DIAGNOSING RESILIENCE: A SECONDARY ANALYSIS OF PSYCHO-
EDUCATIONAL ASSESSMENTS USING UNGAR'S RESILIENCE CRITERIA

by

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Declaration

I declare that the dissertation, which I hereby submit for the degree Magister Educationis (Educational Psychology) at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution.

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Emmarentia Petronella Bosua Gruenenfelder

August 2017

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Ethical clearance certificate

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Dedication

I dedicate this research to my friends, family and all those who supported me during this academic journey.

Acknowledgements

Firstly, I thank my Creator for giving me the strength to see this through.

I wish to express my sincerest gratitude and appreciation to the following individuals without whom the completion of this dissertation would not have been possible:

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Abstract

Educational psychologists are expected to offer real-world relevant services. One way to strive towards real-word relevance is for educational psychologists to facilitate resilience by using Ungar's diagnostic criteria of resilience. However, at this time the usefulness of applying Ungar's criteria is still unexplored. Thus, this study asked: 'What insight into the resilience of vulnerable rural adolescents can be achieved by applying Ungar's diagnostic criteria of resilience to the documents (i.e. paper-and-pencil activities) generated in psycho-educational assessments?' In answering this question, a qualitative secondary data analysis was conducted of psycho-educational paper-and-pencil activities completed by 65 male and female IsiSwati-speaking Grade 9 learners at a secondary school in Mpumalanga, a remote province in South Africa, during the Flourishing Learning Youth (FLY) study. FLY, a project of the Centre for the Study of Resilience, is based at the University of Pretoria. The a priori categories were sourced from Ungar's diagnostic criteria and the relevant *a priori codes* from the review of South African resilience literature. The analysis showed that adolescents were challenged by physical risk, emotional risk and poverty-related risk. Additionally, adolescents were protected by personal resources (agency, self-worth), family resources (role models, supportive parent-child interaction), community resources (role models, community belonging), school resources (teachers as role models and supporters) and macro resources (spirituality). These findings echo extant South African resilience studies and enabled the educational psychologist to 'diagnose' resilience for this group of adolescents to better understand the risks to their well-being, the resources that can be leveraged to buffer this risk, and the resources that are absent and must be negotiated.

Key Terms

Adolescents, educational psychologist, paper-and-pencil educational psychology activities, protective resources, resilience, risk, rurality.

To Whom it may Concern

This serves to certify that I, Peter J. Hulley (I.D. 581216 5147 086), edited a mini-dissertation entitled:

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I guarantee the quality of the services I provided for this thesis only if my suggested changes have been made and are accepted, comments have been addressed and no further changes have been made to the document.

Yours kindly

Marian Wagener

BA (HED) APEd (SATI)

List of abbreviations

CEPD	Centre for Education Policy Development
CSR	Centre for the Study of Resilience
DBE	Department of Basic Education
DoE	Department of Education
FLY	Flourishing Learning Youth
HSRC	Human Sciences Research Council
ISRD	Integrated Sustainable Rural Development
NSNP	National School Nutrition Programme
SERT	Social Ecology of Resilience Theory
UP	University of Pretoria

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CHAPTER ONE: BACKGROUND AND OVERVIEW

1.1. INTRODUCTION

This study formed part of the Flourishing Learning Youth (FLY) study of the Centre for the Study of Resilience (CSR), University of Pretoria (UP), and a secondary school in a remote area of the Mpumalanga Province of South Africa (Ebersöhn, 2013). The aim of the FLY study is to generate knowledge on education and resilience when risk and need are prevalent, and resources constrained while providing an academic service learning space to educational psychologist students and services to young people. The school is in a rural area of Mpumalanga where students face many challenges associated with rurality. Many adolescents in rural South Africa live in communities where chronic and cumulative adversities, often simultaneously, impact their lives (Mosavel, Ahmed, Ports, & Christian, 2015; Theron & Malindi, 2010; Theron & Theron, 2010; van Breda, 2015). These adversities can be chronic or cumulative. Chronic adversities are continual in the lives of youth, whereas cumulative adversities form different layers that impact the lives of youth. Poverty, lack of services (such as housing, clean water and transport), child-headed households, violence, abuse and overcrowded homes add to the deprivation and affect the psycho-social well-being of the young people (Betancourt & Khan, 2008; Theron, Theron, & Malindi, 2013). These cumulative and mostly chronic adversities often lead to maladaptive behavioural patterns and coping in children and in adults (Statistics South Africa, 2013).

Not all people who are challenged by deprivation show negative developmental outcomes (Ebersöhn, 2014). When adolescents develop normatively, resilience is at play (Theron, 2016b). Resilience is one of the capacities of an individual to maintain effective behavioural and psychological adjustment amid significant challenges (Cameron, Ungar, & Liebenberg, 2007; Reber, Allen, & Reber, 2009; Shaikh & Kauppi, 2010; Ungar, 2008). Showing resilience means rural adolescents outperform what their disadvantaged circumstances predict. The challenge for educational psychologists and other service providers is to find ways of championing the resilience of vulnerable young people, such as understanding resilience of young people via the FLY study.

1.2.   CONTEXTUALIZING THE STUDY

The secondary school, which forms part of the FLY study, is situated in a deep rural area of Mpumalanga province, South Africa. As can be seen on the map (Photograph 1.1) the school is situated close to the border of Swaziland. The closest town to the school is approximately 160 km away.
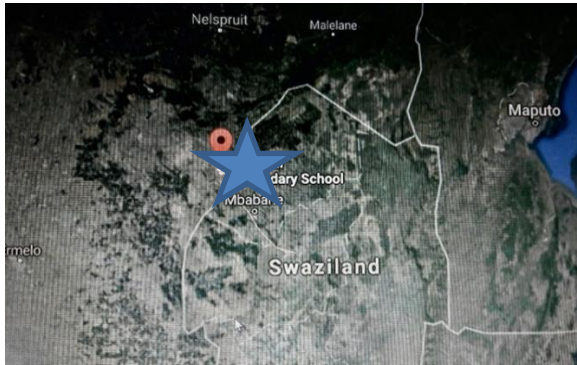
Photo 1.1:   Aerial photograph of the secondary school involved in the FLY partnership

Photo 1.2:   The school building in the rural landscape
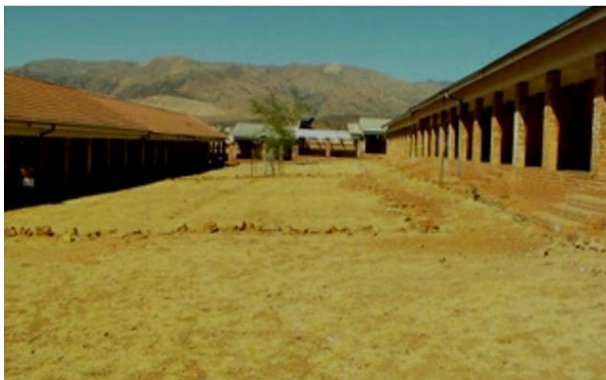
Photo 1.3:   Classrooms of the secondary school

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De Lannoy, Swartz, Lake, and Smith (2015) report that the General Household Survey indicates that children are worst affected by poverty-related adversities (e.g. HIV/AIDS, limited economic opportunities). The World Health Organisation (WHO) and International Society for Prevention of Child Abuse and Neglect (ISPCAN) (2006) reports that circa 40 million children are abused and neglected. A large proportion of these children reside in sub-Saharan Africa in communities such as the one where the Fly study took place. The school is in a resource-poor community and rarely has access to running water and electricity. The counselling facilities at the school do not have a roof, the gutters of the buildings are broken, the backs of chairs bend backwards and the library has a limited selection of books. The school provides a meal during break time, which makes up many of the students´ main nutrition for the day (Department of Basic Education [DBE], 2013/2014). Many students walk to school and back home, while those living further away commute by bus. Photographs 1.2 and 1.3 depict the school and Photographs 1.4 and 1.5 depict the surrounding landscape. Photograph 1.6 shows my journal entry describing the setting.

Photo 1.4:   The landscape surrounding the school

Photo 1.5:   A goat grazing next to the school in the veld

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> Ngulundi – Tia
> The school is so remote, the goats go about their way between the dry earth and rubbish. There is no running water, and seldom electricity. The new school is surrounded by simple houses and dry earth. Further away trees, green scrubs and mountains are visible.
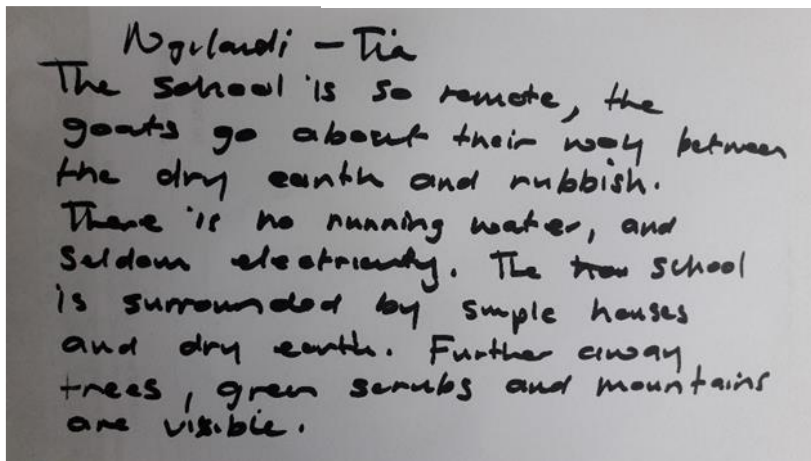
Photo 1.6:   My FLY journal entry describing the setting

1.3.   PROBLEM STATEMENT

Rural adolescents can be at risk of negative developmental outcomes. Still, some adolescents perform better than others, despite their disadvantaged rural circumstances (Ebersöhn, 2008; Theron, 2015). Seen from an ecological systems approach, social ecologies contribute to the resilience of vulnerable adolescents. The social ecology of resilience theory (SERT) (Ungar, 2011) explains resilience as a process in which people and their relational environments (social ecologies) work together in ways that support people to avoid the negative outcomes that their adversity predicts. In this process, resources that are already present in the social ecology for adaptation to adversity are applied and scaffolded by intrinsic and extrinsic factors, leading to positive adjustment (Cameron et al., 2007; Ebersöhn, 2012b; Ungar, 2008). In other words, the prospect of positive outcomes exists when systemic factors, such as parents, schools and teachers support rural adolescents to express their strengths and to overcome obstacles; and when rural adolescents are able to use this support.

Service provision is increasingly seen as a way in which social ecologies can support the positive adjustment of adolescents (Carolissen, 2015; Kruger & Prinsloo, 2008; Mandleco & Peery, 2000; Mkize & Uys, 2004; Theron & Theron, 2014). One way that social ecologies can make a resilience-enabling contribution is by offering educational psychology services to vulnerable adolescents (Theron, 2016a). Therapy and assessment are services that educational psychologists offer

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which can facilitate adolescents who strive towards positive adjustment (Bottrell, 2009).

Ungar (2015) designed "diagnostic criteria for resilience" that can be used in an assessment of resilience or during a psychological assessment to identify that which supports and challenges resilience. As detailed later in this chapter, the criteria include three domains: adversity, resilience, and multi-dimensional considerations. Each domain can be mapped to include various dimensions, for example, adversity has dimensions of severity, chronicity, ecological level, attributional causality, and cultural and contextual relevance. Each dimension has an explanation that the assessor, such as the educational psychologist, can use to match information derived from an assessment, for example a psycho-educational assessment battery, to Ungar's resilience criteria to "diagnose" resilience, that is understand and/or identify which contextual supports and personal strengths can be used to support positive functioning in the face of risk (Ungar, 2011, 2015).

As hypothesised by Ungar (2015), psychological assessments allow an understanding of the individual and social ecological resources and risks, both of which relate to resilience. Ungar's criteria provide a framework that could support the educational psychologist's understanding of the resources that can be used to facilitate a client's resilience (Ungar, 2015). By understanding resilience from an adolescent's perspective, the educational psychologist or counsellor can foster an understanding of how the micro, macro and meso ecologies, wherein the adolescent is nested, can contribute to the positive goals and life themes of adolescence, resulting in positive adjustment (Walsh, 2012). The emphasis is therefore not put on the static traits of the individual, but on the processes that a child engages in to access resources needed for positive adaptation, as well as on how social ecologies make resources available (Ungar, 2011). It can therefore be concluded that Ungar´s approach mirrors the systemic approach to resilience that is favoured by authoritative resilience researchers and which is evident in relevant poverty contexts (e.g. Masten, 2011; Panter-Brick, 2015; Rutter, 2015). Many studies conducted in South Africa underwrite the principle that resilience can be theorised in poverty and add to the knowledge of what sustains resilience when resource limitations characterise rurality (Ebersöhn, 2008; Malan-van Rooyen, 2015). "Flocking", a

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coined word to describe a collectivist indigenous pathway to psychology, is one such example, as it describes how systemic support can lead to positive adaptation and resilience of individuals in resource-poor contexts (De Gouveia, 2015; Ebersöhn, 2012a; Malan-van Rooyen, 2015). Another example is a South African resilience studiy conducted in schools in poverty settings, where a systemic intervention approach was used to understand and enable resilience in schools (Ferreira & Ebersöhn, 2011). My assumption is thus that Ungar's approach is applicable in other South African poverty contexts, as it theorises resilience in poverty from a systemic perspective, as do local studies (Ebersöhn, 2012, 2017; Ferreira & Ebersöhn, 2011). From a systemic perspective, recognition is given to the fact that contributions are being made by both the individual and the context (Bitter, 2009; Landsberg, 2013; Walsh, 2012).

According to Ebersöhn, Eloff, Finestone, Grobler, and Moen (2015), it is problematic to measure resilience per se, as such measurement usually requires that inferences be made about the process between the child and the environment and the outcomes of this process, i.e. is hard to measure resilience concretely. This poses a challenge to researchers wishing to measure resilience (Ungar, Brown, Liebenberg, Cheung, & Levine, 2008). To measure resilience in various South African contexts, questionnaires, projective techniques, narrative interviews, memory work, visual data and basic demographics have been used (Ebersöhn et al., 2015; Edwards, 2010; Mampane & Bouwer, 2006). Maree (2013a) highlights the multifaceted contributions of adolescents and their environments that make it possible for rural adolescents at risk to resile in the face of adversity. The abilities of the adolescent, combined with resources in the adolescent's physical and social ecologies, can enable adolescents to function well in times of adversity (Ungar, 2011). It is therefore important that the educational psychologist knows how to tap into these aspects during a psycho-educational assessment. For this reason, I wondered whether such assessments had been used to better understand the resilience of young people and to use this understanding to sustain/augment resilience processes. Although there were studies that used psycho-educational tools (such as projective techniques – see Ebersöhn et al., 2012), I could not find a study that applied a systematic set of social-ecological guidelines (such as those of Ungar, 2015) to assess resilience. As a novice educational psychologist, I believe

that a set of systematic guidelines to identify resilience in the context of severe and/or chronic risks, such as those proposed by Ungar could be helpful to support educational psychologists by helping them to provide a service which will contribute to children's resilience by identifying and sustaining available resilience-enabling resources; identifying missing resources; and advocating for the provision of these resources. In addition, a systematic set of guidelines, to some extent, could compensate for the complexity of measuring resilience (Ebersöhn et al., 2015).

1.4.   PURPOSE OF THE STUDY

The purpose of this study is to explore what insight can be achieved into the resilience of vulnerable rural adolescents by applying Ungar's diagnostic criteria of resilience to the documents (i.e., paper-and-pencil activities) generated in a psycho-educational assessment. For this reason, I performed a secondary document analysis of paper-and-pencil psycho-educational assessment activities recorded in FLY 2015 client files. The methodological purpose of the present study was to test the assumption that Ungar's diagnostic criteria could enable a clearer understanding of resilience when the data found in the client files were subjected to these criteria. The strength of this approach lies in the fact that the criteria match prior South African resilience studies and theorising (Ebersöhn, 2017) and can therefore be considered relevant in a resource-deprived South African context and potentially enable a more standardized method of "diagnosing" resilience (Wessels, 2014). The limitation of this methodological approach lies in the fact that the "diagnosis" can be affected by the quality of the responses generated in the psycho-educational assessment. For example, if the assessment prompts one-word answers or responses that lack detail, then it could be difficult to identify and understand the risks and resilience-enabling resources necessary to support Ungar's systematic approach to '"diagnosing" resilience (Sections 5.3.2 and 5.3.3). In many ways this echoes the constraints of thin data which challenge qualitative research designs (Creswell, 2009). The methodological detail and limitations are discussed in Chapter 3.

1.5.   RESEARCH QUESTIONS

1.5.1.   Primary research question

The primary research question for this study is:

- *What insight into the resilience of vulnerable rural adolescents can be achieved by applying Ungar's diagnostic criteria of resilience to the documents (i.e., paper-and-pencil activities) generated in psycho-educational assessments?*

1.5.2. Secondary research questions.

Secondary questions are:

- *What do psycho-educational assessments reveal about the individual and contextual protective resources of rural adolescents?*
- *What do psycho-educational assessments reveal about developmentally appropriate and culturally relevant resilience processes of rural adolescents?*

1.5.3. Theoretical and conceptual overview

The literature relevant to this study, as discussed in Chapter 2, includes literature explaining what supports rural adolescents to adjust well despite risk, and what puts rural adolescents at risk. Given that resilience is a process that is sensitive to the sociocultural context, (Mastens, 2014), only South African resilience literature is reviewed. The systemic approach I applied to the summarising process was partly due to the training I received while studying for my Master's in Educational Psychology, and partly because it fits well with SERT (Ungar, 2011), which forms the theoretical framework of this study.

1.5.4. Theoretical framework

The Social Ecology of Resilience Theory (SERT) (Ungar, 2011, 2012) describes resilience as systemic. This relates to resilience being an interactive process (Rutter, 2013), where a child negotiates for and/or uses support that will lead to positive adaptation, and social ecologies respond, proactively or reactively, and provide supports that will help the child strive towards positive adaptation (Theron, 2016a). Ungar (2015) emphasizes the role and the responsibility of the social ecology in enabling children and adolescents to be able to flourish. Resilience literature emphasises the contribution of social ecologies on resilience (Bottrell, Armstrong & France, 2010; Munford, Sanders, Maden, & Maden, 2007; Ungar, 2011; Ungar et al., 2007). In SERT, the emphasis is therefore not put on the static

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traits of the individual, but on the processes that a child and the social ecology engage in to access the resources needed to adapt well despite adversity.

It can therefore be concluded that Ungar´s approach mirrors the systemic approach to resilience as favoured by authoritative resilience researchers (Masten, 2011; Panter-Brick, 2015; Rutter, 2015). In this systemic approach, contributions are made from the individual and the context they interact with. The contributions make reciprocal use of embedded, relational, systemic and organisational resources to facilitate functional outcomes in the face of adversity (Bitter, 2009; Landsberg, 2013; Walsh, 2012). A systemic understanding of resilience is important for the educational psychologist: By understanding the client's world, the educational psychologist can foster an understanding of how context, personal strengths and ecological resources can contribute to positive adjustment and the ability to recover from obstacles with resilience (Panter-Brick, 2015). Reality is perspectival and the educational psychologist must respect and understand that the client is guided by systemic influences. The clients construct their own reality and must therefore be seen as functioning holistically and being guided by their own values acquired through subjective experiences (Maree, 2013a).

SERT rests on four principles (Ungar, 2015, 2011): **decentrality**, **complexity**, **atypicality** and **cultural/contextual appropriateness**. This multidimensional approach advocated by Ungar is mirrored in resilience literature (Lerner, 2006; Luthar, 2006).

The principle of **decentrality** is guided by Bronfenbrenner's bio-ecological model that stresses the importance of cumulative systemic influences on the positive adjustment of the adolescent (Landsberg, 2013; Ungar, 2011). According to SERT, the emphasis falls on the contributions and responsibilities of social ecologies. In this regard, Ungar (2015, p. 4) claims that "individual traits typically count for less of the variance in children's outcomes than systemic factors". This does not mean that the adolescent does not contribute to the process of resilience, but that the adolescent cannot be held responsible for being or not being resilient. In other words, SERT does not put the adolescent central to explanations of resilience; the social ecology is central. Other theorists also point out that the contribution of the individual is not discounted, but the contributions of the social ecologies such as

family and community are emphasized (Masten, 2001). Thus, SERT stresses how social ecologies must take responsibility for resilience and not shift the responsibility to positively adapt onto the child (Theron, 2016a).

The second principle, **atypicality**, refers to resilience being a context-specific process, and that that which supports resilience may be interpreted differently, depending on cultural and sub-cultural contexts (Bottrell, 2009). Some resilience processes can be considered atypical processes since, although they support resilience in a specific context, they will not be seen as a resilience-supporting processes from a normative or mainstream understanding. One such an example from the FLY 2015 study was that I observed that some participants saw the poaching of animals as a means of providing for their financial wellbeing, and therefore supporting their resilience. Similarly, Theron and Malindi (2010) reported that some street-connected children engaged in petty theft to survive. The criteria for assessing the resilience-enabling value of the aforementioned examples depend on the socio-cultural assumptions and societal expectations. Most mainstream, privileged societies would find fault with how these children survived adversities, such as hunger and other deprivation. This means that what supports resilience (e.g. poaching, petty theft) is sometimes different from what a normative, dominant society would predict. In other words, apparently "deviant" patterns can be healthy adaptations permitting members to positively adapt and flourish in adverse circumstances (Bottrell, 2009; Ungar, 2004). The normative orientation of popular ecological models makes meaning of normalcy by imposing judgment on alternative orientations (Cicchetti, 2013). Resilience must therefore be appraised from the clients' perspectives (Wessels, 2014) and positive adjustment must be acknowledged in their circumstances. At the same time, social ecologies need to find ways of lessening the risks that young people face and increasing their resources so that less socially desirable (i.e., atypical) resilience processes need not be long term (Wessels, 2014).

The third principle of Ungar's resilience theory looks at **complexity**. Resilience is a complex process intertwined with normative expectations and adaptation challenges, both positive and maladaptive, and embedded in clients' bespoke social ecologies (Ungar, 2011). The complexity of resilience lies in the fact that what aids

positive adjustment in one context or during one developmental phase might not contribute to resilience in another individual's process or in a subsequent developmental phase. One such an example is from a South African resilience study by Malindi and Machenjedze (2012). They report on street children between the ages of 11 and 17 years. According to their study, these children benefit from school attendance as it facilitates opportunities for support, like service delivery, and the learning of basic skills. In comparison, Owen and Greeff (2015) conducted research on reasons for gang involvement. The study involved four focus groups and in-depth interviews with 23 coloured 16- to 18-year-old South African male adolescents from the Western Cape, South Africa. The study concluded that a range of factors including material gain, entertainment, dominance, survival, esteem, and loyalty motivates gang involvement, as these factors support their resilience. In other words, individual trajectories of resilience develop in ecological systems in specific contexts and are influenced by contextual and temporal dynamics, such as socio-political factors at a given point in time (Panter-Brick, 2015).

The last principle of Ungar's resilience theory deals with **cultural relativity**. SERT views resilience as a process embedded in social ecologies that are open, interconnected systems operating at multiple levels. Adolescents must navigate towards available resources in these systems that will enable them to adapt positively, or they have to ask and/or negotiate for resources that are needed, but not available (Luthar, Cicchetti, & Becker, 2000; Ungar, 2012). Culture shapes this process of negotiation and navigation. There is a need to explore the intertwined relationship between resilience and culture (Theron & Phasha, 2015). Masten (2011, p. 13) highlights that culture has a definitive role in shaping expectations and responses to adversity and may differ across cultures, even if the adversity experienced is similar. Panter-Brick (2015, pp. 234, 237) states that culture is a shared understanding and expectation of the world. Cultural conventions such as expectations, values, beliefs and practices can influence the resilience process both positively and negatively (Theron, 2016b). For example, rural African adolescents have an interdependent connection with their collective communities that in turn plays a part in rural adolescents' resilience process (Phasha, 2010). Cultural conventions influence resilience and can constrain the resilience process (Theron, 2016b). To illustrate this ambiguity, think of rural youths herding cattle, which earns

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them respect and acceptance in the community. It also means that they cannot spend a lot of time on school work, thereby constraining their access to education, which in turn can hamper their positive adaptation. From Western and non-Western perspectives the process of how resilience enables positive outcomes can differ (De Gouveia, 2015; Ebersöhn, 2012a). The study of resilience in a South African context, therefore, must incorporate indigenous pathways to resilience to ensure that unique transactional-ecological processes (e.g. spiritual, cultural, racial and ethnic processes) are incorporated to facilitate a true contextual understanding of resilience (De Gouveia, 2015; Malan-Van Rooyen, 2015).

In summary, the four principles that guide SERT mean that simplistic, child-focused, universal explanations of resilience are dangerous. For this reason, Ungar's criteria for diagnosing resilience will probably be useful because they assess personal and social ecological resources for a specific young person within a specific context at a specific point in time. In other words, the criteria will probably support a complex account of a client's resilience.

1.5.5. Ungar's categories of diagnosing resilience

The domains used by Ungar (2015) are referred to below. These domains provided the framework for the codes used in my deductive or a priori analysis of the paper-and-pencil activities of the psycho-educational assessments, as explained in Section 3.4. Other leading resilience researchers are referred to in order to explain the domains hypothesised by Ungar. The domains are **adversity**, **resilience** and **multidimensional considerations** (See Annexure A).

Domain 1 deals with **adversity**. Adversity is a disturbance that threatens the development or adaptation of a system, for example biological risk, natural disasters and trauma (Masten, 2016; Ruiters & Wildschutt, 2010; Wright, Masten & Narayan, 2013). Adversity can be described as severe and/or chronic (Masten, 2014). Severe adversity refers to a threat that is significant enough to pose a risk to wellbeing (Luthar et al., 2000). For example, a natural or man-inflicted life-threatening event. Chronic adversity refers to the duration of the exposure to a threat and when the exposure becomes chronic, it impacts negatively on the resilience process. Adversity should also be understood on various ecological levels or dimensions, micro-, meso-, exo-, macro- and chrono- systems, where the adversity can be

experienced on more than one level and where the risk factors of different levels can interact with each other. The cause of the adversity can come from the individual, factors that the individual controls, or factors that the individual cannot control. The adversity can be experienced on an individual or collective level (Ungar, 2015). For example, rural youths can be subjected to multiple negative life events, as well as chronic poverty and social disadvantage. This can have risk effects that prompt psychopathology and antisocial behaviour (Rutter, 2013, p. 475).

In Domain 2, Ungar (2015) explains **resilience** as the adaptive capacity of an individual as supported by individual and contextual factors. Within the individual level Ungar (2015) refers to temperament, cognition, locus of control, self-regulation and empowerment as personal factors influencing resilience. These intrapersonal strengths are also reported by other resilience researchers. For example, Masten (2001) states that social and flexible temperament and intellectual functioning correlates with adaptive behaviour, while Theron and Phasha (2015, p. 55) indicate that intelligence and mastery furthers the resilience process. Cortina et al. (2016) indicate that good cognitive abilities and executive functioning are considered resilience building variables. Strengths such as agency, flexible problem-solving, goal orientation, empathy, optimism, pro-social behaviours, mastery, competence, conscientiousness, genetics, and empathy are other examples of personal pathways that aid resilience (Baruth & Carroll, 2002; Dass-Brailsford, 2005; Theron, 2012; van Breda, 2015). Helpful personality traits (such as tenacity) support these pathways, but cannot completely explain resilience (Masten, 2014). In addition to personality traits, resilient adolescents make good use of available opportunities while they search for resources that they need and when they negotiate with their social ecologies for support while striving towards positive outcomes (Liborio & Ungar, 2010).

Contextual strengths are also part of the resilience domain. For instance, familial resources refer to aspects within the family that can assist adolescents to strive for and/or maintain positive adaptation despite adversity. These include a stable and supportive home environment, positive inter-parental or caregiver relationships, and quality parenting over time (van Breda, 2015); all processes that foster relational resilience, like effective communication, and support families to deal constructively

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with challenges and contribute to positive adjustment, as well as the promotion of strengths (Patterson, 2002; Walsh, 1996).

Community pathways to resilience that can support adolescent resilience include access to services (water, electricity), transport; shopping; a safe and fine neighbourhood; a low level of crime and violence; and community policing (Dass-Brailsford, 2005) Access to recreational services has also been indicated as contributing to positive adjustment (Wright., et al. 2013). The acquisition of an education via good community-based schools can help rural youths to escape a life of poverty (van Breda, 2015). Dass-Brailsford (2005) also indicates that schools can instil hope for a better future in rural youth.

Cultural pathways to resilience rest on a sense of community that supports social transactions which enable resilience. These processes are shaped by specific cultural contexts that are characterised by values and expectations that can offer adolescents a chance to positively adjust (Panter-Brick & Eggerman, 2012; Theron, 2012). For example, Wright et al. (2013) indicate that protective child policies and values, emphasis on quality education, prevention and protection from oppression, and low acceptance of physical violence are cultural norms and standards that contribute to resilience. This applies equally to children in rural and urban contexts.

Domain 3 deals with two **multidimensional considerations**, namely, the appropriateness, developmentally or contextually, and cultural fit of the supports and processes that encourage resilience. Early resilience research recognised that the developmental appropriateness of coping actions influenced judgements of resilience, but considering the contextual appropriateness and cultural fit is a more recent development in resilience studies (Masten, 2014; Wright et al., 2013).

The cultural fit refers to what the community's perception of successful coping would be and how resilience processes fit with the values and expectations of a group (Ungar, 2015). Ungar et al. (2007) indicate that challenges are usually overcome in a culturally-specific way. Cultural pathways can contain specific variables that shape the acceptance of outcomes, since beliefs are culturally influenced (Ungar et al., 2008). For example, Masten and Obradovic (2006) draw attention to how informal social support, which is prominent in cultures with collective practices and also

evident in rural South African communities (Ebersöhn, 2010), can foster resilience Theron (2015) indicates that cultural resources needed for positive adaptation among Sesotho-speaking youths in rural areas include spiritual cohesion, social justice, and adherence to ubuntu norms and beliefs.

The cultural fit links to indigenous pathways to resilience. Indigenous pathways to resilience refer to beliefs, knowledge, practices and culture-specific (non-Western) worldviews that individuals and communities use to respond to adversity (Berry, Poortinga, Segall, & Dasen, 1992; De Gouveia, 2015; Ebersöhn, 2013). Western psychology does not, to a large extent, address context-specific problems successfully, as psychological theories do not always understand all contexts and cultures (Allwood & Berry, 2006). This means that Ungar's third category has important implications for South African educational psychologists who want to support resilience in meaningful ways.

As explained in Ungar (2011), practitioners, including educational psychologists can, use the domains in varying combinations to diagnose resilience. The combinations depend on the level and/or type of adversity. If adversity is chronic, then the decision tree follows a specific sequence. Because the youths that generated the paper-and-pencil activities are challenged by chronic adversity (Ebersöhn, Nell, & Loots, 2017; Nel, 2015), I focused on the decision tree explained in Figure 1.2 for the purposes of the present study.

1.5.6.   Ungar's decision-making tree

Figures 1.1 and 1.2 depict Ungar's decision-making tree which could guide the educational psychologist through different consecutive phases to determine if resilience can be predicted or "diagnosed" (Ungar, 2015). Figure 1.2 is a continuation of Figure 1.1, as it explains how different stages are broken down into phase-related questions with possible answers.

Phase 1 (Figure 1.1) deals with adversity. Phase 1 questions whether there is evidence to indicate that the exposure to risk is atypical, above normal, or detrimental to the individual's wellbeing. If there is evidence to substantiate risk, then the severity or chronicity of the risk should be determined (Phase 2). If the answer to this question indicates that the risk is chronic and/or severe, then Ungar

suggests that individual resources are not sufficient to sustain resilience and therefore both individual and ecological resources should be assessed (Phase 3). In other words, in Phase 3 the assessor is interested in identifying promotive resources, (resources that support positive functioning); the level of risk (high or low) and protective resources (resources which support positive functioning when the risk is high) (Masten, 2014). If it is found that the environment does have the capacity to respond to the needs of the individual, resilience is predicted. The next two phases (Phases 4 and 5) address multidimensional factors. During Phase 4 the coping strategies of the individual are evaluated to see whether they are socially desirable, that is developmentally and/or contextually appropriate. If yes, then the protective resources that the individual uses can be seen as adaptive. Resilience can therefore be predicted. Phase 5 enquires whether the individual´s coping mechanisms adhere to contextually and culturally appropriate ways of dealing with adversity. If the answer is yes, then resilience is again predicted.

In summary, the interplay between the individual resources and the resources in the social ecology of the adolescent (e.g., family, school, community) co-determine whether the educational psychologist can, from a systemic perspective, make a resilience diagnosis or not. A finding of resilience is therefore possible if chronic and/or acute exposure of risk can be mediated or buffered by promotive and protective factors made available in socially and developmentally acceptable ways.
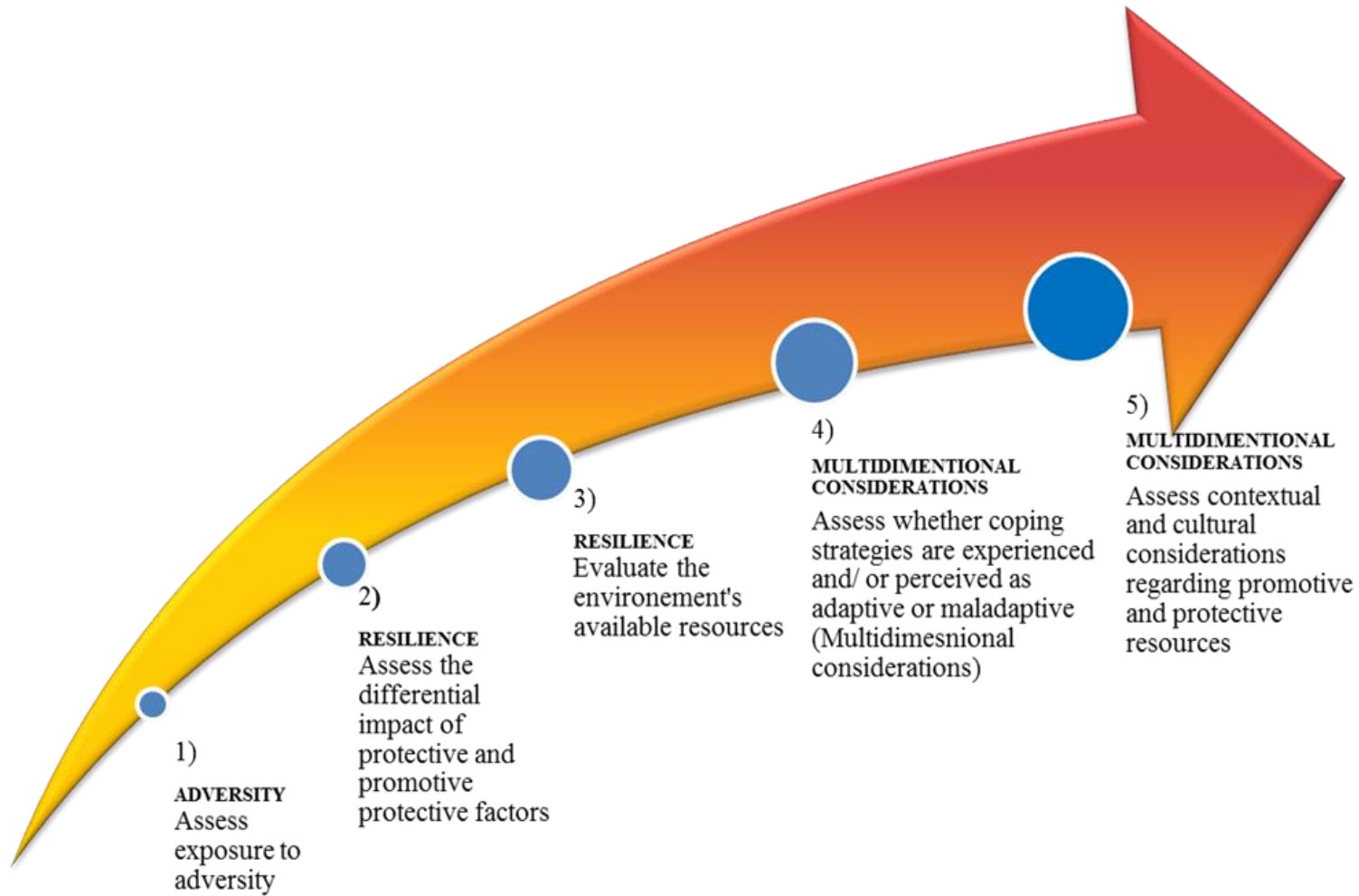
Figure 1.1:   Steps in Ungar's decision-making tree

1)
ADVERSITY
Assess
exposure to
adversity

2)
RESILIENCE
Assess the
differential
impact of
protective and
promotive
protective factors

3)
RESILIENCE
Evaluate the
environement's
available resources

4)
**MULTIDIMENTIONAL
CONSIDERATIONS**
Assess whether coping
strategies are experienced
and/ or perceived as
adaptive or maladaptive
(Multidimesnional
considerations)

5)
**MULTIDIMENTIONAL
CONSIDERATIONS**
Assess contextual
and cultural
considerations
regarding promotive
and protective
resources

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1) Evidence of abnormal or atypical exposure to adversity threatening well-being?

Yes? Continue with Phase two of assessment.

2) Evidence of abnormal or atypical exposure to adversity a) chronic or/and b) severe?

Yes? Proceed with the assessment of individual and environmental resources.

3) Can the environment mitigate the effect of exposure to risk? What strategies are used, which resources are accessible and available, who reinforces individual coping strategies?

Yes? Resilience is predicted when the environment shows the capacity to sustain resilience.

4) Does the individual view the promotive and protective processes as adaptive?

Coping strategies are perceived or experienced as adaptive? Yes? Resilience is predicted.

5) Does the individual's coping strategies meet their own and others expectations of socially acceptable ways of dealing with adversity?

Yes? Resilience is predicted.

Figure 1.2:   Decision tree: Diagnosing resilience (based on the work of Ungar, 2015)

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1.5.7. **Limitations of Ungar's criteria** Resilience approaches have been limited by questions on how resilience should be defined, how it should be assessed, and how it should be measured (Barber, 2013). Ungar (2015) offers a way for educational psychologists to address this issue. Wessels (2014) comments on Ungar's diagnostic criteria by drawing attention to the fact that family and community resilience are not directly addressed by his proposed criteria. Instead, the individuals (in the present study, the adolescents) report their personal experience of these systems. Wessels, however, draws attention, to the fact that the current framework could be adapted to address these ecologies (family and community), and makes suggestions to the type of adaptations that could be made (e.g. dimensions relating to power dynamics). Wessels also states that the focus of resilience criteria should not distract the practitioners from addressing social evils, such as poverty, which affects millions of young people. The concern, which Wessels shares with other scholars (Hart et al., 2016; Seccombe, 2002), is that focusing on resilience and identifying what enables resilience may be misinterpreted as a reason for not having to work hard to limit or end the challenges that put young people at risk in the first place.

1.6.   RURALITY, POVERTY AND RESILIENCE

Scholars, such as Denzin (2010), state that there are many definitions to describe rurality. According to the authors, there is no universally accepted definition of what a rural community comprises. Similarly, Christie (2012) emphasises that multiple theories inform educational studies on rurality, while Parret and Budge (2012) emphasise the interdependence between the land, activism and engagement found within lifeworlds within rural settings. To address this challenge, scholars suggest that researchers (Hart, Larson, & Lishner, 2005). If relevant key elements of rurality are specified, it creates an understanding of how rurality is viewed and defined from a specific point of view.

To define rurality for the purpose of this study, I refer to key socio-economic elements as described in South African resilience studies (Eagar, Versteeg-Mojanaga, & Cooke, 2014; Moletsane, 2012):

- Rural communities have a disproportionate number of children and elderly (Human Sciences Research Council (HSRC), 2012a).

- Rural communities are resource deprived in comparison to urban areas (Eagar et al., 2014; Moletsane, 2012).

- Rural communities have low population densities with limited access to basic services and economic advancement due to their remote geographical location (Ebersöhn, 2008; Ruiters & Wildschutt, 2010).

- Rural communities endure challenges related to high incidence of HIV/AIDS, and orphanage (Theron, 2015).

- Rural communities are shaped by the acknowledgement of kinship, collectivism and values, such as relatedness and cohesion (Mkhize, 2006; Munyaka & Mothlabi, 2009; Phasha, 2010).

- Rural communities often rely on private food production (agriculture) and natural resources to fulfil their needs (Eagar et al., 2014; Ruiters & Wildschutt, 2010).

- Rural communities often have unequal access to structural resources, like water, electricity and health services (Ebersöhn & Ferreira, 2012; Mahlati, 2011; UNICEF, 2014).

Rurality is therefore a complex phenomenon that offers multiple and numerous understandings, which includes strengths and challenges (Cloke, 1995). Balfour, Mitchell, and Moletsane (2008) refer to the theory of rurality as a "generative theory", which incorporates influences from society, globalisation and postcolonial assistances, since they influence the environment and the identity of people living in rural areas. Ebersöhn and Ferreira (2012) state that the theory of rurality has to take into account that people who depend on available resources have the power to not only sustain themselves, but also to transform or resist their ecologies. Nkambule, Balfour, Pillay, and Moletsane (2011) indicate that studies on rurality are usually concerned with the context of measuring areas of development that are not on par with development in urban areas. However, Moletsane (2012) states that the following components of rural communities should be seen as strengths:

- The dynamic interactions and agency found there;

- The value and strength of the way rural people engage and shape their   lives; and he local assets that can be used for effective interventions.

Gilligan (2000) indicates that schools can serve as a mechanism for offering vital protection and a place of refuge for learners. This is particularly true in rural areas (Ebersöhn & Ferreira, 2012). Van Breda (2017) claims that schools can aid vulnerable, poverty-stricken rural youths in need of resilience. However Modisaotsile (2012) states that the failing standard of basic education in South Africa, as well as school-based violence, under-qualified teachers and ill-equipped classrooms, is resulting in academic failure. Theron and Theron (2010) state that the failing school system puts rural adolescents at risk. Schooling, as an example of collaboration between the individual and social ecologies, should facilitate access to quality education in order to support resilience (Theron, 2015). If schools do not serve as a protective mechanism, the development of important resilience-promoting life skills cannot take place.

1.7.   WORKING ASSUMPTIONS

For the purpose of this study, I formulated the following working assumptions:

- Psycho-educational assessments can facilitate an understanding of resilience.
- This understanding will include information about risk by looking at severity, chronicity and ecological factors.
- This understanding will include information about personal, familial, community and cultural pathways.
- The psycho-educational assessments will facilitate educational psychologists' understanding and insight into the appropriateness and cultural fit of these resilience pathways.
- Ungar's criteria for resilience are suitable for use within a South African rural context and the criteria can be used to facilitate a diagnosis of resilience post assessment.

1.8. PARADIGMATIC ASSUMPTIONS

1.8.1. Epistemological perspective

A detailed description of the epistemological perspective of this study is provided in Chapter 3. In summary, the phenomenological approach is applied in this study. Phenomenology focuses on a deep understanding of social phenomena (Cohen, Manion & Morrison, 2011; Van Manen, 2014). Central to this perspective is that the researcher understands phenomena in a specific time and place (Merleau-Ponty, 2012). In the present study, I was concerned with understanding what *insight* could be achieved into the resilience of vulnerable rural adolescents by applying Ungar's diagnostic criteria of resilience to the documents generated in a psycho-educational assessment. Thus, the phenomenological approach is suitable for this study.

1.8.2. Research design: Exploratory qualitative research

In the present study a basic qualitative research process will be conducted (Creswell, 2012; Merriam, 2009; Merriam & Tisdell, 2015). In particular, a secondary document analysis will support the research process (Merriam, 2009). Sections 3.3.2 and 3.4.1 of Chapter 3 highlight the motivation for the selected method, as well as its advantages and disadvantages for the present study.

1.8.3. Sampling of the documents

All the case files of 2015 were included in my secondary document analysis. The sampling of the documents and information on the case files are explained in greater detail in Section 3.4.3 of Chapter 3.

1.8.4. Data analysis and interpretation

The risk and resilience categories of Ungar's (2015) diagnostic resilience criteria were used as a deductive coding framework. Within this framework, *a priori codes* were used to deductively analyse the data derived from the case files (Creswell, 2009). Furthermore, the literature review documented in Chapter 2 became the source for these codes. The deductive data analysis process is explained in detail in Chapter 3, Section 3.4.4.1 and the interpretation in 3.4.4.2.

1.9. QUALITY CRITERIA

In conducting this study, I will strive to achieve credibility, authenticity, confirmability, transferability, and dependability (Mertens, 1998). Section 3.5 details the steps taken to ensure that this study complies with these quality measures.

1.10. ETHICAL CONSIDERATIONS

1.10.1. Ethics relating to the FLY project

As already explained, this study falls under the FLY research project. The FLY 2015 project is regulated by strict ethical guidelines as set out of by the University of Pretoria. The FLY project obtained ethical clearance (EP 07/02/04 FLY 15-002B) from the Faculty of Education, UP, before the psycho-educational assessments commenced in August 2015 (Mampane, Ebersöhn, Cherrington, & Moen, 2014). This implies that written and informed consent was obtained from the participants and their parents before commencement of the data collection process. In other words, the data processed for this study were ethically generated.

As a As a first-year Master of Education: Educational Psychology Degree student, I also participated in the FLY project. However, the first-year students did not interact with the participants, but acted as helpers and observers. My role as researcher is described in more detail in Section 3.6. As researcher, I was required to apply for ethical clearance from the university prior to commencement of the research process, and my role as observer was discussed with me by my supervisor. Before the research was conducted, the ethical principle of research was explained by the supervisors. All students were closely supervised on site and the students were required to personally reflect on their practices and conduct, including ethics. The students were engaged in reflection sessions that addressed issues of trustworthiness, and ethical and professional conduct. In the literature it is reported that data should be transparent (Chambliss & Schutt, 2015). The methods applied to obtain, interpret and conclude findings in the FLY project were transparent, as all students used the same paper-and-pencil activities to obtain data. A limitation was that all the participants did not complete all or the same activities, which made the comparison of files more challenging. Emmel (2013) states that being open about findings will result in less preconceived ideas or perspectives.

1.10.2. Ethics relating to secondary document analysis

As this research falls under the FLY project, the ethical clearance for that project covered that of this study. Chambliss and Schutt, (2015) state that secondary data must be kept safe and access to data must be restricted. In line with this ethic, I was required to obtain clearance from the University of Pretoria's ethical board prior to becoming a co-researcher in the FLY project. Being a co-researcher meant that I could access the existing data set and conduct a secondary document analysis.

Wagner, Kawulich, and Garner (2012) emphasize the protection of the identity and privacy of participants, and the importance of not revealing information that may be detrimental to a participant's image or self-worth. The FLY project had strict ethical guidelines that were enforced at all times. The administrator provided the students with a memorandum for data use that was enforced.Files were locked away, thereby implying restricted access to data. I had to book out the case files with the FLY project administrator by completing a form indicating which files were requested and on which dates. The file usage was restricted to a controlled access room with a security code. These measures ensured client confidentiality (Emmel, 2013). The file names were coded, making sure that the privacy of clients remained protected. In order to adhere to anonymity, file names were referred to when clients were discussed in my report. Wagner et al. (2012) do however point out that total anonymity is very hard to achieve.

Chambliss and Schutt (2015) claim that the core responsibility of the practitioner is to do nothing that will harm the participant in any way. In order to practice beneficence in a research study, the welfare of the participant must be of the utmost importance to the researcher (Emmel, 2013).

1.11. CONCLUSION

Resilience research stands on a "new frontier" as researchers capitalize on past gains and look to the future to tackle new challenges (Bowes & Jaffee, 2013; Ebersöhn, 2017; Panter-Brick & Leckman, 2013; Rutter, 2013). Integrative theory and application are some of the aspects that hold the key to a better understanding of resilience. Furthermore, these aspects establish ways for professionals, including educational psychologists, to

"understand and promote resilience" (Pillay, 2017). Ungar's criteria of resilience offer a way for professionals to understand resilience better and to use such criteria to "diagnose" resilience by using assessment (Theron, 2012; Ungar, 2015).

Chapter 2 describes Ungar's criteria in detail to foster a deep understanding of why such criteria would be suitable to contribute to the understanding of resilience.

CHAPTER 2: LITERATURE REVIEW

2.1. INTRODUCTION

As discussed in Chapter 1, Ungar (2015) has developed criteria which contextually map out the risk and protective resources of an individual. The focus in this chapter is on the **intrapersonal** and **interpersonal risks** that challenge adolescent development in South Africa and on the **intrapersonal** and **interpersonal protective resources** that support and encourage South African adolescents to do well. To structure this chapter, a framework similar to that of Bronfenbrenner (1979) is used to elicit the various risk and protective resources which influence the individual. These risk and protective resources are found in different systems in and surrounding the individual (e.g. individual, family, school, community, macro-system). The individual and risk and protective resources in different systems have a reciprocal nature, as indicated by the arrows in Figure 2.1. The second part of Figure 2.1 illustrates the reciprocal interaction between the individual and the different systems, and the risk and protective resources which are found in them.
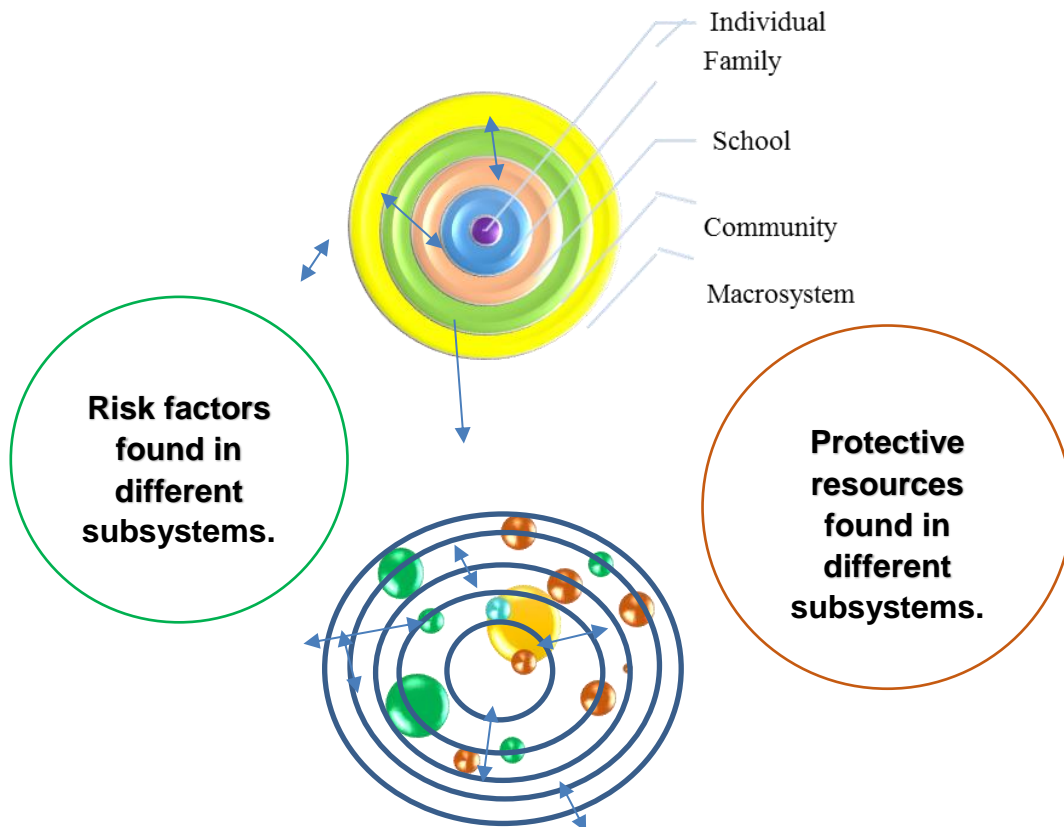
Figure: 2.1: Risk and protective resources experienced by rural young people

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The details of the risk and protective processes for each dimension of Figure 2.1 are based solely on studies of resilience which include black South African adolescents. This is because resilience is understood to be a culturally and contextually specific process (Masten, 2014). Where possible, clarification will be provided for the risk and resilience processes that have been reported in studies of resilience among South African young people living in rural contexts. The sections that follow explain the structure of Figure 2.1, starting with the individual dimension.

2.2.   INDIVIDUAL DIMENSION

Individual dimensions include biological, physical, cognitive, and personality aspects of a person. The blend of these characteristics makes a person unique as psychophysical systems, determining the character, are dynamically organized (Bowes & Jaffee, 2013). Some young people develop resilience due to their natural ability to resile, while other young people need more guidance (Alvord, Gurwitch, Martin, & Palomares, 2012).

2.2.1.   Intrapersonal risk

The developmental phase of adolescence is a time for young people to develop identity and develop skills that carry them towards economic independence, adult roles and adult relationships (De Lannoy, Gevers, & Mahlangu, 2014). However, adolescence is also a time of considerable risk, since young people, due to their developmental stage, may be inclined to act impulsively and engage in risky behaviour, such as experimenting with illegal drugs. Adolescence is also a developmental stage during which social influences could exert a lot of power (De Lannoy & Swartz, 2015). From a systems perspective, it is known that ecologies allow young people to resile and adapt in the face of adversity. However, resilience literature reports that intrapersonal factors, such as biological and physical vulnerabilities (e.g. intellectual capacity, and gender) could impact young peoples' ability to be resilient towards stressful life events (Kumpfer, 1999). For example, Bowes and Jaffee (2013) found that intellectual capacity, personality characteristics or traits, and temperament potentially co-determine if a person is susceptible to risks that can lead to negative outcomes. **Physical risk, cognitive risk, sadness, irritation and frustration and risky behaviour** are described in greater detail below.

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Physical risk refers to bodily experiences, such as physical abuse or violence, which have a negative impact on physical health (Theron & Theron, 2010). Violence includes the witnessing of, the experiencing of, and/or the vulnerability to violence (Choe, Zimmerman, & Devnarian, 2012; De Lannoy & Swartz, 2015). The violence which rural adolescents typically experience includes assault and violent victimization (Barbarin & Richter, 2001a; Ebersöhn, 2010; Statistics SA, 2013; Theron, 2015). This is associated with fear/anxiety traumatic symptoms, and/or increased tendencies towards violence.

Cognitive risks refer to any risk that involves limited cognitive ability (e.g. being diagnosed with an intellectual disability, an impaired executive functioning, or an impaired memory), the inability to problem solve, or heightened risk due to an unstimulating environment (e.g. poverty, poor health, unstimulating home environment, and malnutrition) (Cluver & Gardner, 2007). Cognitive abilities contribute to everyday, multilevel systemic transactions, meaning that an impaired cognitive ability may lead to greater risk for adolescents, such as poor school performance; subsequently resulting in low income, and the continuation of intergenerational poverty (Theron et al., 2013). **Risky behaviour** (e.g. illegal drug abuse, risky sexual practices) is also potentially prevalent amongst young people which may contribute to vulnerability and non-functional outcomes (Statistics South Africa, 2012). This risky behaviour can be influenced by socio-economic factors, as well as personal vulnerabilities (e.g., being easily influenced by peers) (Visser, Zungu, & Ndala-Magoro, 2015).

Bullying and community stigma, daily hassles at school, teasing, negative stereotyping, realistic threats and symbolic threats contribute to **irritation and frustration** among rural adolescents (Ebersöhn, 2010; Theron & Theron, 2010). Adolescents experience **sadness** if they perceive themselves different to their social group, if they feel that they do not belong, if they feel inferior to others and if they like failures (Cluver & Gardner, 2007). Rural adolescents report that they supress emotions by ignoring them so that they do not experience constant pain. This can contribute to exacerbated levels of emotional risk (Malindi, & Theron, 2010).

2.2.2.   Intrapersonal protective resources

Intrapersonal resources are resilience-promoting qualities nested in the psyche of each person, (e.g. hardiness or self-esteem) (Dass-Brailsford, 2005). Kumpfer (1999) states that intrapersonal protective resources are factors situated inside the person, enabling him or her to overcome stressful life events.

South African resilience studies report on **adaptive coping skills** as a resilience building intrapersonal characteristic. Coping skills are defined as any characteristic or pattern of behaviour (e.g. belief system, problem solving, social skills) that enables or enhances adaptation (Curran, Williams, & Potts, 2009). Dass-Brailsford (2005), and Kruger and Prinsloo (2008) report on coping skills (e.g. humour, distracting oneself, positive reappraisal) which aide South African young people to move forward in life.

Rural South African resilience studies echo these findings. For example, in a study that involved rural, resilient Basotho youths living in the Thabo Mofutsanya district in Free State Province, Theron et al. (2013) included a **resilient personality** as an intrapersonal protective factor. They reported that acceptance of hardship and a resilient personality promote positive adaptation, as these intrapersonal strengths supported adolescents to negotiate for resources which again aided the young people in their positive adaptation.

Similarly, another South African resilience study (Nell, 2016) investigated **mindfulness** among 203 South African black students. The study reports that high levels of mindfulness correlated with elevated levels of life satisfaction, hope, positive effect and meaning of life, and lower levels of negative effect. The study therefore concludes that mindfulness may aid psychological well-being, thereby contributing to resilience.

Intellectual abilities (e.g. good cognitive strategies, problem-solving skills, positive cognitive interpretations, and executive functions) are resilience-promoting resources (Cortina et al., 2016). South African literature reports that rural adolescents rely on their intellectual abilities to employ different strategies to strive towards appropriate adjustment (Theron & Theron, 2010, Theron & Theron, 2013). These strategies include the ability of rural adolescents to adopt a more objective and/or positive view of hardship and stressors (which supports the manageability of challenges); to distance themselves mentally and/or

emotionally from certain challenges (e.g. challenges at home such as poverty and violence); to gain some control over their lives; to choose to be positive; to strive towards socially-appropriate adjustment; and to be willing to compromise and to adapt personal expectations to fit in with their communities (Ryff, 2014).

South-African resilience studies also report **effective communication**. For example, Lethale and Pillay (2013) reported on four 14 to 18-year-old orphaned young people from the Sebokeng township, who lived in adolescent-headed households and used effective communication to address issues and negotiate resources. The study concludes that effective communication is used to enhance subjective well-being to support self-care, thereby contributing to resilience.

Another example from a rural South African resilience study involved rural young people from the Agincourt sub-region in Mpumalanga Province. Madhavan and Crowell (2014) included **agency** and opportunity for adolescents to mobilize resources to help them steer their identity despite adversities in their surroundings. The study found that youths exert some agency in determining which behaviour to model, and to distance themselves from behaviour that can harm their life ambitions.

South African resilience studies report on **dreaming** as an intrapersonal factor, as the positive visionary function allows adolescents to find ways to improve their future (Mosavel et al., 2015; Ryff, 2014). Mercy Corps (2014) defines dreaming as the freedom to imagine a better future, and to have aspirations, dreams, and aims for the future. Rural South African resilience literature reports similar findings; for example, Theron and Theron (2013) report that dreaming can mobilize appropriate social choices or that dreams of the future can reveal adolescents' motivation to prevail over hardship.

2.3.   INTERPERSONAL DIMENSION

This section describes risk and protective resources found in the interpersonal dimension. The interpersonal dimension includes more than one system (e.g. the family system, the school system, and the community- see Figure 2.1) that continually and reciprocally influences young people as they strive towards positive adaptation. For each system I

will provide examples from South African resilience studies indicating which risk or protective resources impact young people during their resilience process.

2.3.1. The family system

Family, in the South African context, is often understood as being a group of inter-generational extended family members or next of kin (Malan-Van Rooyen, 2015; Mkhize, 2006; Theron & Theron, 2013). On the one hand, South-African resilience literature and South African studies of resilience in rural contexts report on rural South African families that are disadvantaged by poverty, HIV/AIDS, family violence, poor infrastructure, illness and limited access to basic services (Booysen, 2012, Cluver & Gardner, 2007; Ebersöhn & Fereirra, 2012; Ebersöhn et al., 2015). On the other hand, rural South African resilience studies also indicate that young people often consider their family system as a protective factor (Madhavan & Crowell, 2014; Theron, 2015). Young people report, for example, a sense of cohesion and attachment to their families, family-enabled access to material resources, and the emotional support and educational gains provided by their family-systems as protective resources that aid them during their resilience process (Ebersöhn, 2013; Loots, Ebersöhn, Ferreira, & Eloff, 2010; Madhaven & Crowell, 2014). In the next sections family-related risks and family-related protective resources will be discussed.

2.3.1.1. Family-related risks

Family-related risks impact young peoples' wellbeing and include risks such as poverty (e.g. unemployed parents, single and female-headed households, and limited resources) HIV/AIDs related bereavement, grief and family violence (Rutter, 2010). Family violence (e.g. witnessing physical violence or experiencing beatings) also impacts negatively on adolescents' wellbeing (De Lannoy et al., 2014). Rural South African families often experience such challenges due to the effects of poverty (Ebersöhn & Fereirra, 2012). Poverty is considered to be one of the most devastating risks to children, as South African resilience literature stresses the correlation between unemployment and vulnerability (Booysen, 2012; Cluver & Gardner, 2007; Pienaar, Swanepoel, Van Rensburg, & Heunis, 2011). Ruiters and Wilschutt (2010) states that income insecurity is a proxy for poverty measurements. As with female-headed households, unemployed parents often experience low literacy levels and a dependency on welfare grants, which in turn generally

means that children in these families are vulnerable (Ebersöhn, 2010). Parents living in poverty may also be less able to support the educational development of their offspring due to their own low educational level and limited financial means. (Ebersöhn, 2010). This may result in adolescents living in disadvantaged lifeworlds, which again places them at risk (Theron, 2015). Poverty is likely to result in higher levels of psychological distress, multiple traumas, teenage pregnancies, poor scholastic performances, HIV/Aids, exposure to violence and criminal activities (Cluver & Gardner, 2007). Chirese (2010) states that youth from poor families are more likely to experience poor parenting, disrupted attachments and alienation.

For example, a South African study reported high levels of food insecurity in the Integrated Sustainable Rural Development (ISRD) node of Sekhukhune, where 89% of the population live in rural areas (Department of Agriculture, 2006). More than half of the participants, 54%, indicated that their households could not buy food during certain times of the month due to a lack of money. It was further reported that 40% of the children between the ages of one and six living in Sekhukhune were stunted, while 21% of this age group were underweight for their age. These findings suggest that poverty is associated with increased risk and that such risks can lead to poor health, lower scholastic achievement, and increased vulnerability for families and children.

2.3.1.2. *Family-related resources*

South African resilience studies show that family-related resources are continuously identified as being key in young peoples' resilience process (Mokwena, 2007; Ramphele, 2012). Within family systems, members have the opportunity to build supportive relationships as they partake in family roles, rituals, tasks and extramural activities (Ebersöhn, 2007; Theron & Theron, 2013). South African resilience studies report on the importance of family communication and the role of traditional family practices, such as storytelling, as a protective factor for young people, since these enable family members to spend quality time together (Theron, 2007). Extended family support guides young people into adulthood by offering opportunities for family communication, supporting young people emotionally and materially, and deepening adolescent feelings of belonging and identity (Madhavan & Crowell, 2014; Mkhize, 2006, p. 187; Mokwena, 2007;

Ramphele, 2012; Theron, 2007; Theron & Theron, 2010; van Breda, 2015). Other South African resilience studies report that family-provided material resources (e.g. accommodation, food and clothing) are resilience promoting factors for young people (Ebersöhn et al., 2015).

Rural South African resilience studies echo these findings. In a study involving mainly rural schools in the Empangeni District of KwaZulu-Natal Province, Singh and Steyn (2013) report on learner aggression in secondary schools and on factors which inhibit or promote aggressive behaviour of young people. They found that being raised in a caring, loving family environment could influence young peoples' social behaviour positively and enhance their ability to perform well in life. In a rural South African resilience study by Shackleton and Luckert (2015), it is reported that families tried to help each other in times of crisis to prevent destitution by sharing material resources. The study reports on 170 randomly-selected households in the rural areas of Gatyana in Mbashe and Lesseyton in Lukanji, Eastern Cape Province. The study concludes that despite shifts in values and lifestyle changes, the family is still perceived as a buffer against vulnerability. Another rural South African study by Madhavan and Crowell (2014) reports that 57% of the participants reported their mothers as being protective resources in their lives. The participants reported that their mothers acted as their mentors and as their nurturers, thus contributing to their resilience. Young people often model mentors' values and behaviour. South African resilience studies also indicate that rural adolescents often reported that family members (e.g. siblings) were their mentors (Posel, 2006)..

2.3.2.   The school system

Effective schools have been reported as being protective resources in numerous South African resilience studies (Theron & Theron, 2010; van Rensburg & Barnard, 2005). Schools (and teachers) promote resilience by using relationships to provide resources and support to vulnerable adolescents (Ebersöhn, 2012b). However, dysfunctional schools do not succeed in equipping young people with the necessary education to be self-sufficient (Du Plessis, 2014; HSRC, 2012a). In the following section, school-related risks and protective resources will be discussed.

2.3.2.1. School-related risks

South African resilience studies and South African government policies state that delivery of quality education to vulnerable communities and children faces many challenges. (Gardiner, 2015; Mahlangu, Gevers, & De Lannoy, 2014). For example, South Africa's overall level of education ranked 140 out of 144 countries on the competitiveness index on the World Economic Forum for 2012-13, while South African science and mathematics studies are ranked 143 out of 144 on the same index (Holborn, 2013). Another challenge is found in the demographic and socio-economic positioning of schools, which can result in resource-scarce schools (e.g. broken lights and windows, limited access to textbooks) and unsafe learning environments, which again hamper vulnerable children's access to quality education (Mampane & Bouwer, 2011; Mosavel et al., 2015). Quality education offers young people opportunities for bonding, connectedness, commitment and involvement (Malindi & Machenjedze, 2012). Poor quality education may therefore limit opportunities for academic progress and support, and hamper access to social networks (Sharkey, You, & Schnoebelen, 2008).

Rural South African resilience studies mirror the findings reported above. These rural resilience studies report that schools in rural contexts often experience adversities such as poor infrastructure, low income, and limited access to resources (Loots et al., 2010). Ebersöhn (2010) reports that time and place have a vast impact on rural schools, as such schools are often remote and isolated. This implies that the schools are far removed from educational services, resource centres and training facilities. Such schools struggle to increase enrolment numbers due to their location and educational quality, which again results in further declining enrolment numbers and even fewer quality teaching staff. Teachers often travel to the school from outside the community, which limits their input and access to the community after school hours (Du Plessis, 2014). Gardiner (2015) highlights the challenges that teachers face when they reside outside of the community, which can limit their insight into and influence on community challenges. Other reported challenges that rural schools face include teacher-learner ratios (more than 45 learners per classroom), limited resources, and poorly trained and absent teachers.

South African studies also report on victimization and violence in schools, which seems to affect nearly a third of learners (32%) according to a survey done by the Medical Research Council of South Africa (2008). Acts of victimization and violence include threats, insults, harassment, bullying, physical abuse and sexual abuse (Choe et al., 2012; Donald, Lazarus, & Lolwana, 2006). Rural South African resilience studies echo these findings. A recent rural South African resilience study examined a sample of 1 565 Grade 11 students across 41 high schools and found that 16.49% of learners reported being victimized at school (Melisa, Ward, Flisher, & Lombard, 2008).

2.3.2.2. *School-related resources*

South African resilience studies indicate that schools can support learners and communities by facilitating access to development and creating opportunities for growth (Mampane & Bouwer, 2011). Schools and, in particular, teachers can address young people's vulnerabilities by mobilising school-based psycho-social support systems and assets as protective resources (Ferreira & Ebersöhn, 2011; Loots, et al., 2010). Teachers are instrumental in identifying, structuring and planning activities that can support vulnerable learners (Kruger & Prinsloo, 2008). Teachers can expose vulnerable learners to protective resources in different ways, such as encouraging community-involvement, and entrepreneurial activities, acting as role models for learners, and offering encouragement and caring (Ebersöhn, 2007, 2008; Theron, 2007; van Rensburg & Barnard, 2005).

These findings are echoed in rural South African studies. In a study by Loots et al. (2010), 28 teachers in four South African schools (one based in rural Mpumalanga Province) were tasked to address risk associated with HIV/AIDS after they had been part of an asset-based intervention program. The study reported that three main teacher contributions mediated risk associated with HIV/AIDS: Teachers began establishing networks and partnerships within their community to build resilience in the school, teachers mobilized and utilised resources to aid the resilience of learners in their school, and teachers assisted vulnerable learners to access school-based support. The study concludes that schools can act as a hub of care and support for leaners and the community through teacher-initiatives and support. Similarly, when Ebersöhn (2008) conducted research in

conjunction with the Department of Education (DoE) and UNICEF in three provinces of South Africa (Limpopo, Eastern Cape and KwaZulu Natal), her study reinforced that schools can be enabling spaces.

2.3.3. The community system

For the purposes of this chapter, a community is defined as a group of people that are united by similar boundaries or phenomena (e.g. government policy, school, geographical setting). Such a community could face similar adversity (e.g. drought) and could profit from similar protective resources. South African resilience literature shows not only that the community system could be instrumental in providing necessary protective resources for young people to move forward, but also that community vulnerability can contribute to risk experienced by young people (Ebersöhn, 2007; Shackleton & Luckert, 2015).

2.3.3.1. Community-related risks

Challenges related to cumulative risk has devastating effects on South African communities (De Lannoy, Leibbrandt, & Frame, 2015). In more vulnerable communities with less access to resources, more risk is experienced as the community cannot easily draw on resources to mitigate the effect of adversity (Ebersöhn, 2007). Rural communities face increased risk that is heightened by their remote locations. These communities experience limited economic advancement, which in turn increases the risk of youth unemployment and poverty, teenage pregnancies, crime and violence, which leads to disruption of community structures (Ebersöhn & Fereirra, 2012; Shackleton & Luckert, 2015). For example, the HSRC (2012a) report which included rural communities in Mpumalanga Province states that these communities experience multiple risks, such as poverty and youth unemployment, substance abuse, low levels of social services, and uninvolved community members. The study reports high levels of school learner drop-outs due to teenage pregnancy, devastating effects on the community from Nyaupe drug use (e.g. users high on Nyaupe are linked to violent crimes), lack of economic advancement and lack of involvement of members. The study also reports that deep rural communities rely on the help of non-profit organizations to provide social services and

basic medical care, since access to government social services and medical care is not readily available.

Ebersöhn's (2008) resilience study in conjunction with the DoE and UNICEF reports on risk experienced by children (aged 3 to 21) and educators from three provinces of South Africa (Limpopo, Eastern Cape and KwaZulu-Natal). The participants in Limpopo Province were predominantly from rural areas and resource deprived. Children first reported on risk related to exposure to or threat of crime; then on anxiety, fear and worry, as well as negative intrapersonal factors such as negative emotions, homework problems and poor academic performance. Children also reported on deprivation relating to lack of care and love.

2.3.3.2. *Community-related resources*

Balfour et al. (2008) state that the following should be seen as rural community-related strengths: the dynamic interactions found in rural communities, the value and strength of the way people engage and shape their lives in rural communities, the agency of rural communities, and the assets found in rural communities that can be used for effective interventions. This implies that rural communities can support resilience and provide resilience role models. Madhavan and Crowell (2014) found that role models can motivate rural young people to work harder and aspire to reach goals, while Theron and Theron, (2010) stated that opportunities for extra-mural engagement offer distractions and enable adolescents to spend their time meaningfully and to avoid potential risk (e.g. gangs and crime*).* Communities can also enable adolescents to tap into a support base via from both religion and traditional ancestral practices, and can facilitate a sense of belonging by regular engagement and participation in religious and/or ancestral practices (Louw, 2011; Mkhize, 2006; Theron & Theron, 2010). Communities promote resilience by using relationships to provide resources and support to vulnerable individuals in rural areas, as reported in a study conducted in rural Mpumalanga Province (Ebersöhn & Ferreira, 2012). Similarly, Theron and Malindi (2010) reported that communities enabled resilience for vulnerable street youth by making health clinics, drop-in centres, schools and other services available.

Peers are part of the community too. South African resilience studies have reported on the influence of peers on adolescents. Pienaar et al. (2011) state that social interaction with pro-social peers can contribute to resilience. Peers offer benefits that include group protection, peer bonding and peer support. These benefits are potentially resilience promoting (e.g. helping, sharing cooperating, donating and volunteering) (Theron et al., 2011, Theron et al., 2013). Good peer relationships are associated with greater probability of resilience, as social support can help adolescents make sense of communal adversity, form a positive identity, and offer a sense of purpose and belonging (Ebersöhn, 2013; van Rensburg, Theron, Rothmann, & Kitching, 2013). Peers also facilitate opportunities for adolescents to create positive identities and values, since adolescents can talk about their problems, and be understood and accepted. This relates to adolescents trusting that peers, who have similar experiences to theirs, can help them (Theron & Dunn, 2010). Supportive peers are therefore instrumental to the kind of values which adolescents adopt (maladaptive or positive) in the face of adversity (Choe et al., 2012; Theron & Malindi, 2010).

2.4. MACRO-SYSTEMIC INFLUENCES

International and South African resilience literature indicate that human development cannot be isolated from political, physical and natural capital (Ebersöhn, 2010; Ungar, 2015). A macrosystem is a larger environmental context consisting of systems (e.g. social, political-government and policies, cultural) that impact young people and their political and physical capital as the systems flow through other people into the lives of the adolescent. (Bronfenbrenner, 1979; Visser & Routledge, 2007). Environmental regulation, business and industry, new laws and government reforms are examples of macro-systemic influences that can profoundly affect the lives of young people, even if the adolescents are unaware of these contextual changes. The effects of a macrosystem can be direct or indirect; however, they are still profound and their effects on a young person's life can vary in duration (Bhana, McKay, Mellins, Petersen, & Bell, 2010; Bronfenbrenner, 1979). Rural South African resilience studies report on the important role that policy-level initiatives play in facilitating rural contexts' access to quality services and education (Ebersöhn, 2007; Rutter, 2010).

2.4.1.   Macro-systemic risks

South African resilience studies report on the lack of health, social and learning support and the unequal distribution of resources in social contexts (Malan-Van Rooyen, 2015). This is particularly relevant for the rural context, as youths in this context often have limited quality service delivery and limited economic advancement opportunities (HSRC, 2012a). These risk factors can create a poverty trap for communities that force the youths to focus on survival and limit opportunities for advancement.

2.4.2.   Macro-systemic resources

South African resilience literature reports on religious or spiritual practices (Christian and ancestral) that enable adolescents to tap into a cultural support base that includes religion and traditional ancestral practices (Mkhize, 2006; Mokwena, 2007; Theron & Theron, 2010; Theron & Malindi, 2010). Resilience studies also report on the protective function that culture can offer young people. Ubuntu (also referred to as Vumunhi or Uhuthu) is reported to be a central part of an African cultural heritage and it promotes interconnectedness, meaning-making, traditional values and agency (Theron & Donald, 2013; Theron & Phasha, 2015; Theron & Theron, 2010). Resilience literature also indicates that policies can also serve as a protective factor for young people. For example, South African resilience literature reports on the importance given to education (e.g., early childhood development (ECD)) at a macro-policy level, which means that rural communities are given better access to early development programs through policy-driven initiatives (De Lannoy & Lake, 2009). In another study, a rural South African resilience study reports on policy-level initiatives aimed at assisting vulnerable parents and children with the integrated nutrition programme (Department of Health, 2002) which can mediate the effects of poverty (Cooper, De Lannoy, & Rule, 2015).

2.5.   EXO-SYSTEM AND CHRONO-SYSTEM INFLUENCES

The exo-system refers to the settings or events that influence the child in a profound, often chronic (chronic adversity) but indirect way (Bronfenbrenner, 1979; Ebersöhn, 2012). Bronfenbrenner (1978) states that there is at least one social ecology between the individual and the exo-system, which makes direct contact impossible. For example, remote workplaces of fathers can influence rural adolescents negatively, as fathers are

reported to be less engaged in positive parental relationships than mothers (Panter-Brick et al., 2014). Possible reasons for the absence of fathers include fathers working as migrant workers, limiting contact between fathers and their children. This is especially true in rural South African areas (Theron, 2015).

The chrono-system is particularly relevant to contextualize my study. The chrono-system refers to historical events, like the legacy of apartheid in South Africa, which influence structural advantage and/or disadvantage, e.g., access to services and resources (Swartz, Hamilton-Harding, & De Lannoy, 2013). Ebersöhn (2012b) draws attention to the fact that views of South African rurality could be negatively influenced by poverty, which is typical in rural areas. This probably relates to the apartheid legacy and the fact that, over time, many South African rural areas have continued to be under-resourced and under-served (Møller, 2013).

2.6. CONCLUSION

From a social ecology approach, the resilience process of young people is enabled by multifaceted contributions (Maree, 2013a). From South African resilience literature, it is evident that resilience is the ability to positively adapt in the face of adversity by engaging in reciprocal relationships within various social ecologies over which the individual has little control (Reber, Allen, & Reber, 2009; Shaikh & Kauppi, 2010; Ungar, 2008).

However, it is unclear how educational psychologists can apply such insight into the risk and resilience of rural adolescents. Thus, my study will explore how the paper-and pencil activities generated in a psycho-educational assessment can facilitate a resilience "diagnosis" by using Ungar's diagnostic criteria of resilience post-assessment. In the next chapter I will provide support for the methodology applied to achieve this aim.

3.1.   INTRODUCTION

In Chapter 2, South African studies that are relevant to the resilience processes of rural South African adolescents were reviewed. The dynamic, reciprocal relationships between young people and their social ecologies were described by referring to the intrapersonal and interpersonal risks and resources reported in South African resilience studies. This allowed me to conclude that the factors enabling and constraining the resilience of rural South African adolescents are not well documented. The ways in which educational psychologists can use educational psychology assessments to identify these enabling and constraining factors are also not well documented. Aligned to that situation is the primary research question which informs this study: *What insight into the resilience of vulnerable rural adolescents can be achieved by applying Ungar's diagnostic criteria of resilience to the documents (i.e., paper-and-pencil activities) generated in psycho-educational assessments?*

Chapter 3 documents the direction and processes followed to answer the primary research question. The meta-theoretical paradigm of phenomenology is introduced. Moreover, how this choice fits in with a systemic world view, where people continuously negotiate with and within different ecologies, (Maree, 2013a) is indicated. The methodological purpose of Ungar's criteria of resilience is also discussed. How the use of these criteria could a) facilitate a deeper understanding of youth resilience, and b) allow professionals (i.e., educational psychologists) to "diagnose" resilience by using a more standardized tool (Theron, 2012; Ungar, 2015) is also explained. The application of qualitative research and secondary document analysis is described. Lastly, my role as researcher in the research process and references to quality criteria are made clear. (Ethical considerations of this study are discussed in Chapter 1 (pp. 23), and are therefore not discussed again in this chapter.)

3.2. PURPOSE OF THE STUDY

The purpose of this study is to explore what insight can be achieved into the resilience of vulnerable rural adolescents by applying Ungar's diagnostic criteria of resilience to the documents (i.e., paper-and-pencil activities) generated in a psycho-educational

assessment. To achieve this purpose my study followed two paths. Firstly, it explores the contextual risks which rural youth face and the protective resources which mitigate these risks. The Social Ecology of Resilience Theory (Bottrell, 2009; Masten, 2001; Masten & Wright, 2010; Ungar, 2011) defines resilience as a process in which young people and their relational environments (social ecologies) interact to access and/or provide resources in ways which support young people in avoiding the negative outcomes which their adversity would normally predict. In this process, developmentally-, contextually- and culturally-relevant resources for adaptation to adversity, which are already present in the social ecology and which young people report in the course of a psycho-educational assessment, are explored. These resources are usually comprised of intrinsic and extrinsic factors which have the potential to support positive adjustment (Cameron et al., 2007; Ebersöhn, 2012a; Ungar, 2008). The prospect of positive outcomes is higher if systemic factors, such as parents, school and teachers, support rural adolescents to express their strengths (Ungar, 2011). Thus, in adhering to this first purpose, my study has the potential to expand the existing knowledge of what rural young people understand about how their rural social ecology influences their resilience processes.

Secondly, my study explored a possible method to understanding the resilience of adolescents via educational psychology assessments. Therapy and assessments are services offered by educational psychologists which can support adolescent resilience processes (Bottrell, 2009). Ungar (2015, p. 5) designed what he calls "diagnostic criteria for resilience" which could be used to identify the factors that support and challenge resilience. These criteria include three domains, i.e. adversity, resilience and multi-dimensional considerations. Each of these domains can be mapped onto various dimensions (e.g., adversity has dimensions of severity, chronicity, ecological level, attributional causality, cultural and contextual relevance (see Ungar (2015) Chapter 1, Section 1.5.5.). Ungar operationalises each dimension with an explanation and/or questions which allow the assessor (e.g. educational psychologist) to match information derived from an assessment (e.g. a psycho-educational assessment) to Ungar's resilience criteria. As outlined in Chapter 1 and in the literature review in Chapter 2, Ungar's framework of risk and resilience criteria is relevant to vulnerable youth in South African contexts. Ungar's criteria can thus be mapped onto the information obtained during an

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educational psychology assessment (i.e. paper-and-pencil activities generated in a psycho-educational assessment) and can potentially be used to facilitate a resilience "diagnosis" (Ungar, 2011, 2015). The present study explores this possibility.

In summary, this study is therefore an exploratory study (Chambliss & Schutt, 2015). A limitation of explorative studies is the modest number of samples that studies usually include, which means that the findings cannot always adequately represent larger groups of people (Emmel, 2013). One of the advantages of an exploratory study is the insight which it could facilitate into new topics (Taylor & Francis, 2013).

3.3. PARADIGMATIC PERSPECTIVE

A research paradigm refers to a frame of reference or a broad theoretical orientation which is used to structure ways of reasoning and organising observations (Crowe, Inder, & Porter, 2015).

3.3.1. Meta-theoretical paradigm

Phenomenology focuses on the lifeworlds of human beings and their subjective interpretations thereof as a starting point to understanding social phenomena (Cohen et al., 2011). It is therefore critical for a researcher to understand the acquired knowledge in a contextual manner. This gives the individuals participating in research (or seeking support from educational psychologists) the authority to portray their reality from their unique perspectives. This portrayal does not impose the subjective reality of the researcher, which is coloured by his own values or interpretations (Chambliss & Schutt, 2015).

The phenomenological paradigm is naturalistic by nature and does not aim to be controlling, manipulative or obtrusive (Crowe et al., 2015). The goal of the phenomenological paradigm is to foster a deep understanding of the phenomenon or research problem embedded in its unique context. The aim is to uncover and process the information without having generalizability as a main objective. Cohen et al. (2011) explain that finding the insider perspective on complex, contextually embedded phenomena is the goal of the phenomenological paradigm. It would therefore seem appropriate to use this paradigm for the present study. As researcher, I firstly give voice, as it were, to 65 rural

young people living in a rural South African context. These 65 self-reported instances of lifeworlds (including risk and protective resources) in a rural context could provide a deep understanding of the phenomenon of resilience, and in doing so, contribute to the limited existing knowledge on adolescent resilience processes in rural South African contexts.

Babbie and Mouton (2001) note that phenomenology seeks to understand social phenomena, or in other words, understand the meaning which people have assigned to their specific lifeworld from their perspective. The meaning-making process does not take place in isolation. People continuously give subjective meaning to their experiences, which again influences their meaning-making process (Creswell, 2014). Nieuwenhuis (2007b) states that the meta-theory of phenomenology offers the researcher an opportunity to provide rich descriptions of context-specific experiences. This allows a deeper understanding of the subjective experiences of individuals and how social influences play a role in this experience. To facilitate a deeper understanding of clients' intrapersonal and interpersonal dimensions (see Chapter 2, for a more detailed explanation), the researcher must aim to understand the intersubjective meanings between these dimensions (Jansen, 2004). It is necessary to interpret the data by considering the interaction between and influences on intrapersonal and interpersonal dimensions (Creswell, 2014; Maree, 2013a).

Taylor and Francis (2013) note that phenomenology is often criticised for reasons such as that a) data-gathering tends to be time consuming and uses a lot of resources, and b) the analysis of data and the interpretation thereof can be complex. In this study these issues are addressed in two ways. Firstly, this is a secondary document analysis, which benefitted me because the data collection was already complete. Secondly, the *a priori codes* derived from South African resilience literature which fitted into Ungar`s categories for resilience helped me to make sense of the data. Therefore, I did not have to develop my own structure for analysis, as my deductive secondary document analysis utilised these well-established categories and codes. Photographs 3.1 and 3.2 show examples of the datasets that were used for analysis.
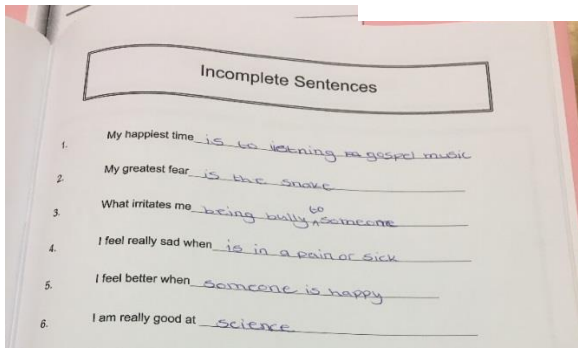
Photo 3.1:   **Example of dataset used for analysis**
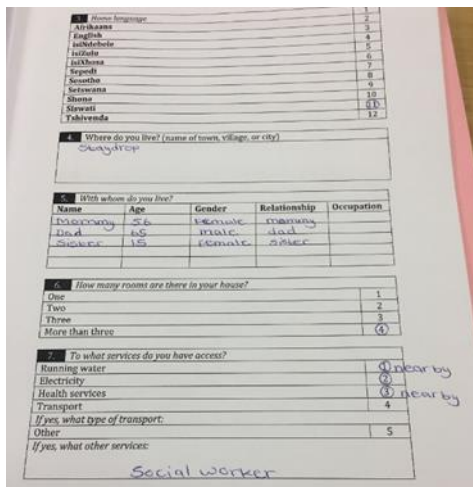
Photo 3.2:   **Example of dataset used for analysis**

3.3.2.   Methodological paradigm: Qualitative research

To answer the research question, the basic qualitative research methodology will be applied (Creswell, 2014; Merriam, 2009 p. 23; Merriam & Tisdell, 2015). Nieuwenhuis (2007a) describes qualitative research as the collection of rich, descriptive data that describes a specific phenomenon, taking the contextual influences on the phenomenon into consideration. The aim of qualitative research is to gain insight into individuals' specific experiences, behaviours and attitudes in their natural setting (Babbie, 2005). Prominent qualitative research methods include interviews, document reviews and observations.

The basic qualitative research method I applied was a document analysis (Merriam, 2009). As detailed later in this chapter, the document analysis consisted of paper-and-

pencil activities completed by 65 male and female Grade 9 learners as part of the psycho-educational assessments conducted during the FLY 2015 project. The outcomes of these assessments were recorded in the learners' client files (Photograph 3.3). I conducted a secondary analysis of these documents, as the contents of the client files had previously been analysed by others (Ebersöhn, 2007, 2008; Ferreira & Ebersöhn, 2011).
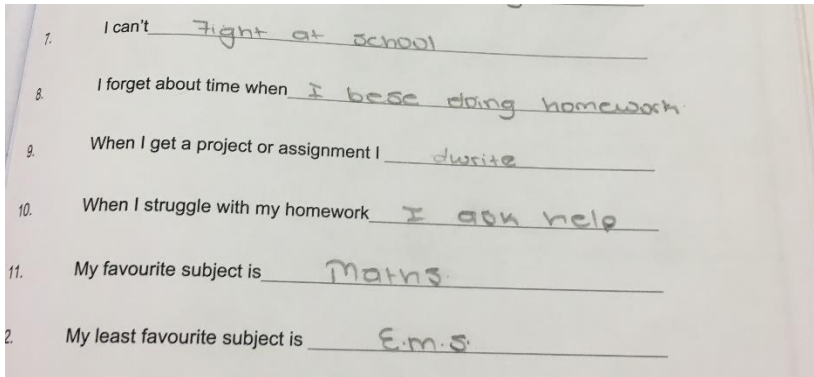
Photo 3.3:   **Example of dataset used for analysis**

3.4. METHODOLOGY

As noted above, a secondary analysis was conducted of documents (client files) generated during the FLY 2015 project. To aid reader understanding, the FLY 2015 project will be detailed before the research design applied is explained.

3.4.1. The Flourishing Learning Youth (FLY) study

The study on which this research is based, the FLY project, forms part of a partnership between the University of Pretoria (UP) and a secondary school in Mpumalanga Province, South Africa (Ebersöhn, 2013). The school is in a rural area where learners are faced with a multitude of challenges. The 65 young participants were mainly IsiSwati speakers, who lived in high-need, high-risk communities where multiple adversities, often simultaneously, impacted their lives (HSRC, 2012a). South African resilience literature reports on conditions such as poverty, lack of services (e.g. housing, clean water and transport), child-headed households, violence, abuse and overcrowded homes, which add to the deprivation and affect the psycho-social well-being of rural South African youths (Betancourt & Khan, 2008; Theron et al., 2013). These cumulative adversities often lead to the development of negative behavioural patterns and maladaptive coping in young

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people (Bottrell et al., 2010; Statistics South Africa, 2012). The HSRC (2012a) report on families in Mpumalanga Province (including rural families) echoes these reported trends. Although the school is resource-deprived with amongst others limited access to electricity and water, an under-resourced library and a shortage of desks, the school is still seen as a community resource (e.g. it provides meals at school and transport for learners who live in remote areas).

In 2015, services were provided to 35 male and 30 female Grade 9 students in mixed-gender groups (See Annexure C for a summary of the grade 9 student's demographics). Each group was headed by a second-year Masters of Education: Educational Psychology student supervised by educational psychologists, and professors from the Faculty of Psychology at the University of Pretoria (e.g. Prof. Lubbe- De Beer, Prof. Ebersöhn). The educational psychological assessment and intervention was introduced to the learners at the school. In these groups, each individual adolescent completed paper-and-pencil activities. Educational psychological activities included a demographic questionnaire, a UP-student generated brief strengths scale questionnaire, a role model worksheet, a UP-student generated short value scale, incomplete sentences, family and home drawings and a writing activity to describe a typical day of the participant (Appendix D provides an example of the FLY 2015 project educational psychological activities).

First-year Masters of Education: Educational Psychology students also participated in the FLY project. However, they did not interact with the participants, but merely acted as helpers and observers. The first-year Master's students were mainly stationed at the sand trays. The sand trays were positioned close to the tables and chairs where the youths participated in group-work, and the master's students had the opportunity to observe the participants constructing the sand trays, as well as the first sand tray assessment. The first-year master's students were encouraged to keep a reflective diary, where possible macro-systemic influences on the participants were noted and reflected on (see photographs 3.4, 3.5, 3.6). Other tasks included supporting second-year Masters of Education: Educational Psychology students in the preparation of paper-and-pencil activities. I was one of the first-year students who participated in the project.

My participation enabled me to experience the effects of the macro- and chrono-systems, such as limited infrastructure and service delivery, on the learners, the school and the community in their natural setting (see Photographs 3.4, 3.5 and 3.6).
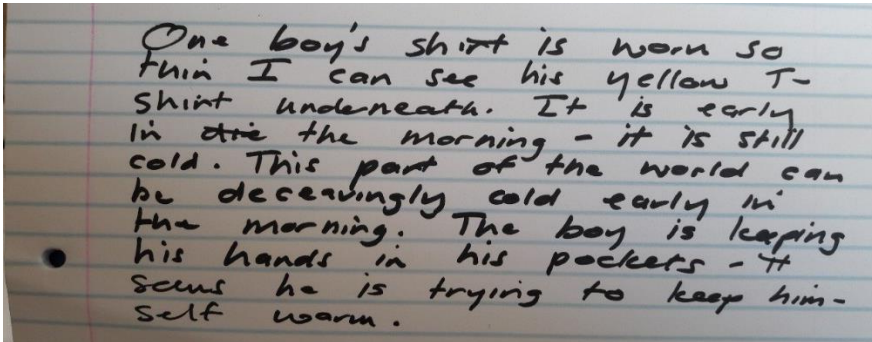
Photo 3.4: **Example from my research journal on the effects of poverty**

The insights thus gained, as well as the information from the dataset (Photograph 3.7), helped to foster an understanding of the complexity of the participants' lifeworlds. They also showed how this specific social ecology could have influenced the adolescents' life experiences and accessibility of resources (e.g. visible poverty, limited infrastructure).
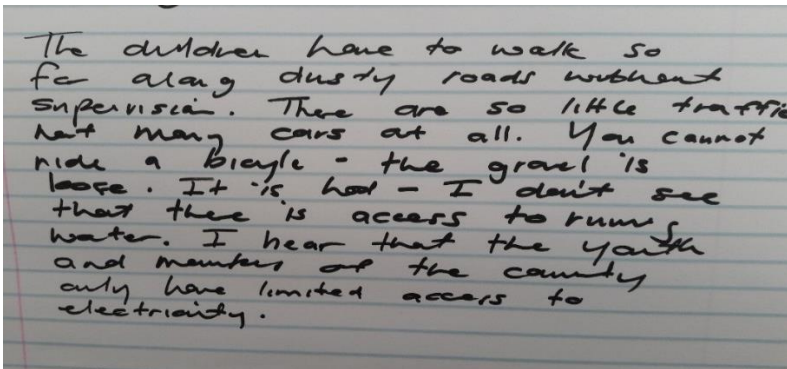
Photo 3.5: Example from my research journal of an entry on the effect of limited access to transport of the rural adolescents in the study

Photo 3.6: Example from the my research journal on the effect of the remote setting on the rural adolescents in the study

Photo 3.7: Example from the dataset indicating that this participant does not have access to running water

3.4.2. Research design

Document analysis is defined as a social research method where relevant documents are analysed and interpreted (Merriam & Tisdell, 2015). Creswell (2014) states that documents provide a rich source of information. There are several examples of documents that can be analysed, for example written documents (like diaries), maps, photographs, posters, reports, public records, biographies and case files (Crowe et al., 2015). Documentary methods have the advantage that researchers can study past events and/or phenomena economically and retrospectively (Creswell, 2014).

When the content of documents has been previously researched and/or analysed, the design is referred to as a secondary document analysis (Adams, Collair, Oswald, & Perold, 2004). Secondary document analysis is often used in cases where the researcher is not present during the data collection, but wishes to use the collected, existing data to extract richer or more bespoke information to answer specific research questions (Irwin, 2013). As noted above, I participated in the FLY study as an observer and helper. The case files which informed my document analysis for the present study had been analysed previously. A secondary document analysis was therefore conducted. The secondary
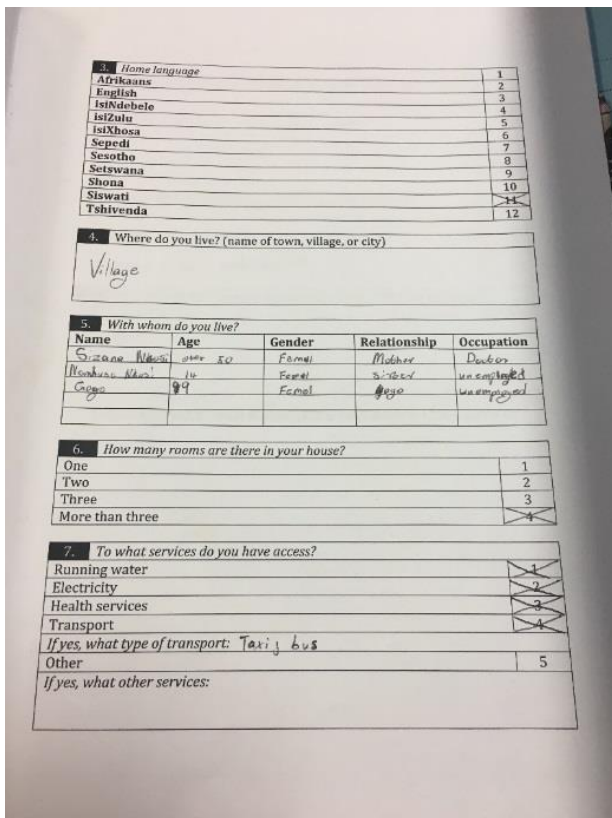
document analysis involved the selection of data segments that fitted my research questions from the 65 case files.

Creswell (2014) states that secondary document analysis is advantageous when larger volumes of data are analysed, as it saves time, cost and manpower. Babbie (2005), Babbie and Mouton (2001), and Cohen et al. (2011) report that secondary document analysis is a less obtrusive method of conducting research. Re-analysis, verification and replication of the data is possible due to the permanence of the data in the documents. Errors and misunderstandings during the interaction between researchers and participants do not pertain to secondary document analysis, as there is no interaction between the researcher and the participants (Gilgun, 2014). Reflecting on the above-mentioned advantages, I realised that this study benefitted from the permanence of the data in the documents. The client files were already labelled and organised, thus saving me a substantial amount of time. A further benefit stemmed from the fact that data in secondary document analysis can be re-analysed. This meant that the same data-set could be used to answer a different research question.

However, secondary document analysis also limits research. Examples of these limitations include a) loss of authenticity, b) limited information, which could lead to misinterpretations, c) reduction or distortion of the complexity of data and d) non-verbal communication and observations often not forming part of the data (Taylor & Francis, 2013). Later in this chapter I discuss how I adhered to the quality criteria, but still experienced some of these limitations. For example, in view of the way in which the paper-and-pencil assessments were set up, the information I worked with was often limited (e.g. The sentences were less descriptive sentences which could not fully explain emotional hurt in the incomplete sentences). As these pieces of limited information could lead to misinterpretation, this issue was addressed by a) discussing limited pieces of information with my supervisor to exclude personal bias and b) comparing the pieces of information against my *a priori codes* and resilience categories to confirm similarity or differences with current trends in South African resilience literature.

3.4.3. Sampling of documents

The present study included the entire sample of 65 client files that were created in 2015 during the FLY project and focused on specific educational psychological assessment activities documented in the client files for data source and analysis. I assumed that they would be useful for a resilience diagnosis, i.e. that they would provide information about risks and resources. These documents included a demographic questionnaire, role model worksheet and incomplete sentences worksheet. Each of these documents, as well as its limitations, is discussed, An example of each of the psychological activities is also included.

Photo 3.8:   Example of the demographic questionnaire

Demographic questionnaires are research instruments which are used to identify key respondent characteristics that can help to contextualise behaviours and experiences (Lavrakas, 2008). Questionnaires can be limiting, as the intent of the question is not always clear and the participant may exclude relevant information due to the standardised nature of the document (Creswell, 2014). For the present study, the demographic

questionnaire (Photograph 3.8) was used as a data source, as this document describes the sample of adolescents who completed the paper-and-pencil activities (i.e., who generated the data which were sampled for this analysis). The demographic questionnaire included questions relating to age, home language, and number of siblings, name, and work status of parents and or caretakers. The questionnaire inquired into the youths' access to services, and the youths had to indicate which services were available to them. Listed services included water, electricity, transport and health services.
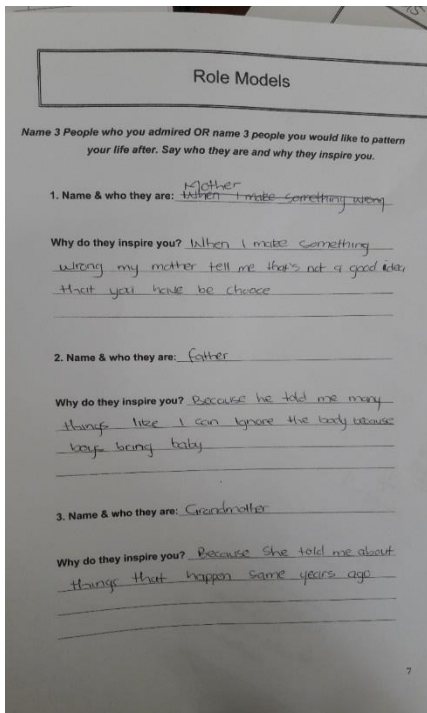
Photo 3.9:   Example of the role model worksheet

The role model worksheet gave the participants the opportunity to describe a role model. Dass-Brailsford (2005) describes a role-model as someone whose behaviour, example, success, support, or actions motivate a young person to become his/her best or not to quit during challenging times. The role model worksheet asked the adolescents to indicate who their role models were, and gave them an opportunity to justify their choices. It asked, "Name three people who you admired or name three people you would like to pattern your life after. Explain who they are and why they inspire you". The worksheet provided open lines for the participants to report, in writing, on the role models in their lives. The

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instructions did not limit the number of role models on which the participants could report. There was, however, limited space on the worksheet for participants to explain why specific role models were selected. The participants were free to include role models from any part of their social ecology (e.g. family or community).

The participants and educational psychologist students' limited multilingualism and expressive ability could have limited the success of this instrument, as it provided the only means for the rural youth to express themselves (Photograph 3.9).

The incomplete sentences worksheet (Photograph 3.10) relates to individual risk and protective resources. Incomplete sentences are a projective psychological test which is available in different forms for different ages (Rotter & Rafferty, 1950). It provided information regarding participants' self-reported intra-and interpersonal protective resources and risk factors. The incomplete sentence worksheet provided sentences, such as "I feel better when…" and "My happiest time ….". The participants were free to provide any (written) answer to the prompts.
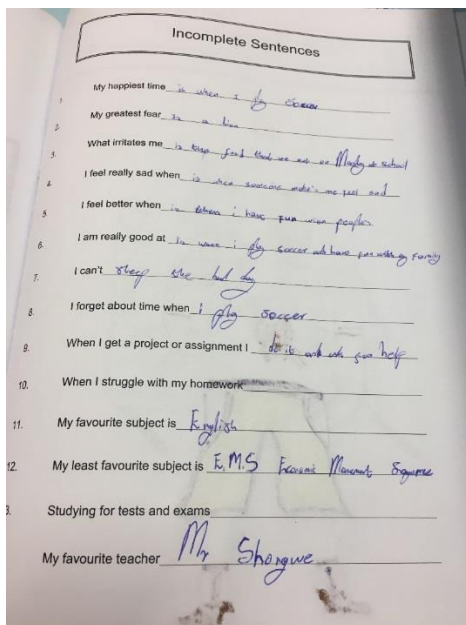
Photo 3.10:   Example of the incomplete sentences worksheet

3.4.4. Data analysis and interpretation

3.4.4.1. Deductive content analysis

Deductive content analysis was applied to facilitate the secondary analysis of the paper-and-pencil activities in each case file. Deductive content analysis is defined as an approach to test a theory or model (Gabriel, 2013). Deductive analysis entails theory-guided research where a theory or model – in the present study, Ungar's resilience criteria (Ungar, 2015, p. 6) – is systematically applied to a variety of cases to allow theoretical statements to be made about the patterns found across the data set (Gilgun, 2014).

When deductive data analysis is applied, researchers wish to discover how well the chosen theory/model fitted the data. As a first step, the researchers immerse themselves in the data. For the present study this meant that I had to familiarize myself with the data (Patton, 2002). In other words, I read all 65 cases several times to ensure that a deeper understanding of the evidence could be derived. Braun and Clarke (2006) suggest that the entire data set should be read before commencement of the analysis process. The suitability of the paper-and-pencil activities selected to answer the main research question was discussed with my supervisors. I made copies of all the relevant documents and, to facilitate referencing, I labelled the extracted data with the same file names as in the original data. Patton (2002) states that the researcher must ensure that the extracted data is congruent with the original data. I made a note to indicate from where the data was extracted (e.g. a note of the relevant paper-and-pencil activity) without altering the data. This was to ensure that, to the best of my knowledge, the data remained congruent with the original source.

In deductive content analysis the researcher assigns a code to a specific piece of data (the evidence) by using pre-determined codes that arise from the relevant literature. For this study, the category codes were derived from Ungar's criteria for resilience (Ungar, 2015). Ungar lists three domains, namely adversity, resilience and multi-dimensional considerations. Each domain has a number of dimensions (e.g. the domain of resilience is comprised of individual and contextual dimensions of the present study). Each dimension is used as a code category which houses several relevant codes. Within this dimension, the review of the South African literature (Chapter 2) was used to source

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associated codes. In other words, *a priori codes* were identified (Chambliss & Schutt, 2015). For example, the category of individual resilience includes agency, self-worth, personal strengths, adaptive coping skills and self-regulation (Appendix B indicates all the *a priori codes*). *A priori codes* underwrite well-established issues in relation to the research question which can be expected to present themselves in the data (Irwin, 2013). Thus, these codes were grounded in the literature, which enabled me to test pieces of evidence extracted from the documents against Ungar's criteria. Inclusion and exclusion criteria were assigned to the codes extracted from international and South African resilience literature (Cameron et al., 2007; Ebersöhn, 2014; Kumpfer, 1999; Rutter, 2011; Theron & Theron, 2010; Ungar et al., 2008; Walsh, 2012). These criteria guided me during the process of inclusion or exclusion of evidence.

With reference to Photograph 3.11, the piece of evidence I selected from the documents is file no. (F) 412015 – "*Because she is a good mother to me and she always being supportive and protective of me*". I referred to the table of *a priori codes* and selected the appropriate code; in this case supportive parent-child interaction. I read the inclusion criteria *(*any parental involvement that supports resilience, like educational support, quality time spent together), as well as the exclusion criteria (any protective resource not related to parental involvement), to check that the code was appropriate. This process was a measure to ensure that I stayed objective and included and excluded evidence based on research-based criteria and not my own criteria.

Photo 3.11:   Example of assigning codes to data

Using the above process, each case file was individually deductively coded. Starting with case file number 1, I read and reread the documents in order to select data segments that correlated with the *a priori codes*. The files were coded one by one and the selected data entered into an Excel table (Annexure B). Firstly, I recorded the client file number for reference and verification purposes. Secondly, I wrote down verbatim what the participant had reported. I also noted the gender (i.e. male or female) of the participant.

Table 3.1: Example of how data segment is coded

Family Protective Factor: Supportive Parent-Child Interaction (page 1 of 2)					
INCLUSION CRITERIA: Any parental involvement that supporting resilience (e.g. educational support, quality time spent together).					
EXCLUSION CRITERIA: Any protective resource not related to parental involvement.					
CLIENT FILE	SEX	AGE	MONTHS	PARENT-CHILD INTERACTION	EVIDENCE
52015	F	16	5	1	My father told me many things, like I can ignore the body because boys bring babies. My mother tell me when I make something wrong that's not a good idea that you have a choose.
				1	I am the happiest when my mother is a home.
72015	F	14	11	1	My mother and father tell me how important education is.
82015	F	16	5	1	My father and mother how I look all the time and they give me some more advice.
92015	F	15	5	1	They inspire me about how education is NB in our lives and when you are educated it can make your life easier as education is a key to success and is the only medicine that they give me all the time.
112015	M	15	7	1	When I struggle I ask my mother.
182015	M	14	0	1	I ask my mother to help me with homework.
192015	M	17	0	1	My mother helps me with my homework.
252015	F	14	0	1	My mother inspire me because she do everything I want her to do for me.
292015	F	17	8	1	Mother want me to do the right thing or say want to see me with the future bright like my older sister.

For example: File no. (F) N292015 – "*Mother want me to do the right thing or say want to see me with the future bright like my older sister*". After reading the inclusion criteria and exclusion criteria on supportive parent-child interaction, the a priori code I assigned to this data segment was "supportive parent-child interaction". An entry in client file (F) N92015 states "*My uncle and my sister inspire me because they don't want me to be like them because they don't finish school and they want to see me reach my goal and my dream come true*". After reading and checking the inclusion and exclusion criteria, I labelled the piece of data "role models" (family).

The assignment of codes to relevant segments of data was sustained, and the data transferred into the Excel table (Annexure B). After all the files had been worked through, I re-read the data pertaining to each code. Each data segment was re-checked against the inclusion and exclusion criteria to ensure the suitability of the data segments.

Next, the frequency of the assigned *a priori codes* was counted (Table 3.2), since the frequency count can help when inferences about matters of importance in the data are made (Maxwell, 2005). For example, if the a priori code "agency" gets counted often, it might indicate that personal agency is a popular resource to rural IsiSwati adolescents in

this specific context. Furthermore, the number of girls and boys represented in each frequency count was recorded, given the importance of understanding whether risk and resilience processes might be gendered (Crowe et al., 2015). The frequency instances were then represented in graphs to provide information regarding the prevalence of each reported risk and protected resource.

Table 3.2:   **Example of assigned instances towards a particular a priori code**

ID	Sex					Description
432015	F	1	1		1	Living with mother-nurse, father-construction.
462015	M			1		Living with Sister 2x, brother 2x (one brother is working), niece.
502015	M		1		1	Living with mother- nurse, grandfather- farmer 2 brothers, 1 sister.
512016	M	1			1	Living with father-security, brother security, grandma- home based care.
522015	M	1	1		1	Living with mother-cook at school, father-municipal, grandmother-unemployed.
532015	M		1	1		Living with female- municipal maintenance.
542015	M	1	1		1	Living with father (driver) mother (teacher) brothers 2x, sister.
572015	F			1		Living with grandmother (cooks at school), sister, brother.
592015	F		1	1		Living with mother (road worker) sister.
612015	M	1		1		Living with father who is working, mother, brother.
652015	M			1		Living with brother, traffic cop.
		8	14	15	8	
A	M	6				
	F		2			TOTAL MALE =13
B	M	7				TOTAL FEMALE= 10
	F		7			
C	M	9				
	F		6			
D	M	4				
	F		4			

3.4.4.2. Data interpretation

Following this, the risks and resources reported by the participating adolescents were compared with risks and resources reported in South African resilience literature. In other words, I reported how my findings overlapped with the existing literature. Furthermore, I reflected upon trends reported in the South African resilience literature that did not reflect in the findings of the present study, and presented possible reasons for these silences. Findings that differed from what was reported in literature were considered. Given the exploratory nature of this study and the small sample size, I was not surprised to discover that I found no differences between my findings and those of South African resilience literature.

My study benefitted from using *a priori codes* based on Ungar's criteria for resilience. Gilgun (2014) states that an advantage of deductive coding is that research commences with a set of codes that is based on previous research. This advantage gave structure to the present study and allowed me to confirm my working assumption by using Ungar's resilience criteria which allow a resilience diagnosis post assessment.

On the less positive side, deductive content analysis and *a priori codes* can restrict the way in which data are described and organised (Crowe et al., 2015). Another limitation is that there was limited detail in the paper-and-pencil activities included in this study. Lack of sufficient detail is a recognised limitation in deductive content analysis studies (Irwin, 2013). The lack of detail presents several problems, e.g. the data are so limited that it reveals very little about the phenomena, or the data are limited and the researcher can therefore make incorrect assumptions about them. When researchers work with limited information, as was the case in the present study, they usually address this issue by recording the extracted information verbatim and by being clear on their classification methods. I conscientiously adopted this approach.

3.5. QUALITY CRITERIA

True to the phenomenological paradigm, the aim of conducting this study was to foster an understanding of specific youth experiences and create rich, comprehensive descriptions of their lifeworlds which describe their resilience and risk. Research uses quality criteria to ensure the rigour of a study. In the following section, reference is made to credibility, authenticity, confirmability, transferability, and dependability to demonstrate which steps were taken to ensure that this study adhered to the prescribed criteria (Mertens, 1998).

3.5.1. Credibility

Credibility measures the way in which participants perceive their lifeworlds compared to the way researchers portray the participants' lifeworlds (Mertens, 1998). Patton (2002) states that credibility within qualitative research can be compared to the internal validity within quantitative research. As discussed earlier in the chapter, the data used for this study were derived from a secondary document analysis. As researcher, I had no control over the generation of the data or over how the files were created. I did however limit my own bias by using verbatim data transcriptions taken from the client files. Guidelines of the adopted methodological design were also adhered to (a priori categories taken from Ungar); by that action I acted professionally, which adds to the credibility of my study (Patton, 2002). Ungar's criteria for resilience was a credible selection for a priori categories for this study, as they are applicable in rural South African contexts (see Chapter 1 and 2 for more detail). The codes were derived directly from relevant South

African resilience literature, adding to the credibility of the deductive analysis. To enhance credibility in the application of codes, the exclusion and inclusion criteria were added to the process. These criteria are grounded in relevant resilience literature and are used to guide data selection. I engaged in conversation with my supervisor frequently to discuss the credibility of the selection of evidence relating to codes (Babbie & Mouton, 2001). To enhance the credibility and accuracy of the analysis process, the recorded accuracy of the data (10 files were randomly selected) was re-checked by two other master's students who concurrently worked on the same dataset.

3.5.2. Authenticity

Mertens (1998) states that authenticity refers to a fair representation of the participants' views in the researcher's attempt to answer research questions. In my study, I included all 65 participants who reported risk and resilience factors linked to their individual dimensions. The rural youths included in the present study belonged to a population group which is usually marginalised (Ebersöhn, 2008; Theron, 2007). The risk and protective resources reported from these case files echo the resilience trends reported in South African resilience literature and rural South African literature. The reported risks and resources are congruent with findings reported from marginalised rural South African youths. Therefore, to the best of my knowledge, the sample is fair, and the views in this study voice those of rural youths and not my own.

3.5.3. Confirmability

Confirmability refers to the fact that the origin of the data stems from the original source, and that the findings, interpretations and findings of the data are not the creation of the researcher (Chambliss & Schutt, 2015; Patton, 2002). Nieuwenhuis, (2007a) states that bias is very common in research. Bias was restricted in this study as I did not have direct contact with the participants. I made use of verbatim transcription in my study, thereby ensuring that the data remained original. Confirmability in this study was ensured in numerous ways: a) An audit trail of my transcription and analysis was created to enable re-checking; b) the transcriptions of the findings (Chapter 4) were reviewed by the study supervisors to ensure accuracy; and c) two peer-reviews were conducted to ensure accuracy in the data transcription process.

3.5.4. Transferability

Transferability refers to the possibility that study findings could be applicable a) to a larger population; b) and/or participants in different settings (Babbie & Mouton, 2001; Chambliss & Schutt, 2015; Patton, 2002).

My aim with this study is to make two contributions to the knowledge base: In accordance with my chosen phenomenological approach, it is my objective to understand the bespoke situation of youths in the rural Mpumalanga Province of South Africa. This is necessary to extend knowledge about rural adolescents' specific resilience processes. To be able to generalize the results is not the aim of the study. Rather, the aim is to create a more in-depth knowledge of the risks and resilience processes of a specific group of participants. However, it is still necessary to make it possible for this knowledge to be useful to young people and contexts which are similar to those of the present study. For this reason, rich descriptions and visual data of the context and participants which generated the data were included (see Photographs 3.1, 3.2, 3.3 and 3.7 for examples of data generated. Refer to Chapter 1 for photographs of the school and the setting). These descriptions and data could enable the reader to determine the similarity of the context and case to decide if the findings are transferable (Taylor & Francis, 2013).

3.5.5. Dependability

Dependability considers whether the same results will be obtained if the study is repeated or if a similar study is conducted (Babbie & Mouton, 2001). Documentation of the data analysis process was provided (e.g. audit trail, transcriptions, *a priori* categories, *a priori* codes), as well as the methods used (e.g. a description of Ungar's diagnostic criteria and how they were used (Chapter 1, Appendix A)) for other researchers to decide if this study is repeatable with other participants and within other contexts. The inclusion and exclusion criteria for the participant writings contribute to dependability, as they give other researchers clear guidelines of what pieces of data to select or omit. By following the same criteria, researchers can expect to obtain similar results, dependent on the context and the participant sample.

3.6. ETHICAL CONSIDERATIONS AND THE RESEARCHER'S ROLE AS OBSERVER

The ethical considerations pertaining to my study are discussed in detail in Chapter 1. My role in the FLY 2015 research project was to support the second-year master's educational psychology students and make observational notes. These notes were made in a journal, examples of which are included in this chapter (Photographs 3.4, 3.5 and 3.6). My role as observer was made clear to me at the beginning of the research week, when the lead investigator reminded the master's students of the boundaries of observation (e.g. the importance of a) recording what was seen and heard without engaging with whomever was speaking and b) reflecting on the meaning derived from what had been seen and/or heard). I relished this observer role because I grew up in a rural area in Mpumalanga Province near the South African/Swaziland border. Furthermore, I was eager to explore the experiences of IsiSwati-speaking rural adolescents and learn how their experiences were similar/different from my own experience. I was also keen to learn what other researchers who had worked with this sample group of IsiSwati-speaking rural adolescents had learned from the project (Ebersöhn, 2008). My field notes and observations, as well as my personal childhood experiences gave me the opportunity to reflect on my own feelings and assumptions about risk and resilience. I was able to discuss these experiences with researchers, and create a historical record which could be referred to later (Chambliss & Schutt, 2015). I acknowledge that my interpretations are not separate from my prior understanding and background (Creswell, 2014) and that my socio-economic status, gender, culture and personal background may have shaped some of the interpretations of this study (Creswell, 2014; Taylor & Francis, 2013). I counteracted the possibility of assumption making by immersing myself in the literature and reflecting on past and current reflective notes and diary entries (Patton, 2002).

3.7. CONCLUSION

Chapter 3 provided justifies why the proposed research design and methodology will be used to answer the primary research question of this study.In Chapter 4, I report on the trends that emerged from the secondary document analysis and application of deductive analysis and *a priori codes.*

4.1. INTRODUCTION

Chapter 4 presents a report of the risk and resilience results which resulted from the use of the *a priori codes* (Appendix B). The codes, grouped into categories, mirror Ungar's criteria for resilience (Ungar, 2015). This chapter therefore reports on risk factors (e.g. physical, emotional, and structural) and protective resources (e.g. protective resources associated with adolescents or their families and communities). To get a sense of how often adolescents reported a risk and/or protective factor, the number of adolescents reporting each factor is indicated. The risk factors and protective resources are presented in descending order (from most to least). To understand what the risk and/or protective resources entailed, the verbatim responses of the participants from the paper-and-pencil activities are included in the report.

The chapter concludes with a discussion of the risks and resilience-enabling resources. The discussion notes findings emanating from this research that echo existing South African knowledge about what enables and constrains the resilience of rural, black adolescents. Also considered are findings that are different from current South African resilience knowledge (i.e. findings that contradict current knowledge or exclude current understandings of what enables and/or constrains resilience). The format of this discussion mirrors that of Chapter 2 (i.e., the risks and resources are discussed as they pertain to a systemic level) since I believe this provides a more comprehensive understanding of what can be learned from the findings that emanate from this study.

4.2. Risk

From the 65 sampled case files, 22 young people (14 male, 8 female) did not indicate risk factors. The gendered nature of these silences could have been influenced by the fact that the activities were completed within a group setting, and that these male participants wished not to reveal experiencing such risks where risk was reported. However, 43 participants (19 male, 24 female) did voice risk, which indicates the necessity for further investigation into the gendered nature of risk reporting in similar populations. The risks experienced included physical, emotional and structural risk (i.e., poverty-related risks).

The gender of the participants who reported findings is indicated by (M) for male and (F) for female. As can be deduced from the descriptions below, the risks seemed to be associated with family and community factors (i.e. not with the personal attributes of the adolescents). Even so, the experience of the risk pertained to the individual (e.g. in the presence of physically unsafe environments, young people reported feeling afraid).

4.2.1. Physical risk

In this section physical risk relates to physical circumstances: fear, violence and hunger and deprivation. Graph 4.1. summarises these physical risks.
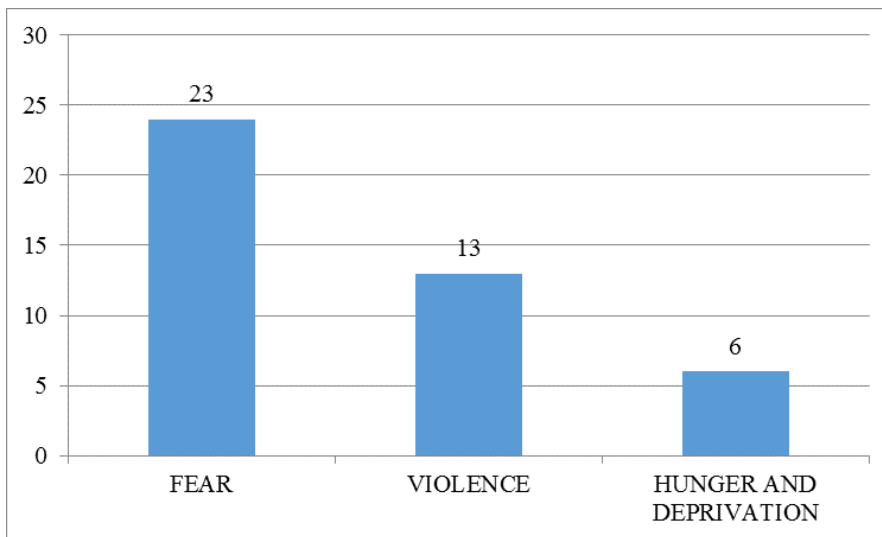
Graph 4.1: **Risk experienced by rural adolescents**

4.2.1.1. Fear

Twenty-four young people (11 male, 13 female) reported that fear was a factor in their lives. This included walking in the dark for long distances (e.g. file no. (M) N482015 – "*My greatest fear is when I walk alone a long distance*"), walking alone in the dark (e.g. file no. (M) N332015 – "*My greatest fear is walking in night alone*"), walking in dark places (e.g. file no. (M) N182015 – "*I feel fear when I walk while it dark")*, and being in dangerous locations (e.g. file no. (M) N202015 – "*I feel fear when I am at the tavern").* Young people also reported being afraid of dangerous animals. Examples of fear of dangerous animals included seven instances of fear of snakes (e.g. file no. (F) N32015 – "*I don't want to see*

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a snake near me" and file no. (F) N422015 – *"I fear when a snake is near me"*), two instances of fear of lions, and two instances of fear of dogs.

4.2.1.2. Violence

Thirteen young people (6 male, 7 female) reported they felt threatened by physical violence in their homes and in their community. Examples thereof included witnessing violence (e.g. file no. (F) N242015 – "*when police hit innocent people*"), being hit with objects and/or bodily harm (e.g. file no. (M) N462015 – "*I am beaten by my father*", and file no. (M) N332015 – "*They hurt me with metal*").

4.2.1.3. Hunger and deprivation

Six young people (2 male, 4 female) reported deprivation of a physical nature, such as hunger and ill health. Examples included lack of food (e.g. file no. (M) N342015 – "*I feel really sad when I don't have food*"), poverty (e.g. file no. (F) 142015 – "*At home they have no more money*"), and poor health (e.g. file no. (F) N92015 – *"I start sicking in 21 Des 2014 and in February 2015. I don't remember the doctor*", and file no. (M) N212015 –"*I fear when I am very sick*"). Young people were also afraid of events beyond their control that could have a physical impact on them, such as hunger or lack of shelter. This included the fear of being expelled from their home (e.g. file no. (F) N282015 – "*Sometimes in home they tell me that he can kick me out*".

4.2.2. Emotional risk

Rural young people reported sadness, and irritation and frustration as risks to their emotional well-being.

4.2.2.1. Sadness

Forty-eight young people (20 male, 28 female) reported sadness (Graph 4.2). Rural young people reported sadness relating to family upset (e.g. parents being upset with adolescents) most (17 instances in total, 5 male, 12 female), followed by bereavement (16 instances in total: 7 male, 9 female), conflict and rejection (12 instances in total: 8 male, 4 female), and academic challenges (3 in total: 0 male, 3 female). With the exception of academic challenges, male and female adolescents associated the same risks with

sadness. Examples of family upset include (e.g. file no. (F) 322015 – "I felt sad when my mother keep shouting at me' and file no. (M) 162015 – "Because my sister broke the thing that makes me happy".

Examples of bereavement and loss include file no. (F) N382015 – "I feel sad because my father he beat my sister and my sister she die", file no. (F) N282015 – "I felt sad when my mother and my father died", file no. (F) N602015–"My father died when I was youngest. My mother was in pains and I was in pains – it is not easy. He was a great guy when he died. I cried because it was very it was painful". Examples of failed relationships and rejection include file no. (M) N212015 – "It was painful when I broke up with my girlfriend". Examples of conflict in relationships include file no. (F) N102015 – "It makes me sad when someone fights with me", file no. (M) N202015 – "I feel pain when my girl don't want to talk to me". Examples of sadness due to poor academic performance include file no. (M) N182015 – "I feel sad because I fail some of my subjects"; and file no. (F) N92015 – "I am sad when I forgot to write homework". In other words, sadness was associated with challenges at the level of the individual and the system.
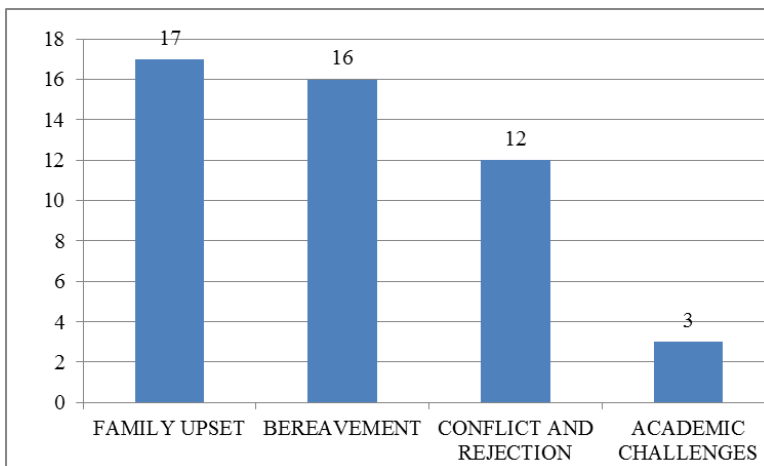
Graph 4.2:   Sadness reported by rural adolescents

4.2.2.2.   Irritation and frustration

Thirty-one young people (10 male, 21 female) reported irritation and frustration (Graph 4.3). Sources of irritation and frustration were conflict and rejection (total count of 22: 6 male, 16 female), adolescents' inability to control their tempers (total count of 7: 3

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male, 4 female), parental upset (total count of 2: 1 male, 1 female). In other words, this risk was also associated with challenges at the level of the individual and the family system (Graph 4.3).

Examples of irritation and frustration relating to conflict and rejection include file no. (M) N482015 – "*I'm am irritated when my Granny shouts at me*". Examples of dislikes include file no. (F) N272015 – "*It irritates me when someone is being a bully to someone*", file no. (F) N252015 – "*It irritates me when people are rude to me*", *and* file no. (F) N32015 – "*Others don't like me, they are jealous of me but I don't know why, I heard some say, It is the way I look, I am 'lite'*". Other examples of academic challenges include file no. (F) N29015 – "*It irritates me to do my homework*" and file no. (M) N112015 – "*It bothers me when people make noise while I'm studying*". Examples of dislikes and temper outbursts include file no. (F) 132015 – "*It irritates me when people walk slowly*", file no. (F) N42015 – "*When I struggle, I can cry*" and file no. (M) N492015 – "*I sometimes get very angry*". An example of parental disappointment (parental upset) is file no. (F) 152015 – " It irritates me when my mother beats me".
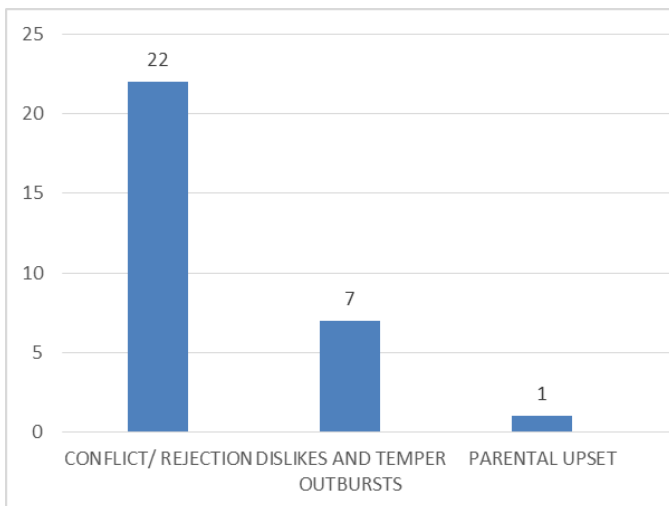
Graph 4.3:   Irritation and frustration reported by rural youths

4.2.3.   Poverty-related risk: Female-headed household

Living arrangements reported by the adolescents (total count of 44: 23 male, 21 female) are depicted in Graph 4.4. Most of the young people reported living with single mothers

(19); followed by young people living with their grandmothers (6). Living arrangements reported by male and female participants were as follows: living with single mother (19 in total: 7 male, 12 female), living with grandmother (6 instances in total: 3 male, 3 female), living with siblings (5 instances in total: 3 male, 2 female), living with mother and/or grandmother (4 instances in total: 3 male, 1 female), living with uncle and/or aunt (2 instances in total: 1 male, 1 female), living with grandmother and/or aunt (1 count in total: 1 male, 0 female), living with mother and/or grandfather (1 count in total: 1 male, 0 female), living with mother and/or cousin (1 count in total: 0 male, 1 female), living with grandfather (1 count in total: 1 male, 9 female), living with grandmother and/or uncle (1 count in total: 0 male, 1 female), living with father and/or mother and/or grandmother (1 count in total: 1 male, 0 female) and living with father and/or /grandmother (1 count in total: 1 male, 0 female).
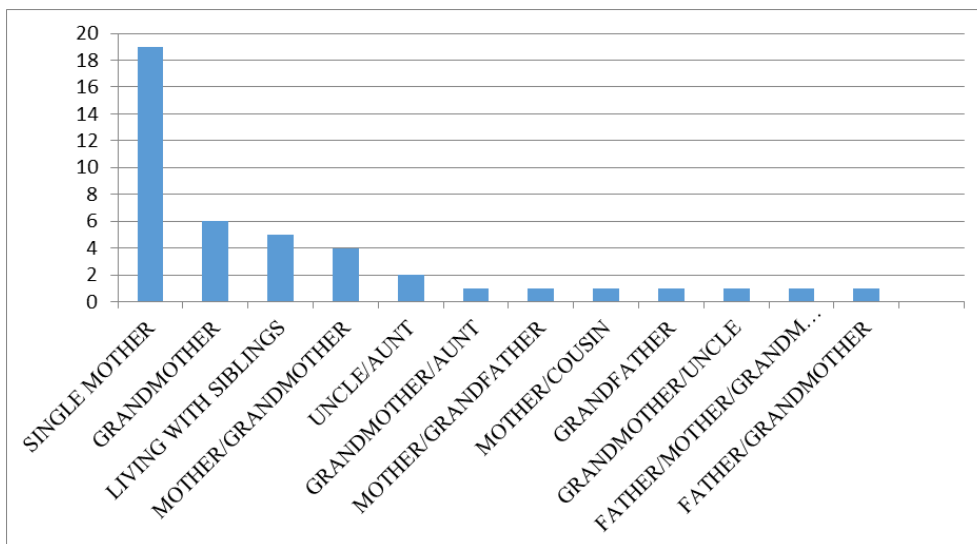
Graph 4.4:   Living arrangements reported by rural adolescents

Living in a female-headed household is associated with risks such as poverty and low levels of education (Ruiters & Wildschutt, 2010). For example, the files of young people who reported living in female-headed households included comments that can possibly be associated with the potential structural risk of female-headed households, for example, file no. (M) N342015 – "*I feel really sad when I don't have food*".

4.2.4. Poverty-related risk: Parental and/or caregiver employment status

The results relating to the employment status of parents and/or caregivers (which also indicate household income) are summarised in Graph 4.5. Rural adolescents (45 instances in total: 26 male, 19 female) reported on the employment of their parent(s) or caregivers. Rural adolescents reported most often on the employment of one adult in the household (15 instances in total: 9 male, 6 female), followed by employed mother (14 instances in total: 7 male, 7 female), employed father (8 instances in total: 6 male, 2 female), and lastly, more than one employed adult in the household (8 instances in total: 4 male, 4 female). Young people reported risks related to living with unemployed parents or caregivers. The causes of this risks included lack of financial means at home and lack of food. Examples of "lack of financial means" from the case files include file (F) N42015 – "*It makes me sad when my mother refuse to give me money*" and file no. (F) N142015 – "*At home they have no more money*". An example of lack of food in a household where there is unemployment is shown in file no. (M) N342015 – "*I feel really sad when I don't have food*".
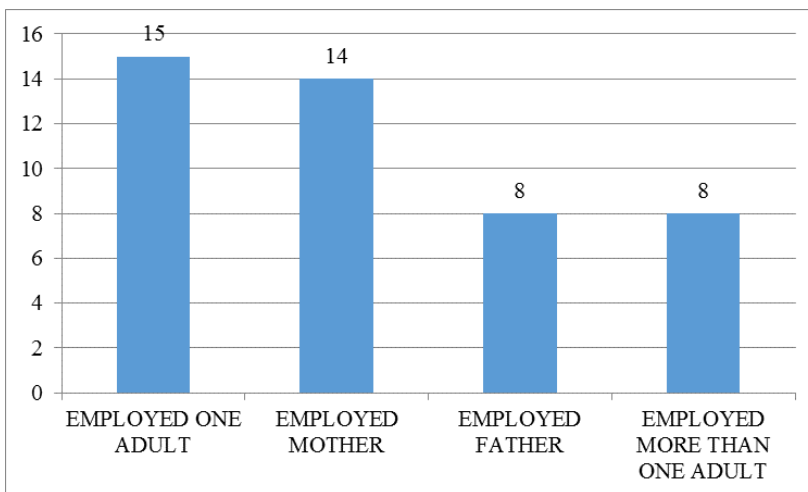
Graph 4.5: **Limited parental/caregiver employment reported by rural adolescents**

4.3. PROTECTIVE RESOURCES

Data from the 65 case files showed that young people reported protective resources, found in the self (intrinsic or intrapersonal protective resources) and in the family, school, community and macro-system (interpersonal protective resources).

4.3.1. Intrapersonal protective resources

Young people reported protective resources relating to personal agency, self-worth, personal strengths, adaptive-coping skills, and self-regulation. The frequency of each is depicted in Graph 4.6. Firstly, personal agency included asking for assistance from mothers and friends with academic tasks and having goals that adolescents work towards (e.g. to finish school). Self-worth included a subjective recognition or appreciation of certain skills or traits as positive (e.g. being good or obedient at home). Personal strengths are tasks or actions that a person can perform well. Personal strengths included the recognition of, for example, academic success and the ability to play sport. Adaptive-coping skills are ways of adjusting to hardship and linked to, for example, spending time with friends, experiencing power or control in their lives, and being motivated by knowledgeable people; while self-regulation included adolescents controlling their behaviour, thoughts and emotions in order to move forward.
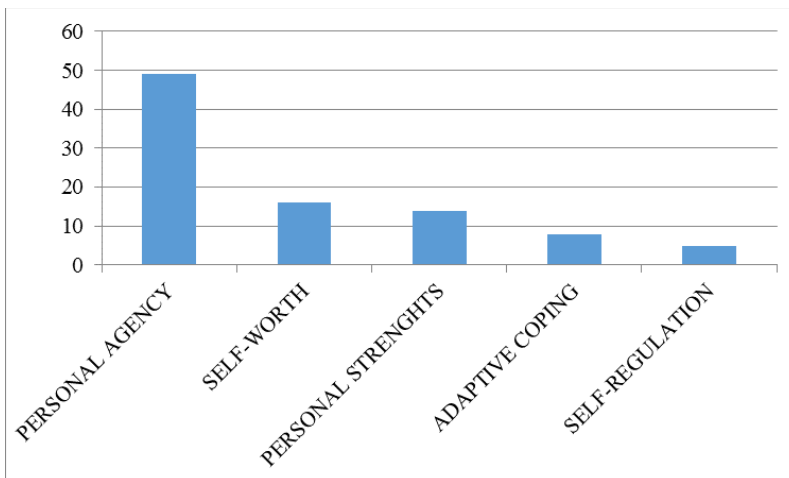
Graph 4.6:   Protective resources found in the person (self) reported by rural adolescent

Rural adolescents reported personal agency most (49 instances in total: 23 male, 26 female). In general, young people reported that they could take action (agency) and that this action related to being goal- or task-oriented, and/or asking others (mostly mothers and friends) for support. Examples include file no. (F)N582015 – "*When I struggle I ask my mom to help me*", (M) file no. N482015 –" *When I struggle – I ask my friends to help*", "*with projects – I do my best*", and file no. (M) N502015 – "*I wish to finish school. Because without education you are nothing these days.*"

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Self-worth (17 in total: 8 male, 9 female) was the second most reported intrapersonal recourse. In general, this meant that the young people had a high regard for themselves or could see the contributions that they made in the lives of others. Examples include file no. (M) N632015 –"*I am a handsome boy*", file no. (M) N552015 –"*I respect and love myself and I care about me*", file no. (M) N352015 –"*I am a blessing*", and file no. (F) N372015 – "*I am really good at home.*" The adolescents also reported personal strengths (15 in total: 9 male, 6 female), such as cognitive and/or sporting abilities. Examples include file no. (M) N312015 – "*I am really good at school and really good to play soccer*", file no. (F) N42015 – "*I am good at playing netball*", file no. (M) N112015 – "*I am good at playing soccer*", file no. (M) N442015– *"I am good at playing soccer*", and file no. (F) N242015–"*I am good at netball and soccer*".

Adaptive coping skills are related to young people finding strengths in others or in themselves to allow adaptive coping. The rural adolescents (8 in total: 1 male, 7 female) occasionally reported adaptive coping skills. Examples of adaptive coping skills include file no. (F) N32015 – "*I feel better when I am watching television with my friends*", and file no. (F) N402015 – "*I feel better when people with knowledge motivate me*".

The young people (5 in total: 3 male, 2 female) also reported self-regulation. In general, self-regulation relates to young people finding ways to adjust their behaviours by adopting value systems and/or moral codes. Examples of self-regulation are found in file no. (M) N472015 – "*I can't smoke weed because is danger*" and file no. (M) N162015 – *"I can't do wrong thing that is not good for my family"*.

4.3.2.   Interpersonal protective resources found in the family

The rural adolescents described resources found in their family. These protective resources included family role models, supportive parent-child interaction, supportive siblings, family cohesion, supportive extended family, and family communication. The participants reported each protective factor as follows: family role models (23 instances in total: 6 male, 17 female), supportive parent-child interaction (16 instances in total: 6 male, 10 female), supportive siblings (16 instances in total: 9 male, 7 female), family cohesion (11 instances in total: 6 male, 5 female), supportive extended family (9 instances in total: 1 male, 8 female), and family communication (two instances in total: 1 male, 1 female).

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The results are summarised in Graph 4.7. The young people did not report traditional family practices (e.g. routines and rituals) as protective factors.
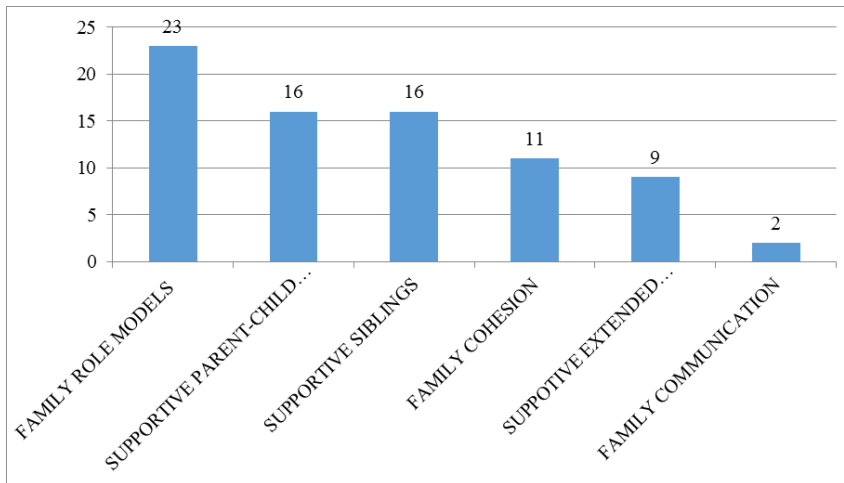
Graph 4.7: **Protective resources found in the family as reported by rural adolescents**

As depicted in Graph 4.8, various family members served as role models. The participants reported on family role models as follows: mother (13 instances in total: 4 male, 9 female), sister (8 instances in total: 1 male, 7 female), uncle/aunt (7 instances in total: 2 male, 5 female), father (6 instances in total: 2 male, 4 female), grandmother (5 instances in total: 1 male, 4 female), brother (5 instances in total: 3 male, 2 female), grandfather (2 instances in total: 0 male, 2 female), and cousin (1 instance in total: 0 male, 1 female).

The young people reported that family members were accessible role models who inspired them because of what they had achieved personally, or because of what they had not managed to achieve. In the latter case, adolescents used the example of these family members to avoid ending up like them. At times adolescents saw family members as role models because they were caring and supportive. For example, file no. (F) N92015 – *"My uncle and my sister inspire me because they don't want me to be like them because they don't finish school and they want to see me reach my goal and my dream come true",* file no. (F) N262015 – *"He is my sister's husband. He is a pastor; he is doing good things. I like him. I want to be like him"*, and (F) file no. N412015 – *"Because she is a good mother to me and she is always being supportive and protective of me".*

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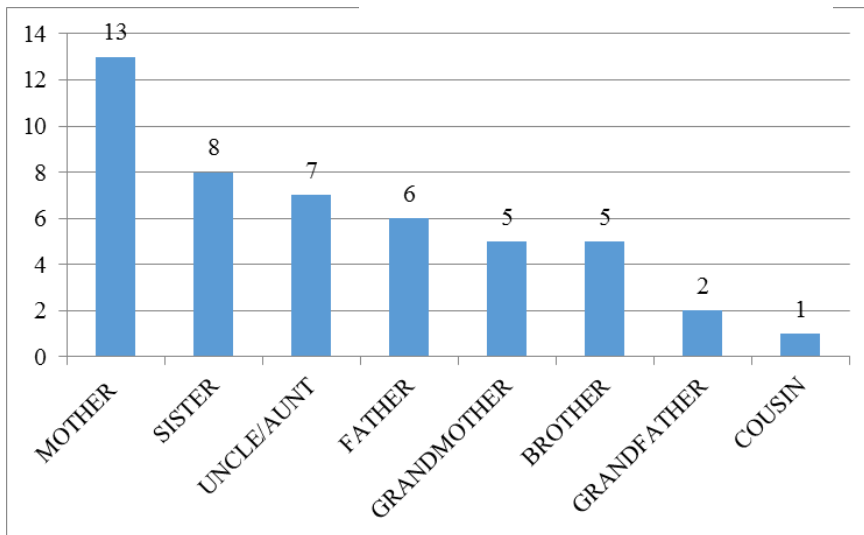
Graph 4.8:   Family members as role models as reported by rural adolescents

Next, the young people reported on supportive parent-child interaction. The participants reported on parent-child interaction (16 instances in total: 6 male, 10 female) as follows: supportive parent-child interaction was characterised by parents who were respectful and loving and who encouraged the adolescents to develop well. Examples of positive parent-child interaction include file no. (M) N362015 – *"The parents give me lots of love I deserve",* file no. (M) N632015 – *"She is an example to others as a parent she gives me the love I deserve and she like to tell me that I must take care of myself because I am getting old now"*, and file no. (F) N602015 – *"My mother is kind and respectful. She is my great mom ever. I would like to have her in my life. She is trying all her best to see me as a beautiful child"*.

Sibling support typically relates to siblings providing instrumental and practical support. The participants reported supportive siblings (16 instances in total: 9 male, 7 female) as follows: Examples of supportive siblings include file no. (F) N592015 – *"When I struggle I ask my sister. Because she takes care and buy things needed in the home"*, file no. (M) N622015 – *"My brother is important to me and my sister because she is my friend and very good to me"*.

Family cohesion is the emotional bonding and relationships that occur between family members who acknowledge that they are part of the same family and who get on well.

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The participants reported on family cohesion (11 instances in total: 6 male, 5 female) as follows: Examples of family cohesion include file no. (M) N442015 – *"Happiest time is spend time with my family"*, *"I feel happy when I stay with my family always and I feel safe at home with my family"*, file no. (M) N482015 – *"I am happy when I am with my family"*, and file no. (M) N362015 – *"Because my family help me and support me no matter what and I feel happy when I stay with my whole family and I feel safe at home with my family"*.

Extended family support typically relates to relationships between young people and aunts, uncles, grandfathers, grandmothers, nieces and nephews that provided emotional support and moral guidance. The support the young people received from their extended family often motivated them to overcome obstacles and strive towards goals. The participants reported on extended family support (9 instances in total: 1 male, 8 female) as follows: Examples of supportive extended family include file no. (F) N92015 – *"My grandmother and grandfather inspire me because they love me and they don't want to see me suffer at the end of the day and the want me to be something in the future"*, file no. (F) N292015 – *"Every day my uncle says to me that he is pleased that my studies are moving forward so that I can live like everyone 'outside'– bright like a star"*, file no. (M) N362015 – *"my uncle wants me to play football and he gives me money any the morning to buy some foods in school"*.

Family communication relates to allowing young people to learn from relatives and express themselves in a safe environment. Two participants reported on family communication (1 male, 1 female) For example: file no. (F) N52015 – *"My grandmother told me about things that happen some years ago – My father told me many things, like I can ignore the body because boys bring babies. My mother tell me when I make something wrong that's not a good idea that you have a choose (choice)."*

4.3.3.   Interpersonal protective resources: Teachers found at school

The rural young people reported teachers as protective resources in the school. Teachers were role models and supporters. Ten participants (2 male, 8 female) reported on teachers as protective resources. Examples include file no. (F) N432015 – *"I like my math teacher because she is a good teacher that assist me in everything and gives me good advice when it comes to everything"*, file no. (M) 552015 – *"Because I want to be a teacher like*

him and I want to be a mathematics teachers like him", and file no. (F) 92015 – "*My teacher inspire me about education and how education is important in our lives and when you are educated it can make your life easier as education is a key to success and is the only medicine that they give me all the time.*"

4.3.4. Interpersonal protective resources in the community

The rural young people reported on protective resources found in their community. These protective resources included community members who were role models, opportunities for extra-mural engagement and community belonging. The participants reported on each protective factor as follows: community role models (46 instances in total: 36 male, 10 female), opportunity for extra-mural engagement (23 instances in total: 17 male, 6 female), and community belonging (1 count in total: 1 male, 0 female). The results are depicted in Graph 4.9. The young people did not report on community advocacy for social justice, flocking or pro-social supportive peers as protective resources.
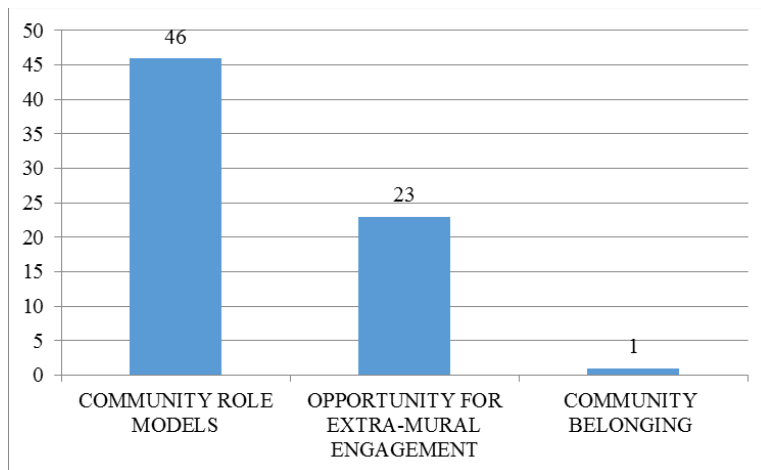
Graph 4.9: **Protective resources found in the community as reported by rural adolescents**

As summarised in Graph 4.10, the role models included music stars (14 instances in total: 10 male, 4 female), sport stars (11 instances in total: 11 male, 0 female), leaders – mainly political leaders – (9 instances in total: 8 male, 1 female), friends (9 instances in total: 5 male, 4 female), and actors (3 instances in total: 2 male, 1 female). These role models inspired and motivated them to rise above challenges and adversities through their support, life stories and example. This list of role models implies that, while the young

people interpreted community as their local community, they also used the word more broadly. In the broader sense it included black South Africans that had become famous and inspired them. Interestingly, only boys reported sports stars as role models.
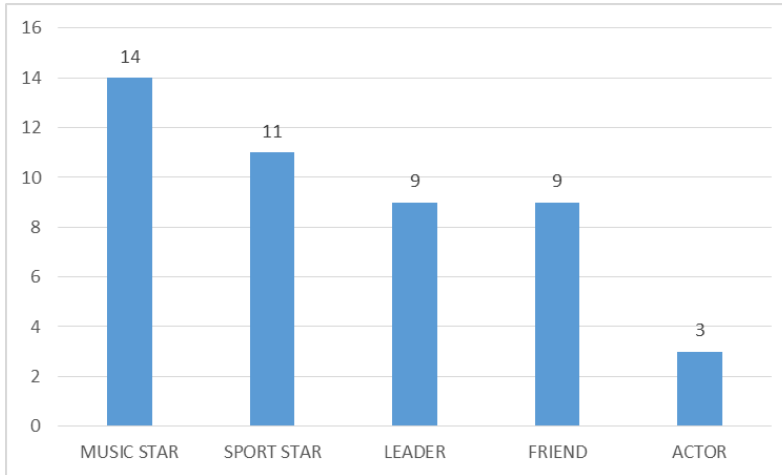
Graph 4.10:   Role models reported by rural adolescents

Examples of role models identified by young people include file no. (M) N502015 – "James – Because when I get with that guy I got more information about the political with the ANC youth league and gives me courage file no. (M) N542015 – "Because he is doing sport like running in 'Bowike Matakow' and I like to do the same."

The rural adolescents also reported opportunities for extra-mural engagement. The young people reported that they could spend time on leisure activities, sports or enjoy the company of friends. Such activities are examples of time spent on tasks that are enjoyable for young people. Examples of opportunities for extra-mural engagement include file no. (M) N312015 – "*I'm really good to play soccer*", file no. (M) N332015 – "*I forget about time when I play soccer*", and file no. (F) N292015 – "*I am good at lady soccer*".

The data shows limited evidence of community belonging (participants reporting support from their communities and advocating for their communities). From the case files, evidence was extracted from a male participant's file who said that he experienced support from his community and that he liked his community. He also committed to support the community. Such activities are examples of socially appropriate behaviour (e.g.

collectively sharing resources). (File no. (M) N502015 – *Community – Because I like my community because they support me and I will support them too*").

4.3.5. Interpersonal protective resources found in the macro-system

Participants reported on spiritual belonging (4 instances in total: 3 male, 1 female), stating that they felt a sense of belonging and worth when they practised or engaged in spirituality linked to their belief system. Examples of spiritual care include file no. (M) N542015 – "*I like the 'Supa Strakas' because they make me feel that I am alive and praising God with the African way and I do love praising God with music*", and file no. (M) N612015 – *"I like going to church".*

4.4. DISCUSSION OF FINDINGS

For the purpose of this research Ungar's criteria for resilience were applied as categories to group *a priori codes*, which were taken from South African resilience literature. The findings of my study are compared below with trends found in current South African resilience literature about the reported risk and protective resources of rural youths. Risk and resilience building resources that emerged from the documents are discussed and compared with trends in South African and rural South African resilience literature (see Similarities, Section 4.4.1). Which risks and protective resources were not is also discussed. In doing so, I modelled the work of Loots (2010, p. 305).

With the exception of only girls reporting being frustrated by academic challenges and only boys reporting having sport stars as role models, no noteworthy gendered patterns were noted in the risks and resources that the rural adolescents identified. For this reason, gendered differences are not commented on in the discussion. Other South African resilience studies have also noted a lack of gendered resilience-enablers (e.g. Theron, 2016b).

A summary of the reported risk and resources that emerged in this study follows. Table 4.1 represents the risks found in the individual, family, school, community- and macro-system, and represents the resources found in the individual, family, school, community-, and macro-system.

Table 4.1: Reported risk and resources of participants

RISKS				
INTRAPERSONAL	**INTERPERSONAL FAMILY**	**INTERPERSONAL SCHOOL**	**INTERPERSONAL COMMUNITY**	**MACRO-SYSTEM**
Risks associated with the developmental phase of adolescence: physical risk Sadness/Bereavement Irritation/frustration	Family violence Poverty	Violence at school	Unsafe community spaces Structural disadvantages: poverty	None reported
RESOURCES				
INTRAPERSONAL	**INTERPERSONAL FAMILY**	**INTERPERSONAL SCHOOL**	**INTERPERSONAL COMMUNITY**	**MACRO-SYSTEM**
Personal agency Self-worth Personal strengths Self-regulation Adaptive-coping	Family role models Supportive parent-child interaction Supportive siblings Family cohesion Supportive extended family Family communication	Teachers as role models and supporters	Community based role models Opportunities for extra-mural engagement Community belonging	Spirituality

4.4.1.   SIMILAR RISKS AND RESOURCES: INDIVIDUAL LEVEL

Findings on risks that are similar to existing knowledge. The case files included evidence of risks associated with adolescence. In particular, the adolescents feared for their physical safety and were concerned with hunger and deprivation. As adolescents, and compared to adults, they have limited power to keep themselves safe or to provide for their basic needs, such as food and shelter. This fits with prior South African resilience studies which report that adolescents experience risk related to their **stage of development**, e.g. elevated levels of distress and feelings such as anger, fear, sadness and concern (Barbarin & Richter, 2001b; Ebersöhn, 2012; Medical Research Council, 2003; Mothiba & Maputle, 2012; Murali & Oyebode, 2004). Even though none of the previous studies specifically refer to IsiSwati-speaking rural adolescents, they included

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black South African rural and urban young people facing a variety of adversities, such as risky sexual behaviour, unfavourable peer influences, impulsivity and experimentation with illegal substances (Pienaar et al., 2011; Shield, Nadasen, & Pierce, 2009; Statistics South Africa, 2012.

The case files contained evidence of risks related to **sadness and bereavement**. This fits with prior South African resilience studies which report that adolescents experience risk related to sadness and bereavement, e.g. elevated levels of grief relating to the illness of loved ones; sadness due to rejection (Choe et al., 2012; Ebersöhn, 2008; Ebersöhn & Ferreira, 2011; Theron & Theron, 2010). Even though none of these previous studies specifically refer to IsiSwati-speaking rural adolescents, they included black South African rural youth facing a variety of adversities, such as grief-related distress due to death of loved ones (Pienaar et al., 2011), losses causing distress triggered by discrimination of disclosure, and amplified anxiety and stigmatisation (Ebersöhn & Ferreira, 2011).

The case files contained evidence of **irritation and frustration**. This fits with prior South African resilience studies which report that bullying and community stigma, daily hassles at school, teasing, negative stereotyping, realistic threats and symbolic threats contribute to irritation and frustration among rural adolescents (Ebersöhn, 2010; Theron & Theron, 2010). Singh and Steyn (2013) report that adolescents may skip classes if they fear bullying or confrontation. Even though none of the aforementioned previous studies specifically refer to IsiSwati-speaking rural adolescents, they included black South African rural youths who reported feelings of uneasiness, which can lead to irritation and frustration as the adolescents do not fit in and are not socially respected by peers and their communities (Theron & Donald, 2013).

Findings on resources that are similar to existing knowledge. I extracted evidence of self-reported **personal agency** from the documents. These findings mirror South African resilience and rural South African resilience studies which report that agency (such as searching for solutions, asking others for support) supports resilience (Madhavan & Crowell, 2014; Theron et al., 2013). Even though none of these studies specifically refer to IsiSwati-speaking rural adolescents, they included black South African rural and urban youths who faced a variety of adversities, such as "streetism" (Malindi, 2014), structural

disadvantage (Madhavan & Crowell, 2014; Theron et al., 2013) and orphanhood (Cameron et al., 2007).

The documents included evidence of **self-worth**. These findings mirror evidence found in South African resilience literature and rural South African resilience literature (Theron, 2015; Theron & Malindi, 2010; van Breda, 2015). The afore-mentioned studies report that self-worth, i.e. the subjective recognising or valuing of certain skills or traits as positive (e.g., being good at sport) supports youth resilience. These prior studies did not specifically include IsiSwati-speaking adolescents, but did link self-worth to the resilience of black street youths (Theron & Malindi, 2010), youths in care (van Breda, 2017), and deprived communities (Theron, 2015).

Personal strengths emerged as another protective factor related to youth resilience. South African resilience studies in general, as well as South African rural resilience studies specifically, report on personal strengths, for example, academic success and the ability to play sport (Loots et al., 2010; Theron, 2015; Theron & Theron, 2010). These previous resilience studies link personal strengths, such as having a sense of personal competence (Theron & Theron, 2014), being able to show mastery of skills (e.g. sport) (Theron, 2015), being motivated to prevail over hardship (Ebersöhn & Ferreira, 2011), being able to adapt positively (Ebersöhn, 2008), and being flexible and assertive (Theron et al., 2013) to black youth resilience. The studies do not specifically refer to IsiSwati-speaking youths, although some of the studies` geographical areas do include rural IsiSwati-speaking people (Ferreira & Ebersöhn, 2011).

Evidence from the case files pointed to **self-regulation**. Self-regulation, or self-control, is associated with the resilience of South African adolescents (Ebersöhn, 2008; Theron, 2015; Theron et al., 2013; Theron & Malindi, 2010; van Rensburg et al., 2013). South African resilience studies report that adaptation and regulation of individuals' behaviour, emotions and thoughts contribute to resilience. The ability to regulate emotion and/or behaviour was associated with the resilience of black university students, whose parents had low levels of education and were poor (Theron et al., 2013); black rural adolescents (Theron, 2015); and vulnerable primary school children (Ferreira & Ebersöhn, 2011).

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Lastly, the findings included evidence relating to **adaptive coping**. South African studies of resilience report on the adaptive coping-related resources of rural adolescents (Kruger & Prinsloo, 2008; Malindi & Machenjedze, 2012; Theron & Malindi, 2010). All these studies refer to black adolescents' ability to find ways (e.g. play with friends) to cope with adversity. However, at this point it is worth mentioning that there were only two reports of adaptive coping in the case files. The reported adaptive coping echoes findings of the current literature, but is it does not overlap strongly. It is my hypothesis that rural adolescents' acceptance of hardship could influence how they view their personal coping process. Secondly, the way the paper-and-pencil activities were set up could have influenced the type of information rural adolescents reported.

4.4.2. Silences in the data: Individual level

Excluded risks. The risks which emerged excluded **negative peer influence**. The South African resilience literature (including studies that explain the resilience of rural South Africans) reports on negative peer influences (De Lannoy & Swartz, 2015; Ebersöhn, 2012b). Despite none of these previous studies specifically referring to IsiSwati-speaking rural adolescents, they did include black South African rural young people.

Although the findings of the present study emerged from a document analysis, I know that the participants worked in groups, as I was an observer of the proceedings of the study as mentioned in Chapter 1. Thus, I assume that one reason for this silence could be based on methods when data was generated i.e. participants could have been hesitant to self-report on issues related to negative peer influences due to possible fear of conflict or peer pressure).

Excluded resources. The documents also excluded evidence of **effective communication skills**. South African resilience studies and rural South African resilience studies do report on the resilience-enabling value of effective communication, including its value for adolescent street children (Theron & Malindi, 2010), rural Basotho adolescents (Theron et al., 2013), and black orphans living in adolescent-headed households in the Sebokeng area (Lethale & Pillay, 2013). Although none of these previous studies specified IsiSwati-speaking rural adolescents, they did include effective communication as a resilience-enabling factor for black rural adolescents.

The reported findings also exclude **cognitive appraisal** as an individual resilience-promoting resource. South African resilience literature report on cognitive appraisal as a resilience-enabling resource (Ebersöhn, 2012a; Singh & Steyn, 2013; Theron et al., 2013; Theron & Dunn, 2010). South African researchers, such as Govender and Killian (2001, p. 6) report on the ability to "make plans" as part of cognitive appraisal. These previous studies included black South African adolescents.

I hypothesise that adolescents are not always aware of their communication style or communication skills or the cognitive strategies which they employ to reach their developmental milestones. This could be why cognitive appraisal and communication skills did not emerge as a resource during the document analysis.

4.4.3. Findings on risks and resources (family-level) that are similar to existing knowledge

Findings on risks that are similar to existing knowledge. The case files included evidence of **family violence**. This fits with prior South African resilience studies which report that family violence places adolescents at risk for negative outcomes (*SA Crime Quarterly*, 2015). Even though none of these previous studies specifically refer to IsiSwati-speaking rural adolescents, they included black South African rural and urban adolescents who faced a variety of violent family acts, such as spanking and slapping (De Lannoy & Swartz, 2015), being hit with objects and witnessing intimate-partner violence (Catherine, Makusha, & Bray, 2015).The documents included evidence of **family-system poverty**. This mirrors prior South African resilience studies which report that poverty contributes to the adversity that adolescents face (Loots et al., 2010; Shield et al., 2009; Theron & Theron, 2013; Theron & Malindi, 2010; van Breda, 2015). Even though none of these previous studies were specific to IsiSwati-speaking rural adolescents, they included black South African rural young people who faced a variety of adversities, such as insufficient money to buy clothes (Theron & Malindi, 2010), neglect and poor care (Cluver & Gardner, 2007), ill health (Loots et al., 2010), negative educational outcomes (Theron, 2015), psychosocial vulnerability (van Breda, 2015), food insecurity and illiteracy (Loots et al., 2010).

Findings on resources that are similar to existing knowledge. The case files included evidence of **family role models**. This aligns with prior South African resilience studies which report that family role models (e.g. mothers providing emotional support, sisters and brothers modelling appropriate behaviour) support resilience (Barbarin & Richter, 2001a; Madhavan & Crowell, 2014; Theron & Malindi, 2010). Even though none of these previous studies specified IsiSwati-speaking rural adolescents, they included black South African rural and urban children and adolescents who drew on family role members as protective resources, e.g. family who assisted young people with daily living (Ebersöhn, 2008, p. 14; Theron & Dunn, 2010, p. 242; Theron & Malindi, 2010, p. 726), family members motivating youth (Theron & Malindi 2010, p. 722) and support to orphaned youth by grandmothers (Casale, 2011).

The findings did include evidence relating to **supportive parent-child interaction**. The South African resilience literature reports on parental support for rural adolescents (Madhavan & Crowell, 2014; Ramphele, 2012). Examples of parental support for black rural adolescents include emotional support (Theron, 2015), allowing adolescents access to communal resources (Madhavan & Crowell, 2014), inspiring black adolescents to focus on educational goals (Hall, Ebrahim, De Lannoy, & Makiwane, 2015), and offering social support (Theron &Theron, 2010). Theron (2007), and van Rensburg and Barnard (2005) all report on mothers having positive and supportive personal relationships with rural adolescents. In some ways (e.g. the occasional references to mothers in particular or the high number of learners living in mother-headed households) the evidence from the case files reflects the theme of strong female relatives, but more research is needed to make this conclusion unequivocal (Theron, 2015).

Evidence of **family cohesion** was extracted from the documents. These findings echo prior South African resilience studies which report that family cohesion (such as a sense of family warmth facilitated by e.g. quality time spent together) supports young people's resilience process (Ebersöhn, 2013; Loots et al., 2010; Madhavan & Crowell, 2014; Mkhize, 2006, p. 187; Mokwena, 2007). Even though none of these previous studies specifically refer to IsiSwati-speaking rural adolescents, they included black South African rural and urban youths who drew strength from being loved and valued as a member of

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their family (van Rensburg & Barnard, 2005), and who benefitted from family values and practices (Mkhize, 2006; Theron & Theron, 2010).

The case files included evidence of **supportive siblings**. This fits with prior South African resilience studies which report that caring siblings (e.g. siblings who spend time with adolescents and offer emotional support) support adolescent resilience (Ebersöhn, 2010; Madhavan & Crowell, 2014; Theron, 2015; Theron & Theron, 2010; Visser et al., 2015). Even though none of these previous studies specifically refer to IsiSwati-speaking rural adolescents, they included black South African rural and urban adolescents who drew on supportive siblings as resilience resources. Examples of supportive siblings include sibling mentorships, role-models and nurturing from siblings (Madhavan & Crowell, 2014), emotional support and financial aid (Theron & Theron, 2010), and comfort and support in private matters (Pienaar et al., 2011).

From the documents, evidence was also extracted of **supportive extended family**. These findings mirror existing South African resilience studies which report that extended family interaction is a resilience-enabling resource, as it offers amongst others, shared labour, financial aid, communal-centred support) (Malan-Van Rooyen, 2015; Madhavan & Crowell, 2014; Mkhize, 2006; Theron & Malindi, 2010). Even though none of these previous studies specifically mention IsiSwati-speaking rural adolescents, they included black South African rural youth benefitting from extended family support. Examples include key socializing opportunities (Mkhize, 2006), specific education (sexual education) from specific family members, e.g., paternal aunts to girls (Madhavan & Crowell, 2014), and encouragement towards adherence to cultural practices (Theron & Theron, 2013).

Lastly, evidence of **family communication** was extracted from the documents. These findings mirror what was previously reported in South African resilience studies, namely that family communication contributes to rural adolescents' resilience, e.g. problem solving and personal teaching (Munyaka & Motlhabi, 2009; Theron & Theron, 2013). Even though none of these previous studies specifically refer to IsiSwati-speaking rural adolescents, they included black South African rural and urban youths drawing on family communication, such as storytelling and songs (Theron & Theron, 2013), and personal teachings of family members (Munyaka & Motlhabi, 2009). The reported family

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communication supports echoes in current literature, but is it does not overlap strongly (only three reported instances of family communication). I hypothesise that single-parent households, HIV/AIDS, migrant parents, and little time spent together as a family to listen to and tell stories can contribute to the low instance of reported family communication by rural adolescents (HSRC, 2012b; Ramphele, 2012).

4.4.4. Silences in the data: Family level

Excluded risks. Evidence from the case files excludes **HIV/AIDS-related risks to family level**. HIV/AIDS-related risks to rural adolescents are well documented in existing South African studies (Ebersöhn, & Ferreira, 2012; Morojele & Muthukrishna, 2012; Loots et al., 2010). These previous studies included black adolescents (Booysen, 2012; Ebersöhn, 2010; Shield et al., 2009). Even though none of these previous studies specifically refer to IsiSwati-speaking rural adolescents, they did include black South African rural and urban youth.

Upon reflecting on possible reasons for this silence, I hypothesised that people suffering from HIV/AIDS are often shunned and stigmatised. According to the HIV Stigma Index, the Mpumalanga Province reports one of the highest levels of stigmatisation within South Africa (HSRC, 2012b). Families are often ashamed of the fact that members have HIV/AIDS and consequently do not talk about the illness or reveal to others that family members or youths are struggling with HIV/AIDS (Strydom, 2003). I am aware that the participants who generated the paper-and-pencil activities in the FLY project worked in groups (Chapter 3). I assume that in the course of group work these youths would have kept HIV/AIDS-related risks a secret due to the stigma-related hardship that they feared. I therefore theorise that the methods used in the FLY project, and the sensitivity of this specific risk, could perhaps account for this silence.

Excluded resources. The documents excluded evidence of **traditional family practices**. South African resilience studies report that traditional family practises support resilience of black students from impoverished backgrounds (Theron & Theron, 2013), rural adolescents living in multigenerational homes and rural adolescents in the Mpumalanga province (HSRC, 2012a). Examples of traditional family practices include traditional family leadership (HSRC, 2012a), communal meals and the sharing of

resources (Theron & Theron, 2013): practices where black youths learn about kinship values, ancestors (Theron et al., 2011) and specific family tasks (Dass-Brailsford, 2005). As per my hypothesis for why family communication was not robustly reported, I sumise that traditional family practices were omitted because of changing family structure and contact, and potentially also because of the nature of data-generation methods used with young people.

4.4.5.   Findings on risks and resources (school-level) that are similar to existing knowledge

Findings on risks that are similar to existing knowledge. The case files included some evidence of risks associated with **violence at school**. The South African literature is unequivocal about the risk associated with violence at school, also for black rural adolescents (Donald et al., 2006; HSRC, 2012b; TLoots et al., 2010; Singh & Steyn, 2013; *South African Crime Quarterly*, 2015). Rural youths, in particular, are made vulnerable when they experience interpersonal violence (*South African Crime Quarterly*, 2015), learner aggression (Singh & Steyn, 2013), intimidation and threats (Medical Research Council of South Africa, 2008), or bullying (Donald et al., 2006).

Findings on risk that are similar to existing knowledge. From the documents, evidence was extracted that rural adolescents identified **teachers as role models and supporters.** These findings mirror South African resilience studies which report that teachers support rural adolescents' resilience (Ebersöhn, 2007; Ebersöhn, 2008; Ebersöhn, 2011; Ferreira & Ebersöhn, 2011; Malindi & Machenjedze, 2012; Pienaar et al., 2011; Theron, 2007; Theron & Theron, 2014; van Rensburg & Barnard, 2005). Teachers facilitate access to community resources (Ebersöhn, 2007, 2008), provide emotional support (Du Plessis, 2014) and facilitate effective learning and mentorship (Ebersöhn, 2008; Ferreira & Ebersöhn, 2011). These previous studies included black South African rural youths and some specifically refer to IsiSwati-speaking rural adolescents (Ebersöhn, 2008). I theorise that this pattern is congruent with trends in rural South African resilience literature, where teachers are often reported as resilience enabling (Ebersöhn, 2007, 2008). I further hypothesise that due to the remote setting of

the school in this study, learners have limited contact with other resilience-promoting professional adults and that this might account for the importance of teachers.

4.4.6. Silences in the data: School level

Excluded risks. Evidence from the case files excludes **ineffective schools**. Ineffective schools (e.g. poorly resourced schools, poor access to teachers, poor quality of teaching) are unfortunately a common phenomenon in South Africa and one which places young people at risk for negative life outcomes (Akande, 2000; Ebersöhn, 2008, 2010; Holborn, 2013; Madhavan & Crowell, 2014). Given this reality, I wondered why ineffective schooling was absent from the risks that emerged from the document analysis. I hypothesise that even if the quality is poor, rural adolescents still experience schooling as a resource when they compare schooling to the cumulative risk that they experience (e.g. poverty-related hunger, violence).

Excluded protective resources. There was no evidence of where extra-mural activities took place. Previous South African resilience studies have reported that extra-mural activities at schools are resilience promoting (Malindi & Machenjedze, 2012; Theron, 2015). Resource-poor schools in South Africa seldom provide opportunity for extra-curricular activities (Du Plessis, 2014).

4.4.7. Findings on risks and resources (community-level) that are similar to existing knowledge

Findings on risks that are similar to existing knowledge. The documents included evidence of **unsafe community** spaces. South African resilience studies do report unsafe community spaces as contributing to adolescent risk (Ebersöhn & Ferreira, 2012; HSRC, 2012a; Theron & Theron; 2013). Even though none of these previous studies specifically referred to IsiSwati-speaking rural adolescents, they included black South African rural and urban youths facing a variety of adversities, such as gangs roaming the streets at night (Statistics SA, 2012), threats (Ebersöhn, 2008) crime in neighbourhoods and rape (*SA Crime Quarterly*, 2015).

Risk include **structural disadvantages** (e.g. limited access to medical services). Prior South African studies report on structural risk to rural adolescents (Ballantyne & Mylanos,

2001; Dasgupta et al., 2014; Ebersöhn et al., 2015; Ebersöhn & Ferreira, 2012; Loots et al., 2010; Mosavel et al., 2015; Statistics South Africa, 2012). Even though none of these previous studies specifically refer to IsiSwati-speaking rural adolescents, they included black South African rural young people facing a variety of structural adversities, such as limited access to electricity and water (Mosavel et al., 2015), poverty-related psychological distress, multiple traumas, teenage pregnancies, poor scholastic performance, HIV/AIDS and criminal activities (HSRC, 2012b), poverty-related social exclusion, poor parenting and poor attachments (Chirese, 2010), and unsatisfactory access to services (Statistics South Africa, 2013). The previous studies included black adolescents and were concerned that black adolescents were disproportionately affected by structural disadvantage (Loots et al., 2010; Mosavel et al., 2015).

Findings on resources that are similar to existing knowledge. The case files included evidence of **community-based role models**. This fits with prior South African resilience studies which report that community based-role models (mentors or role models to respect, or take advice from) support resilience (Dass-Brailsford, 2005, p. 582; Madhavan & Crowell, 2014; Theron et al., 2011; Theron & Malindi, 2010). The aforementioned studies included black South African young people, although they may not have been IsiSwati-speaking, and report that role models offer guidance for adolescents in the form of their own life stories of success (Theron & Malindi, 2010) and by motivating adolescents to become resilient (Madhavan & Crowell, 2014).

The case files produced evidence of opportunities for **extra-mural engagement**, albeit it mostly sport-related. This aligns with prior South African resilience studies which report that extra-mural engagement (playing sport, reading, engaging in leisure activities, such as watching television) supports resilience (Ebersöhn, 2008, p. 14; Hall & Theron, 2016; Malindi & Machenjedze, 2012). Even though none of these previous studies were specific to IsiSwati-speaking rural adolescents, they included black South African rural and urban youths. Malindi and Machenjedze (2012) reported that extra-mural activities create opportunities for distractions and enable adolescents to spend their time meaningfully and avoid potential risk (e.g. gangs and crime). These opportunities are found at school and in religious groups, peer groups and the community. Hall and Theron (2016) state that

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extra-mural activities can activate and strengthen bonds that seem to contribute to meaning-making and hopefulness.

The documents included evidence of **community belonging**. South African resilience studies do report on community belonging as resilience-enabling (Phasha, 2010; Theron & Theron, 2010; van Breda, 2015). Even though none of these previous studies specifically refer to IsiSwati-speaking rural adolescents, they included black South African rural youths. Theron et al. (2011, p. 799), Phasha (2010, p. 1248), and Theron and Malindi (2010, p. 726) all indicate adolescents are taught to respect others (e.g. elders) as this facilitates community acceptance and belonging. Mangcu (2011) also states that adolescents learn to conform to the interdependent expectations of their collective communities. It is interesting, however, that there was only one report of community belonging in the case files. In other words, even though these finding fits with current literature, it does not overlap strongly. This fits with the concerns of some South Africans that traditional values, such as community belonging, are dying out (Ramphele, 2012).

4.4.8.   Silences in the data: Community

Absent resources. The documents excluded evidence of **community advocacy for social justice**. Some South African resilience studies do report community advocacy for social justice as resilience-enabling (Ebersöhn, 2008, p. 14; Pienaar et al., 2011; Theron et al., 2013; Theron & Theron, 2010). Even though none of these previous studies specifically refer to IsiSwati-speaking rural adolescents, they included black South African rural and urban young people. Still, some studies show that adolescents report social injustice rather than social justice (Pienaar et al., 2011; Theron et al., 2013; Theron & Theron, 2010). Theron (2015) hypothesises that it is probable that adolescents living in structurally disadvantaged areas experience their lifeworld as unfair and have little option other than to "accept" injustice or, that adolescents' non-reporting of social justice mechanisms can be the result of contextual realities that fail resilience (e.g. the lack of mobilisation of communities to limit crime and violence).

The case documents excluded evidence of **flocking**. South African resilience studies do report flocking as resilience-enabling (Ebersöhn, 2013; Madhavan & Crowell, 2014). Even though none of these previous studies specifically refer to IsiSwati-speaking rural

adolescents, they included black South African rural and urban youths profiting from flocking behaviours, i.e. communities drawing on relationships to access collective resources (Ebersöhn, 2013) and co-managing adversities through cooperative, collective responses (Munyaka & Mothlabi, 2009). I hypothesise that adults maybe more inclined to flock than adolescents, and this could possibly account for the silence.

The case files excluded robust evidence of **pro-social supportive peers**. Previous South African resilience studies report pro-social supportive peers as resilience enabling (Ebersöhn, 2008). Even though none of these previous studies specify IsiSwati-speaking rural adolescents, they included black South African rural youths profiting from pro-social supportive peers with whom they could build friendships, develop communication skills, partake in positive social interactions and learn to behave in socially acceptable ways (Ebersöhn, 2008; Mkhize, 2006). I hypothesis the nature of the data-generation methods could have influenced the participants responses.

4.4.9. Findings on similar risks and resources (macro-system) that are similar to existing literature

There was no explicit mention of macro-systemic risks, but the references to violence and poverty are implicit proof of structural disadvantage at the macro-level (De Lannoy et al., 2015). The documents included evidence of **spirituality**. African resilience studies do report spirituality as resilience-enabling (Dass-Brailsford, 2005; Hall & Theron, 2016; Louw, 2011; Macalane et al., 2010; Mkhize, 2006; Mokwena, 2007; Phasha, 2010; Theron, 2007, Theron, 2015; Theron & Theron, 2010). Even though none of these previous studies specifically refer to IsiSwati-speaking rural adolescents, they included black South African rural adolescents. Mokwena (2007) reported that spiritual belonging gives adolescents the opportunity to reflect their own beliefs and values as they develop their worldviews; Louw (2011) and Theron (2007) report that religious engagement creates a support base (e.g. financial aid); and that religious practices facilitate the identity development of adolescents.

4.5. CONCLUSION

In this chapter the risk and protective resources that emerged from an analysis of the paper-and-pencil activities recorded in the case files of the FLY project were identified and

discussed. The risk factors and protective resources were clustered into sections guided by the literature review (Chapter 2) and Ungar's diagnostic criteria for resilience. As was shown in Chapter 4, the findings mostly echo what has already been reported in the South African resilience literature. As in prior studies, all systems (the individual, the family, the community and the macro-system) are important enablers of resilience, but this must not be misunderstood, since these very same systems can also place young people at risk.

In Chapter 5 I use the findings of the document analysis to comment on what insight can be achieved into the resilience of vulnerable rural adolescents by applying Ungar's diagnostic criteria of resilience. In other words, in Chapter 5 I gauge the applicability of Ungar's theoretical framework as a tool for the educational psychologist to diagnose resilience.

5.1. INTRODUCTION

In Chapter 5, I discuss the findings of this study, which were generated through a secondary document analysis using deductive coding. I also discuss how the findings and limitations relate to the research questions. Furthermore, I suggest ideas to inform future research studies, and provide educational psychologists with suggestions on how the findings of this study could improve clinical practice.

5.2. QUESTIONS REVISITED

This section first addresses the two secondary research questions as the secondary questions inform the primary research question.

Secondary Research Question 1: What do psycho-educational assessments reveal about the individual and contextual risk factors and protective resources of rural adolescents? Figure 5.1 provides a summary of the answer to this question. It depicts the individual surrounded by the various interacting systems (e.g. family and community). Figure 5.1 also includes a table which lists a summary of the risks and protective resources reported by young people in this rural context. The risk factors relate to adversity experienced by the individual and are categorised at the top of the table in Figure 5.1. The reported protective resources are categorised in the table below the graphical representation of the different systems that make up the adolescent's social ecology. As explained in the discussion of the findings (Section 4.4), protective resources found in the present study align with the existing literature (Chapter 2). In short, when viewed through the lens of Ungar's (2015) criteria for resilience, psycho-educational assessment gives the educational psychologist insight into what places a young person, or as in this study, a group of rural young people, at risk. The assessment also revealed resources individuals have at their disposal to buffer or accommodate adversity.

MACRO-SYSTEM	COMMUNITY			INDIVIDUAL
None reported	Unsafe community spaces		...ence Poverty	Risks associated with the developmental phase of adolescence (e.g. irritation and frustration/physical risk). Sadness/Bereavement
RISK				
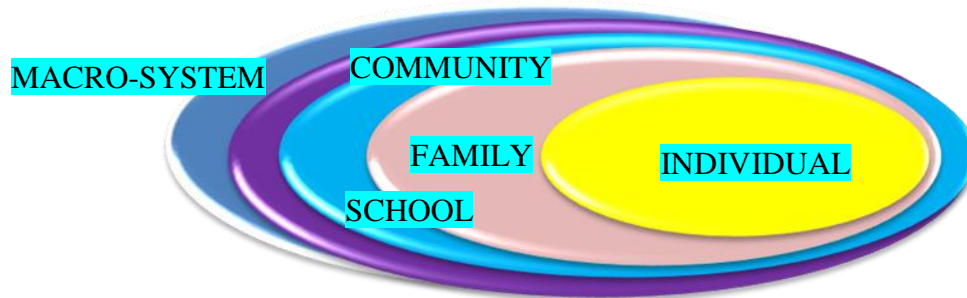
MACRO-SYSTEM	COMMUNITY	SCHOOL	FAMILY	INDIVIDUAL
Spirituality	★Community based role models Opportunities for extra-mural engagement ★Community belonging	Teachers as role models and supporters	★Family role models ★Supportive parent-child interaction ★Supportive siblings ★Family cohesion ★Supportive extended family ★Family communication	Personal agency Self-worth Personal strengths Self-regulation Effective-coping
PROTECTIVE RESOURCES				

Figure 5.1:   Reported risks and protective resources of rural adolescents in the present study

Secondary research question 2: What do psycho-educational assessments reveal about developmentally appropriate and culturally relevant resilience processes of rural adolescents? To this question, I found that the protective resources indicated in the family,

school, community and macro-system included culturally appropriate resources. These factors are indicated in Figure 5.1. by the symbol ⭐ and are reported as culturally relevant factors in resilience literature of researchers, such as Mothiba and Maputle (2012), and Singh and Steyn (2013).

In addition, the protective resources reported in the individual system related to developmentally appropriate protective resources that were typical to adolescents. These factors are indicated in the figure with the symbol ( ) . The reported resilience factors are generally associated with the developmental phase of adolescence and are echoed in South African resilience literature by Kruger and Prinsloo (2008), Lethale and Pillay (2013), Malindi and Machenjedze (2012), and Theron and Malindi (2010).

Primary research question: What insight can be achieved into the resilience of vulnerable rural adolescents by applying Ungar's diagnostic criteria of resilience to the documents (i.e., paper-and-pencil activities) generated in psycho-educational assessments? To answer the primary research question, I explain how I applied the decision-making steps of Ungar's decision-making tree (Ungar, 2015). Thereafter, I discuss the insight that the diagnostic criteria offer educational psychologists.

5.2.1.   Steps 1 and 2: Assess exposure to adversity

From the data, limited evidence emerged pertaining to multiple risks (Section 4.2.1). However, resilience literature indicates that adversity can be described as severe and/or chronic (Masten, 2014). I, therefore, had to review resilience literature to understand how chronicity and severity could contribute to rural adolescents' risk in this study. Resilience literature reports that severe adversity poses a risk to wellbeing (Luthar et al., 2000). Physical risk (e.g., violence, fear) and poverty-related risk (e.g. lack of employment) are reported in resilience literature as severe (De Lannoy et al., 2014). In terms of the chronicity of the adversity, it is my assumption that the rural adolescents in the present study experienced chronic risk due to the context of the study, and due to prior studies conducted in the same context and area which described similar risks (Ebersöhn, 2014; Ebersöhn et al., 2017; Nel, 2015). Resilience literature and relevant South African studies also report on poor living conditions of rural adolescents in South Africa (HSRC, 2012a). In other words, the apparent persistence of poverty implies chronic risk.

If the rural youths' context and findings from the literature are considered, the evidence supports the assumption that the rural adolescents in the present study were exposed to chronic/severe risk. Rural adolescents in this study reported that they were exposed to physical risk (e.g. being hit with objects, being hit by parents), bereavement (e.g. death of parents and loved ones) and emotional risk (e.g. conflict in families). The contextual influences of rurality and limited access to structural resources due to their geographical location also contribute to their risk, as do poverty-related factors, such as lacking financial means, food insecurity and unemployment. Furthermore, adolescents were challenged by risk (such as rejection) which related to their developmental stage. In other words, chronic, as well as severe risk, appears to be present (Figure 5.1 refers). By applying the first two steps of Ungar's (2015) decision-making tree, the educational psychologist gains insight into which risks adolescents are exposed to.

5.2.2.   Step 3: Assess whether the environment can mitigate the effect of exposure to risk

The next step evaluates which resources are available to buffer risk of the young people and the environment. Figure 5.1 indicates protective resources relating to personal agency, self-worth, personal strengths, self-regulation and effective coping skills. These reported factors correlate with the personal factors reported by Ungar (2015) and other resilience studies by Masten (2001), Theron and Phasha (2015), and Wright et al. (2010).

In this study, contextual resources pertaining to the family were dominant. This trend in the data echoes that of resilience literature, as family can facilitate positive adaptation despite adversity (Patterson, 2002; van Breda, 2017; Walsh, 1996).

Community pathways to resilience were included in the findings, but were less reported on than familial resources. Figure 5.1 lists resources such as community role models and access to extra-mural activities that help to facilitate resilience. The reported evidence of the present study therefore confirms that the protective resources predominantly originated from the individual and the family, echoing the findings of other researchers (Dass-Brailsford, 2005; Ebersöhn, 2009, 2013; Loots et al., 2010; Madhavan & Crowell, 2014). We know from the literature that some studies show that a sense of community is becoming less dominant in rural settings (Ramphele, 2012); others again found

community to remain relevant (De Gouveia, 2015; Malan-Van Rooyen, 2015). From the literature, it is also reported that the macro-system often provides health, social and learning support which compensates for unequal distribution of resources (Malan-Van Rooyen, 2015; Ogunkan & Adeboyejo, 2014). Rural contexts in South Africa often have limited quality service delivery and limited economic advancement opportunities (HSRC, 2012a). This might explain why only spirituality emerged as a macro-system resource. In essence, based on Ungar's (2015) criteria, resilience can be predicted at this stage if the environment has the capacity to sustain the resources which support resilience.

5.2.3. Step 4: Assess whether coping strategies are experienced and/or perceived as adaptive or maladaptive

The second last phase of Ungar's decision-making tree offers the opportunity to evaluate coping strategies according to two criteria: Are the individuals' efforts to adjust to hardship adaptive or maladaptive?

As reported in Chapter 1.1, maladaptive efforts typically include action that mainstream society will consider harmful in the long run (e.g. solving the challenges of poverty by engaging in gang activity or criminal acts (Owen & Greeff, 2015). According to the evidence (Figure 5.1), the group of adolescents in the present study did not indicate any maladaptive coping, for example gang activity. It can therefore be assumed that the manner in which the adolescents in this study adjusted, was adaptive. When coping is adaptive, resilience is predicted (Ungar, 2015).

5.2.4. Step 5: assess the contextual and cultural considerations regarding promotive and protective resources

The last phase relates to the contextual and cultural appropriateness of how individuals adapt to hardship.

Ungar (2015) argues that resilience can be predicted when individuals' efforts fit with what their social ecology would consider appropriately adaptive. As in the preceding phase, communities are more likely to consider an individual's actions as adaptive when they fit with prevailing cultural norms and values. Being spiritual, relying on the family system (e.g. family role models, supportive siblings, family communication), as well as

community-based resources (e.g. community role models and a sense of community belonging) have been reported in other studies as culturally-aligned resilience resources that enable the resilience of black South African youths (Madhavan & Crowell, 2014; Mangcu, 2011; Pienaar et al., 2011; Ramphele, 2012; Theron & Malindi, 2010). Again, Ungar (2015) argues that resilience can be predicted when young people's efforts fit with what their social ecology considers culturally relevant pathways of resilience. Based on the findings in the present study, resilience is therefore predicted for the young people in this rural context.

5.2.5. **Summary**Thus, in response to the main research question: By applying Ungar's diagnostic criteria to completed paper-and-pencil activities that form part of an educational psychology assessment, it is possible to identify the factors that place a young person (or the young people in a given community as in this study) at risk (Figure 5.1). When I applied Ungar's diagnostic criteria, it was also possible to identify the social ecological and individual resilience-enabling resources, i.e. the results of the present study showed that the family was the strongest social enabler; and that there were community-based resources. However, there were few school-based and macro-systemic resources reported in the data (see Figure 5.1).

In the data there were silences pertaining to risk and protective resources and the socio-cultural context (see Section 4.4 Silences in data). My recommendations for future research will address these caveats. Nevertheless, my study shows that valuable insights can be achieved into the resilience of vulnerable rural adolescents by applying Ungar's diagnostic criteria of resilience to the documents generated in psycho-educational assessments.

The literature indicates that service provision is increasingly seen as a way to support youth resilience (Carolissen, 2015; Kruger & Prinsloo, 2008; Mkize & Uys, 2004; Theron & Theron, 2014). Quality service provision, including that of psychological services, is a way in which the social ecology can support young people to adapt positively (Theron, 2016a). A. Hart et al. (2016) state the focus should shift from understanding how individuals cope with adversity to advocating for social justice by challenging structures

that do not support resilience. By understanding risk factors and protective resources from adolescents' lifeworlds, the educational psychologist not only better understands how ecologies influence adolescence, but can plan interventions to sustain resources and minimise risk (Ebersöhn, 2017; Theron, 2016b). At the same time, this understanding can help educational psychologists to pinpoint which resources are missing or underutilised. Educational psychologists can then initiate and/or support action plans and work with the community which they serve to advocate for necessary resources (Pillay, 2003). For example, in the present study there were few references to school-based resources. In other South African studies of resilience, school-based resources are emphasized (Ebersöhn, 2017); therefore, it is important to encourage initiatives that can enable schools in this rural community to become resilience-enabling schools. By using the resilience diagnosis to understand which resources are missing or inaccessible, and advocating for social change/initiatives that will change this, educational psychologists go beyond being therapists to being change agents (Hart et al., 2016). Then educational psychologists can act as agents of change who advocate for forms of psychological practices that benefit all South Africans (Pillay, 2017).

5.3. LIMITATIONS OF THE STUDY

Limitations were identified during the research process, as discussed below.

- The limitation of multilingualism could have influenced the quality of the data. None of the participants in the study spoke English as their home language and the educational- psychologist in training did not have IsiSwati as their home language. This limitation could have influenced the expressive ability of the young people in the study in the paper-and-pencil activities discussed in Section 3.4.1. (Kamwangamalu, 2009; Oduor, 2014).

- The sample of adolescents comprised predominantly IsiSwati-speaking participants. The results of the analysis can be used to make conclusions about the resilience of rural IsiSwati adolescents partaking in the study. This could make the results context-specific and reduce the value of the findings for larger and more diverse populations (Babbie & Mouton, 2001). This implies that the results of the study may be less generalizable. However, by providing a rich description of the

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setting, adversities and assets of the participants, the probability of transferability of findings to similar settings and participants groups are increased.

- Only one interval of FLY project data was sampled. This can be considered a limitation, because the findings cannot account for change that was only observed over a period of time (e.g., influences such as chronicity) (Creswell, 2014). In addition, my use of a secondary data set meant that I could not influence data saturation (however, most of the themes I reported were well saturared).

- Only self-reported data were included in this study. Therefore, the data are limited to the subjective experiences of what the youths reported or voiced.

- Finally, I acknowledge that my theoretical assumption that Ungar's approach is applicable to South African contexts influenced how I interpreted the data. However, I am of the opinion that the findings of my study validate this assumption. In addition I took care to ensure that the process was trustworthy.

5.4. RECOMMENDATIONS

This section presents my response to the limitations indicated above, my reflections on this study and its results, and my recommendations for follow-up studies and lessons for educational psychologists.

5.4.1. Recommendations relating to future research

In the FLY 2015 project, some of the educational psychology students were able to assist the participants in a language other than English (e.g. isiZulu). However, not all the educational psychology students could assist their participants in this manner. Polkinghorne (2005) states that translators can contribute much as active research partners by interpreting and translating the words of participants into the language of the researcher. In other rural South African studies, stakeholders were asked to assist with translation (De Gouveia, 2015; Ferreira & Ebersöhn, 2011). Thus, to overcome the limitations that multilingualism can bring to research, I recommend that teachers who speak the home language of the participants be included as facilitators during educational psychology interventions and that they facilitate the research process in the participants' vernacular. Furthermore, I recommend that the use of intervention material, such as

expressive art, be designed to enable the participants to give a richer description of their contextual risk and protective factors (Roos & Ferreira, 2008).

- The context-specific nature of the results of this study could be interpreted as a limitation, but the aim of qualitative research is to acquire in-depth information on a certain phenomenon (De Gouveia, 2015; Ferreira & Ebersöhn, 2011; Malan-van Rooyen, 2015). As noted earlier, I felt frustrated at times by the lack of detail in the data and this made it hard to provide in-depth descriptions of the risks and resources. Sampling additional cohorts of FLY data (2005-2015) could have provided more detail, enabling richer descriptions of risk and protective resources. A recommendation for further studies is to train a team of researchers to make field notes and educational psychology students to make process notes. These can be made available as part of the data set in order to provide detail about the natural setting of the study (Patton, 2002). In addition, to support the generalizability of the results of this type of study, future educational psychology students could request access to the FLY data and files of adolescent clients who were served by educational psychologists at university-based clinics within South Africa, and who gave permission for their file data to be used for training and/or research purposes. This study may then be repeated by applying Ungar's criteria to ascertain the extent to which the follow-up results confirm and/or extend or even contradict the findings of the present study.

- A longitudinal study could follow the manner in which resilience changes over time or stays the same, such as chronicity, influence of the exco-system. This will enable the researcher to better understand how contextual/historic/developmental influences shape the results of a study (Cohen et al., 2011). It would, therefore, be useful for future educational psychology students to follow up with the participants in the FLY 2015 project and explore whether and/or how the reported risks and resources have changed or not. Also, it would be useful for educational psychologists to engage specific cohorts of adolescents (e.g. rural adolescents who have dropped out of school versus rural adolescents who are enrolled in school) in longitudinal investigations to provide a richer understanding of the resilience of South African adolescents over a specific period of time.

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5.4.2. Recommendations for practice

The educational psychologist could use criteria, such as Ungar' resilience criteria, to understand risk factors and protective resources specific to the client's lifeworlds (Ebersöhn, 2017; Ungar, 2015). This could enable educational psychologists to use acquired knowledge on risk factors and protective resources as a roadmap in order to plan activities and interventions. The activities and interventions could be targeted to sustain identified resources or advocate for resources needed to support youth resilience (Theron, 2016a).

As made evident in this study, familial resources contribute to youth resilience (Ebersöhn, 2008; Theron & Dunn, 2010; Theron & Malindi, 2010). Educational psychologists need to explore whether and/or how this finding applies to their clients, as well as investigate resources in other available ecologies, such as schools. Importantly, they need to sustain the resources that are meaningful to their clients. With regard to familial resources, for example, educational psychologists could facilitate skills training like literacy, computer literacy, sewing, parenting skills, for family members and the development of courses at school for parents and families (Ebersöhn, 2007, 2008). Educational psychologists also need to advocate for meaningful resources, which are absent or inaccessible, to be provided in culturally relevant ways (Pillay, 2017).

van Rensburg et al. (2013) note that service provision contributes to resilience if clients can a) choose services, and b) are satisfied with services that are being provided to them. Educational psychologists could improve their effectivity by providing services towards which young people would want to navigate (Ungar, 2011). One possible way, given our South African context, is for educational psychologists to learn how to apply Ungar's diagnostic criteria (Ungar, 2015) and to use the results in ways that fit with their clients. They should take care to incorporate indigenous pathways to resilience to ensure that unique "transactional-ecological processes" (e.g. cultural processes) are incorporated in any intervention (Malan-Van Rooyen, 2015, De Gouveia, 2015).

5.5. CONCLUSION

Therapy and assessment are services that educational psychologists offer in order to facilitate youth resilience (Bottrell, 2013). The present study explored how Ungar's criteria could enable educational psychologists to achieve insight into the resilience of vulnerable rural adolescents. The study also showed that the application of Ungar's criteria is useful in that the criteria allow a comprehensive understanding of the risks and resources of a group of adolescents and their developmental and cultural appropriateness. This insight has the potential to support educational psychologists to know which resources are available and meaningful, and to then create intervention plans accordingly. Simultaneously, the resilience diagnosis process has the potential to support educational psychologists to transcend from not only better understanding resilience, but to act as agents for change and advocating for social justice (Ebersöhn, 2017; Hart et al., 2016; Ungar, 2015). Pillay (2017) advocates that educational psychologists should create ways to bring theory and reality together, resulting in socially responsive practitioners. It is my belief that the application of Ungar's criteria is a good starting point for what Pillay urges, and one which has the potential to support educational psychologists to enact Long's (2016, p. 139) wisdom: "This is in fact the challenge of South African psychology, incessantly questioning its real-world relevance".

Adams, Q., Collair, L., Oswald M., & Perold, M. (2004). Research in educational psychology in South African. In I. Eloff, & L. Ebersöhn (Eds.), *Keys to educational psychology* (pp. 353–373). Cape Town: UCT Press.

Akande, A. (2000). School-related fears in children and their relationship to worries and anxiety in the twenty-first century Southern Africa. *Studia Psychologica Journal (Slovak), 42*, 303–360.

Allwood, C. M., & Berry, J. W. (2006). Origins and development of indigenous psychologies: An international analysis. *International Journal of Psychology, 41*(4), 243–268.

Alvord, M. K., Gurwitch, R., Martin, J., & Palomares, R. S. (2012). Resilience guide for parents & teachers. *American Psychological Association*. Retrieved from http://www.apa.org/helpcenter/resilience.aspx

Babbie, E. (2005). *The basics of social research* (3rd ed.). Thomson: Wadsworth.

Babbie, E., & Mouton, J. (2001). *The practice of social research*. Cape Town: Oxford University Press.

Balfour, R. J., Mitchell, C., & Moletsane, R. (2008). Troubling contexts: Toward a generative theory of rurality as education research. *Journal of Rural and Community Development*, *3*(3), 95–107.

Balfour, R. J., Mitchell, C., & Moletsane, R. (2009). Troubling contexts: Toward a generative theory of rurality as education research. *Journal of Rural and Community Development*, *3*(3) 100–111.

Ballantyne, R., & Mylonas, A. (2001). Improving student learning during 'remote' school-based teaching experience using flexible delivery of teacher, mentor and student preparation programmes. *Asia–Pacific Journal of Teacher Education, 29*(3), 263–273.

Barbarin, O. A., & Richter, L. (2001a). Economic status, community danger and psychological problems among South African children. *Childhood (Copenhagen, Denmark), 8*(1), 115–133. doi:10.1177/0907568201008001007

Barbarin, O. A., & Richter, L. (2001b). *Mandela's children: Growing up in post-apartheid South Africa.* New York, NY: Routledge.

Barber, B. K. (2013). Annual research review: The experience of youth with political conflict: Challenging notions of resilience. *Journal of Child Psychology and Psychiatry, 54*, 461–473.

Baruth, K. E., & Carroll, J. J. (2002). A formal assessment of resilience: The Baruth protective factors inventory. *Journal of Individual Psychology, 58*(3), 235–244.

Berry, J., Poortinga, Y., Segall, M., & Dasen, P. (1992). *Cross-cultural psychology: Research and applications*. New York, NY: Cambridge.

Betancourt, T. S., & Khan, K. T. (2008). The mental health of children affected by armed conflict: Protective processes and pathways to resilience. *International Review of Psychiatry, 20*(3):317–28. doi:10.1080/09540260802090363

Bhana, A., McKay, M. M., Mellins, C., Petersen, I., & Bell, C. (2010). Family-based HIV prevention and intervention services for youth living in poverty-affected contexts: The CHAMP model of collaborative, evidence-informed programme development. *Journal of the International AIDS Society, 13*(Suppl 2) S8. doi: 10.1186/1758-2652-13-S2-S8

Bitter, J. R. (2009). *Theory and practice of family therapy and counseling*. Belmont, CA: Jon David Hague.

Booysen, V. (2012, July 12). Free State listless and vulnerable. *Fin24.* Retrieved from http://www.fin24.com/Barometer/Free_State/Free-State-listless-and-vulnerable-20120712

Bottrell, D. (2009). Understanding "marginal" perspectives: Towards a social theory of resilience. *Qualitative Social Work, 8*(3), 321–339. doi:10.1177/1473325009337840

Bottrell, D. (2013). Responsibilised resilience? Reworking neoliberal social policy texts. *Journal of Media and Culture, 16*(5), 480–489.

Bottrell, D., Armstrong, D., & France, A. (2010). Young people's relations to crime. Pathways across ecologies. *Youth Justice, 10*(1), 56–72.

Bowen, G. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal, 9*(2), 27–40.

Bowes, L., & Jaffee, S. (2013). Biology, genes and resilience: Towards a multidisciplinary approach. *Trauma, Violence, and Abuse, 14*, 195–208.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101.

Bronfenbrenner, U. (1979) *The ecology of human development. Experiments by nature and design.* Cambridge, MA: Harvard University Press.

Brooks, J. E. (2006). Strengthening resilience in children and youths: Maximizing opportunities through the schools. *Children and School, 28*(2), 69–76. doi:10.1093/cs/28.2.69

Bush, T., & Heystek, J. (2003). School governance in the new South Africa. *Compare: A Journal of Comparative Education, 33*(2), 128–137.

Cameron, C. A., Ungar, M., & Liebenberg, L. (2007). Cultural understandings of resilience: Roots for wings in the development of affective resources for resilience. *Child and Adolescent Psychiatric Clinics of North America, 16,* 285–301.

Carolissen, R. (2015). A critical review of practices of inclusion and exclusion in the psychology curriculum in higher education. *Psychology in Society (PINS), 2015, 49*, 7–24. doi:10.17159/2309-8708/2015/n49a2

Casale, M. (2011). "I am living a peaceful life with my grandchildren. Nothing else." Stories of adversity and 'resilience' of older women caring for children in the context of HIV/AIDS and other stressors. *Ageing and Society*, *31*(08), 1265–1288.

Catherine, W., Makusha, T., & Bray, R. (2015). Poverty and young people in South Africa: What are the connections? In A. de Lannoy, S. Swartz, L. Lake, & C. Smith (Eds.), *South African Child Gauge 2015* (pp. 69–74)*.* Cape Town: Children's Institute, University of Cape Town.

Centre for Education Policy Development (2015). *Annual report.* Retrieved from http://hrdcsa.org.za/wp-content/uploads/news-downloads/2017/K-13220%20CEPD%20HRDC%20Annual%20Report%202015-2016_Dev_V7_1.pdf

Chambliss, D. F., & Schutt, R. K. (2015). *Making sense of the social world: Methods of investigation* (5th ed.). New York, NY: SAGE.

Chirese, R. (2010). The impact of poverty on women's psychosocial well-being: Narratives from Zimbabwean migrant women in South Africa. *Journal of Psychology in Africa, 20*, 193–198.

Choe, D. E., Zimmerman, M. A., & Devnarian, B. (2012). Youth violence in South Africa: Exposure, attitudes, and resilience in Zulu adolescents. *Violence victims, 27*(2), 166–181.

Christie, P. (2012). *Framing the field of affordances: Space, place and social justice in education in South Africa*. Paper presented at the international seminar on Space, Place and Social Justice in Education. Manchester: Manchester Metropolitan University.

Cicchetti, D. (2013). Annual research review: Resilient functioning in maltreated children – past, present, and future perspectives. *Journal of Child Psychology and Psychiatry, 54*, 402–422. doi:10.1111/j.1469-7610.2012.02608.x

Cloke, P. (1995). Rural poverty and the welfare state: A discursive transformation in Britain and the USA. *Environment and Planning A, 27*(6):1001–16.

Cluver, L., & Gardner, F. (2007). Risk and protective factors for psychological well-being of children orphaned by AIDS in Cape Town: A qualitative study of children and caregivers' perspectives. *AIDS Care, 19*(3), 318–325. doi:10.1080/09540120600986578

Cohen, L. Manion. L, Morrison, K. (2011). *Research methods in education* (7th ed.). New York, NY: Routledge.

Cooper, D., De Lannoy, A., & Rule, C. (2015). Youth health and well-being: Why it matters. In A. De Lannoy, S. Swartz, L. Lake, & C. Smith (Eds.), *South African Child Gauge 2015* (pp. 6-68). Cape Town: Children's Institute, University of Cape Town.

Cortina, M. A., Stein, A., Kahn, K., Hlungwani, M., Homes, E. A., & Fazel, M. (2016) Cognitive styles and psychological functioning in rural South African school students: Understanding influences for risk and resilience in the face of chronic adversity. *Journal of Adolescence, 49*, 38–46.

Creswell, J. W. (2009). *Research design: Qualitative, quantitative and mixed methods approaches.* Thousand Oaks, CA: SAGE.

Creswell, J. W. (2012). *Qualitative inquiry and research design: Choosing among five approaches.* Los Angeles, CA: SAGE.

Creswell, J.W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Los Angeles, CA: SAGE.

Crowe, M., Inder, M., & Porter, R. (2015). Conducting qualitative research in mental health: Thematic and content analyses. *Australian & New Zealand Journal of Psychiatry, 49*(7), 616–623.

Curran, C., Williams, A. C., & Potts, H. W. (2009). Cognitive behavioral therapy for persistent pain: Does adherence after treatment affect outcome? *European Journal of Pain, 13,* 178–188. doi:10.1016/j.ejpain.2008.06.009

Dasgupta, P., Morton, J. F., Dodman D., Karapinar, B., Meza, F., Rivera-Ferre, M. G., Toure Sarr, A., & Vincent, K. E. (2014). Rural areas. In C. B. Field, V. R. Barros, D. J. Dokken, K. J. Mach, M. D. Mastrandrea, T. E. Bilir, M. Chatterjee, K. L. Ebi, Y. O. Estrada, R. C. Genova, B. Girma, E. S. Kissel, A. N. Levy, S. MacCracken, P. R. Mastrandrea & L. L. White (Eds.), *Climate change 2014: Impacts, adaptation, and vulnerability. Part A: Global and sectoral aspects. Contribution of working group II to the fifth assessment report of the intergovernmental panel on climate change* (pp. 613-657). Cambridge: Cambridge University Press.

Dass-Brailsford, P. (2005) Exploring resiliency: Academic achievement among disadvantaged black youth in South Africa. *South African Journal of Psychology, 35*(3), 574–591.

De Gouveia, J. (2015). *Indigenous pathways to well-being as resilience outcome in rural communities.* (Unpublished doctoral dissertation). University of Pretoria. Pretoria. Retrieved 2 November 2016 from http://www.repository.up.ac.za/dspace/handle/2263/50868

De Lannoy, A., Gevers, A., & Mahlangu, P. (2014). Adolescents: Preventing interpersonal and gender based violence. In S. Mathews, L. Jamieson, C. Smith & L. Lake (Eds.), *The South African Child Gauge* (pp. 73-79). Cape Town: Children's Institute, University of Cape Town.

De Lannoy, A., & Lake, L. (2009). Children's access to education. In S. Pendlebury, L. Lake & C. Smith (Eds.), *South African Child Gauge 2008/2009* (pp. 82–90). Cape Town: Children's Institute, University of Cape Town.

De Lannoy, A., Leibbrandt, M. & Frame, E. (2015) A focus on youth: An opportunity to disrupt the intergenerational transmission of poverty. In A. de Lannoy, S. Swartz, L. Lake & C. Smith C. (Eds.), *South African Child Gauge 2015* (pp. 22–33). Cape Town: Children's Institute, University of Cape Town.

De Lannoy, A., & Swartz, S. (2015). "You don't want to die. You want to reach your goals": Alternative voices among young black men in urban South Africa. In J. Parkes (Ed.), G*ender violence in poverty contexts. The educational challenge* (pp. 103–117). London: Routledge.

De Lannoy, A., Swartz, S., Lake, L. & Smith C. (Eds.), (2015). *South African Child Gauge 2015* (pp. 1-148). Cape Town: Children's Institute, University of Cape Town.

Denzin, N.K. (2010). Grounded and indigenous theories and the politics of pragmatism. *Sociological Inquiry, 80*(2), 296 -312.

Department of Agriculture. (2006). *Food insecurity in the rural area of Sekhukhune, South Africa.* Retrieved from www.fanrpan.org/documents/d00498/FIVIMMS_Info_Brief1_Food_insecurty_Sekhukhune.pdf

Department of Basic Education. (2013/2014) *National School Nutrition Programme (NSNP) Annual Report.* Retrieved 15 January 2017 from http://www.education.gov.za/Programmes/NSNP/tabid/632/Default.aspx

Department of Education. (2005). *Report of the ministerial committee on rural education: A new vision for rural schooling.* Pretoria: Department of Education.

Department of Health, National Directorate: Nutrition and Provincial Nutrition Units. (2002). *Integrated nutrition programme strategic plan 2002/03 to 2006/07.* Retrieved from: https://www.westerncape.gov.za/text/2003/nutrition_on_strategic_plan_2001.pdf

Donald, D. R., Lazarus, S., & Lolwana, P. (2006). *Educational psychology in social context* (3rd ed.). Oxford: Oxford University Press.

Du Plessis, P. (2014). Problems and complexities in rural schools: Challenges of education and social development. *Mediterranean Journal of Social Sciences, 5*(20), 1109-1117.

Eagar, D., Versteeg-Mojanaga, M-V., & Cooke, R. (2014, Jun.). *Defining rurality within the context of health policy, planning, resourcing and service delivery: Complexities, typologies and recommendations,* Version 1. (Discussion document). Johannesburg: Centre for Education Policy Development.

Ebersöhn, L. (2007). Voicing perceptions of risk and protective factors in coping in a HIV/AIDS landscape: Reflecting on capacity for adaptiveness. *Gifted Education International, 23*(2), 149–159.

Ebersöhn, L. (2008). Children's resilience as assets for safe schools. *Journal of Psychology in Africa, 18*(2), 11–18.

Ebersöhn, L. (2010). Resilience and career counselling: Describing the utility of quadrant mapping. *Journal of Psychology in Africa, 20*(3), 385–393.

Ebersöhn, L. (2012a). Adding "flock" to "fight and flight" as responses to persistent adversity: A honeycomb of resilience where supply of relationships meets demand for support. *Journal of Psychology in Africa, 22*(1), 29–42.

Ebersöhn, L. (2012b, December). Rural schools, poverty and resilience in education: A South African perspective illustrating how relationships can create supportive schools. In *International symposium on poverty and education*. Symposium conducted at the Australian Association for Research in Education (AARE), Sydney, Australia. Retrieved 4 January 2017 from http://www.aare.edu.au/publications-database.php/6502/rural-schools-poverty-and-resilience-in-education-a-south-african-perspective-illustrating-how-relat

Ebersöhn, L. (2013). Building generative theory from case work: The relationship-resourced resilience model. In M. P. Wissing (Ed.), *Well-being research in South Africa*, Vol. 4. Netherlands: Springer. doi:10.1007/978-94-007-6368-5

Ebersöhn, L. (2014). Teacher resilience: Theorizing resilience and poverty. *Journal Teachers and Teaching Theory and Practice, 20*(5), 568–594. http://dx.doi.org/10.1080/13540602.2014.937960.

Ebersöhn, L. (2017). A resilience, health and well-being lens for education and poverty. *South African Journal of Education, 37*(1), 1–9.

Ebersöhn, L., Eloff, I., Finestone, M., Van Dullemen, I., Sikkema, K., & Forsyth, B. (2012). Drawing on resilience: Piloting the utility of the kinetic family drawing to measure resilience in children of HIV-positive mothers. *South African Journal of Education, 32*(4), 331–348.

Ebersöhn, L., Eloff, I., Finestone, M., Grobler, A., & Moen, M. (2015). Telling stories and adding scores: Measuring resilience in young children affected by maternal HIV

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and AIDS. *African Journal of AIDS Research, 14*(3), 219–227. doi:10.2989/16085906.2015.1052822

Ebersöhn, L., & Ferreira, R. (2011). Coping in an HIV & AIDS dominated context: Teachers promoting resilience in schools. *Health Education Research, 26*(4), 596–613.

Ebersöhn, L., & Ferreira, R. (2012). Rurality and resilience in education: Place-based partnerships and agency to moderate time and space constraints. *Perspectives in Education, 30*(1), 30–42.

Ebersöhn, L., Nell, M., & Loots, T. (2017). Analysing risk and resilience in the first sand tray of youth at a rural school. *The Arts in Psychotherapy, 55*, 146–157. doi:10.1016/j.aip.2017.04.007

Edwards, O. E. (2010). Administering, scoring and reporting test results. In E. Mpofu & T. Oakland (Eds.), *Assessment in rehabilitation and health* (pp. 139–157). Upper Saddle River, NJ: Pearson Education.

Emmel, N. (2013). *Sampling and choosing cases in qualitative research: A realistic approach*. London: SAGE.

Ferreira, R., & Ebersöhn, L. (2011). Formative evaluation of the STAR intervention: Improving teachers' ability to provide psychosocial support for vulnerable individuals in the school community. *African Journal of AIDS Research, 10*(1), 63–72. doi:10.2989/16085906.2011.575549

France, A., Bottrell, D., & Armstrong, D. (2012). *A political ecology of youth and crime*. New York, NY: Palgrave MacMillan.

Gabriel, D. (2013). *Inductive and deductive approaches to research*. Retrieved from http://deborahgabriel.com/2013/03/17/inductive-and-deductive-approaches-to-research/

Gardiner, M. (2015). *Education in rural areas. Issues in education policy,* Number 4. Johannesburg: Centre for Education and Policy Development.

Gilgun, J. F. (2014). *Chicago school traditions: Deductive qualitative analysis and grounded theory,* Vol. 1. Chicago, IL: Create Space Independent Publishing Platform.

Gilligan, R. (2000). Adversity, resilience and young people: The protective value of positive school and spare time experiences. *Children & Society. 14*(1), 37–47.

http://dx.doi.org/10.1111/j.1099-0860.2000.tb00149.x. 10.1111/j.1099-0860.2000.tb00149.x

Gould, C. (Ed.) (2015). *SA Crime Quarterly*. No. 51. Pretoria: Institute for Security Studies. Retrieved from https://issafrica.org/research/south-african-crime-quarterly

Govender, K., & Kilian, B. J. (2001). The psychological effect of chronic violence on children living in South African townships. *South African Journal of Psychology. 31*(2), 1–11.

Hall, A. & Theron, L. (2016). How school ecologies facilitate resilience among adolescents with intellectual disability: Guidelines for teachers. *SA Journal of Education, 36*(2), 1–13.

Hall, K., Ebrahim, A., De Lannoy, A., & Makiwane, M. (2015). Youth and mobility: Linking movement to opportunity. In A. De Lannoy, S. Swartz, L. Lake & C. Smith (Eds.), *South African Child Gauge 2015* (pp. 75–82). Cape Town: Children's Institute, University of Cape Town.

Hart, A., Gagnon, E., Eryigit-Madzwamuse, S., Cameron, J., Aranda, K., Rathbone, A. & Heaver, B. (2016). Uniting resilience research and practice with an inequalities approach. *Sage Open*, *6*(4), 1–13. https://doi.org/10.1177/2158244016682477

Hart, L. G., Larson E. H. & Lishner, D. M. (2005). Rural definitions for health policy and research. *American Public Health Association, 95*(7), 1149–55.

Holborn, L. (2013). Education in South Africa: Where did it go wrong? *Good Governance Africa, 5*(1), 12–15.

Human Sciences Research Council (2012a). *A baseline study on families in Mpumalanga*. Retrieved from https://repository.hsrc.ac.za/handle/20.500.11910/3332

Human Sciences Research Council, (2012b). *South African national HIV prevalence, incidence and behaviour survey*. Retrieved from http://www.hsrc.ac.za/en/research-data/view/6871

Irwin, S. (2013). Qualitative secondary data analysis: Ethics, epistemology and context. *Process in Development Studies, 13*(4), 295–306.

Jansen, J. (2004). An introduction to education: Theory. In I. Eloff & L. Ebersöhn (Eds.), *Keys to educational psychology* (pp. 374–386). Cape Town: UCT Press.

Johnson, B., & Lazarus, S. (2008). The role of schools in building the resilience of youth faced with adversity. *Journal of Psychology in Africa, 18*(1), 19–30.

Kamwangamalu, N. M. (2009). Reflections on the language policy balance sheet in Africa. *Language Matters: Studies in the Languages of Africa, 40*(2), 133–144.

Kassis, W., Artz, S., Scambor, C., Scambor, E. & Moldenhauer, S. (2013). Finding the way out: A non-dichotomous understanding of violence and depression resilience of adolescents who are exposed to family violence. *Child Abuse and Negligence*, 37(2–3), 181–99. doi:10.1016/j.chiabu.2012.11.001

Kruger, L., & Prinsloo, H. (2008). The appraisal and enhancement of resilience modalities in middle adolescents within the school context. *South African Journal of Education, 28*(2), 241–259.

Kumpfer, K. (1999). Factors and processes contributing to resilience: The resilience framework. In M. D. Glantz & J. L. Johnson (Eds.), *Resilience and development: Positive life adaptions* (pp. 179–225). New York, NY: Kluwer Academic/Plenum.

Landsberg, E. (Ed.). (2013). *Addressing barriers to learning. A South African perspective*. Pretoria: Van Schaik.

Lavrakas, P. J. (Ed.). (2008). *Encyclopaedia of survey research methods*. Thousand Oaks, CA: SAGE.

Lerner, R. (2006). Resilience as an attribute of the developmental system: comments on the papers of Professors Masten and Wachs. *Annals of the New York Academy of Sciences, 1094*, 40–51.

Lethale, P., & Pillay, J. (2013). Resilience against all odds: A positive psychology perspective of adolescent-headed families. *African Education Review, 10*(3). 579–594. http://dx.doi.org/10.1080/18146627.2013.853550.

Liborio, R., & Ungar, M. (2010). Children's perspectives on their economic activity as a pathway to resilience. *Children and Society, 24*, 326–338.

Long, W. (2016). *A history of "relevance" in psychology*. Basingstoke: Palgrave Macmillan.

Loots, M. C. (2010). *Teachers' implementation of an asset-based intervention for school-based psychosocial support* (Doctoral dissertation). University of Pretoria, Pretoria.

Loots, T., Ebersöhn, L., Ferreira, R., & Eloff, I. (2010, September). We find ways of getting through the hurdles: Addressing barriers resourcefully as teachers. In *National Symposium on HIV & AIDS and Education Research*. Symposium conducted at the Nelson Mandela Metropolitan University, Port Elizabeth. South Africa.

Louw, D. J. (2011). Pastoral care and counseling. In E. Mpofu (Ed.). *Counseling people of African ancestry* (pp. 155–165). New York, NY: Cambridge.

Luthar, S. S. (2006). Resilience in development: A synthesis of research across five decades. In D. Cicchetti, & D.J. Cohen (Eds.), *Developmental psychopathology: Risk, disorder and adaptation* (2nd ed.) (pp. 739–795). Hoboken, NJ: Wiley.

Luthar, S. S., Cicchette, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543–62.

Macalane, J., Malindi, M. J. & Theron, L. C. (2010). The hidden resilience of street youth. *South African Journal of Psychology*, *40*(3), 318–326. https://doi.org/10.1177/008124631004000310

Madhavan, S., & Crowell, J. (2014). "Who would you like to be like?" Family, village, and national role models among black youth in rural South Africa. *Journal of Adolescent Research, 29*(6), 716–767.

Mahlangu, P., Gevers, A., & De Lannoy, A. (2014). Adolescents: Preventing interpersonal and gender based violence. In S. Mathews, L. Jamieson, C. Smith & L. Lake (Eds.), *The South African Child Gauge* (pp. 73–80). Cape Town: University of Cape Town Children's Institute.

Mahlati, V. (2011). *Establishing viable and sustainable rural economic development programmes in a competitive global economy. Analysis of Marula commercialization in South Africa* (Unpublished doctoral dissertation). University of Stellenbosch, Stellenbosch. Retrieved from https://scholar.sun.ac.za

Malan-Van Rooyen, M. (2015). *Indigenous pathways to adaptive coping in rural communities* (Unpublished doctoral dissertation). University of Pretoria, Pretoria. Retrieved 2 November 2016 from http://www.repository.up.ac.za/dspace/handle/2263/50674

Malindi, M. J. (2014). Exploring the roots of resilience among female street-involved children in South Africa. *Journal of Psychology, 5*(1), 35–45.

Malindi, M. J., & Machenjedze, N. (2012). The role of school engagement in strengthening resilience among male street children. *South African Journal of Psychology, 42*(1), 71–81.

Mampane, R., & Bouwer, C. (2006). Identifying resilient and non-resilient middle adolescents in a formerly black only urban school. *South African Journal of Education, 26*, 443–456. Retrieved from www.ajol.info/index.php/saje

Mampane, R., & Bouwer, C. (2011). The influence of township schools on the resilience of their learners. *South African Journal of Education, 31*,114–126.

Mampane, R., Ebersöhn, L., Cherrington, A., & Moen, M. (2014). Adolescents' views on the power of violence in a rural school in South Africa. *Journal of Asian and African Studies, 49*(6), 733–745. doi:10.1177/0021909613510134

Mandleco, B. L., & Peery, J. C. (2000). An organizational framework for conceptualizing resilience in children. *Child and Adolescent Psychiatry and Nursing, 13*(3), 99–111.

Mangcu, X. (2011). *Becoming worthy ancestors: Archive, public deliberations and identity in South Africa*. Johannesburg: University of the Witwatersrand Press.

Maree, J. G. (2013a). *Counselling for career construction. Connecting life themes to construct life portraits: Turning pain into hope*. Rotterdam: Sense.

Maree, J. G. (2013b). *First steps in research*. Pretoria: Van Schaik.

Masten, A. S. (2001). Ordinary magic: Resilience processes in development. *American Psychologist, 56*(3), 227–238.

Masten, A. S. (2011). Ordinary magic. Resilience processes in development. *Development and psychopathology, 23*(2011), 493–506. Cambridge: Cambridge University Press. doi:10.1017/S0954579411000198.

Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child Development, 85*(1), 6–20. Retrieved from http://dx.doi.org/10.1111/cdev.12205.

Masten, A. S. (2016). Resilience in developing systems: The promise of integrated approaches. *European Journal of Developmental Psychology, 13*(3), 1–16. doi:10.1080/17405629.2016.1147344.

Masten, A. S., & Obradovic´, J. (2006). Competence and resilience in development. *Annals of the New York Academy of Sciences, 1094*, 13–27.

Masten, A. S., & Wright, M. O. (2010). Resilience over the lifespan: Developmental perspectives on resistance, recovery and transformation. In J. W. Reich, A. J.

Zautra & J. S. Hall. (Eds.), *Handbook of adult resilience*, pp. 213–237. New York, NY: Guilford.

Maxwell, J. A. (2005). *Qualitative research design: An interactive approach* (2nd ed.). Thousand Oaks, CA: SAGE.

Medical Research Council. (2003). *The 1st South African national youth risk behaviour survey 2002.* Tygerberg: Medical Research Council.

Medical Research Council. (2008). *Towards safer schools*. Tygerberg: Medical Research Council.

Melisa, L. N., Ward, C. L., Flisher, A. J. & Lombard, C. (2008). Bullying at rural high schools in the Eastern Cape Province, South Africa: Prevalence, and risk and protective factors at school and in the family. *Journal of Psychology in Africa, 18*, 261–268.

Mercy Corps. (2014). *Syrian adolescents: Their tomorrow begins today*. Retrieved from https://www.mercycorps.org>sites>files

Merleau-Ponty M. (2012). *The phenomenology of perception*. [Transl. Ed.]. D.A. Landes. (Ed.). London/New York: Routledge.

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey Bass.

Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation* (4th ed.). New York, NY: Jossey-Bass.

Mertens, D. M. (1998). *Research methods in education and psychology: Integrating diversity with quantitative and qualitative approaches*. Thousand Oaks, CA: SAGE.

Mkhize, Z. M. (2006). *Social functioning of a child-headed household and the role of social work* (Unpublished doctoral dissertation). University of South Africa, Pretoria. Retrieved from http://uir.unisa.ac.za/bitstream/handle/10500/1898/thesis.pdf..?sequence=1

Mkize, L., & Uys, L. R, (2004). Pathways to mental health care in KwaZulu-Natal. *Curationis, 27*(3), 62–71.

Modisaotsile, B. M. (2012). The failing standards of education in South Africa. *AISA Policy Brief, 72*, 1–8.

Mokwena, M. (2007). African cosmology and psychology. In M. Visser (Ed.), *Contextualising community psychology in South Africa* (pp. 66–78). Pretoria: Van Schaik.

Moletsane, R. (2012). Repositioning educational research on rurality and rural education in South Africa: Beyond deficit paradigms. *Perspectives in Education Journal, 30*(1), 1–9.

Møller, V. (2013). A pioneer in South African quality of life research. *Applied Research in Quality of Life, 8*(3), 409–410.

Morojele, P., & Muthukrishna, N. (2012). The journey to school: Space, geography and experiences of rural children. *Perspectives in Education, 30*(1), 90–100.

Mosavel, M., Ahmed, R., Ports, K. A., & Christian, S. (2015). South African urban youth narratives: Resilience within community. *International Journal of Adolescence and Youth, 20*(2), 245–255. doi:10.1080/02673843.2013.78549

Mothiba, T., & Maputle, M. (2012). Factors contributing to teenage pregnancy in the Capricorn district of the Limpopo Province. *Curationis*, *35*(1), 1–5.

Munford, R., Sanders, J., Maden, B., & Maden, E. (2007). Blending *whānau*/family development, parent support and early childhood education programmes. *Social Policy Journal of New Zealand, 32*, 72–87.

Munyaka, M., & Motlhabi, M. (2009). Ubuntu and its socio-moral significance. In M. F. Murove (Ed.), *African ethics. An anthology of comparative and applied ethics* (pp. 63–84). Scottsville: University of KwaZulu-Natal Press.

Murali, V., & Oyebode, F. (2004). Poverty, social inequality and mental health. *Advances in Psychiatric Treatment*, *10*(3), 216–224.

Nel, M. (2015). *Analysing risk and resilience of rural school youth by means of the first sand tray* (Unpublished master's thesis). University of Pretoria. Pretoria. Retrieved from http://repository.up.ac.za/bitstream/handle/2263/52955/Nel_Analysing_2016.pdf?sequence=1&isAllowed=y

Nell, W. (2016). Mindfulness and psychological well-being among black South African university students and their relatives. *Journal of Psychology in Africa, 26*(6), 485–490.

Newman, K., & De Lannoy, A. (2014). *After freedom, the rise of a post-apartheid generation in democratic South Africa.* Boston, MA: Beacon Press.

Nieuwenhuis, J. (2007a). Introducing qualitative research. In K. Maree (Ed.), *First steps in research* (pp. 46–68). Pretoria: Van Schaik.

Nieuwenhuis, J. (2007b). Qualitative research designs and data gathering techniques. In K. Maree (Ed.), *First steps in research* (pp. 70–97). Pretoria: Van Schaik.

Nkambule, T., Balfour, R. J., Pillay, G., & Moletsane, R. (2011). Rurality and rural education: Discourses underpinning rurality and rural education research in South African postgraduate education research 1994–2004. *South African Journal of Higher Education*, *25*(2), 341–357.

Oduor, J. A. N. (2014). Towards a practical proposal for multilingualism in education in Kenya. *Multilingual Education 5*(1). http://doi.org/10.1186/s13616-014-0015-0

Ogunkan D. V., & Adeboyejo, A. T. (2014). Public perception of street children in Ibadan, Nigeria. *IFE PsychologIA*, *22*(1), 39–49.

Owen, M., & Greeff, A. P. (2015). Factors attracting and discouraging adolescent boys in high-prevalence communities from becoming involved in gangs. *Journal of Forensic Psychology Practice, 15*(1) 1-32. http://dx.doi.org/10.1080/15228932.2015.977137

Panter-Brick, C. (2015). Culture and resilience: Next steps for theory and practice. In L. C. Theron., L. Liebenberg & M. Ungar (Eds.). *Youth resilience and culture: Commonalities and complexities* (pp. 233–244). Dordrecht: Springer.

Panter-Brick, C., Burgness, A., Eggerman, M., McAllister, F., Pruett K., & Leckman, J.F. (2014). Practitioner review: Engaging fathers – recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *55*(11):1187–212. doi:10.1111/jcpp.12280

Panter-Brick, C. & Eggerman, M. (2012). Understanding culture, resilience, and mental health: The production of hope. In M. Ungar. (Ed.), *The social ecology of resilience: A handbook of theory and practice* pp. 369–386. New York, NY: Springer.

Panter-Brick, C., & Leckman, J. F. (2013). Resilience in child development – Interconnected pathways to wellbeing. [Editorial commentary]. *Journal of Child Psychology and Psychiatry, 54*, 333–336.

Parret, W. H., & Budge, K. M. (2012). *Turning high-poverty schools into high-performing schools*. Alexandria, VA: Association for Supervision and Curriculum Development.

Patterson, J. M. (2002). Understanding family resilience. *Journal of Clinical Psychology, 58*(3), 1097–4679. http://dx.doi.org/10.1002/jclp.10019 10.1002/jclp.10019

Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: SAGE.

Phasha, T. N. (2010). Educational resilience among African survivors of child sexual abuse in South Africa. *Journal of Black Studies, 40*(6), 1234–1253. doi:10.1177/0021934708327693.

Pienaar, A., Swanepoel, Z., Van Rensburg, H., & Heunis, C. (2011). A qualitative exploration of resilience in pre-adolescent AIDS orphans living in a residential care facility. *SAHARA-J: Journal of Social Aspects of HIV/AIDS: An Open Access Journal, 8*(3), 128–137. doi:10.1080/17290376.2011.9724995

Pillay, J. (2003). "Community psychology is all theory and no practice": Training educational psychologists in community practice within the South African context. *South African Journal of Psychology, 33*(4), 261–268.

Pillay, R. (2017). Cracking the fortress: Can we really decolonize psychology? *South African Journal of Psychology, 47*(2) 135–140. doi:10.1177/0081246317698059journals.sagepub.com/home/sap

Polkinghorne, D. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counselling Psychology*, *52*(2), 137–145.

Posel, D. (2006). Moving on: Patterns of labour migration in post-apartheid South Africa. In M. Tienda, S. Tollman & E. Preston-Whyte (Eds.), *African migration and urbanisation in comparative perspective* (pp. 217–231). Johannesburg: University of the Witwatersrand Press.

Ramphele, M. (2012). *Conversations with my sons and daughters*. Johannesburg: Penguin.

Reber, A. S., Allen, R., & Reber, P. J. (2009). *Dictionary of Psychology*. (4th ed.). London: Penguin.

Roos, V., & Ferreira, L. (2008). Expressive art in cross-cultural group supervision: Applying the Mmogo-method™. *Journal of Psychology in Africa, 18*(4), 581–590.

Rotter, J., & Rafferty, J. (1950). *The Rotter incomplete sentences blank manual.* New York, NY: Psychological Corporation.

Ruiters, M., & Wildschutt, A. (2010). Food insecurity in South Africa: Where does gender matter? *Agenda, 86*: 8–24. http://dx.doi/abs/10.1080/10130950.2010.10540516

Rutter, M. (2010). Psychosocial adversity: Risk, resilience & recovery. *South African Journal of Child and Adolescent Mental Health, 7*(2), 75–88.

Rutter, M. (2011). Biological and experiential influences on psychological development. In D.P. Keating. (Ed.), *Nature and nurture in early child development* (pp. 7–44). New York, NY: Cambridge University Press.

Rutter, M. (2013). Annual research review: Resilience-clinical implications. *Journal of Child Psychology and Psychiatry, 54*(4), 474–87. doi:10.1111/j.1469-7610.2012.02615.x

Rutter, M. (2015). Resilience: Concepts, findings, and clinical implications. In A. Thapar, D. S. Pine, J. F. Leckman, S. Scott, M. J. Snowling & E. Taylor (Eds.), *Rutter's child and adolescent psychiatry* (pp. 341–351). Chichester: John Wiley & Sons. doi:10.1002/9781118381953.ch27

Ryff, D. (2014). Self-realisation and meaning making in the face of adversity: A eudaimonic approach to human resilience. *Journal of Psychology in Africa*. Retrieved from http://www.tandfonline.com/loi/rpia20

Seccombe, K. (2002). "Beating the odds" versus "changing the odds": Poverty, resilience, and family policy. *Journal of Marriage and Family, 64*(2), 384–394.

Shackleton, S. & Luckert, M. (2015). Changing livelihoods and landscapes in the rural Eastern Cape, South Africa: Past influences and future trajectories. *Land 2015, 4*(4), 1060–1089. doi:10.3390/land4041060

Shaikh, A., & Kauppi, C. (2010). Deconstructing resilience: Myriad conceptualizations and interpretations. *International Journal of Arts & Sciences, 3*(15), 155–176.

Sharkey, J. D., You, S., & Schnoebelen, K. (2008). Relations among school assets, individual resilience, and student engagement for youth grouped by level of family functioning. *Psychology in the School, 45*(5), 402–418.

Shield, N., Nadasen K., & Pierce, L. (2009). A comparison of the effects of witnessing community violence and direct victimization among children in Cape Town, South

Africa. *Journal of Interpersonal Violence, 24*(7), 1192–1208.
https://doi.org/10.1177/0886260508322184

Singh, G. D., & Steyn, G. M. (2013). Strategies to address learner aggression in rural
South African secondary schools. *Koers – Bulletin for Christian Scholarship, 78(3),
Art. #457, 8 pages. http://dx.doi.org/10.4102/ koers.v78i3.457.*

Smit, W., De Lannoy, A., Dover, R. V. H., Lambert, E. V., Levitt, N., & Watson, V.
(2014). Good houses make good people? Explorations in the nature of knowledge
about the relationship between human health and the urban environment at the
neighbourhood scale in Cape Town. In B. Cooper & R. Morrell (Eds.) *Africa-
centred knowledges? Crossing fields and worlds* (pp. 142–163). London: James
Currey.

Statistics South Africa. (2001). *Compiled by information and knowledge management
from 2001 Census Data.* Retrieved 23 June 2017 from
www.statssa.gov.za/publications/SAStatistics/SAStatistics2012.pdf

Statistics South Africa. (2012). *Poverty profile of South Africa. Application of the poverty
lines on the LCS 2008/2009* (Report No. 03–10–03 (2008/2009)). Pretoria:
Statistics South Africa.

Statistics South Africa. (2013). *Community Surveys.* Pretoria: Statistics South Africa.

Strydom, H. (2003). HIV/AIDS and South African adolescents: Attitudes and information
needs, *Journal of Social Work*, *39*(1), 59–72.

Swartz, S., Harding, J. H., & De Lannoy, A. (2012). Ikasi style and the quiet violence of
dreams: A critique of youth belonging in post-apartheid South Africa. *Comparative
Education*, *48*(1), 27-40. http://dx.doi.org/10.1080/03050068.2011.637761

Taylor, B., & Francis, K. (2013). *Qualitative research in the health sciences:
Methodologies, methods and processes*. New York. NY: Routledge.

Theron, L. (2007). Uphenyo ngokwazi kwentsha yasemalokishini ukumelana nesimo
esinzima: A South African study of resilience among township youth. *Child and
Adolescent Psychiatric Clinics of North America, 16*(2), 357–375.
doi:10.1016/j.chc.2006.12.005

Theron, L. (2012). Resilience research with South African youth: Caveats and ethical
complexities. *South African Journal of Psychology, 42*(3), 333–345.

Theron, L. (2015). *Toward a culturally and contextually sensitive understanding of resilience: Privileging the voices of black, South African young people*. Retrieved from sagepub.com/journalsPermissions.nav. doi:10.1177/0743558415600072

Theron, L.C. (2016a). The everyday ways that school ecologies facilitate resilience: Implications for school psychologists. *School Psychology International, 37*, 87–103. doi:10.1177/0142723713503254

Theron, L.C. (2016b). Researching resilience: Lessons learned from working with rural, Sesotho-speaking South African young people*. Qualitative research.* Epub ahead of print. doi:10.1177/1468794116652451

Theron, L., Cameron, A., Lau, C., Didkowsky, N., Ungar, M., & Liebenberg, L. (2011). A day in the lives of four resilient youths: Cultural roots of resilience. *Youth and Society*. doi:10.1177/0044118x11402853

Theron, L., & Theron, A. (2010). A critical review of studies of South African youth resilience, 1990–2008. *South African Journal of Science, 106*(7/8), 1–8. Retrieved 22 May 2011 from http://www.sajs.co.za/index.php/SAJS/article/view/252

Theron, L., Theron, M. C., & Malindi, M. J. (2013). Toward an African definition of resilience: A rural South African community's view of resilient Basotho youth. *Journal of Black Psychology, 39*(1) 63–87. doi:10.1177/0095798412454675

Theron, L. C., & Donald, D. R. (2013). Educational psychology and resilience in developing contexts: A rejoinder to Toland and Carrigan (2011). *School Psychology International, 34*(1), 51–66.

Theron, L. C., & Dunn, N. (2010). Enabling white, Afrikaans-speaking adolescents towards post-divorce resilience: Implications for educators. *South African Journal of Education, 30*, 231–244.

Theron, L. C., & Malindi M. J. (2010). Resilient street youth: A qualitative South African study. *Journal of Youth Studies, 13*, 717–736. doi:10.1080/13676261003801796

Theron, L. C., & Phasha, N. (2015). Cultural pathways to resilience: Opportunities and obstacles as recalled by black South African students. In L. C. Theron, L. Liebenberg, & M. Ungar (Eds.), *Youth resilience and culture: Commonalities and complexities* (pp. 51–66). Netherlands: Springer.

Theron, L. C., & Theron, A. M. C. (2013). Positive adjustment to poverty: How family
communities encourage resilience in traditional African contexts. *Culture &
Psychology, 19*(3) 391–413. doi:10.1177/1354067X13489318

Theron, L. C., & Theron, A. M. C. (2014). Meaning-making and resilience: Case studies
of a multifaceted process. *Journal of Psychology in Africa, 24*, 37–51.

Ungar, M. (2004). *Nurturing hidden resilience in troubled youth.* Toronto: University of
Toronto Press.

Ungar, M. (2008). Resilience across cultures. *British Journal of Social Work, 38*(2):218–
235. doi:10.1093/bjsw/bcl343

Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural
ambiguity of a nascent construct. *American Journal of Orthopsychiatry, 80*(1), 1–
17.

Ungar, M. (2012). Social ecologies and their contribution to resilience. In M. Ungar,
(Ed.), *The social ecology of resilience: A handbook of theory and practice* (pp.13-
32). New York, NY: Springer.

Ungar, M. (2015). Resilience and culture: The diversity of protective processes and
positive adaptation. In L. C. Theron, L. Liebenberg, & M. Ungar (Eds.), *Youth
resilience and culture: Commonalities and complexities* (pp. 37–48). Netherlands:
Springer.

Ungar, M., Brown, M., Liebenberg, L., Cheung, M., & Levine, K. (2008). Distinguishing
differences in pathways to resilience among Canadian youth. *Canadian Journal of
Community Mental Health, 27*(1), 1–13.

Ungar, M., Brown, M., Liebenberg, L., Othman, R., Kwong, W. M., Armstrong, M., &
Gilgun, J. (2007). Unique pathways to resilience across cultures. *Adolescence,
42*(166), 287–310.

Ungar, M., Liebenberg, L., Boothroyd, R., Kwong, W. M., Lee, T. Y., Leblanch, J.,
Duque, L., & Makhnach, A. (2008). The study of youth resilience across cultures:
Lessons from a pilot study of measurement development. *Research in Human
Development, 5*(3), 166–180.

UNICEF (2014). *Annual Report.* Retrieved 15 April 2017 from
https://www.unicef.org/publications/index_82455.html

Van Breda, A. (2017). A comparison of youth resilience across seven South African sites. *Child & Family Social Work, 22*(1), 226–235. doi:10.1111/cfs.12222

Van Breda, D. (2015). Journey towards independent living: A grounded theory investigation of leaving the care of Girls & Boys Town, South Africa. *Journal of Youth Studies, 18*:3, 322–337. doi:10.1080/13676261.2014.963534

Van Manen, M. (2014). *Phenomenology of practice meaning-giving methods in phenomenological research and writing*. Walnut Creek, CA: Left Coast Press.

Van Rensburg, A.C., Theron, L.C., Rothmann, S., & Kitching, A. (2013). The relationship between services and resilience: A study of Sesotho-speaking youths. *The Social Work Practitioner-Researcher*, *25*(3), 286–308.

Van Rensburg, E, & Barnard, C. (2005). Psychological resilience among sexually-molested girls in the late middle-childhood: A case study approach. *Child Abuse Research in South Africa*, *6*(1), 1–12. Retrieved from http://hdl.handle.net/10520/EJC24294

Visser, M., Zungu, N., & Ndala-Magoro, N. (2015). Creating circles of care for orphans and vulnerable children in South Africa: Post-programme outcomes, *AIDS Care, 2015*. http://dx.doi.org/10.1080/09540121.2015.1018861

Visser, M.J. & Routledge, L. (2007). Substance abuse and psychological well-being of South African adolescents. *South African Journal of Psychology, 37*(3), 595–615.

Wagner, C., Kawulich, B., & Garner, M. (2012). *Doing social research: A global context*. London: McGraw.

Walsh, F. (1996). *The concept of family resilience: Crisis and challenge*. New York, NY: Blackwell.

Walsh, F. (2012). *Normal family processes* (4th ed.). New York, NY: Guildford.

Wessels, M. G. (2014). Commentary: A social environment approach to promotive and protective practice in childhood resilience-reflections on Ungar (2014). *Journal of Child Psychology and Psychiatry*, *56*(1), 18–20. doi:10.1111/jcpp.12367

World Health Organization (WHO) and International Society for Prevention of Child Abuse and Neglect (ISPCAN). (2006). *Preventing child maltreatment: A guide to taking action and generating evidence*. Retrieved from http://www.who.int/violence_injury_prevention/publications/violence/child_maltreatment/en/

Wright, M. O., Masten, A. S., & Narayan, A. J. (2013). Resilience processes in development: Four waves of research on positive adaptation in the context of adversity. In S. Goldstein, & R. B. Brooks (Eds.), *Handbook of resilience in children* (pp. 15–37). New York, NY: Springer.

7. ANNEXURES

7.1. ANNEXURE A

Category 1

ADVERSITY	SEVERITY	CHRONICITY	ECOLOGICAL LEVEL
Type of adversity			

Category 2 (A)

Resilience individual

TEMPERAMENT	COGNITION\LOCUS OF CONTROL\ SELF-REGULATION\ EMPOWERMENT

Category 2 (B)

Resilience contextual

AVAILABLE \ACCESSIBLE FAMILY, COMMUNITY, POLITICAL RESOURCES	STATEGIC USE OF RESOURCES	POSITIVE REINFORCEMENT BY FAMILY AND COMMUNITY	ADAPTIVE CAPACITY OF THE ENVIRONMENT

Category 3

Multidimensional considerations

TEMPORAL FIT (DEVELOPMENTAL APPROPIATNESS)	CULTURAL FIT

Physical Risk: Fear (page 1 of 2)

INCLUSION CRITERIA: Any risk pertaining to or that creates feelings of fear in the adolescent (e.g. fear of animals, fear of being abandoned).

EXCLUSION CRITERIA: Any risk that does not acts that creates feelings of fear.

CLIENT FILE	SEX	FEAR	EVIDENCE
32015	F	1	I don't want to see a snake near me.
42015	F	1	I fear a skeleton.
52015	F	1	I fear when my mother go back.
72015	F	1	I fear when I sit with my family (verbatim, no other evidence).
82015	F	1	I fear for my mother.
112015	M	1	I fear of losing my mother.
122015	F	1	Fear of losing my family.
182015	M	1	I feel fear when I walk while it dark.
202015	M	1	I feel fear when I am at the Tavern.
252015	F	1	I feel afraid when I am in front of many people.
		1	When I am in front of many people.
262015	M	1	I am sad when I am in the dark.
272015	F	1	I fear a snake.
282015	F	1	I fear the lion.
292015	F	1	Fear is the snake.
302015	M	1	I fear when I loose my uncle.
		1	I fear a lion.
332015	M	1	My greatest fear is walking in night alone.
352015	M	1	I fear dogs.
372015	F	1	Fear of snakes and dogs.
412015	F	1	My greatest fear is when am shouting at people (verbatim).
422015	F	1	I fear when a snake is near me.
442015	M	1	I fear fighting.
452015	M	1	I fear a snake.

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Physical Risk: Fear (page 2 of 2)

INCLUSION CRITERIA: Any risk pertaining to or that creates feelings of fear in the adolescent (e.g. Fear of animals, fear of being abandoned).

EXCLUSION CRITERIA: Any risk that does not acts that creates feelings of fear.

CLIENT FILE	SEX	FEAR	EVIDENCE
462015	M	1	I fear a snake.
482015	M	1	My greatest fear is when I walk alone a long distance.

11	TOTAL MALES WHO RESPONDED
13	TOTAL FEMALES WHO RESPONDED

Physical Risk: Violence

INCLUSION CRITERIA: Any risk pertaining to or acts of violence or the threat of violence that has a negative impact on the physical safety of the adolescent.

EXCLUSION CRITERIA: Any risk that does not involve violence.

CLIENT FILE	SEX	VIOLENCE	EVIDENCE
82015	F	1	When they beat me.
102015	F	1	When someone is forcing me (verbatim, no more info).
152015	F	1	When my mother beats me.
242015	F	1	When police hit innocent people.
272015	F	1	I don't like my father because he hurt me l lot.
312015	M	1	What irritates me is that people you kill someone.
332015	M	1	They hurt me with metal.
342015	M	1	Irritates me when people fight for someone.
382015	F	1	Yes because my father he beat my sister and my sister she die.
432015	F	1	When someone has been beaten.
442015	M	1	To go and hurt someone and fighting.
462015	M	1	I am beaten by my father.
472015	M	1	Gun and when someone provokes me.

6	TOTAL MALES WHO RESPONDED
7	TOTAL FEMALES WHO RESPONDED

Physical Risk: Hunger and Deprivation

INCLUSION CRITERIA: Any risk pertaining deprivation that had physical consequences such as hunger and ill health.

EXCLUSION CRITERIA: Any risk pertaining deprivation that had physical consequences such as hunger and ill health.

CLIENT FILE	SEX	HUNGER & DEPRIVATION	EVIDENCE
92015	F	1	I start sicking in 21 Des 2014 and in Feb 2015. I don't remember the doctor.
142015	F	1	At home they have no more money.
212015	M	1	I fear when I am very sick.
272015	F	1	I am sad when I am in pain or sick.
282015	F	1	Sometimes in home they tell me that he can kick me out.
342015	M	1	I feel really sad when I don't have food.

2	TOTAL MALES WHO RESPONDED
4	TOTAL FEMALES WHO RESPONDED

Emotional Risk: Sadness (page 1 of 3)

INCLUSION CRITERIA: Any response given by the adolescent to the question: 'I feel really sad when...''

(Taken from the FLY 2015 incomplete sentences pencil and paper activity).

EXCLUSION CRITERIA: Any response not obtained from adolescents's response to the question: 'I feel really sad when...''

(Taken from the FLY 2015 incomplete sentences pencil and paper activity).

Sadness: A (Family Upset), B (Conflict and Rejection), C (Academic Challenges), D (Bereavement).

CLIENT FILE	SEX	A	B	C	D	EVIDENCE
12015	F				1	Grief, my parents lost me because was go.
22015	F	1				I feel sad because I missed my mother and any other member of my family.
32015	F	1				I feel sad when my mother keep shouting at me.
42015	F	1				It makes me sad when my mother refuse to give me money.
52015	F	1				I was broken when my mother go to Durban because she was get a job.
				1		I feel sad when I failed.
62015	M		1			I am sad when you hurt me.
72015	F	1				I am sad when my mother go.
92015	F			1		I am sad when I forgot to write homework.
102015	F		1			It makes me sad when someone fights with me.
132015	F	1				I am sad when I am at my parents and not my sister.
152015	F				1	My aunty she passed away.
		1				I feel sad when my mother is crying.
162015	M	1				Because my sister broke the thing that makes me happy.
182015	M		1			I feel sad because I fail some of my subjects.
192015	M		1			I feel sad when people look down on me. I can't eat food when I'm sad.
202015	M		1			I feel pain when my girl don't want to talk to me.
212015	M		1			It was painful when I broke up with my girlfriend.
		1				I am sad when I see my mother sad.
232015	F	1				I feel sad when my mother shout at me.
242015	F		1			I feel sad when I see people fighting.
252015	F				1	Painful about my father dead.
		1				I feel sad when my mother shout at me.

Emotional Risk: Sadness (page 2 of 3)

INCLUSION CRITERIA: Any response given by the adolescent to the question: 'I feel really sad when...''

(Taken from the FLY 2015 incomplete sentences pencil and paper activity).

EXCLUSION CRITERIA: Any response not obtained from adolescents's response to the question: 'I feel really sad when...''

(Taken from the FLY 2015 incomplete sentences pencil and paper activity).

CLIENT FILE	SEX	A	B	C	D	EVIDENCE
262015	M		1			I am sad because I can't play the soccer ball.
					1	It was painful when grandmother died.
282015	F				1	I felt sad when my mother and father died.
292015	F	1				I feel sad when my mother shouted at me.
302015	M		1			I feel sad when someone makes me sad.
			1			I feel sad when I feel like I made a mistake.
322015	M				1	It was painful when my mother passed away.
352015	M				1	It was painful- my father's death.
		1				I am sad when my mother yells at me.
372015	F			1		I feel really sad when I am at school.
382015	F	1				I feel really sad when I see my uncle.
402015	F				1	I felt pain when my father died.
412015	F				1	It was painful when I lost my parent.
422015	F	1				It was painful when my uncle left us.
432015	F				1	It was painful when my older sister died.
452015	M				1	It was painful when I lost my grandparent.
462015	M	1				I feel really sad I'm not with my family.
472015	M				1	I felt pain when my father passed.
482015	M	1				I feel sad when my father is angry.
492015	M				1	I feel sad when I lost my parents.
512015	M				1	I lost my mother last year.
562015	F			1		I feel sad when I am not doing things well.
582015	F				1	I feel really sad when someone passes away.

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Emotional Risk: Sadness (page 3 of 3)

INCLUSION CRITERIA: Any response given by the adolescent to the question: 'I feel really sad when...''

(Taken from the FLY 2015 incomplete sentences pencil and paper activity).

EXCLUSION CRITERIA: Any response not obtained from adolescents's response to the question: 'I feel really sad when...''

(Taken from the FLY 2015 incomplete sentences pencil and paper activity).

Sadness: A (Family Upset), B (Conflict and Rejection), C (Academic Challenges), D (Bereavement).

CLIENT FILE	SEX	A	B	C	D	EVIDENCE
592015	F		1			I feel sad when I fight with others.
602015	F				1	My father died when I was youngest. My mother was in pains and I was in pains - it is not easy. He was a great guy when he died. I cried because it was very it was painful.

FAMILY UPSET			5	TOTAL MALES WHO RESPONDED
			12	TOTAL FEMALES WHO RESPONDED
BEREAVEMENT			7	TOTAL MALES WHO RESPONDED
			9	TOTAL FEMALES WHO RESPONDED
CONFLICT AND REJECTION			8	TOTAL MALES WHO RESPONDED
			4	TOTAL FEMALES WHO RESPONDED
ACADEMIC CHALLENGES			0	TOTAL MALES WHO RESPONDED
			3	TOTAL FEMALES WHO RESPONDED

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Emotional Risk: Irritation and Frustration (page 1 of 2)

INCLUSION CRITERIA: Any response given by the adolescent to the question: 'What irritates me...''						
(Taken from the FLY 2015 incomplete sentences pencil and paper activity).						
EXCLUSION CRITERIA: Any response not obtained from adolescents's response to the question: 'What irritates me...''						
(Taken from the FLY 2015 incomplete sentences pencil and paper activity).						
A (Conflict and Rejection), B (Dislikes and Temper Outbursts), C (Parental Upset), D (Academic Challenges).						

CLIENT FILE	SEX	A	B	C	D	EVIDENCE
22015	F	1				Others don't like me, they have jealous on me but I don't know why. I heard some say it is the way I look, I am "lite".
32015	F	1				It irritates me when someone is gossiping with my name.
42015	F	1				It irritates me when someone gossips someone.
			1			When I struggle I can cry.
52015	F	1				It irritates me when people a gossip.
72016	F		1			It irritates me when someone makes me angry.
82015	F	1				It irritates me when people talk about me.
92015	F	1				It irritates me when people leave others.
102015	F	1				It irritates me when someone is forcing me.
112015	M		1			It irritates me when someone is making noise when I am studying.
132015	F		1			It irritates me when people walk slowly.
152015	F			1		It irritates me when my mother beats me.
202015	M	1				It irritates me when people shout at me.
232015	F	1				It irritates me when people talk about me.
242015	F	1				It irritates me when police hit innocent people.
252015	F	1				It irritates me when people are rude to me.
272015	F	1				It irritates me when someone is being a bully to someone.
292015	F		1			It irritates me to do my homework.
302015	M		1			It irritates me the food we eat on Monday at school.
312015	M	1				It irritates me that people can kill someone.
332015	M	1				It irritates me that people fight at school.
342015	M	1				It irritates me when people fight for someone.

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Emotional Risk: Irritation and Frustration (page 2 of 2)

INCLUSION CRITERIA: Any response given by the adolescent to the question: 'What irritates me...'						
(Taken from the FLY 2015 incomplete sentences pencil and paper activity).						
EXCLUSION CRITERIA: Any response not obtained from adolescents's response to the question: 'What irritates me...'						
(Taken from the FLY 2015 incomplete sentences pencil and paper activity).						
A (Conflict and Rejection), B (Dislikes and Temper Outbursts), C (Parental Upset), D (Academic Challenges).						
CLIENT FILE	**SEX**	**A**	**B**	**C**	**D**	**EVIDENCE**
382015	F	1				What irritates me is my uncle.
402015	F	1				What irritates me is bulling.
412015	F	1				What irritates me is when people laugh at me.
422015	F	1				What irritates me is when other girls gossip my name.
432015	F	1				What irritates me is when someone has been beaten.
442015	M	1				It irritates me to go and hurt someone.
482015	M	1				It irritates me when my granny shouts at me.
492015	M		1			I sometimes get very angry

CONFLICT AND REJECTION	6	TOTAL MALES WHO RESPONDED
	16	TOTAL FEMALES WHO RESPONDED
DISLIKES AND TEMPER OUTBURSTS	3	TOTAL MALES WHO RESPONDED
	4	TOTAL FEMALES WHO RESPONDED
PARENTAL UPSET	0	TOTAL MALES WHO RESPONDED
	1	TOTAL FEMALES WHO RESPONDED
ACADEMIC CHALLENGES	0	TOTAL MALES WHO RESPONDED
	0	TOTAL FEMALES WHO RESPONDED

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Poverty related risk: Living arangements (page 1 of 4)

INCLUSION CRITERIA: Any response given by the adolescent to the question: 'With whom do you live...''

(Taken from the FLY 2015 demographic questionaire).

EXCLUSION CRITERIA: Any response not obtained from adolescents's response to the question: 'With whom do you live...''

(Taken from the FLY 2015 demographic questionaire).

Living with: A, (Single Mother), B (Grandmother), C (Living with Siblings), D (Mother/Grandmother),

E (Grandmother/Aunt), F (Uncle/Aunt), G (Mother/ Grandfather), H (Single Father), I (Mother/Cousin), J (Grandfather),

K (Grandmother/Uncle), L (Father/Mother/Grandmother), M (Father/Grandmother).

CLIENT FILE	SEX	A	B	C	D	E	F	G	H	I	J	K	L	M	EVIDENCE
12015	F			1											Living with three brothers, no job indicated.
22015	F			1											Living with 2 brothers one sister no job indicated.
32015	F		1												Living with grandmother (no job indicated) brother, brother, sister.
52015	F				1										Living with mother (retail assistant), grandmother, brother, sister.
62015	M	1													Living with mother, brother, no job indicated.
82015	F	1													Living with mother, sister.
92015	F	1													Living with mother, sister x3, brother.
102015	F		1												Living with grandmother, 2 sisters, job not indicated, in document grandfather mentioned but not if he lives there.
112015	M				1										Living with mother, grandmother, big mother, brother 2x, sister, job not indicated.
132015	F								1						Living with father, no jobs indicated.
152015	F	1													Living with mother, sister 2x, brother, job not indicated.

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Poverty related risk: Living arangements (page 2 of 4)

INCLUSION CRITERIA: Any response given by the adolescent to the question: 'With whom do you live...''

(Taken from the FLY 2015 demographic questionaire).

EXCLUSION CRITERIA: Any response not obtained from adolescents's response to the question: 'With whom do you live...''

(Taken from the FLY 2015 demographic questionaire).

Living with: A, (Single Mother), B (Grandmother), C (Living with Siblings), D (Mother/Grandmother),

E (Grandmother/Aunt), F (Uncle/Aunt), G (Mother/ Grandfather), H (Single Father), I (Mother/Cousin), J (Grandfather),

K (Grandmother/Uncle), L (Father/Mother/Grandmother), M (Father/Grandmother).

CLIENT FILE	SEX	A	B	C	D	E	F	G	H	I	J	K	L	M	EVIDENCE
182015	M	1													Living with mother, brother x3 no job indicated.
192015	M	1													Livening with mother, brother, no job indicated.
232015	F	1													Living with mother, brother, no job indicated.
242015	F	1													Living with mother, 2x brother, 2 sister, no job indicated.
252015	F	1													Living with mother, sister 2x, no job indicated.
262015	M	1													Living with mother, sister, no job indicated.
282015	F											1			Living with grandma, Uncle, sister 2x, no job indicated.
302015	M				1										Living with mother (doctor?) sister and gogo (unemployed).
322015	M					1									Living with grandmother, aunt, no job indicated.
342015	M				1										Living with mother, grandmother.
352015	M	1													Living with mother, Pastor, sister and brother (both at school).
382015	F	1													Living with Mother and sister, unemployed.
402015	F									1					Living with mother teacher, cousin pilot, sister, chef.
412015	F	1													Living with brother miner, mother domestic worker, sister hairdresser.

Poverty related risk: Living arangements (page 3 of 4)

INCLUSION CRITERIA: Any response given by the adolescent to the question: 'With whom do you live...''

(Taken from the FLY 2015 demographic questionaire).

EXCLUSION CRITERIA: Any response not obtained from adolescents's response to the question: 'With whom do you live...''

(Taken from the FLY 2015 demographic questionaire).

Living with: A, (Single Mother), B (Grandmother), C (Living with Siblings), D (Mother/Grandmother),

E (Grandmother/Aunt), F (Uncle/Aunt), G (Mother/ Grandfather), H (Single Father), I (Mother/Cousin), J (Grandfather),

K (Grandmother/Uncle), L (Father/Mother/Grandmother), M (Father/Grandmother).

CLIENT FILE	SEX	A	B	C	D	E	F	G	H	I	J	K	L	M	EVIDENCE
422015	F						1								Living with uncle -accountant, aunt-teacher.
442015	M	1													Living with mother (unemployed) sister.
452015	M					1									Living with aunt, sister, brother 2x.
462015	M			1											Living with Sister 2x, brother 2x (one brother is working), niece.
472015	M		1												Living with grandmother unemployed and 4 sisters.
482015	M		1												Living with grandmother-unemployed.
492015	M										1				Living with grandfather- pensioner.
502015	M							1							Living with mother- nurse, Grandfather- farmer 2 brothers, 1 sister.
512016	M											1			Living with father-security, brother security, grandma-home based care.
522015	M												1		Living with mother-cook at school. Father municipal, Grandmother-unemployed.
532015	M	1													Living with female- municipal maintenance.
552015	M		1												Living with grandmother, male friend, sister, not employed.
562015	F	1													Living with mother, unemployed, sister.
572015	F		1												Living with grandmother (cooks at school), sister, brother.
582015	F	1													Living with mother (unemployed).
592015	F	1													Living with mother (road worker) sister.
602015	F	1													Living with mother (no job indicated) two sisters.

Poverty related risk: Living arangements (page 4 of 4)

INCLUSION CRITERIA: Any response given by the adolescent to the question: 'With whom do you live...''
(Taken from the FLY 2015 demographic questionaire).
EXCLUSION CRITERIA: Any response not obtained from adolescents's response to the question: 'With whom do you live...''
(Taken from the FLY 2015 demographic questionaire).
Living with: A, (Single Mother), B (Grandmother), C (Living with Siblings), D (Mother/Grandmother),
E (Grandmother/Aunt), F (Uncle/Aunt), G (Mother/ Grandfather), H (Single Father), I (Mother/Cousin), J (Grandfather),
K (Grandmother/Uncle), L (Father/Mother/Grandmother), M (Father/Grandmother).

CLIENT FILE	SEX	A	B	C	D	E	F	G	H	I	J	K	L	M	EVIDENCE
622015	M			1											Living with brother, sister, no job indicated.
652015	M			1											Living with brother, traffic cop.

LIVING WITH SINGLE MOTHER	7	TOTAL MALES WHO RESPONDED
	12	TOTAL FEMALES WHO RESPONDED
LIVING WITH GRANDMOTHER	3	TOTAL MALES WHO RESPONDED
	3	TOTAL FEMALES WHO RESPONDED
LIVING WITH SIBLINGS	3	TOTAL MALES WHO RESPONDED
	2	TOTAL FEMALES WHO RESPONDED
LIVING WITH MOTHER/GRANDMOTHER	3	TOTAL MALES WHO RESPONDED
	1	TOTAL FEMALES WHO RESPONDED
LIVING WITH UNCLE/AUNT	1	TOTAL MALES WHO RESPONDED
	1	TOTAL FEMALES WHO RESPONDED

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LIVING WITH GRANDMOTHER/AUNT	1	TOTAL MALES WHO RESPONDED
	0	TOTAL FEMALES WHO RESPONDED
LIVING WITH MOTHER/GRANDFATHER	1	TOTAL MALES WHO RESPONDED
	0	TOTAL FEMALES WHO RESPONDED
LIVING WITH MOTHER/COUSIN	0	TOTAL MALES WHO RESPONDED
	1	TOTAL FEMALES WHO RESPONDED
LIVING WITH GRANDFATHER	1	TOTAL MALES WHO RESPONDED
	0	TOTAL FEMALES WHO RESPONDED
LIVING WITH GRANDMOTHER/UNCLE	0	TOTAL MALES WHO RESPONDED
	1	TOTAL FEMALES WHO RESPONDED
LIVING WITH FATHER/MOTHER/GRANDMOTHER	1	TOTAL MALES WHO RESPONDED
	0	TOTAL FEMALES WHO RESPONDED
LIVING WITH FATHER/GRANDMOTHER	1	TOTAL MALES WHO RESPONDED
	0	TOTAL FEMALES WHO RESPONDED

Poverty related risk: Limited Parental/Caregiver Employment

INCLUSION CRITERIA: Any response given by the adolescent to the question: 'Occupation? ....'' pertaining to the occupations of the people the adolescent lives with.	
(Taken from the FLY 2015 demographic questionaire).	
EXCLUSION CRITERIA: Any response not obtained from adolescents's response to the question: ''Occupation? ....'' pertaining to the occupations of the people the	
adolescent lives with.	
(Taken from the FLY 2015 demographic questionaire).	
Employment: A (Employed Father), B, (Employed Mother), C (Employed One Adult), D (Employed More than One Adult).	

CLIENT FILE	SEX	A	B	C	D	EVIDENCE
52015	F		1	1		Living with mother (retail assistant), grandmother, brother, sister.
72015	F		1	1		Living with mother (working), father, two sisters. Also indicated in document- brothers.
82015	F		1	1		Living with mother (working at hotel), sister.
142015	F	1		1		Living with father (work at roadworks), mother, sister 3x, brother, no job indicated.
302015	M		1	1		Living with mother (doctor?) sister and gogo (unemployed).
312015	M		1	1		Living with mother (Social worker, father unemployed, sister).
332015	M	1		1		Living with father, mother, father works, mother is unemployed.
352015	M		1	1		Living with mother, Pastor, sister and brother (both at school).
362015	M	1		1		Living with father-Builder, mother, brother.
402015	F		1		1	Living with mother teacher, cousin pilot, sister, chef.
412015	F		1		1	Living with brother miner, mother domestic worker, sister hairdresser.
422015	F				1	Living with uncle-accountant, aunt-teacher.
432015	F	1	1		1	Living with mother-nurse, father-construction.
462015	M			1		Living with Sister 2x, brother 2x (one brother is working), niece.
502015	M		1		1	Living with mother- nurse, grandfather- farmer 2 brothers, 1 sister.
512016	M	1			1	Living with father-security, brother security, grandma- home based care.
522015	M	1	1		1	Living with mother-cook at school, father-municipal, grandmother-unemployed.
532015	M		1	1		Living with female- municipal maintenance.
542015	M	1	1		1	Living with father (driver) mother (teacher) brothers 2x, sister.
572015	F			1		Living with grandmother (cooks at school), sister, brother.
592015	F		1	1		Living with mother (road worker) sister.
612015	M	1		1		Living with father who is working, mother, brother.
652015	M			1		Living with brother, traffic cop.

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EMPLOYED ONE ADULT	9	TOTAL MALES WHO RESPONDED
	6	TOTAL FEMALES WHO RESPONDED
EMPLOYED MOTHER	7	TOTAL MALES WHO RESPONDED
	7	TOTAL FEMALES WHO RESPONDED
EMPLOYED FATHER	6	TOTAL MALES WHO RESPONDED
	2	TOTAL FEMALES WHO RESPONDED
EMPLOYED MORE THAN ONE ADULT	4	TOTAL MALES WHO RESPONDED
	4	TOTAL FEMALES WHO RESPONDED

Intrapersonal Protective Factor: Personal Agency (page 1 of 3)

INCLUSION CRITERIA: The self-motivation and channel capacity of adolescents to move forward towards goals.

(e.g. Planning, self-reflection, action).

EXCLUSION CRITERIA: Any protective resource that is not specifically directed to move the adolescent

forward goals.

CLIENT FILE	SEX	PERSONAL AGENCY	EVIDENCE
12015	F	1	I do my assignment.
22015	F	1	When I struggle I ask any other member of my family.
32015	F	1	I make sure that I do my assignment, I go and ask my sister for help with homework.
42015	F	1	I make sure that I do my project in time.
52015	F	1	I wish to finish school, when I have a project, I write. When I have homework, I ask help.
62015	M	1	I finish projects and I do it. When I struggle I ask someone.
72015	F	1	When I struggle I ask my brother for help and my sister.
82015	F	1	I do my projects always, when I struggle my mother helps me.
92015	F	1	My happiest time is when time going to university, When I have an assignment I write it, or ask someone to help me.
102015	F	1	I write my assignments and ask for help.
112015	M	1	I ask my friend to help me with assignments and if I struggle I ask my mother.
122015	F	1	I am planning when I have a project, When I struggle I ask my friend.
152015	F	1	I am writing my assignments in class. When I struggle I ask my sister.
162015	M	1	When I get an assignment I will wrote that.
172015	M	1	My dream is to be a doctor. When I have an assignment I write it, 'they' help me with homework.
182015	M	1	I ask my mother to help me with homework.
		1	When I get an assignment I write it at home.
192015	M	1	When I get an assignment I do it at home.
202015	M	1	I ask my sister to help me.
		1	When I struggle, I get help from sister.
232015	F	1	When I have an assignment I do it. What is important to me is education.
242015	F	1	If I have a project I write them.

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Intrapersonal Protective Factor: Personal Agency (page 2 of 3)

INCLUSION CRITERIA: The self-motivation and channel capacity of adolescents to move forward towards goals.

(e.g. Planning, self-reflection, action).

EXCLUSION CRITERIA: Any protective resource that is not specifically directed to move the adolescent

forward goals.

CLIENT FILE	SEX	PERSONAL AGENCY	EVIDENCE
252015	F	1	When I have an assignment I do it. What is important to me is education.
262015	M	1	I work very hard on projects.
272015	F	1	I do the project very well. I ask the help with homework.
282015	F	1	I want to prove I can pass grade 9 to 12.
			Assignment- I make sure I get it right. Homework- I going to someone and help me.
292015	F	1	Assignment- I do it very well. Struggle- I ask someone is close to me.
302015	M	1	Assignment- I do it and that helps.
312015	M	1	When I get a project, I write them. When I struggle with my homework I ask someone to help me.
322015	M	1	When I struggle I ask someone to help me.
332015	M	1	When I struggle with homework I ask help of someone.
342015	M	1	When I struggle with homework I ask help of someone.
352015	M	1	I ask for help. I do projects without a problem.
362015	M	1	When I struggle with my homework I ask my parents or brother.
372015	F	1	When I get a project I write.
382015	F	1	When I get a project I write.
392015	M	1	I would like to be police.
402015	F	1	When I struggle I look for assistance.
422015	F	1	Projects- I make sure I finish it and when I struggle I ask someone.
432015	F	1	When I struggle I call my friend to help me.
452015	M	1	I ask help from friends. I ask help from my sister with homework.
462015	M	1	Homework- I will tell my sister to help me.
482015	M	1	When I struggle I ask a friend to help me. With projects I do my best.
502015	M	1	Education because without education you are nothing these days.

Intrapersonal Protective Factor: Personal Agency (page 3 of 3)

INCLUSION CRITERIA: The self-motivation and channel capacity of adolescents to move forward towards goals (e.g. Planning, self-reflection, action).

EXCLUSION CRITERIA: Any protective resource that is not specifically directed to move the adolescent forward goals.

CLIENT FILE	SEX	PERSONAL AGENCY	EVIDENCE
			I wish to finish school.
552015	M	1	Education, because it is the key to have a good future and it is very important in life.
562015	F	1	They say go and do it at home . When I struggle I go to someone to help me.
572015	F	1	I do projects at home. When I struggle I ask for help.
582015	F	1	When I struggle I ask my mom to help me.
592015	F	1	When I struggle I ask my sister.

PERSONAL AGENCY	23	TOTAL MALES WHO RESPONDED
	26	TOTAL FEMALES WHO RESPONDED

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Intrapersonal Protective Factor: Self-Worth

INCLUSION CRITERIA: Self-worth included a subjective recognising or valuing of certain skills or traits as positive (e.g. good at religion, being good or obedient at home).

EXCLUSION CRITERIA: Any protective resource that does not pertain to recognition of self-worth.

CLIENT FILE	SEX	SELF WORTH	EVIDENCE
12015	F	1	I am really good at gospel.
42015	F	1	I act very good and they act good to me.
62015	M	1	I feel good about self because I love others.
82015	F	1	I am good at singing.
122015	F	1	I like my black face.
142015	F	1	I like my brown face.
152015	F	1	I am good at cleaning the house.
282015	F	1	I am happiest when people need me to sing.
312015	M	1	I am really good at school.
352015	M	1	I am a blessing.
372015	F	1	I am really good at home.
452015	M	1	I am good at showing kindness to other people.
552015	M	1	Caring- because I am very kindness in to others in life.
		1	I respect and love myself and I care about me.
632015	M	1	She gives me the love I deserve. I am a handsome boy.
602015	F	1	I am a hard worker, I would like to be a nurse one day.
642015	M	1	I work hard at school.

SELF-WORTH	7	TOTAL MALES WHO RESPONDED	
	9	TOTAL FEMALES WHO RESPONDED	

Intrapersonal Protective Factor: Personal Strengths

INCLUSION CRITERIA: Personal strengths are tasks or actions that a person can perform well and causes related to personal strengths include the recognition of (e.g. academic success and ability to play sport).

EXCLUSION CRITERIA: Not related to personal strengths nested in the individual.

CLIENT FILE	SEX	PERSONAL STRENGHTS	EVIDENCE
42015	F	1	I am good at playing netball.
82015	F	1	I am good at singing.
112015	M	1	I am good at playing soccer.
232015	F	1	I am good at running.
242015	F	1	I am good at netball and soccer.
282015	F	1	I am good at lady soccer.
312015	M	1	I am really good to play soccer.
		1	I am really good at school.
352015	M	1	I am really good at playing baseball.
372015	F	1	I am really good at home.
442015	M	1	I am good at playing soccer.
452015	M	1	I'm good at reading.
462015	M	1	I am good at mathematics, at playing soccer, drawing or reading.
472015	M	1	Good at studies, writing, talking, football, playing, running.
482015	M	1	Good at soccer, cleaning, talking, playing, singing, swimming.

PERSONAL STRENGHTS	8	TOTAL MALES WHO RESPONDED
	6	TOTAL FEMALES WHO RESPONDED

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Intrapersonal Protective Factor:Adaptive Coping

INCLUSION CRITERIA: Effective coping skills related to adolescents finding strengths in others or in themselves to allow effective coping.

EXCLUSION CRITERIA: Any protective resource that does not pertain to effective coping skills.

CLIENT FILE	SEX	EFFECTIVE COPING SKILLS	EVIDENCE
12015	F	1	My happy time is soccer.
32015	F	1	I feel better when I am watching television with my friends.
42015	F	1	I feel better when I play with my friends.
52015	F	1	I feel better when I am at school.
82015	F	1	I feel better when I watch TV.
132015	F	1	I feel better when I play with my friends.
212015	M	1	I feel better when I have more knowledge.
402015	F	1	I feel better when people with knowledge motivate me.

EFFECTIVE COPING	1	TOTAL MALES WHO RESPONDED	
	7	TOTAL FEMALES WHO RESPONDED	

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Intrapersonal Protective Factor: Self-Regulation

INCLUSION CRITERIA: Related to adolescents finding ways to guide their lives by adopting value systems and/or moral codes to guide their behaviour.			
EXCLUSION CRITERIA: Not related to value systems and/or moral codes to guide behaviour.			
CLIENT FILE	SEX	SELF-REGULATION	EVIDENCE
52015	F	1	I can't fight at school.
162015	M	1	I can't do wrong thing that is not good for my family.
292015	F	1	I can't do something to make someone feel sad.
442015	M	1	I can't hurt anybody.
472015	M	1	I can't smoke weed because is danger.

SELF-	3	TOTAL MALES WHO RESPONDED	
REGULATION	2	TOTAL FEMALES WHO RESPONDED	

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Family Protective Factor: Family Role Models (page 1 of 4)

INCLUSION CRITERIA: Response includes family members given by the adolescent to the question : 'Name 3 people who you admire OR name 3 people you would pattern your life after. Say who they are and why they inspire you.'
EXCLUSION CRITERIA: Any response excluding family members obtained from adolescents's response to the question:
Name 3 people who you admire OR name 3 people you would pattern your life after. Say who they are and why they inspire you.'
Role Model: A (Mother), B (Sister), C (Uncle/Aunt), D (Father), E (Grandmother), F (Brother), G (Grandfather),
H (Cousin).

CLIENT FILE	SEX	AGE	MONTHS	A	B	C	D	E	F	G	H	EVIDENCE
42015	F	14	0				1					father.
												He do the right thing always.
52015	F	16	5	1			1	1				Grandmother, mother, father.
												When I make something wrong my mother tell me that's not a good idea that you have a choice.
												My father told me many things like I can ignore the body because boys bring baby.
												Grandmother because she told me about things that happen some years ago.
62015	M	19	1	1					1			Brother, mother.
												When a do something wrong his tell me to do the right thing and focus on my future.
												My mother inspire me to not forget God in good time and bad time. She is always there for me.
72015	F	14	11	1	1		1		1			Brother, sister, mother, father.
												My mother and father they are inspire me about how education is important.
												My brothers they inspire me when I am struggle I ask for help.
82015	F	16	5	1	1	1	1					Mother, father, sister, uncle.
												My mother and father they inspire me about how tell me how do I look all the time and they give me some more advice.
												My sister he alwys give me good space and good help.

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Family Protective Factor: Family Role Models (page 2 of 4)

INCLUSION CRITERIA: Response includes family members given by the adolescent to the question : 'Name 3 people who you admire OR name 3 people you would pattern your life after. Say who they are and why they inspire you.'

EXCLUSION CRITERIA: Any response excluding family members obtained from adolescents's response to the question:
Name 3 people who you admire OR name 3 people you would pattern your life after. Say who they are and why they inspire you.'

Role Model: A (Mother), B (Sister), C (Uncle/Aunt), D (Father), E (Grandmother), F (Brother), G (Grandfather), H (Cousin).

CLIENT FILE	SEX	AGE	MONTHS	A	B	C	D	E	F	G	H	EVIDENCE
92015	F	15	5	1	1	1		1		1		Mother, grandfather, grandmother, sister, uncle.
												My mother inspire me about how education is important in our lives and when you are educated it can make your life easier as educatoin is a key to success. And it is the only medicine that they give me all the time.
												My grandmother and grandfather they inspire me because they love me and they don't want to see me suffer at the end of the day and they want me to be something in the future.
												My sister and uncle inspire me because they don't want me to be like them. Because they don't finish school and they want to see me reach my goal and mind.
102015	F	14	11					1		1		Grandmother, grandfather.
												My grandmother she inspire me for take care of me.
												My grandfather inspire me for teaching school learners well.
252015	F	14	0	1	1							Mother, sister
												My mother inspire me because she do everthing that I want her to do for me.
												My sister inspire me because she is a good girl and she respect other people she do not treat other people like they are nothing to her.
262015	M	16	2			1						Sister's husband.
												My sister's husband is doing good things. I like him. I want to be like him.

Family Protective Factor: Family Role Models (page 3 of 4)

INCLUSION CRITERIA: Response includes family members given by the adolescent to the question : 'Name 3 people who you admire OR name 3 people you would pattern your life after. Say who they are and why they inspire you.'
EXCLUSION CRITERIA: Any response excluding family members obtained from adolescents's response to the question: Name 3 people who you admire OR name 3 people you would pattern your life after. Say who they are and why they inspire you.'
Role Model: A (Mother), B (Sister), C (Uncle/Aunt), D (Father), E (Grandmother), F (Brother), G (Grandfather), H (Cousin).

CLIENT FILE	SEX	AGE	MONTHS	A	B	C	D	E	F	G	H	EVIDENCE
272015	F	18	3								1	Cousin.
												Because she love to take people in the community and most of the time she takes good care of people.
282015	F	16	3			1						Uncle.
												Because they working in Shoprite and that makes me feel that I want to be her.
292015	F	17	8	1	1	1						Mother, uncle, sister.
												My mother want me to do the right thing and say she want to see me with the future bright like my older sister.
												My uncle-every day say to me little girl I am pleased with you to further in your studies to live the future bright like every one outside and be clever.
												My sister encourage me for each and every step I take she always my (?) and I understand even what she say.
352015	M	15	6	1								Mother.
												It is because she decided to be a pastor and she teaches people the good news about Jesus.
362015	M	14	7	1		1	1	1				Grandmother, parents, uncle.
412015	F	14	11	1								Mother
												Because she is a good mother to me. She always being supportive and protective.

Family Protective Factor: Family Role Models (page 4 of 4)

INCLUSION CRITERIA: Response includes family members given by the adolescent to the question : 'Name 3 people who you admire OR name 3 people you would pattern your life after. Say who they are and why they inspire you.'

EXCLUSION CRITERIA: Any response excluding family members obtained from adolescents's response to the question:

Name 3 people who you admire OR name 3 people you would pattern your life after. Say who they are and why they inspire you.'

Role Model: A (Mother), B (Sister), C (Uncle/Aunt), D (Father), E (Grandmother), F (Brother), G (Grandfather), H (Cousin).

CLIENT FILE	SEX	AGE	MONTHS	A	B	C	D	E	F	G	H	EVIDENCE
432015	F	15	8	1								Mother.
												My mother because she is always there for me and support me.
562015	F	14	2		1							Sister.
												Because she is kind, pretty and polite. She is a respected girl and they respect people and her family. I love him so much better.
572015	F	14	8		1			1	1			Grandmother, sister, brother.
												Grandmother-Because the look me after and si my mother take me they child and stay together. They like child and they don't need some of child that losi they some of partner.
												Brother- because they love the children the some of people that are in the community. They like to play soccer with child. They love children.
												Sister- Because she loves me and makes happy and respect the family and the people in the are community.
582015	F	15	0	1		1						Uncles wife, mother
												My uncle's wife because she loves playing with children and I like spending time with her.
												My mother- Because she love spending time in home with me and my brother she always tells me that I must focus my studies to make my dream come true.

612015	M	16	0		1			1		1				Father, mother, brother.
														Father- because they work good job and they afford every thing that he want.
														Mother-Because they do things according to the rule
														Brother- Because he is a good person. He loves everyone and lives good
														lifestyle.
622015	M	0	0			1			1					Brother, sister.

FAMILY ROLE	6	TOTAL MALES WHO RESPONDED
MODELS	15	TOTAL FEMALES WHO RESPONDED

	REPORTED FAMILY MEMBERS AS ROLE MODELS				
A	MOTHER	4	TOTAL MALES WHO RESPONDED		
		9	TOTAL FEMALES WHO RESPONDED		
B	SISTER	1	TOTAL MALES WHO RESPONDED		
		7	TOTAL FEMALES WHO RESPONDED		
C	UNCLE/AUNT	2	TOTAL MALES WHO RESPONDED		
		5	TOTAL FEMALES WHO RESPONDED		
D	FATHER	2	TOTAL MALES WHO RESPONDED		
		4	TOTAL FEMALES WHO RESPONDED		
E	GRANDMOTHER	1	TOTAL MALES WHO RESPONDED		
		4	TOTAL FEMALES WHO RESPONDED		
F	BROTHER	3	TOTAL MALES WHO RESPONDED		
		2	TOTAL FEMALES WHO RESPONDED		
G	GRANDFATHER	0	TOTAL MALES WHO RESPONDED		
		2	TOTAL FEMALES WHO RESPONDED		
H	COUSIN	0	TOTAL MALES WHO RESPONDED		
		1	TOTAL FEMALES WHO RESPONDED		

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Family Protective Factor: Supportive Parent-Child Interaction (page 1 of 2)

INCLUSION CRITERIA: Any parental involvement that supporting resilience (e.g. educational support, quality time spent together).					
EXCLUSION CRITERIA: Any protective resource not related to parental involvement.					
CLIENT FILE	**SEX**	**AGE**	**MONTHS**	**PARENT-CHILD INTERACTION**	**EVIDENCE**
52015	F	16	5	1	My father told me many things, like I can ignore the body because boys bring babies. My mother tell me when I make something wrong that's not a good idea that you have a choose.
				1	I am the happiest when my mother is a home.
72015	F	14	11	1	My mother and father tell me how important education is.
82015	F	16	5	1	My father and mother how I look all the time and they give me some more advice.
92015	F	15	5	1	They inspire me about how education is NB in our lives and when you are educated it can make your life easier as education is a key to success and is the only medicine that they give me all the time.
112015	M	15	7	1	When I struggle I ask my mother.
182015	M	14	0	1	I ask my mother to help me with homework.
192015	M	17	0	1	My mother helps me with my homework.
252015	F	14	0	1	My mother inspire me because she do everything I want her to do for me.
292015	F	17	8	1	Mother want me to do the right thing or say want to see me with the future bright like my older sister.
362015	M	14	7	1	When I struggle with my homework I ask my parents or brother.
				1	The parents give me lots of love I deserve.
				1	When I struggle with my homework I ask my parents.
382015	F	16	3	1	I can't wait to see my mother.
412015	F	14	11	1	Because she is a good mother to me and she always being supportive and protective of me.

Family Protective Factor: Supportive Parent-Child Interaction (page 2 of 2)

INCLUSION CRITERIA: Any parental involvement that supporting resilience (e.g. educational support, quality time spent together).
EXCLUSION CRITERIA: Any protective resource not related to parental involvement.

CLIENT FILE	SEX	AGE	MONTHS	PARENT-CHILD INTERACTION	EVIDENCE
582015	F	15	0	1	My mother because she love spending time in home with me and my brother she always tells me that I must focus my studies to make my dream come true.
602015	F	20	0	1	My mother is kind and respectful. She is my great mom ever. I would like to have her in my life. She is trying all her best to see me as a beautiful child.
612015	M	16	0	1	My father because he work good job and they afford everything. My mother because they do everything according to the rule.
632015	M	16	0	1	My mother is an example to others as a parent she gives me the love I deserve and she like to tell me that I must take care of myself because I am getting old now.

SUPPORTIVE PARENT-CHILD INTERACTION	6	TOTAL MALES WHO RESPONDED				
	10	TOTAL FEMALES WHO RESPONDED				

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Family Protective Factor: Supportive Siblings

INCLUSION CRITERIA: Any type of support offered by siblings that supports resilience (e.g. emotional support, financial aid).
EXCLUSION CRITERIA: Any protective recourse not related to siblings.

CLIENT FILE	SEX	AGE	MONTHS	SUPPORTIVE SIBLINGS	EVIDENCE
22015	F	0	0	1	When I struggle I ask any other member of my family.
32015	F	15	0	1	I get help from my sister.
62015	M	19	1	1	When I struggle, I get help from my brother.
72015	F	14	11	1	When I struggle I ask my brother for help and my sister.
92015	F	15	5	1	I am inspired by sister.
152015	F	15	9	1	When I struggle I get help from my sister.
162015	M	15	0	1	I get help from my brother.
202015	M	14	0	1	I ask my sister to help me.
212015	M	19	0	1	I ask my big sister to help me with homework.
242015	F	14	0	1	Homework- my sister helps me.
362015	M	14	7	1	When I struggle with my homework I ask my parents or brother.
452015	M	14	2	1	I ask help from friends. I ask help from my sister with homework.
462015	M	14	9	1	Homework- I will tell my sister to help me.
592015	F	14	1	1	When I struggle I ask my sister, because she takes care and buys things needed in the home.
622015	M	0	0	1	My brother because he is important to me and my sister because she is my friend and very good to me.
652015	M	15	9	1	Lives with brother who is a traffic cop.

SUPPORTIVE	9	TOTAL MALES WHO RESPONDED
SIBLINGS	7	TOTAL FEMALES WHO RESPONDED

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Family Protective Factor: Family Cohesion

INCLUSION CRITERIA: Practices/routines that support family cohesion and emotional support (e.g. family time).

EXCLUSION CRITERIA: Any protective resource not relating to family cohesion.

CLIENT FILE	SEX	AGE	MONTHS	FAMILY COHESION	EVIDENCE
32015	F	15	0	1	I am happiest when I am in JHB in my mothers house.
42015	F	14	0	1	I am happy when I am with family and friends.
52015	F	16	5	1	My grandmother told me about things that happen some years ago.
				1	My happiest time is when I am at home with my parent and my own.
152015	F	15	9	1	Happiest time is when I am with my family.
162015	M	15	0	1	Happiest time is to spend time with my family and 'norias'.
				1	I can't do wrong thing that is not good for my family.
232015	F	15	0	1	I feel better when I am with my family.
362015	M	14	7	1	Because my grandmother he always give me something that I don't now and teach me how they were living in their early days.
				1	Because my family one help me and support me no matter what and I feel happy when I stay with my whole family always and I feel safe at home with my family.
442015	M	17	8	1	Happiest time is spent with my family, I feel happy when I stay with my family always and I feel safe at home with my family.
452015	M	14	2	1	My family loves me.
482015	M	15	1	1	Happy when I am with my family.
542015	M	17	0	1	Because inspire me about that in life and the love about the future.

FAMILY	6	TOTAL MALES WHO RESPONDED
COHESION	5	TOTAL FEMALES WHO RESPONDED

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Family Protective Factor: Extended Family support

CLIENT FILE	SEX	AGE	MONTHS	SUPPORIVE EXTENDED FAMILY	EVIDENCE
INCLUSION CRITERIA: Extended family support networks that supports resilience (e.g. shared labour, support for the elderly, financial aid).					
EXCLUSION CRITERIA: Any protective recourse not related to family support networks.					
82015	F	16	5	1	My uncle tells me about now school and matric.
92015	F	15	5	1	My grandmother and grandfather inspire me because they love me and they don't want to see me suffer at the end of the day and the want me to be something in the future.
102015	F	14	11	1	My grandmother and grandfather takes care of me and inspire me for teaching.
282015	F	16	3	1	My uncle working in Shoprite and that makes me feel that I want to be with her.
292015	F	17	8	1	My uncle every day say to me my little girl am please you to forward in your studies to live the future bright like every one outside and to be clever.
362015	M	14	7	1	Because my uncle he want me to play football and he gives me money any morning to buy some foods in school.
572015	F	14	8	1	My grandmother look after me. My mother take me they child and stay together.
582015	F	15	0	1	My uncle's wife because she love playing with children and I like spending time with her.
602015	F	20	0	1	My Uncle Friday is a great guy. I which I could him some day. He is a great Christian like me. So I think it is good to have him to be my great role model.

SUPPORTIVE	1	TOTAL MALES WHO RESPONDED
EXTENDED FAMILY	8	TOTAL FEMALES WHO RESPONDED

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Family Protective Factor: Family Communication

INCLUSION CRITERIA: Any type of clear and direct communication that allows for emotional expression and collaborative problem solving, sharing of knowledge and teaching.

EXCLUSION CRITERIA: Any protective resource not related to family communication

CLIENT FILE	SEX	AGE	MONTHS	FAMILY COMMUNI-CATION	EVIDENCE
52015	F	16	5	1	My grandmother told me about things that happen some years ago.
				1	My father told me many things, like I can ignore the body because boys bring babies. My mother tell me when I make something wrong that's not a good idea that you have a choose.
62015	M	19	1	1	When I do something wrong my brother tell me to do the right thing and focus on my future.
				1	My uncle's wife - When we are sitting together she tells me when I want to my dream can true, I must focus on my studies.

FAMILY	1	TOTAL MALES WHO RESPONDED
COMMUNICATION	1	TOTAL FEMALES WHO RESPONDED

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Family Protective Factor: Traditional Family Practises
INCLUSION CRITERIA: Any family practise that demonstrates a protective-stabilizing effect as community disorganisation increases.
EXCLUSION CRITERIA: Any protective resource relating to family that does not demonstrate a protective- stabilizing effect. No reported evidence.

School Protective Factor: Teachers as Role Models

CLIENT FILE	SEX	AGE	MONTHS	TEACHERS AS ROLE	EVIDENCE
INCLUSION CRITERIA: Teachers that inspire and motivate young people to rise above challenges and adversities thought their support, life stories and example.					
EXCLUSION CRITERIA: Any support that does not come from teachers.					
12015	17	0	F	1	It was teacher who welcome the class and was nice. It is nice to be near teacher.
92015	15	5	F	1	My teacher inspire me about education and how education is important in our lives and when you are educated it can make your life easier as education is a key to success and is the only medicine that they give me all the time.
272015	18	3	F	1	Teacher because she has a good heart kind and humble so I like to be her.
					My happiest time is when I am in school with my educator.
242015	14	0	F	1	The principal wants me to be his follower and I do like him to be my role model.
402015	14	11	F	1	My teacher moulded my life to be a better person.
412015	14	11	F	1	Mr ## is good and a great principal. He cares about his students. Teacher ## is a great teacher and I wish become like her when I am old.
432015	15	8	F	1	I like my math teacher because she is a good teacher that assist me in everything and gives me good advice when it comes to everything.
462015	14	9	M	1	Because I want to be a teacher like him and I want to be a mathematics teachers like him.
552015	16	0	M	1	My teacher is always formal and he gives attention. Education is the key to have a good future and it is very important in life.
582015	15	0	F	1	My teacher because she teaches us about how life is in the world.

TEACHER AS ROLE MODEL	2		TOTAL MALES WHO RESPONDED		
	8		TOTAL FEMALES WHO RESPONDED		

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Community Protective Factor: Community Role Models (page 1 of 3)

INCLUSION CRITERIA: Response includes community members given by the adolescent to the question : 'Name 3 people who admire OR name 3 people you would pattern your life after. Say who they are and why they inspire you.'

(Taken from the FLY 2015 Role Model pencil and paper activity).

EXCLUSION CRITERIA: Any response excluding community members obtained from adolescents's response to the question: Name 3 people who you admire OR name 3 people you would pattern your life after. Say who they are and why they inspire you.'

(Taken from the FLY 2015 Role Model pencil and paper activity).

Role Model: A (Sport Star), B (Music Star), C (Actor), D (Leader), E (Friend).

CLIENT FILE	SEX	AGE	MONTHS	A	B	C	D	E	EVIDENCE
12015	F	17	0		1				Singer.
32015	F	15	0		1		1	1	Friend, Beyoncé (singer), Mandela.
									Mandela- because he figure to freedom we are not living in peace.
62015	M	19	1					1	Friend
									I trust him. He inspire me when I done mistake in my life. He gives me the advice
									and he told me that always he be there for me.
112015	M	15	7				1	1	Friend, Mandela.
									Mandela- He liked children and he make peace in Africa.
									Friend- When they want something they don't just sit and thing everything will be
									alright, they fight for it.
172015	M	17	0				1		Political leader (DA).
									Mr ## good talking when it comes to polititian. She fight for what she wants.
182015	M	14	0				1	1	Friend, Mandela.
192015	M	17	0	1			1		Jacob Zuma, Soccer player.
242015	F	14	0		1				Fashion Designer.
252015	F	14	0					1	Friend.
									My friend inspired me because she is a good friend to me. She help me when I
									have problems and I help her when she have a problem.
262015	M	16	2				1		Pastor from TV, a pastor.
282015	F	16	3					1	Friend.
									Because she is a nurse and that makes me fill and like to be a nurse.

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Community Protective Factor: Community Role Models (page 2 of 3)

INCLUSION CRITERIA: Response includes community members given by the adolescent to the question : 'Name 3 people who admire OR name 3 people you would pattern your life after. Say who they are and why they inspire you.'

(Taken from the FLY 2015 Role Model pencil and paper activity).

EXCLUSION CRITERIA: Any response excluding community members obtained from adolescents's response to the question: Name 3 people who you admire OR name 3 people you would pattern your life after. Say who they are and why they inspire you.'

(Taken from the FLY 2015 Role Model pencil and paper activity).

Role Model: A (Sport Star), B (Music Star), C (Actor), D (Leader), E (Friend).

CLIENT FILE	SEX	AGE	MONTHS	A	B	C	D	E	EVIDENCE
302015	M	17	0	1	1				Music, soccer.
312015	M	16	11	1	1				Music, soccer.
322015	M	13	11		1	1			Music, actor.
332015	M	14	6	1	1				Football player, music.
342015	M	17	3	1					Football player, music.
352015	M	15	6				1		Mandela.
422015	F	15	4		1	1			Actor, singer.
442015	M	17	8		1				I listen to the DJ, it makes me happy when I listen to his music.
452015	M	14	2	1	1				Soccer player, artist.
462015	M	14	9	1	1				Soccer player, artist, teacher.
472015	M	15	11	1	1		1		Rapper, singer, Mandela.
									Mandela- The man who striked for our freedom and I wanne be like him.
482015	M	15	1	1	1	1			Soccer player, artists, singer.
492015	M	20	3					1	Friend.
									## like to help me. ## to life is good (## persons name).
502015	M	15	3					1	Friend.
									##- Because when I get with that guy I got more information about the political
									with the ANC youth league and gives me courage.

Community Protective Factor: Community Role Models (page 3 of 3)

INCLUSION CRITERIA: Response includes community members given by the adolescent to the question : 'Name 3 people who admire OR name 3 people you would pattern your life after. Say who they are and why they inspire you.'

(Taken from the FLY 2015 Role Model pencil and paper activity).

EXCLUSION CRITERIA: Any response excluding community members obtained from adolescents's response to the question: Name 3 people who you admire OR name 3 people you would pattern your life after. Say who they are and why they inspire you.'

(Taken from the FLY 2015 Role Model pencil and paper activity).

Role Model: A (Sport Star), B (Music Star), C (Actor), D (Leader), E (Friend).

CLIENT FILE	SEX	AGE	MONTHS	A	B	C	D	E	EVIDENCE
542015	M	17	0	1					Because he is doing sport like running in 'Bowike Matakow' and I like to do the same.
562015	F	14	2					1	Friend.
									Because she is cute and very kindly than the other one. I like him because she likes me and they respect people like I want.
632015	M	16	0				1		Mandela
									Mandela- He loves SA as a children he gave us the grant.
642015	M	17	0					1	Friends.
652015	M	15	9	1					Soccer player.

SPORT STAR	11	TOTAL MALES WHO RESPONDED
	0	TOTAL FEMALES WHO RESPONDED
MUSIC STAR	10	TOTAL MALES WHO RESPONDED
	4	TOTAL FEMALES WHO RESPONDED
ACTOR	2	TOTAL MALES WHO RESPONDED
	1	TOTAL FEMALES WHO RESPONDED
LEADER	8	TOTAL MALES WHO RESPONDED
	1	TOTAL FEMALES WHO RESPONDED
FRIEND	5	TOTAL MALES WHO RESPONDED
	4	TOTAL FEMALES WHO RESPONDED

Community Protective Factor: Opportunity for Extra-Mural Engagement (page 1 of 2)

INCLUSION CRITERIA: Opportunities for extra-mural engagement that offer distractions and enable adolescents to spend time meaningfully and to avoid potential risk.

EXCLUSION CRITERIA: Any protective resource not pertaining to opportunities for extra-mural activities.

CLIENT FILE	SEX	AGE	MONTHS	OPPORTUNITY FOR EXTRA-MURAL ENGAGEMENT	EVIDENCE
12015	17	0	F	1	My happy time is soccer.
32015	15	0	F	1	Watch television with my friends.
42015	14	0	F	1	I am good at playing netball.
102015	14	11	F	1	I am happy when I am playing.
112015	15	7	M	1	I like to chill with my friend, because we are playing football.
122015	14	11	F	1	I like to play soccer.
162015	15	0	M	1	I play soccer.
192015	17	0	M	1	I am happiest when I go with my friend.
212015	19	0	M	1	Happiest time is when I am playing soccer.
292015	17	8	F	1	I am good at lady soccer.
302015	17	0	M	1	Happiest when I play soccer.
312015	16	11	M	1	I am really good to play soccer.
322015	13	11	M	1	My happiest time when I'm playing games with a PC or PS.
332015	14	6	M	1	I forget about time when I play soccer.
342015	17	3	M	1	I forget about time when I play soccer.
				1	I am really good at playing baseball.
352015	15	6	M	1	Happiest time is when I look at my books.
442015	17	8	M	1	Happiest time is when I play sport.
				1	Happiest when I play soccer.

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INCLUSION CRITERIA: Opportunities for extra-mural engagement that offer distractions and enable adolescents to spend time meaningfully and to avoid potential risk.

EXCLUSION CRITERIA: Any protective resource not pertaining to opportunities for extra-mural activities.

CLIENT FILE	SEX	AGE	MONTHS	OPPORTUNITY FOR EXTRA-MURAL ENGAGEMENT	EVIDENCE
462015	14	9	M	1	Playing soccer, reading a book, listening to music.
472015	15	11	M	1	Football, playing, running.
542015	17	0	M	1	I love cartoons very, very much.
612015	16	0	M	1	I like to play soccer and watch television.
632015	16	0	M	1	I like standing with friends.
642015	17	0	M	1	I like to play soccer.

OPPORTUNITIES FOR EXTRA-MURAL ACTIVITIES	17	TOTAL MALES WHO RESPONDED
	6	TOTAL FEMALES WHO RESPONDED

Community Protective Factor: Community Belonging

INCLUSION CRITERIA: Any act indicating socially appropriate behaviour (e.g. collectively sharing resources).

EXCLUSION CRITERIA: Any act that does not support socially appropriate behaviour.

CLIENT FILE	SEX	AGE	MONTHS	COMMUNITY BELONGING	EVIDENCE
502015	M	17	0	1	Community- Because I like my community because they support me and I will support them too.

COMMUNITY		1	TOTAL MALES WHO RESPONDED
BELONGING		0	TOTAL FEMALES WHO RESPONDED

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Macro-System: Spirituality

INCLUSION CRITERIA: A sense of belonging and worth when engaging in spirituality that can be linked to their belief system.

EXCLUSION CRITERIA: Any protective resource that can not be linked to spirituality.

CLIENT FILE	SEX	AGE	MONTHS	SPIRITUALITY	EVIDENCE
262015	16	2	M	1	The Love of God makes me strong. I am happiest when I am in church.
292015	17	8	F	1	I feel better when I go to church. I like to go to church.
542015	17	0	M	1	Because I believe in God. The "Supa Strakas" make me feel alive and praising God with the African way and I do love praising God with music.
612015	16	0	M	1	I would like to go to church.

SPIRITUALITY			3	TOTAL MALES WHO RESPONDED
			1	TOTAL FEMALES WHO RESPONDED

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7.3. ANNEXURE C

PARTICIPANT DETAIL					
CLIENT FILE	SEX	AGE- YEARS	MONTHS	ISISWATI	OTHER LANGUAGE SPOKEN
12015	F	17	0	1	
22015	F	0	0	1	
32015	F	15	0	0	ISISESOTHO
42015	F	14	0	1	
52015	F	16	5	1	
62015	M	19	1	1	
72015	F	14	11	1	
82015	F	16	5	1	
92015	F	15	5	1	
102015	F	14	11	1	
112015	M	15	7	1	
122015	F	14	11	1	
132015	F	16	6	0	ISIZULU
142015	F	17	4	1	
152015	F	15	9	1	
162015	M	15	0	1	
172015	M	17	0	1	
182015	M	14	0	1	
192015	M	17	0	1	
202015	M	14	0	1	
212015	M	19	0	1	
222015	M	14	0	1	
232015	F	15	0	1	
242015	F	14	0	1	
252015	F	14	0	1	

262015	M	16	2	1	
272015	F	18	3	1	
282015	F	16	3	1	
292015	F	17	8	1	
302015	M	17	0	1	
312015	M	16	11	1	
322015	M	13	11	1	
332015	M	14	6	1	
342015	M	17	3	1	
352015	M	15	6	1	
362015	M	14	7	1	
372015	F	16	3	1	
382015	F	16	3	1	
392015	M	19	6	1	
402015	F	14	11	0	ISIZULU
412015	F	14	11	1	
422015	F	15	4	1	
432015	F	15	8	1	
442015	M	17	8	1	
452015	M	14	2	1	
462015	M	14	9	1	
472015	M	15	11	1	
482015	M	15	1	1	
492015	M	20	3	1	
502015	M	15	3	1	
512015	M	17	11	1	
522015	M	18	6	1	
532015	M	16	11	1	
542015	M	17	0	1	

552015	M	16	0	1	
562015	F	14	2	1	
572015	F	14	8	1	
582015	F	15	0	1	
592015	F	14	1	1	
602015	F	20	0	1	
612015	M	16	0	1	
622015	M	0	0	1	
632015	M	16	0	1	
642015	M	17	0	1	
652015	M	15	9	1	

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7.4. ANNEXURE D

Excerpts from the Client Booklet:

Demographic Questionnaire

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Education

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Demographic Questionnaire

A. PARTICULARS	
Questionnaire number	
Interviewee surname and name	
Date of birth	
Nationality	

GENERAL INSTRUCTION	Tick the box where necessary, or answer the question in the space provided.

A.	DETAILS OF PARTICIPANT

		Male	Female
1.	What gender are you?	1	2

2.	How old were you on your last birthday?	
15 - 18		1
19 – 21		2
22 - 25		3
26 and older		4

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3.	Home language	1
Afrikaans		2
English		3
isiNdebele		4
isiZulu		5
isiXhosa		6
Sepedi		7
Sesotho		8
Setswana		9
Shona		10
Siswati		11
Tshivenda		12

4.	Where do you live? (name of town, village, or city)

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5.	With whom do you live?			
Name	**Age**	**Gender**	**Relationship**	**Occupation**

6.	How many rooms are there in your house?	
One		1
Two		2
Three		3
More than three		4

7.	To what services do you have access?	
Running water		1
Electricity		2
Health services		3
Transport		4
If yes, what type of transport:		
Other		5
If yes, what other services:		

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8.	*Have you had any deeply painful things happen in your life?*	
Yes		1
No		2
If yes, what?		

9.	*Any problems with how you feel about yourself or others?*	
Yes		1
No		2
If yes, how?		

10.	*Any problems with how you act towards others or they act with you?*	
Yes		1
No		2
If yes, how?		

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Role Models

Name 3 People who you admired OR name 3 people you would like to pattern your life after. Say who they are and why they inspire you.

1. Name & who they are:_____

Why do they inspire you? _____

_____

_____

_____

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2. Name & who they are:_____

Why do they inspire you? _____

_____

_____

_____

3. Name & who they are:_____

Why do they inspire you? _____

_____

_____

_____

Incomplete Sentences

1.   My happiest time_____

2.   My greatest fear_____

3.   What irritates me_____

4.   I feel really sad when_____

5.   I feel better when_____

6.   I am really good at _____

7.	I can't_____

8.	I forget about time when_____

9.	When I get a project or assignment I _____

10.	When I struggle with my homework_____

11.	My favourite subject is_____

12.	My least favourite subject is _____

13.	Studying for tests and exams_____

14.	My favourite teacher_____