

Meaningful Activity

Youth workers have suggested that adolescent involvement in activities, both school and non-school related, offer many advantages for the adolescent, even serving as a protective factor for at-risk youth (Benson et al., 2006; Eccles, Barber, Stone & Hunt, 2003). It is suggested that involvement in activities helps to foster a sense of belonging to both the school and the community (Zeldin, 2004). In addition, involvement in activities helps to build relationships which subsequently expand the social support network of the individual. Through the engagement in more relationships and involvement in activities, it is proposed that the adolescent then develops skills that can be used in numerous settings, even into adulthood, ultimately becoming agents in their own growth (Eccles et al., 2003; Zeldin, 2004).

Landers and Landers (1978) explored the effects of participation in extracurricular activities on delinquency in high school males. The participants were placed in four groups based on their involvement in extracurricular activities. The groups were athletics

only, service and leadership activities only, athletics and service and leadership activities and a group for boys who did not participate in any kind of extra activities. The results showed that those students who were not involved in any type of extracurricular activity had significantly higher rates of delinquency than their counterparts who were involved in either sport or volunteer organizations. On the other hand, the lowest rates of delinquent behaviour were reported by those students who were involved in both athletics and service and leadership activities.

Randolph, Fraser, and Orthner (2004) studied educational resilience of students attending school in a city in the southeastern USA. First grade retention status, extracurricular activity participation, and high school dropout were the three primary variables of interest in this study. The sample of 692 students were members of two cohort groups: the first included students enrolled in 9th grade in the 1992-93 academic school year and the second cohort were ninth graders in the following year (1993-94). Fifty three percent of the sample was female and 85% of the total sample identified their ethnicity as African American. Involvement in extracurricular activity was linked with school retention. Specifically, it was found that students who were engaged in extracurricular activities were more likely to remain in school. In their sample of students, 90% of those who participated in extracurricular activities graduated from high school as compared to only 43% who were not involved in extracurricular activity.

Schmidt (2003) explored the relationship between involvement in activity and misconduct in 495 at-risk students whose data were randomly selected from a larger database. The data were selected from a national longitudinal study of adolescents at four time points beginning with 6th grade, then at 8th, 10th and finally at 12th grade

(Csikszentmihalyi & Schneider, 2000). The purpose of the longitudinal study was to look at career formation in adolescents. The original sample included 565 male and 648 female adolescents with more than half of this population (58%) identifying themselves as white. There were also African-Americans (22%), Asians (6%), Hispanic (16%) and Native American (1%) ethnicities represented in the original sample (Csikszentmihalyi & Schneider, 2000). The majority of the sample was classified as middle class (38%), with poor and working class representing 16% of the sample; upper middle and upper class accounted for the remaining 21% and 10% respectively. The sample used for Schmidt's study (2003) also included students of different SES levels representing urban, suburban and rural US cities. Sixty percent of the participants were female and 64% identified as Caucasian, which is fairly representative of the original sample from which these data were drawn. Risk was defined by the presence of adversity within the family unit. The total sample for this study was 495 students which was divided into two subgroups representing high adversity (167) and low adversity (239) students. Three regression models were tested in order to account for the longitudinal design of the study for both high and low adversity groups separately. The results of their study found that, among high adversity adolescents, engagement in extracurricular (school) activities was predictive of misconduct in models 2 and 3. Participation in challenging activities, i.e. activities not related to school was only predictive of misconduct in model 1. Additionally, the students' perception of their ability to successfully overcome challenges was predictive of misconduct in all three models. Involvement in neither extracurricular nor challenging activities was predictive of misconduct for all three models among the low adversity adolescents.

Similar results were found in the study by Eccles and Barber (1999), where students' involvement in a variety of activities (school, church and community) was examined as it related to their involvement in risky behaviour. The activities were divided into five categories: *prosocial* which included church, community and volunteer organizations, *team sports*, *academic clubs*, *performance clubs* (e.g. band, drama and dance) and *school involvement activities* (e.g. student council, pep club and cheerleading). Of the five categories, the results showed that those students who were involved in prosocial activities in 10th grade were less likely to engage in problem behaviours in 10th and 12th grades. These students were also more likely to have friends who did not report drug and alcohol abuse and were more likely to be enrolled in college at age 21.

The general sense that emerges from the studies reviewed here is that engagement in such activities serves as a protective factor for at-risk youth. This seems to be even truer for students engaged in activities that foster leadership or prosocial behaviour as in volunteer opportunities (Eccles & Barber, 1999).

School Engagement

School engagement consists of "attitude, investment and commitment that students make toward school" (Daly et al. 2009, p. 63). Researchers, particularly those looking at educational resilience, have only recently begun to include the concept of school engagement in resilience models as an alternative to the study of school dropout or retention (Morrison, Brown, D'Incaus, O'Farrell & Furlong, 2006).

Daly et al. (2009) examined social support as a moderator of the relationship between risk as measured by neighbourhood crimes and incivilities (the term they used to

indicate lack of resources, e.g. no recreation activities, clean parks) and school engagement. Participants were 123 seventh and eighth graders from a large Midwestern city in the USA. All participants identified themselves as non-European ethnic minority with the majority of participants identifying themselves as Latino (59%). The results indicated that adolescents who reported more neighbourhood incivilities also reported lower levels of school engagement. Social support was not found to moderate the relationship between neighbourhood crimes and school involvement which means that there were no significant differences in school involvement when different levels of social support were reported. However, it was found that the age of the student was a significant predictor of school engagement in the presence of neighbourhood crime. Specifically, the results indicated that older students who live in neighbourhoods with high crime are less likely to engage in school while their younger counterparts are more likely to engage in school in the face of high neighbourhood crime.

Similarly Shin, Daly and Vera (2007) looked at the relationships between school engagement and the risk factor of negative peer norms. Positive peer norms, peer support and positive ethnic identity were also assessed as possible moderating variables between the aforementioned relationships. Peer norms was selected in this study as a risk factor that could negatively impact school engagement because of the influence that peers have on each other's behaviours and their need for acceptance (Shin et al., 2007). The peer norms variable was measured with a survey, which asked questions about the frequency of behaviours (negative and positive), that the participants' friends engaged in. Examples of behaviours included: destroying others' property, not doing homework, starting fights, participating in religious activities, and completing homework (Shin et al., 2007). The

scale was divided into two subscales; one reflecting positive peer norms and the other reflecting negative peer norms. The results found that students with higher negative peer norms were in fact more likely to not be engaged in school. Of the variables considered, positive peer norms, negative peer norms and ethnic identity were all significantly related to school engagement. There was also a significant interaction between positive peer norms and ethnic identity on the relationship between negative peer norms and school engagement that had implications for research with minority students. Students with higher positive peer norms and greater levels of ethnic identity reported higher school engagement.

Van Ryzin, Gravely and Roseth (2009) explored the concept of psychological wellness in 283 students from three high schools in a rural community over an eight-month period. The study was based on self determination theory which offers a model that connects academic autonomy and belongingness in school to psychological wellness through school engagement. It is proposed that students who experienced academic autonomy and belongingness would be more likely to be engaged within their school community, and that this in turn would contribute to the student's overall psychological well being. Belongingness was conceptualized as a measure of social support from both teachers and peers, while psychological well being in this study was conceptualized as hope. The results of the study supported the self determination model that school engagement moderates the relationship between social support and autonomy and hope. The results also suggested that peer support significantly predicts hope without the presence of school engagement.

School engagement extends beyond school attendance and considers the cognitive and affective connection the youth has with their school (Morrison et al., 2006). Results from studies suggest that school engagement is influenced by the youth's micro- and mesosystems including neighbourhood conditions, social support systems, peer norms and subculture. The school environment provides an atmosphere where cognitive and social competencies can be developed which inevitably enhance academic and socio-emotional outcomes, particularly for at-risk youth.

Spirituality

Spirituality is considered to be an important aspect in the lives of at-risk youth, as it relates to the promotion of positive outcomes (Benson et al., 2006; Masten, 2001). Langehough, Walters, Know and Rowley (1997) suggest that spiritual and religious practices usually incorporate beliefs that affect the individual's attitude, relationships and his or her self perception. Such beliefs usually provide meaning and purpose to the individual's life which is associated with overall wellness (Langehough et al., 1997; Masten, 2001). Despite this connection, spirituality is a construct that is sometimes overlooked in the lives of adolescents. In addition, adolescent intervention programs sometimes neglect or ignore its possible importance and effectiveness in promoting wellness (Langehough et al., 1997).

In a sample of 235 abused young adults (aged 18 to 49), religiosity, spirituality, resilience and antisocial behaviours were examined. The results suggested that both intrinsic spirituality and religious behaviour were positively related to resilience scores, such that those who scored higher on the resilience measure also reported greater spirituality and religious behaviour participation (Langehough et al., 1997). Those

participants with higher spirituality and religiosity scores were also less likely to report participation in anti-social behaviours.

In their study, Cotton, Larkin, Hoopes, Cromer and Rosenthal (2005) sought to distinguish between spirituality and religiosity, with spirituality being a broader concept that can include religious conformity in suburban high school students. Students were predominantly Caucasian, with a mean age of 16, and the sample included an equal male to female ratio. Relationships among spirituality, religiosity, depression and health risk behaviours were also assessed. The results suggested that spirituality is a meaningful concept among adolescents, as 89% reported a belief in God or another Higher Power, and similarly 77% believed that religion was important in their lives. As it relates to depression and risky behaviour, those with higher levels of spiritual well-being reported fewer depressive symptoms and fewer risk-taking behaviours. The researchers felt that the results of the study had implications for conceptualizing resilience to include more than just engagement in religious activities, but also that resilient adolescents would have higher levels of spiritual well being.

Johnson, Jang, Li , and Larson (2000) looked at the relationship between community disorder, youth crime and religious involvement in 226 African American youths ranging in age from 15 to 21. Results revealed a significant positive relationship between neighbourhood disorder and crime among the youth participants. However, those youth who attended religious services were less likely to be involved in criminal activity in the presence of neighbourhood disorder. In addition, the results suggested that involvement in religious activity served to protect African American youth from the

negative impact of community disorder as evidenced by their reduced involvement in criminal activity.

Research has confirmed that both religious involvement and personal spiritual wellness are significant predictors of adolescent mental health (Cotton et al., 2005; Wright, Frost, & Wisecarver, 1993). Because of the value spirituality brings to an individual's life, it is a viable factor to be considered in the study of resilience.

Self-Efficacy

Self-efficacy refers to an individual's belief in his or her own abilities. Specifically, Bandura (1990) defined [perceived] self-efficacy as an individual's personal belief in their ability to exercise control over their motivations, behaviours and by extension their social environment toward attainment of a specific goal. A sense of self-efficacy or belief in one's abilities affects behaviour such that it determines what types of behaviours the individual chooses to engage in and the amount of effort given toward acquisition of a task or goal (Bandura, 1990). Moreover, self-efficacy also impacts how long a person chooses to work toward a particular goal, particularly in the face of challenging situations. As it relates to adolescents, perceived self-efficacy has been explored in relation to academic achievement and career choices (Bandura, 1990; Usher & Pajares, 2006), healthy sexual practices and condom usage (Smith & DiClemente, 2000; Thato, Hanna, & Branom, 2005) and smoking and drug engagement/abstinence (De Vries, Dijkstra, & Kuhlman, 1988; Fagan, Eisenberg, Frazier, Stoddard, Avrunin, et al., 2003).

Wang, Hsu, Lin, Cheng and Lee (2009) conducted a study that looked at the effect of risk and protective factors on risk behaviours in a sample of 878 junior high

Taiwanese students. The students' ages ranged from 11 to 15 years, and they were about equally divided across the 7th, 8th and 9th grades. There were 465 females and 413 males who participated in the study. A number of protective factors were examined in this study, three of which (health self-efficacy, self esteem, and emotional regulation) were characterized as individual protective factors. The environmental protective factors included family communication, peer role models and non-parental adult role models. Wang et al (2009) found in general that the more risk factors present, the more risk behaviours the student participated in. However, it was also found that the students participated in fewer risk behaviours when there were more protective factors present. Health self-efficacy as used in this study was defined as the student's appraisal of their ability to "effectively manage health-related affairs" (p. 316). All six protective factors, individual and environmental, were significantly related to the students' involvement in risk behaviours. As it relates specifically to health self-efficacy, the results of the study found that the negative effects of environmental risk (peer risk behaviours) on the student's own involvement in risk behaviour was moderated by the student's health self-efficacy such that involvement in risk behaviour were decreased when health self-efficacy was higher.

In a qualitative study of youth in foster care, Drapeau, Saint-Jacques, Lépine, Bégin and Bernard (2007) conducted interviews to gain a better understanding of the processes that promote resilience in twelve adolescents who were placed in foster care for at least a 3-month period and were identified as resilient by their case-workers. Resilience was operationally defined as school engagement or employability, participation in healthy peer and adult relationships, and engagement in socially

acceptable behaviours in the foster placement and in the general community. There were an equal number of female and male participants ranging in age from 14 to 17 years. The primary reason for all placements in the foster system was related to serious behavioural problems. Each student participated in two interviews; information about their social and family history was retrieved from the individual files.

Drapeau et al. concluded that each person identified a "turning point" at which their path changed and they moved toward more resilient behaviours (p. 985). There were consistently three types of turning points based on the stories shared by the teenagers: action, relation and reflection. The action turning point was described as the point where the teenager successfully completed or mastered a task or skill and the accompanying sense of accomplishment brought meaning and change to their lives. The relation turning point occurred when a significant trust relationship between the teen and an adult was developed. The reflection turning point occurred as a result of the teen realizing that he or she could not continue in the path they were after conducting personal reflections. In essence, the teen gained insight into their behaviour and took responsibility and in the process, became their own agents of change.

Drapeau et al. (2007) also identified four processes that were also common to the stories shared by the teenagers. Sometimes the processes were directly linked with the turning points that each teenager described. The first process described was an increase in self-efficacy which seemed to be directly related to both the action and reflection turning points. The authors surmise that the sense of success or accomplishment, i.e. self-efficacy, propels the individual toward more resilient behaviours. The second process described is inherent in the actual foster placement process such that the

teenagers are distanced from the risk by being removed from the harmful, negative and/or abusive environment. This distancing from the risk seems to be directly related to the reflection turning point, as those teens who have experienced the reflection turning point were more likely to still succeed even after being returned to their risky environments. The final two processes are new opportunities and the multiplication of benefits in different areas of the teenagers' lives. Both of these processes are likely to occur after the turning point and help to reinforce the decision that the teenagers made to make more positive choices.

Watkins, Howard-Barr, Moore, and Werch (2006) assessed the role of self-efficacy as a mediator between parenting practices and adolescent alcohol usage in a cross sectional sample of 9th and 11th graders. The 604 students were recruited from a suburban high school in southern USA. Fifty-six percent of the entire sample was female and the average age of participants was 15 years old. Students completed questionnaires that addressed their perceptions of parenting practices. The questionnaire assessed five aspects of the parent-child relationship: bonding which was defined as support and availability of parent, alcohol communication, general communication, positive relationship and parental monitoring. Students also reported their alcohol and drug usage over a 30-day period. The results revealed that higher scores on all five parenting practices were associated with higher self efficacy scores. However, out of the five parenting practices, only parental monitoring was significantly related with decreased usage in alcohol. Watkins et al., also conducted a mediation analysis and the results confirmed that parental monitoring significantly predicted both alcohol usage and self efficacy. In addition, self efficacy continued to predict alcohol use in the presence of

parental monitoring indicating a full mediating effect, suggesting that parental monitoring increases adolescents' self-efficacy to abstain from alcohol, which in turn leads to reduced likelihood of alcohol use.

As shown in the studies presented above, higher self-efficacy is associated with adolescent abstinence or decreased engagement in negative behaviours including alcohol usage (Watkins et al., 2006) and early sexual behaviour (Smith & DiClemente, 2000). Moreover, higher self-efficacy is also associated with positive behaviours (Drapeau et al., 2007; Usher & Pajares, 2006). Self-efficacy then is a salient construct in understanding adolescent behaviours (Bandura, 1990) and intentions to engage in behaviours (De Vries et al., 1988) and by extension, resilience.

The Present Study

      Taking a strengths-based approach to development, three questions are suggested that should frame resilience research (Masten et al., 2008): First, what does "success" look like for the child within the particular cultural and family systems? Second, what are the potential threats to functioning? Finally, what are the protective factors that will promote resilience given the presence of the risk factors?

      Phase One of this study sought to gain a culturally sensitive definition of positive adaptation (resilience) while also identifying the challenges that exist which undermine development among urban Bahamian youth. Phase Two of the study sought to identify the factors that best predict resilience amongst the at-risk population. Figure 1 is a conceptual model of the second goal of this study, where the concepts on the left are the proposed protective factors that will be measured; the Child and Youth Resilience Measure (CYRM) was the primary measure of resilience used in this study.

      Positive and meaningful relationships with adults (familial and non familial) have consistently been supported in the literature to be associated with positive outcomes in youth (Masten & Coatsworth, 1998; Richmond & Beardslee, 1988; Scales et al., 2006; Ungar, 2004). The results of the previous research presented above suggest that relationships serve as a buffer, such that the negative effects of the risks on the adolescents are decreased in the presence of such relationships. In addition, relationships with adults (familial and non familial) have additive qualities, such that the more relationships, the lesser the impact of the risk factor on the individual. With this in mind, the parent-child relationship was explored as a moderator between risk and resilience. It was expected that the strength of the parent-child relationship would serve as a buffer against the risk factors.

Figure 1-Resilience Model
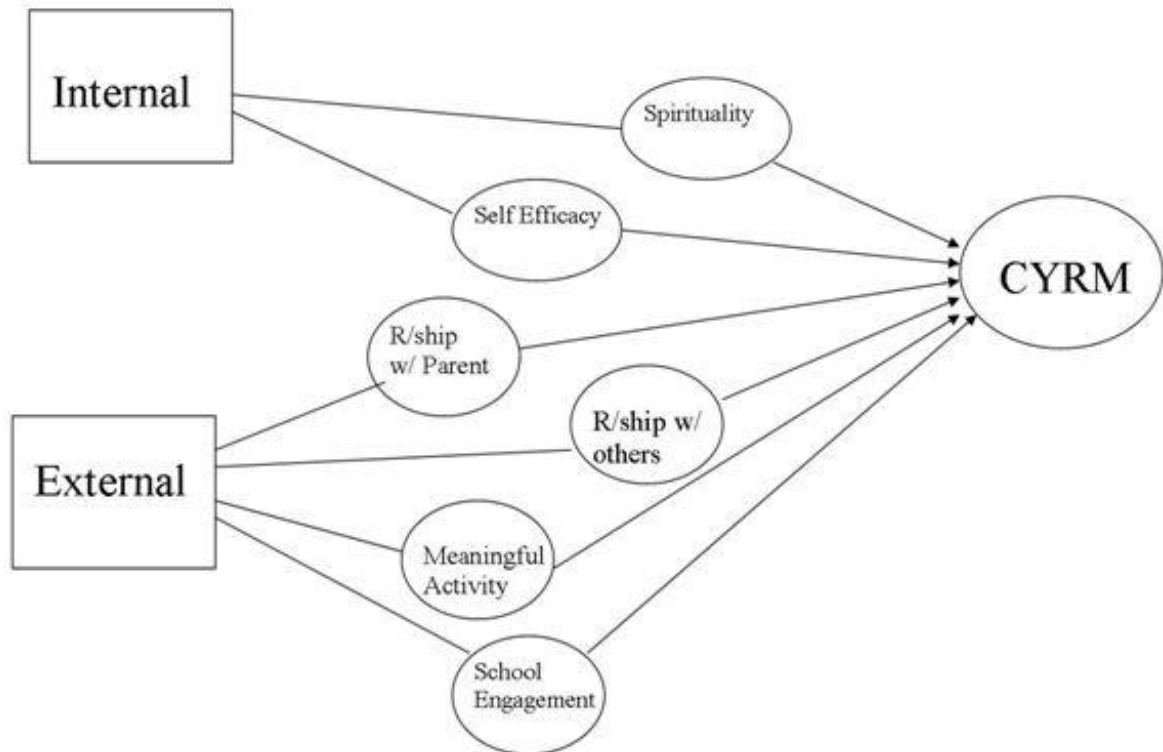
Historically, involvement in activities has been proposed as an initiative that is helpful and rewarding to children (Eccles & Barber, 1999; Masten & Coatsworth, 1998). A brief review of the literature, as presented above, confirms that involvement in extra-curricular and/or community activities does serve as a protective mechanism, or a buffer, against the risks present in the environment of the at-risk youth population (Eccles & Barber, 1999; Feldman & Matjasko, 2005; Zeldin 2004). As it relates to the present study, engagement in meaningful activities is defined as involvement in any activities, whether school, religious, community or sport, in which the student volunteers, with or without incentives. That is, the student is participating in activities because he or she wants to, and these activities do not account for any type of school credit or community service points.

School engagement is a relevant concept in understanding resilience because urban youth are typically at greater risk for not meeting educational goals because of various challenges (Shin et al., 2007). School engagement is included in this model of resilience, as a possible extension to the literature, although this is not a novel concept. Masten (2001) lists effective teachers and effective schools as a protective factor based on her review of the literature. This study incorporated the student's view of engagement as a possible predictor of resilience.

Bandura (1990) suggested that self-efficacy determines how much effort an individual maintains toward a particular goal or behaviour in the presence of difficult circumstances. Past research has consistently shown high self-efficacy to be associated with more positive behaviours (Drapeau et al., 2007; Smith & DiClemente, 2000; Usher & Pajares, 2006, Watkins et al., 2006). Masten (2001) suggests it is a protective factor in

promoting positive outcomes. It is a personal, or internal characteristic that influences

outcomes, thus making it a potentially strong variable in understanding resilience among

at-risk youth

Examination of Bahamian newspapers and other media shows how intertwined

religion or spirituality is within the Bahamian culture. In addition, the government of the

Bahamas still declares the country to be a Christian nation, as stated in the Preamble to

The Constitution (1973), founded and continuing to uphold the values of the Christian

religion. It is with this background and previous research (Benson et al., 2006; Masten,

2001), that spirituality was included as a possible predictor of resilience and protective

factor in the at-risk Bahamian youth community.

Thus the three research questions guiding the present study were:

1. What are the risks or threats to wellness among inner city youth in the Bahamas?

2. What does success look like for the average Bahamian adolescent who transitions

    into adulthood?

3. What are the factors or mechanisms that promote positive adaptation among at-

    risk Bahamian youth?

The study was divided into two phases. In Phase One, interviews were conducted.

The purpose of the interviews was to gain an understanding of risk and resilience within

the Bahamian community, and then based on this understanding, to develop questions to

add a cultural component to the Child and Youth Resilience Measure (CYRM) which

was used in the second part of the study. The interviews also assisted in determining new

variables (protective factors) that were specifically relevant to the Bahamian urban

experience that should be included in the resilience model. Phase Two of the study

involved administering questionnaires aimed at creating a profile of resilience specifically as it relates to the Bahamian urban context.

Hypotheses

Past research suggests that there is a positive correlational relationship between the presence of protective factors within the individual's life and better outcomes (Masten 2001). Specifically, resilience as measured by the Child and Youth Resilience Measure (CYRM) was proposed to be predicted by the presence of six protective factors: parental relationships, nonparental relationships, involvement in meaningful activities, school engagement, self-efficacy, and spirituality.

From this prediction, six primary hypotheses were derived. It was expected that:

H1: Stronger parent-child relationships would be positively associated with higher resilience scores.

H2: The strength of the parenting relationship would moderate the relationship between risk (neighbourhood violence/drug abuse) and resilience.

H3: Greater involvement in activities would be associated with higher resilience scores.

H4: Greater engagement in school would be associated with higher resilience scores.

H5: Higher spirituality scores would be associated with higher resilience scores.

H6: Higher perceived self-efficacy would be associated with higher resilience scores.

CHAPTER II

METHOD

Phase One – Interviews

Participants and Recruitment

A total of nine adolescents, five females and four males between the ages of 16 and 19, participated in Phase One. Interviews were conducted primarily in dyads, with the exception of one, which was done one-on-one. All participants had resided in the Bain and Grants Town community or surrounding areas, as a teenager, for at least two years; that is, the participants lived in the area when they were between the ages of 12 to 19.

After receiving approval from the University of Windsor Research Ethics Board (REB), flyers (Appendix A), recruiting participants for two focus groups were distributed in the specific communities to individuals, store owners, a church and the local community centre. Other community and church leaders from the area were contacted and agreed to share the information about the proposed groups with the adolescents in their care. Early in the recruitment phase, three potential participants shared their discomfort with participating in the group format and offered to answer questions and share their experiences in an individual interview. These individuals were wary of the limited confidentiality associated with the group format particularly because their communities were small. Additionally, a community leader communicated to this researcher that he had received mixed responses from potential participants regarding the time of the proposed groups and also the group format.

Six participants were scheduled for the first session; however, none of them showed up despite confirmation phone calls up to an hour before the scheduled event. As

a result of the concerns shared by potential participants with the researcher and the fact that none of the confirmed participants showed up for the first session, it was decided to employ interviews as an alternative means to gather information rather than conduct focus groups.

Every eligible person was given a letter of information (Appendix B) and two consent forms: the first granting permission to participate in research (Appendix C) and the other granting permission to be audio recorded (Appendix D). There were two special cases where the participants were not yet 17, however, they wanted to participate. In one case, the parent was the person who referred her son, giving him permission to participate. In the second instance, the parent directly communicated with the researcher, and was given the relevant information; she subsequently gave consent for her child to participate.

Procedure

The sessions were originally proposed to be held at the Bain and Grants Town Urban Renewal Centre, a local community centre; however after the decision was made to conduct interviews instead of focus groups, the researcher made herself available to conduct the sessions at other locations. Community members who met the requirements, that is, they were current or former residents of the Bain and Grants Towns and were between the ages of 17-21 were invited to participate in interviews at their convenience in locations that were best for them. The first session was conducted with two young women who agreed to participate in the interview together at the local community centre, where the focus groups were proposed to be conducted. The participants selected a pseudonym for all interactions and then they were given the letter of information, the

consent forms, and were given further explanation of the project and the incentives offered. Although the participants knew each other, they were instructed to only refer to each other by their pseudonym as the session was to be audio recorded. The interview began with a quick review of confidentiality and participant rights, and then the researcher addressed any remaining questions or concerns. The remaining participants were all recruited via word of mouth and the sessions were conducted in dyads in the same format as the first interview. The exception to this was the third interview where there was only one participant; however, the procedures mirrored all other interviews. The interviews were conducted at various locations including the community centre, the home and work site of the participants; the selection of the location was based on the preference of the participants. The average length of the interviews was 30 minutes.

All of the interviews were guided by a set of open-ended questions. Based on the International Resilience Protocol (IRP) protocol for use of the Child and Youth Resilience Measure (CYRM), seven questions were employed to guide the discussion in the interviews (CYRM-28 Manual, 2008). The questions were:

- ❖ "What do I need to know to grow up well here?"
- ❖ "How do you describe people who grow up well here despite the many problems they face?"
- ❖ "What does it mean to you, to your family, and to your community, when bad things happen?"
- ❖ "What kinds of things are most challenging for you growing up here?"
- ❖ "What do you do when you face difficulties in your life?"
- ❖ "What does being healthy mean to you and others in your family and community?"
- ❖ "What do you do, and others you know do, to keep healthy, mentally, physically, emotionally, spiritually?"

It is important to note that not all questions were used in every interview. The researcher found that some questions (specifically the first three questions) were not understood based on the lack of responses during the first two interviews. As a result, during the third interview the questions were reworded and then totally excluded for the final two sessions as the reworded questions were too similar to the remaining questions and were thus redundant.

After each interview, once the recording was stopped, participants were asked about their comfort level and any residual concerns. None of the participants expressed any discomfort or concerns, and all agreed to the inclusion of their interview data for the study. All participants received a $5 phone card for participation.

All the information from the recordings was transcribed. The cut-and-paste technique was used to analyze the transcriptions (Stewart & Shamdasani, 1990). Essentially, the analyst determined which information was relevant to the goals of the research and a classification system was created; this was primarily based on the guiding questions used in the interviews. The transcripts were reviewed and then grouped based on this classification system. Finally, the main points were summarized and reported (Stewart & Shamdasani, 1990).

Phase Two - Student Questionnaire

Participants and Recruitment

For Phase Two, the sampling frame included all students enrolled in 9th and 11th grade of a governmental junior and senior high school system respectively. Three conditions guided school selection: the first was that schools had enough students enrolled to provide an adequate population from which a sample could be drawn; thus, any school with enrolment less than 800 was eliminated. Second, the junior high schools, which are comprised of 7th to 9th graders, and the senior high school, which comprises 10th to 12th graders, needed to be from the same geographical area. This ensured that the best match of basic SES characteristics for both cohorts was achieved. This required the use of feeder schools. Feeder schools are sets of schools that consist of the same set of students within a specific geographical location. The system is set up so that there is at least one Primary school (1st through 6th grade), one Junior High and one Senior High school for each community. Each level of school (primary, junior and senior) typically caters to all students from the same area; thus, cohorts are typically kept intact from 1st through 12th grade unless they move from the area or parents request a transfer to another school. The third condition that guided school selection was to have a pair of schools with which the researcher had established a rapport with administration, particularly the guidance department, for maximum support and assistance.

The only requirement for eligibility to participate in the study was that all individuals understood and wrote in the English language. A high level of reading proficiency was not a requirement because all questions were read aloud. A total of 105 students completed the questionnaires; 62 were from T. A. Thompson Junior High (9th

graders) and 43 were 11th graders from C. C. Sweeting Senior High school. The sample included 63 females and 36 males ranging in age from 13 to 17 years (Table 1).

Five questions about the students' living conditions were included in the survey to assess SES (Table 1). Only 4% of the students reported being a part of the school lunch program which is a government-funded initiative for Bahamian families living below the poverty line; however, 21% reported getting water from the community pump for day-to-day living, indicating that there was no running water within the home. On average, students reported living in a house with three bedrooms, although the range included houses with one through nine bedrooms. Additionally, students reported living in homes with as few as two people to more than seven other people. Finally, 39% of the students reported that their family had enough money to meet their basic needs without assistance; another 16% reported their family having enough money to purchase luxuries. The remaining 45% of the students would be categorized as lower socio-economic status as they reported not having sufficient money to meet basic needs.

Table 1- Demographic Characteristics

Variable		Percentage	*M* (*SD*)
Gender			
	Male	36.4	
	Female	64.6	
Age			14.46 (1.29)
	13	32.0	
	14	21.4	
	15	21.4	
	16	19.4	
	17	5.8	
Grade			9.82 (.99)
	9	59.0	
	11	41.0	
Do you have a child	Yes	1.9	
	No	97.1	
Socio-Economic Status			
How many people live in the house with you?			4.83 (1.65)
	2	10.7	
	3	12.6	
	4	19.4	
	5	19.4	
	6	15.5	
	7 or more	22.3	
How many bedrooms are in your house			3.19 (1.54)
	1	7.8	
	2	25.5	
	3	37.3	
	4	15.7	
	5	5.9	
	6	2.9	
	7 or more	5.0	
Do you get water from pump			
	Yes	21.8	
	No	78.2	
Are you a part of the school lunch program	Yes	4.1	
	No	95.9	

Table 1 continued- Demographic Characteristics

Variable		Percentage	*M (SD)*
Family has enough money to:			2.79 (.87)
	Not meet basic needs (1)	9.4	
	Meet basic needs with assistance (2)	22.4	
	Meet basic needs without assistance (3)	48.2	
	Purchase luxuries easily (4)	20.0	

Measures

The questionnaire packet administered in Phase Two, was comprised of the following measures:

i.   The Child and Youth Resilience Measure (CYRM; Appendix E). The CYRM was designed as a screening tool for the International Resilience Project (IRP), to explore the resources (individual, relational, communal and cultural) available to youth aged 12 to 23 years old, that may bolster their resilience. The questions were arranged on a 5-point Likert scale, ranging from 1 (*Not at All*) to 5 (*A Lot*). The CYRM has three sections: demographic information, 10 questions that were created from the interviews of Phase One and 28 standard questions. The 28 standard questions can be further divided into four subsections: individual, relational, community and culture.

Reliability data are not yet available for this version of the CYRM; however, the 28 questions were extracted from the original CYRM that contained 58 items. Adequate reliability was obtained on the original 58-item CYRM with Cronbach's alpha scores for the subtests as follows: individual (.84), relational, (.66), community (.79) and culture (.71) (CYRM-28 Manual, 2008). The CYRM was used as the primary outcome measure of resilience for Phase Two.

ii. Student Questionnaire (Appendix F). This questionnaire was primarily constructed by the researcher and was used as the main data collection tool for Phase Two. This measure was designed to collect information regarding family history, perceived parental relationships, relationships with peers and other adults, school environment/involvement, neighbourhood, spirituality, involvement in meaningful activities, and involvement and intention to engage in negative

activities (drug use, alcohol use and delinquent behaviour). Any organization or activity, with the exception of school, that promoted development through teaching skills or honing talents was considered *meaningful* for the purposes of this study. Involvement in meaningful activities was measured by the number of activities and organizations the student was involved in. The questionnaire consisted of a combination of open ended and closed questions (Y/N), as well as statements with responses arranged on a 5-point Likert scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*).

Because the CYRM collected demographic information, this Student Questionnaire only had four supplementary demographic open-ended questions in the first section titled "About Me." In addition, general questions related to the student, that is, type of activities involved in, spiritual/religious beliefs and behaviour and presence and type of relationships were also included in the "About Me" section. Five questions in this section were included to specifically capture the socio-economic status of the students. Students were asked to report on the number of individuals and the number of rooms in their homes. In addition, students were asked to identify whether they accessed running water through community water pumps and if they were a part of the school lunch program. Finally, students identified whether their family had enough money to: i. purchase luxuries, ii. meet basic needs of family without assistance, iii. meet basic needs with assistance and iv. not meet the basic needs of the family. There were a total of 33 questions in the "About Me" section.

- Of the 33 questions in the "About Me" section, eight questions were derived from the New General Self-Efficacy Scale (NGSE; Chen, Gully & Eden, 2001). These questions were adapted to simplify the language for the students. On the NGSE, respondents rated their agreement with various statements reflecting their perceptions of their abilities on a 5-point Likert scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). Higher scores were indicative of greater self-efficacy. The NGSE is a uni-dimensional scale that is theory based and reliable (Cronbach alpha of .88). The NGSE also showed good internal consistency with alpha coefficients of .87 and .85 on subsequent analysis and also had good test-retest reliability, with coefficients greater than .62 (Chen, Gully & Eden, 2001).

There were 38 questions about the student's family in the section "About My Family"; this section was further divided into two subsections. The subsection that collected background and demographic information about the family of the students was comprised of 19 questions that were primarily Yes/No format. The other subsection evaluated the parent-child communication practices and the overall relationship and was taken from the Bahamian Youth Health Risk Behavioural Inventory (BYHRBI; Stanton, Black, Feigelman, Ricardo, Galbraith et al., 1995). Students rated their agreement with various statements (e.g. "My parent is a good listener"; "I am very satisfied with how my parent and I talk together") on a 5-point scale ranging from 1 (*Yes*) to 5 (*No*).

In the "About My School" section, students rated their agreement with various statements reflecting their perception of and engagement in school on a 5-point Likert scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*).

- The Bahamian Youth Health Risk Behavioral Inventory (BYHRBI) is a cultural adaptation of the Youth Health Risk Behavior Inventory (Stanton et al., 1995) and assessed: (a) demographic information, (b) basic knowledge of condom usage, HIV transmission, healthy sex practices, (c) behavioural history, which included sexual history, alcohol and drug history, and (d) perceptions, intentions and expectations regarding risk and protective behaviours (Cole, Stanton, Deveaux, Harris, Lunn, et.al. 2007). It was adapted for and continues to be used in an ongoing longitudinal study in The Bahamas assessing health risk behaviours in preadolescent youth. At this time, there are no reliability data for the subscales that were used in the present study. Three scales from the BYHRBI were included in the student questionnaire. The first was described above and included in the "About My Family" section of the questionnaire.

  Eleven questions from BYHRBI made up the "About my Neighbourhood /Community" section which assessed the frequency of violence, alcohol and drug usage present in the student's environment (e.g. "How often have you seen a person who lives in your neighbourhood drink alcohol?"). The students responded to the questions on a 3-point scale ranging from 1 (*Very Often*) to 3 (*Never*).

The final section included eleven items from the BYHRBI which assessed the student's intentions/expectations of engaging in the following risk behaviours: smoke marijuana, drink alcohol, push drugs, have sex, use condoms during sex, become infected with HIV, get an STD, pull out during sex without using a condom, get pregnant/get a girl pregnant, steal or burglarize a home, shop/business; or carry a gun as a weapon. These items were assessed using a 5-point scale ranging from 1 (*Yes*) to 5 (*No*). An additional eleven statements assessed the students' subsequent feelings, *if* they were to engage in the above mentioned behaviours, along a 5-point Likert scale ranging from 1 (*Very Bad)* to 5 (*Very Good)*.

Procedure

Two schools were selected based on the three conditions outlined above: T.A. Thompson Jr High School and C. C. Sweeting Sr. High School. The researcher initiated contact early in the summer of 2010 and met with a Guidance Counsellor and Principal at both schools to discuss the research study, its goals and how the data would be used. Both schools provided written consent for the researcher to solicit participants from the respective student bodies. After receiving approval from the identified schools, approval was sought and obtained from the University of Windsor's Research Ethics Board.

The researchers arranged with the Guidance Counsellors for the distribution of introductory information to students which included a letter explaining the study (Appendix G) and a consent form (Appendix H). One hundred and fifty letters and consent forms were given to the respective Guidance Counsellors for distribution. The Guidance Counsellor at the senior high school made additional copies of the letters and consent forms as students reported misplacing the forms, for a total of about 200 sets of forms distributed among the 11th graders. The consent forms were returned to either the homeroom teacher or guidance counsellor. The questionnaires were administered in group format in classrooms at each of the schools. Before the questionnaires were administered, students completed the assent form confirming their decision to participate in the study.

To ensure confidentiality, pre-assigned, unique ID numbers were used to organize and store data. This eliminated the use of names and other identifying information. All individuals handling information related to the study were bound by confidentiality. School administrators and teachers did not handle any aspect of the data. Packets were

put together for each participant and included the questionnaires and a pencil. Every student from both grade levels received the same questionnaire packet.

Psychometrists from the Ministry of Education assisted with the administration of the questionnaires in Phase Two. A research team consisting of a minimum of two people per class facilitated the questionnaire administration. The researchers introduced themselves, read aloud the assent form, and had the students complete the form. The students were assured that their information and responses would remain confidential; that is, it was explained to them that no one would be able to identify them by their responses. After all questions were addressed, students were given the opportunity to begin the questionnaires, and were reminded to not put their names on any of the papers. The researchers advised the students that they could complete the questionnaire independently if they wanted to; however, all questions were read aloud. A research assistant was present in the classroom to answer individual questions as students worked through the questionnaires. None of the sessions exceeded 45 minutes. Token incentives (pen and candy) were given to the 9th and 11th graders who participated in study.

Data Analysis

Correlational and hierarchical multiple regression analyses were employed to statistically analyze the quantitative data collected from the surveys. The outcome variables for the regression analysis were measured by the CYRM, in which higher scores are indicative of resilience. Predictors included relationship with primary caregiver, relationship with other adults, engagement in school and self-efficacy, all of which were assessed through responses to items included in the Student Questionnaire. The variable behavioural intentions, as measured in the student questionnaire, was the second outcome measure used for the moderation analysis. The moderation analysis was used to test the second hypothesis, that is, whether the relationship between risk (neighbourhood violence/drug abuse) and resilience was affected by the strength of the parenting relationship.

CHAPTER III

RESULTS

Phase One

In total, nine youth, aged 16 to 19 participated in the interviews. In general, the themes present in the interviews were protective factors that promote youth resilience, including positive relationships with parents (and other adults), spirituality, self-efficacy, self regulation, academic engagement, involvement in positive activities, goal setting and decision making skills. The findings from the interviews were organized and presented as responses to four of the central questions which guided the interviews.

1. What are the challenges to healthy development for youth growing up in Bain and Grants Town, Bahamas?

Participants identified a number of challenges related to growing up in Bain and Grants Town that they had personally experienced or to which they had been exposed. These included school and community violence, drug use, and gang involvement. Participants talked about the constant presence of violence in their neighbourhoods and also in their schools. Additionally, participants shared that they were preyed upon; the female participants were targeted by older men in the community and the male participants by their peers from other schools and/or 'corners'. One participant who chose to be referred to as Beautiful Spirit (17 years old) shared:

> "...I stop walking through the short cut because lately when I been
> walking through the short cut it's like...the people who sit on the
> side, I say good afternoon and when I say good afternoon to them
> they don't answer me or they say bad stuff back to me, so I was like
> I don't need to say it anymore. And after that the men was like if
> you pass through here one more time, trust me I ga do something to

you and rape you. It made me feel frightened so I never pass that

way through the shortcut."

Similar to the sentiments of the participant quoted above, many of the female

participants reported not feeling safe in certain parts of their neighbourhood and although

the males didn't explicitly identify safety as an issue, all of them talked about avoiding

certain streets and areas so as to not be ganged or aggressively approached. Sixteen and

seventeen year old Peter and John (brothers) shared:

"inside our school, every Monday morning, they break out a fight just

like...uh.. if someone talking to their girlfriend, they wanna pick fight

and stuff like that."

"like every time when H. O. Nash students pass C.C. Sweeting, they

always does pick trouble with them. Always. "

These two young men indicated that a number of times they felt their only

recourse to the bullying and peer rivalry was to fight back. This was one of the main

reasons, outside of peer pressure, why these participants reported participating in such

behaviours. Many of their peers, family members and neighbours were involved in these

negative behaviours, and thus the biggest challenge for growing up in such environments

was to remain safe, resist the pressure to participate in similar behaviours and find

positive friends to spend time with. Seventeen year old Ms. J commented:

"...cause there is a lot of distractions, especially in my

neighbourhood. Like every now and again you hear someone getting

shot. You have to steer clear of that."

Participants felt that spending time with more positive friends is a means to avoid

negative influences. Eighteen year old "BB" commented:

"...and the negative that is in the atmosphere, you tend sometimes to
follow or be persuaded by things that are around you."

Most of the participants described a peer culture where truancy, defiance, bullying and general disrespect for authority (and each other) was the norm. Thus, avoiding negative influences and not participating in negative behaviours became an even greater challenge for the participants as their environments offered very few opportunities for alternative ways of living.

2. What do you do when you face difficulties in your life?

The main coping strategies that emerged from the interviews were interpersonal/spiritual support or guidance and disengagement and reflection. The participants who employed the "support" coping strategy identified that they sought help through speaking with someone else, whether a parent, pastor, friend, older adult (non familial) and/or God (prayer). Tavarra (17 years old) shared:

"(Laughs nervously) When something bad happens in my life,
sometimes I cry and just ask God to help me. I mean, like, I go in
and talk to someone who I trust and tell them my problems. But
sometimes I feel that people don't understand my problems the only
person who understands is God."

Participants who fell into this second category, (disengagement and reflection) indicated four behaviours: taking time to think, walking around (to cool down), not speaking directly to anyone (so as to not perpetuate more problems), and figuring out the problem/issue alone before sharing with others. One participant, Ms. J, indicated that she chose to withdraw from others in order to avoid negative influences and shared that she would re-focus her energies on something that was enjoyable:

"...like when I am frustrated, I tend to like don't focus on what is

frustrating me. Put that frustration into something positive. I love to

bake... It actually calms me."

Conversely, there was one participant who indicated that he usually fought back

when placed in situations where he was being picked on. One other participant also

shared that in the past, her response to day-to-day problems was to fight back but that she

now found other more adaptive outlets, like praying, to deal with challenges and credits

this change to a spiritual commitment. Finally, for all participants, having a supportive

person, parent, mentor or older friend who helped them get through their problems was a

strong protective factor.

3. What are the factors that help you (or others) to do well despite the challenges?

Participants shared a number of factors that they felt contributed to their own

resilience and the positive outcomes of others in their lives/community. These factors,

which can be summarized as involvement in meaningful activity, included participating

in band, choir, community centre activities, church related groups and activities, sports,

and clubs at school. Donovan (16 years old) shared:

"The church on our corner starting to develop more in the

community. Keep people out of trouble and stuff like that. They

telling us we could form a basketball team and track team and stuff

like that so we could have stuff to do in our spare time. So, that's

what we trying to do so we wouldn't end up doing the wrong

things."

Social support was the other factor that participants credited as helpful to growing

up well in their environments. Specifically, participants discussed the positive influence

of mentors, older adults and family members, especially siblings and cousins. Seventeen

year old Beautiful Spirit shared:

"Well things that helped me were, if it wasn't for older youths in me,
like Sister N and like brother F, people like them. If it wasn't for them
who is encourage me, talk to me, pull me on the side and talk to me."

High self esteem, goal setting and prioritizing, spiritual beliefs, positive thinking
and studying (self regulation) were the individual level factors also credited for
successful outcomes. Ashley, a 16 year old participant, shared that success to her was
doing well in school, graduating with a high GPA and getting accepted into college. She
further credited her current success, her high GPA, to self-regulation:

"I study hard, I give up a lot of things. Like going out with
friends...playing often. I give them all up and going home after school and
take a break and eat and go back to my work."

Additionally, one young man, Donovan (16 years old) noted that he had chosen to
learn from others' experiences and advice, as he knew quite a few persons who had been
incarcerated or injured in a fight and who had the opportunity to advise him on what not
to do. This participant shared his own experiences in juvenile court and his subsequent
resolve for the incident to not become a lifestyle. He further noted that some older men
from the community would share their stories and life lessons with him, lessons this
participant reported finding helpful to his own resilience.

"I mean like the older set of people who done been these places
[jail] and expect better out of you, they will come and acknowledge
you about the ways they had and they'll teach you about the places
they been. They'll tell you how it is and make you don't wanna go
there so you can do better."

One strategy that was common to a number of the participants was staying
indoors. Participants shared that they chose to stay inside their homes unless they were
participating in a specific activity or en route to another place. This helped them to avoid

the violence and problems that were present in their community. In general, participants were able to identify both internal and environmental resources that were assistive in overcoming day-to-day challenges.

4. What does resilience or success mean to you?

There were a variety of responses for this question. Some participants shared more traditional ideas of success; for example, achieving personal goals, graduating from high school, getting into college, getting a job and having a family. In contrast, one female participant felt success had to do with being personally fulfilled, that is, finding one's purpose in life and working toward it. Another participant felt that success didn't always mean moving out of the bad neighbourhood but being able to separate oneself from the negative aspects of the environment. Finally, two participants shared that success was exceeding the expectations of others and not falling victim to the status quo. Seventeen year old Milo shared,

> "Prove everybody wrong that not where you come from, you gonna
> be bad, get lock up or kill…and to get my mindset on and finish
> school and show everybody I ain't that type of person. Everybody
> can be different if you just choose to do what's right."

In general, the participants all seemed very hopeful; each of them was very aware of their challenges; however, all of them had chosen to look for ways to overcome their challenges, for themselves and for the generation behind them. Eighteen year old "BB" expressed a belief in the value of humans and the need for kids to have support or some kind of reinforcement of their worth:

> "To me, everyone is born with a purpose and everyone have talent.
> Because there are many kids in the Bain and Grants Town and people
> look at them as if they are nobody, they just ya know, they are low

lifes. They don't care, and they just leave them there. They don't try

to help them, they don't try to push them."

Additionally, she felt that providing opportunities for the younger children was a means to reverse the negative outcomes and help the kids avoid falling into the patterns of their community, which was typical for youth in her area:

> "well I feel like they should put more, more umm centres in Bain and
> Grants Town. When I say centres I mean, more activities to have, to
> get the children involved. For example, if you have a child and the
> child comes from school and the child has nothing to do, obviously
> the child is going to look for something to do. Mind you it may be
> positive and then it may be negative."

In summary, the responses from the interviews drew a vivid picture of the experiences of Bahamian youth growing up in the inner city on New Providence Island. The stories shared support the idea that resilience is not static, as all of the participants indicated periods of their lives or situations they had been in where their behaviours were not positive and occasions when they were involved in fights, alcohol usage and delinquency. The stories also support that an individual can be resilient in one area of their life and struggle in others. However, despite the many ongoing challenges faced by these youth, many have found means to overcome them (or avoid engaging in maladaptive behaviours) by drawing from inner strengths and external resources to help them manoeuvre through the challenges of life. Although there were other factors that participants identified as being important for resilience, social support, spirituality and involvement in meaningful activities were common features of the experiences shared by most participants. The findings from the interviews confirm the relevance of including the aforementioned factors in the resilience model for Phase Two of this study.

Phase Two

Preliminary Analyses

Before any analyses were run, the database was first examined to ensure that the

information was accurate and complete. One hundred and five questionnaires were

collected from both the schools; however, two of the questionnaires were ineligible, that

is, less than 25% of the questionnaire was completed, therefore these records were

excluded from the analyses. This left a total of 60 junior high students (9th graders) and

43 senior high students (11th graders) to make up the final sample for Phase Two.

Univariate normality was assessed for all composite variables and all variables

were normally distributed. Additionally, an examination of standardized residuals

revealed two outliers for two different cases on the self efficacy variable. It was decided

to leave the cases in, as further examination of the standardized residuals for the other

variables were within normal range; there was not any strong indication that these two

cases would significantly alter the values of R^2. There were no violations of

multicollinearity as evidenced by examination of both VIF and tolerance scores. The

data also showed that there was independence of errors. An assessment of sample size

showed that the sample for the present study was adequate, that is, there were at least 15

observations per predictor for both regression models conducted. Data were found to be

missing completely at random. Descriptive statistics for all composite variables can be

found in Table 2.

It is important to note that the five questions which comprised the scale for

spirituality had a very low internal reliability and this scale was deemed to not be reliable

enough to be included as a variable in the subsequent analyses. Additionally, no other

combination of the questions provided a strong alpha to replace the original scale. Thus, spirituality was not assessed in Phase Two as proposed.

T-tests were conducted for each of the nine scales with grade and gender as the independent variables. The only difference between 9th and 11th graders was on the behavioural intentions scale, $t(100) = 3.29$, $p < .01$, where 9th graders reported planning to participate in more negative behaviours ($M = 48.87$) than the 11th graders ($M = 45.31$). No significant differences between the 9th and 11th graders were found for any of the other scales. Males, on average, scored higher ($M = 20.75$) on the parental relationship scale than females ($M = 19.09$),

$t(97) = 2.40$, $p < .05$. Additionally, males reported stronger parent-child relationships, ($M = 67.21$) than females ($M = 52.08$), $t(97) = 5.20$, $p < .01$. Males also had higher self-efficacy scores, ($M = 35.58$) than their female counterparts ($M = 33.88$), $t(97) = 2.11$, $p < .05$. Finally, females reported more intentions to participate in negative behaviours ($M = 49.29$) than males

($M = 44.43$), $t(52.88) = -4.10$, $p < .01$ where equal variances was not assumed. There were no gender differences for involvement in meaningful activity, school engagement, risk and resilience as measured by the CYRM.

Table 2- Means, Standard Deviations, and Reliabilities for Scales and Subscales

Scale	Possible Range	Actual Range	n	M	SD	α
Relationship with parents	5-25	10-25	103	19.60	3.45	.74
Relationship with nonparental adult	3-15	3-15	103	10.94	3.38	.81
Strength of relationship	18-90	22-90	102	57.53	15.66	.86
School Engagement						
Positive Experiences with school	7-35	11-35	103	25.11	4.79	.67
Positive involvement with school	7-35	10-35	103	26.14	5.15	.72
Self-Efficacy	8-40	19-40	103	34.44	3.91	.80
Behavioural Intentions	10-50	10-33	102	14.73	4.80	.60
Risk	11-33	13-33	103	20.60	5.38	.84
CYRM	37-185	95-185	99	152.65	21.65	.92

Note. CYRM = Child and Youth Resilience Measure

Principal Analyses

Correlational analysis confirmed four of the six hypotheses (Table 3), such that

stronger parent-child relationships were positively associated with higher resilience

scores, $r(97) = .55, p < .001$ as predicted in hypothesis one. Additionally, hypothesis three

addressed the relationship between involvement in activities and resilience and was

supported such that students who reported greater involvement in meaningful activities

scored higher on the CYRM, $r(86) = .38, p < .001$. As it relates to school engagement

and resilience (hypothesis four), the more engaged the student was in school, the higher

the resilience scores, $r(97) = .41, p < .001$. Finally, higher perceived self-efficacy as

reported by the students was positively associated with higher resilience scores, $r(97)$

$= .45, p < .001$ as was predicted in hypothesis six. Additional significant relationships

existed such that the more positive the students rated their experience with school, the

higher their resilience scores, $r(97) = .27, p < .001$. The results also indicated that the

more exposed students were to family and neighbourhood drug use and violence (risk),

the more they endorsed intentions to participate in negative behaviours, $r(100) = .35, p <$

$.001$. Due to low internal consistency, the spirituality scale was not used, thus hypothesis

five was not tested.

A hierarchical multiple regression was conducted to assess the prediction that

parental and adult relationships, positive involvement in school (school engagement),

involvement in meaningful activity and perceived self-efficacy would predict resilience.

The predictors were entered in the analysis as two blocks. The two variables that were

focused on the students' relationships were included in block one. The parental

relationship variable was a composite of all questions that addressed the presence and

strength of the students' perceived relationship with their parent(s). The second variable in block one was relationship with other adults. All other variables, positive involvement with school, involvement in meaningful activities and perceived self-efficacy, were included in the second block. The final regression model is presented in Table 4.

Table 3 – Correlations

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1. Relationship with Parent	1											
2. Strength Parental R/ship	.69**	1										
3. Relationship (nonparental)	.05	.04	1									
4. Positive Involvement (school)	.37**	.26**	.03	1								
5. Positive Experience (school)	.30**	.24*	.04	.41**	1							
6. Meaningful Activity	-.02	.12	.23*	.37**	.16	1						
7. Self-Efficacy	.30**	.23*	.18	.26**	.17	.04	1					
8. CYRM	.49**	.55**	.27**	.41**	.27**	.38**	.45**	1				
9. Risk	-.23*	-.23*	.22*	-.11	-.02	.26*	-.02	-.06	1			
10. Behavioural Intentions	-.11	.10	.07	-.13	.07	.00	-.04	-.07	.35**	1		
11. Gender	-.24*	.47**	-.00	-.01	-.14	.09	-.21*	-.11	.05	.42**	1	
12. Grade	.08	.13	-.04	.02	.17	.06	.01	-.00	.04	-.31**	-.20*	1

**p < 0.01
*p < 0.05

The first block of variables, which consisted of parental and nonparental relationships, was significant and accounted for approximately 39% of the variance in resilience, $R^2 = .39$, $F(2, 85) = 26.85$, $p < .001$. Examination of the squared semi-partial correlation coefficients indicates that both parental relationships ($sr^2 = .31$) and nonparental adult relationships ($sr^2 = .10$) made significant unique contributions to the prediction of resilience, accounting for 31% and 10% of the variance, respectively. The second block was also significant and accounted for 55% of the variance in resilience, $R^2 = .55$, $F(5, 82) = 19.92$, $p < .001$. In this final model, all variables, except involvement in school, were significant. More specifically, parental relationships, nonparental relationships, self-efficacy and involvement in meaningful activity accounted for 17%, 4%, 6% and 4% of the unique variance in resilience respectively.

Finally, the relationship between risk, parent-child relationships and poor behaviour outcomes was assessed. A regression analysis was run to test whether the relationship between risk and students' intentions to participate in negative behaviours differed based on the strength of the parental relationship as predicted by hypothesis two. The overall model was significant, $R^2 = .19$, $F(3, 97) = 7.40$, $p < .001$. Both risk and strength of the parental relationship were significant predictors, uniquely accounting for 14% and 6% of the variance of the students' behavioural intentions respectively (Table 5). The interaction variable accounted for 3% of the variance; however it was not significant ($t = 1.79$, $p = .08$). Thus hypothesis two, which proposed that the strength of the parenting relationship would moderate the relationship between risk (neighbourhood violence/drug abuse) and resilience, was not supported.

Table 4. Hierarchical multiple regression analyses predicting resilience (N=85)

Predictors	β	t	sr^2	R^2
Step 1				.39
Parental Relationship	.56	7.51**	.31	
Relationship (nonparental)	.31	3.59**	.10	
Step 2				.55
Parental Relationship	.43	5.53**	.17	
Relationship (nonparental)	.21	2.59*	.04	
Self-Efficacy	.26	3.29*	.06	
Meaningful Activity	.23	2.71*	.04	
Positive Involvement (school)	.13	1.56	.01	

**p< 0.01
*p < 0.05

Table 5. Multiple regression analyses to test interaction between risk and parental relationships in predicting students' intentions to engage in negative behaviours (N=101)

Predictors	β	t	sr^2	R^2
				.19
Risk	.40	4.19[**]	.14	
Strength of parental relationship	.25	2.61[*]	.06	
Interaction variable	.17	1.79	.03	

**p< 0.01
* p < 0.05

CHAPTER IV

DISCUSSION

The present study sought to understand resilience in a sample of at-risk Bahamian youth by identifying their challenges (risk) and also the environmental and individual factors that contributed to their success (resilience). The results from both the interviews and the responses to the questionnaires were complementary and were generally supportive of the adolescent resilience literature from North American samples.

This study took an ecological perspective, acknowledging the impact of the adolescents' environment on their development. Throughout the study, the students' microsystems, e.g., family and school, and their mesosytems, which were the connections between the microsystems, were considered in relation to understanding risk and resilience among this population. The overarching focus of the study was on the strengths and positive characteristics that the adolescents possessed in spite of the identified community level challenges such as limited access to resources, community violence and peer pressure.

Risk

In Phase One, participants shared stories about their struggles and how they rose above the challenges. Participants were able to reflect on their past experiences and identify where their attitudes and behaviours were not resilient, but most of them reported learning from these experiences for better decision making in the future. A number of challenges were identified for youth growing up in these urban areas, the greatest of which was the ability to abstain from participating in unhealthy and violent behaviours. Additionally, participants reported not feeling safe in their neighbourhood; thus, one of their challenges was to live in such neighbourhoods without becoming victims of

violence. In Phase Two, as expected, risk was found to significantly predict the participants' involvement in negative behaviours, suggesting that adolescents who were exposed to violence, alcohol and drug use in their families and communities were more likely to participate in similar behaviours. On the other hand, the results did not support the hypothesis that the effect of risk on resilience would be moderated by the strength of the parental relationship.

Resilience

Two general categories of coping skills emerged from the interviews of Phase One, the first of which was a reliance on the individuals' social support network for help in overcoming problems. The second coping mechanism was summarized as disengagement and reflection, where participants consciously chose not to engage themselves with others when faced with challenging situations but to reflect and regroup. Resilience or success was aptly defined by two participants as doing better than expected, rising above the challenges and achieving personal goals. Success, for other participants was defined by developmental markers: completing high school, attending college, and getting a job. Seven out of the nine participants were able to articulate specific goals for their future and had some idea of what was needed to achieve them.

Social Support

In Phase Two, three variables addressed social support: relationship with parents, relationship with nonparental adult and strength of the parental relationship. All three variables were significantly correlated with resilience, as measured by the CYRM, although the strongest relationship with resilience was the parental relationship. Furthermore, healthy parent-child relationships, a composite of the two parental

variables, was the strongest predictor of resilience in this Bahamian sample and confirms

the importance of parents fostering open and healthy relationships with their teenagers in

the promotion of healthy outcomes. This is even more relevant for those families that are

in environments where violence and drug abuse are present. These findings are congruent

with the general literature that has shown parent child relationships to be a protective

factor among at-risk youth (Bowen & Chapman, 1996; Malecki & Demaray, 2006). In

the absence of parents or healthy parental relationships, the literature has also supported

the importance of a caring adult in the adolescents' life (Masten & Coatsworth, 1998;

Tusaie et al., 2007). The results of this study also support the idea that having a

relationship with a nonparental adult is not only positively related to positive outcomes

but also significantly predicts resilience among this sample of Bahamian youth.

Conversely, the results of the second regression model found that stronger

parental relationships significantly predicted intentions to engage in negative behaviours.

This was a surprising finding as it was the opposite of what was predicted based on

previous literature. Historically, stronger parent-child relationships are associated with

less involvement in negative behaviours (Patterson, Forgatch, Yoerger, & Stoolmiller,

1998). It is also incongruent with the results from the first analysis which showed that

stronger parental relationships were predictive of greater resilience. However, it is

important to note that there was a major difference in how resilience was operationalized

for the two outcome measures. The CYRM was positively structured and the questions

were more reflective of resilient attitudes and qualities (e.g. I learn from my mistakes)

with less focus on actual behaviours. On the other hand, the questions that comprised the

behaviour intentions scale were negative in nature (e.g. I plan to drink alcohol) and

future-oriented such that the questions were not actually tapping into the behaviours in which the students were currently engaged. Furthermore, the absence of such behaviours was indicative of resilience. With the current results, it is difficult to ascertain the reason for the discrepancy between the relationship between parent-child relationships and the two outcome measures. One way to have strengthened the study would have been to include a subscale on the student questionnaire that addressed involvement in current behaviours in a similar format to the behavioural intentions scale. In spite of the contradictory findings from the resilience models in Phase Two, the individual stories shared in Phase One also highlighted the value of healthy parental and nonparental relationships in the lives of at-risk youth. The participants looked to their parents for advice, protection and general support; in addition, nonparental adults served similar purposes, as role models, mentors and friends who also provided advice, encouragement and a listening ear.

Meaningful Activity

Participating in meaningful activity serves a number of purposes in adolescent development, all of which are positive, and promote healthy adjustment (Eccles et al., 2003; Zeldin, 2004). Specifically, for at-risk youth, adolescent involvement in activities has been identified as a protective factor (Benson et al., 2006). The results of the present study also support the positive role of participation in activities for urban Bahamian youth, in that those students who indicated that they participated in activities outside of required school programs scored higher on the CYRM. In addition, participation in meaningful activity also significantly predicted resilience. Furthermore, Phase One participants credited their involvement in meaningful activities, including basketball,

track and field, band, choir and church groups as a factor which kept them busy and subsequently out of "trouble". As it relates to resilience, it seems that having opportunities to participate in positive activities, whether school, church or community-based, helped youth avoid falling into negative patterns of behaviour. In general, involvement in activities engages, distracts and more importantly gives the adolescents something to look forward to, where they can have fun and also gain life skills for optimal development.

Unfortunately, there are a number of factors which may impede youth from participating in extracurricular activities even if such opportunities are free. As understood from the interviews, safety is a major issue amongst youth raised in these areas, and although the organizations may provide a safe atmosphere, if there is no structured transportation system or if the parent/guardian is unable to transport the students, there may be additional challenges for the youth getting to these organizations to participate in the activities.

Additionally, the family culture will influence the youth's engagement or non-engagement in meaningful activity. Some families may put a greater value in participating in non-required activities, thus the youth from these families may be more likely to engage in extracurricular activities while others may not. Also attributed to family culture are the responsibilities of the youth in the home. It is not rare to find a parent/guardian holding multiple jobs in order to provide for their family. While the parent/guardian is working, some youth are required to stay at home to babysit younger siblings and family members and assist with household chores. If youth are in these

situations, then there is very little time for them to participate in any activities outside of those that are required, such as school.

School Engagement

Daly et al. (2009) defined school engagement in terms of the commitment that a student has toward school. It is a newer variable to be considered within the resilience framework; however, the results from the early studies in this area suggest that school engagement is positively associated with resilience (Daly et al., 2009). Two subscales were used in the present study to understand the students' school life: one measured positive involvement in school and the other assessed students' positive experiences with school. Both variables were significantly related to resilience, such that students who reported more positive school experiences and greater involvement in school scored higher on the CYRM. However, positive involvement in school was not found to be a significant predictor of resilience in the regression model. Essentially, the results of this study suggested that resilient students were more likely to be involved in school; however when school engagement is combined with other variables, it is not as strong a predictor of resilience. This is an interesting finding, and one that can benefit from further research as this specific area is still very new. Additionally, given the unique population, Bahamian students, it is speculated that there may be some cultural dynamics or even school-level explanations that may also account for the nonsignificant results.

Spirituality

Due to the low internal consistency of the spirituality scale used in this study, the role of spirituality was unable to be formally assessed in Phase Two. More than 90% of the sample acknowledged believing in a Higher Power; however, there was great

variation with the role or importance in their lives. This difficulty in measuring spirituality is not new and the lack of a definition has been credited as one of the reasons spirituality is not more heavily researched within psychology (Ho & Ho, 2007). Despite this limitation, the interviews from Phase One did offer some insight into the role of spirituality in the lives of urban Bahamian youth. An interesting finding from the interviews was that all of the female participants acknowledged a Higher Power as a positive aspect in their lives, and most of them explicitly identified prayer as a means to deal with challenges. On the other hand, none of the four male participants brought up spirituality in their discussions, and two of them, when asked specifically about spirituality, denied that it had any value in their lives. This suggests that spirituality may function as a protective factor in the lives of these urban young female Bahamians, but might be less relevant among the young men. It is important to note, that the sample size was small so it is difficult to make broad inferences to the entire population of young female Bahamians.

Self-Efficacy

Self-efficacy is an important characteristic to develop in adolescence as it has to do with an individual's ability to exercise control over his or her own behaviours (Bandura, 1990). This is particularly relevant for at-risk youth who are surrounded by negativity. The results of the present study found that students with greater perceived self-efficacy were more resilient, as measured by higher scores on the CYRM. Self-efficacy was also a significant predictor of resilience in this sample of at-risk youth. These findings were supported in the literature, which has shown that students with greater perceived self-efficacy were more likely to have better outcomes, and specifically

that these adolescents did better academically (Usher & Pajares, 2006) and were more likely to abstain from early cigarette and drug usage (Fagan et al., 2003).

In general, the results of the present study confirmed that environmental risk factors, including exposure to violence, drugs and alcohol abuse from family and/or community members, influenced the likelihood for adolescents to participate in similar negative behaviours. However, the results also showed evidence for individual, family and community level factors which help to promote positive outcomes in spite of the challenges.

Strengths and Weaknesses

One strength of this study is that it is one of the first of its kind to be conducted in The Bahamas, that is, specifically looking at resilience among a sample of at-risk youth. The results of the study add to the literature in understanding the constructs of risk and resilience in non-North American samples. Additionally, the study employed a mixed methods design where the findings from the interviews, which were conducted prior to the administration of the surveys, were used to support the inclusion of the specific predictors assessed in Phase Two, making the questionnaire more culturally relevant.

This study also adds to the literature because of the inclusion of school engagement as a predictor of resilience, which is a fairly novel concept within resilience research. Although involvement in school was not a significant predictor of resilience in the regression model, there was a significant positive relationship between this variable and resilience. This suggests that school engagement is associated with resilience, but was overshadowed by a more powerful predictor, parental relationship, in the present study. Additionally, there was a small but significant relationship between positive

experiences in school and resilience, such that students who reported greater positive experiences in the school environment were more resilient. Overall, these findings increase our understanding of resilience, at-risk Bahamian youth and their experiences with school.

This study, however, is not without limitations, the first of which is small sample size. A small sample decreases the power to statistically detect the effect of the predictors on the outcome measure. In addition, because of the small sample, other analyses comparing the differences between the subgroups (school and gender) could not be conducted. Consequently, the results of the principal analyses are reflective of the overall sample, not accounting for differences that could be present due to age, gender and the school environment in predicting resilience.

The second limitation of the present study was the low generalizability of the results due to a number of factors. Given the recruitment strategy used in Phase Two, the findings may not be applicable to the entire student body and the wider population. Students self-selected to participate in the study by choosing to take the consent form home and returning the signed copy to school in a timely manner. By virtue of returning the forms, representing less than 30% of the population sampled, these students were possibly more conscientious than the others who for various reasons failed to return the consent forms. Moreover, the parents of the potential participants needed to sign the consent form to grant their child permission to participate. There were also a number of reasons as to why parents were unable to sign the form, one of which is parental availability; thus, the students who participated may have had greater parental support than their classmates.

Only two school populations were sampled, one from the Junior High School system and the other from the Senior High School system. On New Providence, there are actually three Junior High and two Senior High schools that students from the target area can attend. In The Bahamas, there is a general curriculum to which all schools subscribe; however, each school functions differently based on the administration and the focus of the schools. For example, some schools have stronger academic programs, while others have stronger sports or music programs. The schools tend to attract students who are a better fit with the general atmosphere of the school. Thus, generalizations to all urban Bahamian students cannot be confidently made even though the students in other schools may live in the same geographical region and are of similar SES.

A third overall limitation of this study was the way resilience was measured. The CYRM assessed attitudes, characteristics and behaviours that are commonly associated with resilience, such that higher scores were evidence of greater resilience. Additionally, resilience was also measured through endorsement of behavioural intentions for negative behaviours, where lower scores indicated resilience. However, both measures were self-reported. Collecting information from other sources, including family or teachers would have provided a richer, more accurate picture of resilience in the sample. Moreover, the behavioural intentions scale was future-oriented; that is, asking whether the student thought he or she would engage in the behaviours in the next six months. A stronger measure of behaviour would have been a scale that addressed the students' current involvement in the specific behaviour, taking into account the degree to which behaviours were socially acceptable.

In this study, we saw a vivid snapshot of the experiences of youth growing up in the Bain and Grants Town areas. The findings of this study are supported by the North American literature and have implications for the promotion of healthy youth development in The Bahamas. Stakeholders, community leaders, school and government officials can create or continue to provide opportunities for youth to participate in meaningful activities and to develop general life skills, so as to become more efficacious and in control of their outcomes. It is acknowledged that the safety concerns expressed by the participants could be a barrier to some youth accessing opportunities that are already available to them. A practical means to address this concern is for organized and private transportation systems to bus youth to and from their schools and/or homes to the sites where these extracurricular activities are conducted. In addition, increased security, whether through the presence of the Royal Bahamas Police Force, cameras or other means in and around public areas such as parks and sporting areas may help to decrease some of the issues which discourage youth from going to these places.

The roles of parents and nonparental adults were strongly confirmed in the promotion of healthy outcomes in at-risk youth. The present study also provides insight for helping youth whose parents may be unavailable. Specifically, mentors and other positive adult relationships can be fostered through community centres, religious organizations, schools and families, to provide youth with access to support from others outside of their immediate peer group. Youth leaders could also help fill the void of an absent or uninvolved parent for youth where college-aged individuals have the opportunity to positively influence these at-risk youth while engaging in homework assistance and organized after-school activities.

In conclusion, the results of the present study affirm the strength of Bahamian youth to adapt and succeed even in the face of adversity. This thought should be communicated to youth regularly in every aspect (home, school and community) to build their confidence and provide a source of encouragement and a reason to continue pushing through the more challenging areas of life.

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APPENDIX A
Focus Group Flyer (Advertisement)

APPENDIX B
Letter of Information – Phase One

University
of Windsor

August 2010

You are invited to participate in a focus group session titled ***Growing up in Bain and Grants Town*** where you will be discussing your experiences as a teenager in these communities.

You will choose a pseudonym (fake name) which you will be referred to throughout the session. We do not require any identifying information from you if you choose to participate. Participation in this session is voluntary and the session will run for about 90 minutes. There are no known or anticipated risks to your participation in this session. You have the right to not answer any questions you do not want to answer and may also decline contributing to the session in other ways. You may also choose to withdraw from the group at any time without any consequences.

All information you provide will be considered confidential, which means it will not be shared with anyone outside of the research team. The information collected from this session will be transcribed from the audio-tape to a written version which will be kept in a secure, limited access filing cabinet at the University of Windsor. Given the group format of this session, we acknowledge that confidentiality is limited and can only assure that **we** will keep the information discussed private. We also recognize that what others say or do with the information discussed is beyond our control; thus, it is each group member's responsibility to also not share the contents of the discussion. Accordingly, we will ask you to keep in confidence information that is discussed that could potentially identify a participant and/or his/her comments.

If you have any questions about participation in this session, please feel free to discuss these with the group leader, Giavana Jones at 519-253-3000 ext. 2233. This study has been reviewed and received ethics clearance through the Office of Research Ethics Board at the University of Windsor. The final decision about participation is yours.

Thank you for your assistance with this project. In appreciation of your time given to this session we will provide you with a $5 BTC phone card.

Yours sincerely,

Giavana Jones, M.S.

APPENDIX C
Consent Form – Phase One

CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: ***The Context of Resilience among Bahamian Youth*** (Focus Groups)

You are asked to participate in a research study conducted by Giavana Jones, M.S., a graduate student from the Department of Psychology the University of Windsor. Information gathered from this study will be used as part of her Master's thesis. This research will be supervised by Dr. Kathryn Lafreniere, a professor from the Department of Psychology.

If you have any questions or concerns about this research, or would like any extra information, please feel free to contact me through e-mail at jones123@uwindsor.ca. You may also contact my research supervisor, Dr. Kathryn Lafreniere, through e-mail (lafren1@uwindsor.ca) or by telephone (519-253-3000 ext. 2233).

PURPOSE OF THE STUDY

The study will seek to identify the factors that best predict resilience amongst Bahamian youth. Resilience is the word used to describe someone who is doing well even though they have faced some problems in life.

PROCEDURES

If you volunteer to participate in this study, we would ask you to take part in a focus group session which will last no more than 90 minutes. You will be invited to share about your experiences growing up in your neighbourhood, specifically the challenges you (or others you know) faced and how you were able to overcome those challenges. Because the session will be audio-taped, you will select a pseudonym (i.e., fake name) to be referred to instead of using your actual name.

POTENTIAL RISKS AND DISCOMFORTS

This study does not have any major risks; however, the discussions will be fairly personal as you share your experiences, insights and opinions. If a particular part of the discussion brings up negative feelings, (e.g. sadness or embarrassment) you can choose to not share and remain in the group or you can also choose to leave the group. We will have a short discussion after the session to discuss possible discomforts.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

It is hoped that the results of the study will help us understand more about the adolescents growing up in the Bahamas, specifically the urban areas like Bain and Grants Town and the people, activities and processes that help them to succeed.

PAYMENT FOR PARTICIPATION

Everyone who participates, even if you choose to leave the group early, will receive a $5 phone card as a gift for helping in the research.

CONFIDENTIALITY

The following steps will be taken in an effort to keep the information you share here, in the focus groups, confidential:

1.   You will never be asked to disclose your real name or any identifying information about yourself during the sessions; subsequently you will only be referred to by the "fake" name (pseudonym) you choose.
2.   The audiotapes will be destroyed once the information has been transcribed.The transcripts created from the audiotapes will be stored in a secure, limited access filing cabinet.
3.   Only researchers directly involved with the study will have access to your information
4.   In accordance with the American Psychological Association, the transcripts of the group session will be kept for 5 years.

The focus group is a group event. This means that while confidentiality of all the information given by the participants will be protected by the researchers themselves, this information will be heard by all the participants and therefore will not be strictly confidential.

PARTICIPATION AND WITHDRAWAL

You can choose whether you want to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE SUBJECTS

When this research study is finished, we will write a summary of the study results that you can access through the following website: www.uwindsor.ca/reb . (You will need to click on "Study Results: Participants/Visitors"). It is anticipated that results will be posted by May 2011.

SUBSEQUENT USE OF DATA

The data from this study may be used in subsequent studies.

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. If you have questions regarding your rights as a research participant, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

SIGNATURE OF RESEARCH SUBJECTS

I understand the information provided for the study **The Context of Resilience among Bahamian Youth** as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

_____
   Name of Subject

_____   _____
   Signature of Subject   Date

SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

_____   _____
   Signature of Investigator   Date

APPENDIX D
Consent for Audio Taping

University
of Windsor

CONSENT FOR AUDIO TAPING

The Context of Resilience among Bahamian Youth:

I consent to the audio-taping of the focus group session entitled: *Growing up in Bain and Grants Town.*

I understand these are voluntary procedures and that I can quit at any time by requesting that the taping be stopped. I also understand that my name will not be revealed to anyone and that taping will be kept confidential. Transcripts are stored in a locked cabinet.

I understand that confidentiality will be respected and that the audio tape will be for professional use only.

_____   _____
(Participant)   (Date)

APPENDIX E
Child and Youth Resilience Measure (CYRM)

DIRECTIONS

Listed below are a number of questions about you, your family, your community, and your relationships with people. These questions are designed to better understand how you cope with daily life and what role the people around you play in how you deal with daily challenges.

Please complete the questions in Section One.

SECTION ONE
How old are you?

_____

Who do you live with?

_____

How long have you lived with these people?

_____

How many times have you moved homes in the past 5 years?

_____

Please describe who you consider to be your family (For example, 1 or 2 biological parents, siblings, friends on the street, a foster family, an adopted family, etc.)

_____
_____
_____
_____

People are often described as belonging to a particular ethnic or cultural group(s). *(For example, Chinese, Jamaican, German, Italian, Irish, English, Ukrainian, Inuit, East Indian, Jewish, Scottish, Portuguese, French, Polish, Vietnamese, Lebanese, etc.)* To which ethnic or cultural group(s) do you see yourself belonging? Please list as many groups as you want.

_____
_____
_____
_____
_____

For each question in Sections Two and Three, please circle the number to the right that describes you best. There are no right or wrong answers.

SECTION TWO
To what extent do the statements below DESCRIBE YOU? Circle one answer for each statement

	Not at All	A little	Somewhat	Quite a bit	A Lot
1. I learn from my mistakes (that means, I don't make the same mistakes over and over)	1	2	3	4	5
2. There are people who I can call to help me if something bad happens to me	1	2	3	4	5
3. I don't always get it right, but I get back up and try again.	1	2	3	4	5
4. I have a role model (or someone who inspires me to do better)	1	2	3	4	5
5. My surroundings don't define me.	1	2	3	4	5
6. My future looks bright.	1	2	3	4	5
7. If I have a problem, I know that I have options to solve it.	1	2	3	4	5
8. I know I can be whatever I want to be.	1	2	3	4	5
9. My parent or guardian speaks positive things to me (or speaks positive things about me).	1	2	3	4	5
10.I think before I act.	1	2	3	4	5
11. I have responsibilities at home	1	2	3	4	5
12. Even when I get mad at my parents, I can forgive them.	1	2	3	4	5

SECTION THREE
To what extent do the statements below DESCRIBE YOU? Circle one answer for each statement.

	Not at All	A little	Somewhat	Quite a bit	A Lot
1. I have people I look up to.	1	2	3	4	5
2. I cooperate with people around me.	1	2	3	4	5
3. Getting an education is important to me.	1	2	3	4	5
4. I know how to behave in different social situations.	1	2	3	4	5
5. My parent(s)/caregiver(s) watch me closely.	1	2	3	4	5
6. My parent(s)/caregiver(s) know a lot about me.	1	2	3	4	5
7. If I am hungry, there is enough to eat	1	2	3	4	5
8. I try to finish what I start.	1	2	3	4	5
9. Spiritual beliefs are a source of strength for me.	1	2	3	4	5
10. I am proud of my ethnic background.	1	2	3	4	5
11. People think that I am fun to be with.	1	2	3	4	5
12. I talk to my family/caregiver(s) about how I feel.	1	2	3	4	5
13. I am able to solve problems without harming myself or others (for example by using drugs and/or being violent).	1	2	3	4	5
14. I feel supported by my friends.	1	2	3	4	5
15. I know where to go in my community to get help.	1	2	3	4	5
16. I feel I belong at my school	1	2	3	4	5
17. My family stands by me during difficult times.	1	2	3	4	5
18. My friends stand by me during difficult times.	1	2	3	4	5
19. I am treated fairly in my community.	1	2	3	4	5

20. I have opportunities to show others that I am becoming an adult and can act responsibly.	1	2	3	4	5
21. I am aware of my own strengths.	1	2	3	4	5
22. I participate in organized religious activities.	1	2	3	4	5
23. I think it is important to serve my community.	1	2	3	4	5
24. I feel safe when I am with my family/caregiver(s).	1	2	3	4	5
25. I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others).	1	2	3	4	5
26. I enjoy my family's/caregiver's cultural and family traditions.	1	2	3	4	5
27. I enjoy my community's traditions	1	2	3	4	5
28. I am proud to be Bahamian	1	2	3	4	5

APPENDIX F

University
of Windsor

STUDENT QUESTIONNAIRE ASSENT FORM

The Context of Resilience among Bahamian Youth

You are asked to participate in a research study conducted by Giavana Jones, M.S., a graduate student in the Department of Psychology the University of Windsor, located in Windsor, Ontario, Canada. Information gathered from this study will be used as part of her Master's thesis. This research will be supervised by Dr. Kathryn Lafreniere, a professor in the Department of Psychology.

If you have any questions or concerns about this research, or would like any extra information, please feel free to contact me through e-mail at jones123@uwindsor.ca. You may also contact my research supervisor, Dr. Kathryn Lafreniere, through e-mail (lafren1@uwindsor.ca) or by telephone (519-253-3000 ext. 2233).

PURPOSE OF THE STUDY
The study will seek to identify the factors that best predict resilience amongst Bahamian students. Resilience is the word used to describe someone who is doing well even though they have faced some problems in life.

CONFIDENTIALITY

Any information that is obtained in connection with this study and that can be identified with you will remain private and will be shared only with your permission. We will not share individual information with your parents or teachers.

PARTICIPATION AND WITHDRAWAL

You can choose whether you want to be in this study or not. If you decide to be in this study, you may stop at any time without getting in trouble. You may also refuse to answer any questions you don't want to answer and still remain in the study. If you change your mind, and decide after you have completed some (or all) questions, that you do not want your questionnaire included in the study, please put a large "X" on the cover page of the packet.

☐ **I agree to participate**

STUDENT QUESTIONNAIRE

ID#: _____

School: _____

Gender: *M*   *F*

Part 1: About Me

All questions in this section are about you. Answer as honestly as possible. Please circle the correct answer.

1. How old are you?   12   13   14   15   16   17   18

2. Where do you live?   _____

3. How many people do you live with? 2   3   4   5   6   7 or more

4. How many bedrooms are in your house? _____

5. Do you use water from the pump to wash clothes, cook food, drink <u>or</u> bathe? Yes No

6. Are you a part of the school lunch program? _____

    a. If not, do you get lunch money? Yes   No

    b. How much money do you get per day? _____

7. Would you say your family has enough money to: (circle the statement that best describes your situation)

    a. Purchase luxuries easily

    b. Meet basic needs of family *without assistance*

    c. Meet basic needs *with assistance*

    d. Not meet the basic needs of the family

8. Do you have a child?   Yes   No

    a. If yes, who does the child live with?

    _____

9. Do you believe in a God, or another higher power?   Yes   No   Not Sure

10. Is god, or another higher power important in your life?   Yes   No   Not Sure

11. Do you consider yourself to be a part of a religious group?   Yes   No

   a. If yes, do you follow the teachings and/or laws of your religion? Yes   No

12. Do you try to carry the teachings/laws of your religion into your daily life? Yes No

13. Do you attend church, temple, mosque or religious meetings?   Yes   No

   a. if yes, how often do you attend ?   Rarely   Sometimes Very Often   Every day

14. Do you **participate** in church, temple, mosque or religious meetings?

                              Never   Rarely   Sometimes   Very often

   a. if yes, what do you do? List all (e.g. dance ministry, youth group, girls/boys club)

   _____

   _____

   _____

   _____

   _____

   _____

15. Do you participate in groups that are not religious?   Yes   No

   a. if yes, which groups? List all (e.g. Rangers, track club, Urban Renewal Band, Junkanoo)

   _____

   _____

   _____

   _____

   _____

   _____

16. Have you ever been before Juvenile Court?   Yes   No

   a. if yes, about how many times?   1   2   3   4 (or more)

17. Have you ever been sentenced (or on remand) to the Simpson Penn/Willie Mae Pratt Centre (Boys/ Girls Industrial Schools)?   Yes   No

   a if yes, about how long did you stay?

      1 day or less

      1 week or less

      1 month or less

      more than a month

   b. have you been to the Simpson Penn/Wille Mae Pratt Centre more than once?

                                    Yes   No

18. Do you plan to finish high school?   Yes   No   Not sure

19. What is your last GPA (previous school year)? _____

20. After I finish high school, I want to: (circle <u>all</u> that apply)

   Go to college (eg. COB, BTVI, or college abroad) **full time**

   Go to college (eg. COB, BTVI, or college abroad) **part time**

   Work –**full time**

   Work –**part time**

   Don't know

   Nothing

   Other: _____

21. What do you want to be when you grow up? _____

   _____

   _____

Circle the response that best describes how you feel about the following statements.

		Strongly Disagree (SD)	Disagree (D)	Neither agree nor disagree (N)	Agree (A)	Strongly Agree (SA)
1.	I have a good relationship with my parents/guardians.	SD	D	N	A	SA
2.	I follow my parents/guardian's rules.	SD	D	N	A	SA
3.	I tell my parents/guardians where I am going when I go out.	SD	D	N	A	SA
4.	I like spending time with my parents/guardians.	SD	D	N	A	SA
5.	I trust my parents/guardians.	SD	D	N	A	SA
6.	I have someone (who is an adult) other than my parents/guardians who I trust.	SD	D	N	A	SA
7.	I have someone (who is an adult) other than my parents/guardians who I talk to when something is bothering me.	SD	D	N	A	SA
8.	I have someone (who is an adult) other than my parents/guardians who I can get good advice from.	SD	D	N	A	SA
9.	I have a lot of friends who are about my age.	SD	D	N	A	SA
10.	I talk to my friend(s), who are about my age about things that are bothering me.	SD	D	N	A	SA

		Strongly Disagree (SD)	Disagree (D)	Neither agree nor disagree (N)	Agree (A)	Strongly Agree (SA)
1.	I think I can do most anything I set my mind to do	SD	D	N	A	SA
2.	Even when I have something hard to do, I feel that I can get the work done.	SD	D	N	A	SA
3.	In general, I think I can obtain outcomes that are important to me.	SD	D	N	A	SA
4.	I believe I can do whatever I put my mind to.	SD	D	N	A	SA
5.	I believe I can succeed at most things I try.	SD	D	N	A	SA
6.	I am sure that I can do well on many different tasks.	SD	D	N	A	SA
7.	Compared to other people, I can do most things well	SD	D	N	A	SA
8.	Even when things are hard, I can do well.	SD	D	N	A	SA

Part 2: About my Family

This section asks questions about your family. If you do not live with your parents, still try and answer the questions about them as best as you can. If you do not know them, then you can leave the questions blank. Circle the correct response.

1. I have regular contact with my mother.   Yes   No

2. I have regular contact with my father.   Yes   No

3. My mother completed high school.   Yes   No   DK

4. My father completed high school.   Yes   No   DK

5. Where does your mother work? (list all places) _____

6. Where does your father work? (list all places)_____

7. Has your mother ever been in trouble with the police? Yes   No   DK

8. Has your father ever been in trouble with the police? Yes   No   DK

9. Has your mother ever had to stay at Sandilands?   Yes   No   DK

10. Has your father ever had to stay at Sandilands?   Yes   No   DK

11. I think my mother drinks too much alcohol.   Yes   No   DK

12. I think my father drinks too much alcohol.   Yes   No   DK

13. I think my mother has a problem with drugs.   Yes   No   DK

14. I think my father has a problem with drugs.   Yes   No   DK

15. How many sisters do you have? _____; How many live with you? _____

16. How many brothers do you have? _____; How many live with you? _____

17. My older sister(s) graduated from high school?   Yes   No   DK

18. My older brother(s) graduated from high school?   Yes   No   DK

19. My brother or sister has been in Simpson-Penn or Willamae Pratt Centre (Boys or Girls Industrial School)   Yes   No   DK

Part 2b:

These are questions about your relationship with your parent(s) or the person who takes care of you (your "guardian"). Choose the response that describes how you feel about each of the following statements. If you do not understand the statement, or if you are not sure, you may leave it blank. The responses are Yes (Y), Maybe (M), Don't Know (DK), Probably Not (PN), and No (N).

		Yes (Y)	Maybe (M)	Don't Know (DK)	Probably Not (PN)	No (N)
1.	I can discuss my beliefs with my parent(s) without feeling restrained or embarrassed. (For example, without worrying that he or she would be upset or angry or make fun of me.)	Y	M	DK	PN	N
2.	Sometimes I have trouble believing everything my parent(s) tells me.	Y	M	DK	PN	N
3.	My parent(s) is always a good listener.	Y	M	DK	PN	N
4.	I am sometimes afraid to ask my parent(s) for what I want.	Y	M	DK	PN	N
5.	My parent(s) often says things to me which would be better left unsaid. (or that I wish he or she had not said)	Y	M	DK	PN	N
6.	My parent(s) can tell how I'm feeling without asking.	Y	M	DK	PN	N

		Yes (Y)	Maybe (M)	Don't Know (DK)	Probably Not (PN)	No (N)
7.	I am very satisfied with how my parent(s) and I talk together.	Y	M	DK	PN	N
8.	If I were in trouble, I could tell my parent(s).	Y	M	DK	PN	N
9.	I openly show affection to my parent(s). (I can give her or him a hug or tell her or him that I love them.)	Y	M	DK	PN	N
10.	When we are having a problem, I often give my parent(s) the silent treatment. (I don't talk to my parent.)	Y	M	DK	PN	N
11.	I am careful about what I say to my parent(s).	Y	M	DK	PN	N
12.	When talking to my parent(s), I often to say things that would be better left unsaid (…things I wish I had not said).	Y	M	DK	PN	N
13.	When I ask questions, I get honest answers from my parent(s).	Y	M	DK	PN	N
14.	My parent tries to understand my point of view. (My parent(s)	Y	M	DK	PN	N

		Yes (Y)	Maybe (M)	Don't Know (DK)	Probably Not (PN)	No (N)
	tries to understand how I think.)					
15.	There are some things that I do not talk about with my parent(s).	Y	M	DK	PN	N
16.	It is very easy for me to talk about my true feelings to my parent parent(s).	Y	M	DK	PN	N
17.	My parent(s) nags me.	Y	M	DK	PN	N
18.	My parent(s) says mean things to me when he/she is angry with me.	Y	M	DK	PN	N
19.	I don't think I can tell my parent(s) how I really feel about some things.	Y	M	DK	PN	N

Part 3: About my School

		Strongly Disagree (SD)	Disagree (D)	Don't Know (DK)	Agree (A)	Strongly Agree (SA)
1.	Teachers like me	SD	D	DK	A	SA
2.	Teachers pick on me.	SD	D	DK	A	SA
3.	Administrators (e.g. Principal, Vice Principal) like me.	SD	D	DK	A	SA
4.	Administrators pick on me.	SD	D	DK	A	SA
5.	I feel like I can get help if I need it.	SD	D	DK	A	SA
6.	I feel supported in my classes	SD	D	DK	A	SA
7.	School is fun.	SD	D	DK	A	SA
8.	The class work is too hard.	SD	D	DK	A	SA
9.	The class work is too easy.	SD	D	DK	A	SA
10.	We have too much work (class work, homework, projects).	SD	D	DK	A	SA
11.	We have too little work (class work, homework, projects).	SD	D	DK	A	SA
12.	I do well in my classes.	SD	D	DK	A	SA
13.	I go to school regularly.	SD	D	DK	A	SA
14.	I follow the school's rules.	SD	D	DK	A	SA
15.	I participate in school activities	SD	D	DK	A	SA
16.	I do my homework	SD	D	DK	A	SA

17.	I like going to school	SD	D	DK	A	SA
18.	I would go to school even if it was not mandatory.	SD	D	DK	A	SA

Part 4: About my neighbourhood/community

Circle the best response to show how often you see relatives or people in your neighbourhood do any of these activities. The responses are Very Often (VO), Sometimes (S), and Never (N).

		Never	Sometimes	Very Often
1.	How often have you seen one of your relatives drink alcohol?	N	S	VO
2.	How often have you seen one of your relatives push or carry drugs?	N	S	VO
3.	How often have you seen one of your relatives smoke marijuana?	N	S	VO
4.	How often have you seen one of your relatives use crack, cocaine or other illegal drugs?	N	S	VO
5.	How often have you seen one of your relatives with a gun?	N	S	VO
6.	How often have you seen a person who lives in your neighbourhood drink alcohol?	N	S	VO
7.	How often have you seen a person who lives in your neighbourhood push or carry drugs?	N	S	VO
8.	How often have you seen a person who lives in your neighbourhood use marijuana?	N	S	VO
9.	How often have you seen a person who lives in your neighbourhood use crack, cocaine or other illegal drugs?	N	S	VO
10.	How often have you seen a person who lives in your neighbourhood with a gun?	N	S	VO
11.	How often have you seen physical fighting in your neighbourhood?	N	S	VO

Part 5: Behavioural Intentions

Tell us what the chances are that you would do any of the following during the next six (6) months. The choices are Yes (Y), Maybe (M), Don't Know (DK), Probably Not (PN) and No (N). Please check the answer that best describes what you think. As you read, remember, "In the next six months" for each item.

	IN THE NEXT SIX MONTHS I WILL:	Yes (Y)	Maybe (M)	Don't Know (DK)	Probably Not (PN)	No (N)
1.	Smoke marijuana (pot, grass, weed) (including just trying it once).	Y	M	DK	PN	N
2.	Push drugs.	Y	M	DK	PN	N
3.	Become infected with HIV.	Y	M	DK	PN	N
4.	Drink alcohol, (beer, black bottle, bush rum, wine) including just trying it once.	Y	M	DK	PN	N
5.	Get an STD, (sexually transmitted disease, e.g., gonorrhea, herpes, claps, runnings, dose).	Y	M	DK	PN	N
6.	Get pregnant/get a girl pregnant.	Y	M	DK	PN	N
7.	Have sex.	Y	M	DK	PN	N
8.	Use a condom if I have sex.	Y	M	DK	PN	N
9.	Pull out during sex without using a condom.	Y	M	DK	PN	N
10.	Steal or burglarize a home, shop/business.	Y	M	DK	PN	N
11.	Carry a gun as a weapon.	Y	M	DK	PN	N

This is another exercise like the previous one, this time think about how you would feel about yourself, inside, if the following things happened to you in the next six months. For example, how would you feel if you smoked cigarettes in the next six months, the choices are "very bad," "somewhat bad," "neither good nor bad," "kind of good," and "very good." Please check the answer that best describes how you feel.

	IF IN THE NEXT SIX (6) MONTHS, I WERE TO…: I WOULD FEEL:	Very Bad (VB)	Somewhat Bad (SB)	Neither Good Nor Bad (NGNB)	Kind of Good (KG)	Very Good (VG)
1.	Smoke marijuana (pot, grass, weed).	VB	SB	NGNB	KG	VG
2.	Push drugs.	VB	SB	NGNB	KG	VG
3.	Get HIV infection.	VB	SB	NGNB	KG	VG
4.	Drink alcohol (beer, black bottle, bush rum, wine).	VB	SB	NGNB	KG	VG
5.	Get an STD, (sexually transmitted disease, e.g., gonorrhea, herpes, claps, runnings, dose).	VB	SB	NGNB	KG	VG
6.	Use cocaine.	VB	SB	NGNB	KG	VG
7.	Get pregnant or get a girl pregnant.	VB	SB	NGNB	KG	VG
8.	Get put out of school.	VB	SB	NGNB	KG	VG
9.	Have sex.	VB	SB	NGNB	KG	VG
10.	Steal or burglarize a home, shop/business.	VB	SB	NGNB	KG	VG
11.	Carry a gun as a weapon.	VB	SB	NGNB	KG	VG

APPENDIX G
Letter of Information

Dear Parent or Guardian,

We are writing to request permission for your teenager to participate in a research study about resilience in Bahamian youth. Resilient is the word used to describe someone who is doing well even though they have faced some challenges in life. Most people will agree that at some point in their life, they have faced some form of challenge or problem. Whether or not the problem was successfully dealt with, there is a lesson to be learned from it. There are various reasons why we may or may not be able to overcome challenges in life. It is those "reasons" which helped the individual to overcome their situation, which are called protective factors or protective mechanisms that we are interested in identifying in this study.

The details of the study are discussed in the enclosed consent form, as is also information about your rights and the rights of your son or daughter should you allow them to participate. In short, you teenager's participation in this study will require him or her to complete a packet of questionnaires (that will take about 45 minutes to fill out) about him or herself, their family, their neighbourhoods, their schools and their friends. The questions do not ask for names or any other identifying information about your teenager or the people in his or her life.

Please read the enclosed consent form and discuss the study with your son or daughter. If you agree to allow your teenager to participate, you will need to sign the consent form and have him or her bring the attachment back to the homeroom teacher, who will pass it along to the Guidance Counsellors. Please keep the consent form for your records.

If you have any questions or would like more information about the study, please feel free to contact Giavana Jones at jones123@uwindsor.ca. You can also contact Dr. Kathryn Lafreniere via e-mail at lafren1@uwindsor.ca. We would be happy to discuss the study with you.

Thank you in advance for your time and consideration.

Sincerely,

Giavana Jones, M.S.

Enclosures

APPENDIX H
Parent Consent Form

CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: *The Context of Resilience among Bahamian Youth*

Your teenager is being asked to be in a research study conducted by Giavana Jones, M.S., a graduate student from the Department of Psychology at the University of Windsor, located in Windsor, Ontario, Canada. Information gathered in this study will be used as part of her Master's thesis. This research will be supervised by Dr. Kathryn Lafreniere, a professor in the Department of Psychology.

If you have any questions or concerns about this research, or would like any extra information, please feel free to contact me through e-mail at jones123@uwindsor.ca. You may also contact my research supervisor, Dr. Kathryn Lafreniere, through e-mail (lafren1@uwindsor.ca) or by telephone (519-253-3000 ext. 2233).

PURPOSE OF THE STUDY

The study will seek to identify the factors that best predict resilience amongst Bahamian students. Resilience is the word used to describe someone who is doing well even though they have faced some problems in life.

PROCEDURES

In order for your son or daughter to participate in this study:
  1. You will need to sign the parent consent form.
  2. Your teenager will:
     a.   Provide their agreement to participating in the study by signing an assent form
     b.   Fill out a questionnaire packet that asks questions about them, their family, the neighbourhood and school that they attend. This will be completed during school hours and should not exceed 40 minutes.

The student will only have to complete this questionnaire packet once and it will be completed at your teenager's school during regular school day hours.

POTENTIAL RISKS AND DISCOMFORTS

This study does not have any major risks; however, most of the questions are personal about the student and his or her family and thus there may be some negative feelings that arise in the course of completing the questionnaire. Your teenager does not have to answer any questions that he or she does not want to answer.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

It is hoped that the results of the study will help us understand more about our students growing up in the Bahamas and the people, activities and processes that help them to succeed.

CONFIDENTIALITY

The following steps will be taken in an effort to keep your teenager's personal information confidential in this study:
1. Your teenager's questionnaire package will not have any identifying information on it, but will be coded with a number instead;
2. Your teenager's data will be stored in a secure, limited access filing cabinet;
3. Only researchers directly involved with the study will have access to your teenager's information;
4. The identity of your teenager will not be revealed in any publication or presentation of the results of this research
5. Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission.

Note: We do require that you identify your son or daughter's name on this form so we can confirm that permission to participate in the study has been granted. However, this form is collected separately from the questionnaire packet and there is no means of connecting the documents.

Confidentiality cannot be guaranteed; your teenager's personal information may be disclosed if required by law. Your teenager's data is kept for five years in accordance with the Canadian Psychological Association's rules. We need you to identify your son or daughter's name on this form, so we can know that he or she has permission to participate; however, this is the only place that names are taken. In addition, the questionnaires do not ask for names or other identifying information for any other person who is in the student's life. There will be no way to identify which student completed which forms.

PARTICIPATION AND WITHDRAWAL

You can choose whether you want your son or daughter to be in this study or not. If you allow him or her to be in this study, you have the right to change your mind and withdraw him or her from the study at any time without consequences. Any new information that may make you change your mind about allowing your teenager to participate in this study will be made available to you. You do not waive any of your or your teenager's rights by signing this form. You do however, waive your right to access your teenager's data (to ensure that their information is kept private). You will get a copy of this consent form to keep.

FEEDBACK OF THE RESULTS OF THIS STUDY TO THE PARTICIPANTS

When this research study is finished, we will write a summary o the study results that you can access through the following website: www.uwindsor.ca/reb . (You will need to click on "Study Results: Participants/Visitors"). It is anticipated that results will be posted by May 2011.

SUBSEQUENT USE OF DATA

This data may be used in subsequent studies.

RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. If you have questions regarding your rights as a research subject, contact: Research Ethics Coordinator, University of Windsor, Windsor, Ontario N9B 3P4; Telephone: 519-253-3000, ext. 3948; e-mail: ethics@uwindsor.ca

SIGNATURE OF LEGAL REPRESENTATIVE

I understand the information provided for the study **The Context of Resilience among Bahamian Youth** as described herein. My questions have been answered to my satisfaction, and I agree to let my child participate in this study.

_____
Name of Student

_____   _____

Signature of Parent   Date

SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

_____   _____

Signature of Investigator   Date

ONLY RETURN THIS PAGE WITH STUDENT TO BE GIVEN TO HOMEROOM TEACHER.

SIGNATURE OF LEGAL REPRESENTATIVE

I understand the information provided for the study **The Context of Resilience among Bahamian Youth** as described herein. My questions have been answered to my satisfaction, and I agree to let my child participate in this study.

_____
Name of Student

_____   _____
                                                              ‾
Signature of Parent   Date

SIGNATURE OF INVESTIGATOR

These are the terms under which I will conduct research.

_____   _____
                                                              ⎯⎯
Signature of Investigator   Date

Revised February 2008

VITA AUCTORIS

Giavana Jones was born in 1981 in Nassau, Bahamas. Giavana graduated from St. Augustine's College in 1998. Following this, she attended the College of St. Benedict, and graduated with honours from the Psychology program in 2002. In 2004, she completed a Master of Science in Counselling Psychology from Palm Beach Atlantic University in West Palm Beach, Florida. At present, Giavana is enrolled in the doctoral program in Applied Social Psychology at the University of Windsor, Windsor, Ontario.