

Child Abuse Programme

Evidence of impact of the resilience approach in programmes
addressing child sexual abuse and sexual exploitation

A Review of Literature

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A Review of Literature on the Evidence of Impact of the Resilience Approach

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Introduction¹

The child abuse programme of the Oak Foundation, a private family foundation with offices in different parts of the world, began in 1998 and since that time has funded a range of non-government organization (NGO) programmes to tackle child abuse, with special emphasis on child sexual abuse and sexual exploitation. During a strategic directions process within the programme in 2005, Oak Foundation adopted child resilience as one of its programme principles. This means that Oak Foundation ventures to support programmes based on resilience of which the concept is relatively new to countries and organizations where Oak Foundation works.

After a consultation with NGO partners globally in 2006, Oak Foundation has embarked upon an attempt to learn and test from its grants, practitioners and researchers the proposition that: *Programmes based on the resilience approach, individual and environmental, lead to improved prevention and recovery from child sexual abuse and sexual exploitation.* As a first step towards this, an international group of resource persons was consulted in 2007 to help define what a resilience approach might mean and how it could be measured. Considering the rich inputs and outcome of the consultation, Oak Foundation undertook a review of literature to assess what is known concerning the impact on outcomes for child sexual abuse and sexual exploitation of adopting a resilience approach. The Psychosocial Support and Children's Rights Resource Center was commissioned by Oak Foundation to carry out this review of literature.

Studies on the theoretical and conceptual perspectives and models of child resilience have proliferated. More research and studies have also been devoted to identifying the risk and protective factors that correlate to fostering resilience among children. There seems to be, however, limited examination of how interventions or programmes under a resilience framework or approach have made an impact in strengthening children's resilience – especially studies focusing on child survivors of abuse and sexual exploitation.

The purpose of this study is to seek out and assess any studies and organization programmes that show some indication of the impact of a resilience approach to children. The intention is to gather evidence for or against the abovementioned proposition. The review of literature focused on data on prevention and recovery from sexual abuse and sexual exploitation however other areas on child development and protection was covered to complement a better understanding of the impact of the resilience approach. The study, finally, hopes to contribute

¹ Parts of this section were extracted from the Terms of Reference.

to a “learning initiative” by the Oak child abuse programme and provide an evidence base for policy and action.

The present study was primarily conducted through the internet and tapped resources of networks and non-government organizations. Professional and published literature from international and academic journals and associations were employed. Relevant unpublished documents and reports were collected from the web and websites of recognized organizations working with issues on child abuse and child sexual exploitation. The practical experiences and resources of various members of regional networks were also sought after to gain further understanding of how much the resilience approach is understood and if applied.

In spite of this broad method of data gathering and collection, the study encountered a few restrictions. There was a short time frame to undertake the review of literature. Also, despite a thorough internet search for reports, documents, and materials, only a handful of pertinent studies were obtained. There appears to be limited researches, studies and outcomes of programmes that show any tangible evidence of the impact of the resilience approach on survivors of child abuse and sexual exploitation. Many of the resources and materials that the researchers came across were studies assessing the various indicators and factors related to resilience. Nevertheless, other child protection issues where the resilience approach may have been utilized was further referred to substantiate a more comprehensive knowledge about the topic.

Working Definition

This study adopts the discussion on resilience that took place during Oak Foundation’s international consultation early this year. The researchers were guided by the discussion generated with regards to the definition of resilience and would like to briefly cite the outcome of said conference:²

No consensus has been reached in defining *resilience* though a number of definitions were discussed and offered (Fozzard 2007, Gilgun 2007, Vanistendael 2007, Gordon 1995, Grotberg 1997). Some of the characteristics of the definition that emerged are the following:

- Resilience encompasses growth as well as resistance and coping in the face of adversity.
- It is a long-term process, or a life path.
- It may need adversity to develop; hence, the phrase “in the face of adversity” rather than “in spite of adversity.”
- A resilient child copes with adversity better than he or she should.
- Resilience should be seen as a process in interaction with the environment, not an inherent quality in the child.
- It needs more than positive qualities or resources – actively using the resources is required.
- It may be seen in individuals or in the group environment.
- It is never absolute, but varies with circumstances, with time, and from person to person.

² Bruce, Florence and MacDonald, Neil. Synthesis of the Discussion on the Resilience Approach, January 17 – February 16, 2007 (Draft Report).

The discussion at the international consultation mentioned that the resilience approach is not constrained to one framework for intervention.³ "There is probably no single resilience approach but rather a family of approaches which overlap considerably. Not everything which calls itself resilience work is so and some work which does not use the label could be considered to be resilience work." However, the definition of the resilience approach needs further clarity as it will be paid attention to later on.

The review of literature took into consideration but was not limited to the abovementioned characteristics of *resilience* and the *resilience approach*. In fact, this review further illustrates a conceptual understanding of various studies and programmes of resilience, how their definition was operationalized, and what indicators or factors were examined, and how the intervention or process of resilience has made an impact to children.

Framework of the Study

The development of the resilience framework as a perspective in promoting the strength of children in the face of hardships and traumatic experiences continues to evolve. Theoretical and conceptual perspectives, models and manuals have been developed to provide guidance in establishing organizational interventions and programmes for children. Resilience has become a trend in cultivating the ability, resourcefulness, and competency of especially children in vulnerable situations but "its implications with reference to intervention programmes for children and how this may relate to promoting a better 'rights' environment for children are as yet not fully determined."⁴

This study discovered that there are direct and ethnographic evidences on the outcome of a resilience approach to the recovery and prevention of child abuse and child sexual exploitation. These studies are supplemented by other resilience-based researches on street children and at-risk youth. The studies and reports also show some variations with regards to a conceptual understanding of resilience and the resilience approach. Issues on methodology, quality of evidences, cultural variations and differences of evidence of impact in relation to recovery and prevention efforts will be presented.

The first section is a brief background on resilience and issues on measuring resilience with special focus on abused children. A discussion about the definition of the "resilience approach" is presented too. The second section provides direct and ethnographic evidences of the impact of the resilience approach among children who have been sexually abused and exploited, and other children in vulnerable situations. Direct evidence refers to studies or researches that show the impact of an institutional intervention or programme pertaining to a "resilience approach". It assesses interventions or activities that took place as an organizational strategy to enhance or promote resilience in survivors of child abuse or children in vulnerable situations. Ethnographic evidence, on the other hand, refers to the non-application of an intervention or programme but rather an examination of longitudinal studies and ethnographic researchers of survivors from child abuse and sexual exploitation. The final chapter provides some analysis and issues for future discussion on the resilience framework.

³ Ibid.

⁴ McCallin, Margaret. *Early Childhood Matters*. Bernard Van Leer Foundation. July 2005. p. 8.

1. Resilience and Child Abuse

The shift from the “vulnerability model” to a “resilience model” on child protection issues has gained momentum in the past two decades. Children are nowadays viewed as having the capacity to cope, adapt and overcome traumatic experiences⁵ rather than as weak, passive, helpless, dependent and incapable of doing things.⁶ They are considered to be active agents in their own development and not as passive victims of adversity (Gilligan, R. 2003). The concept of resilience is often associated with successful adaptation, well-being, positive functioning and competence (Luthar 1993; Egeland et al 1993) in the face of uncertainty, chronic stress, and prolonged or severe trauma. A more dynamic and complex nature present resilience as a process of interaction and negotiation with the social and physical environment and that it varies across developmental domains (Bautista et al 2001).

Resilience is also defined as a long-term process. Within the process, children engage in various forms of coping mechanisms and strategies of resistance. Studies reviewed show that coping strategies can be both healthy and unhealthy (Bautista et al 2001, UPCIDS PST 2000). However, coping is just one of the manifestations towards resilience. In contrast to its definition, coping in adverse situation is a short-term course of action that helps the child survive or be in control of a situation that he or she is currently facing.

Attention continues to be devoted towards strengthening resilience to survivors of child abuse and sexual exploitation by focusing both on risk and protective factors. “Eliminating a number of risk factors (from a greater set) from a child’s environment while promoting behaviour, events and attitudes which foster child resilience, may have a positive impact on a child’s well-being.”⁷ Lowenthal (2001) emphasizes the importance of social-emotional interventions by caregivers including teachers and mentors in assisting child victims of abuse. The intervention should build on an environment that increases feelings of safety and security, positive behaviour management techniques, and methods which foster healthy social and emotional relationships. Lowenthal’s clinical assessment however falls short of looking into the child’s perspective of resilience. The work of Bautista, Roldan and Garces-Bacsal (2001) presents narratives of abused children that reveal their courage, resourcefulness and capacity to cope with distressing situations even without receiving any intervention from outside sources. Manifestations and themes of resilience were extracted from the children’s stories.⁸ The children developed various forms of coping strategies, the most common of which is seeking the company of peers, relatives, counselors or social workers. The presence and support from parents and caregivers is one of the many protective factors that counteract the effects of risk factors, thus, enabling a child to become resilient.

Measuring Resilience in Child Abuse

Studies and interventions devoted to measuring resilience in children especially in disadvantaged situations are not exempt from criticisms. The operationalization of resilience is a key element in learning more about the process of adjustment child survivors undergo. Some of the key issues in formulating operational definitions are: distinguishing between factors

⁵ Quoted from Jane Warburton

⁶ Quoted from Elizabeth P. De Castro

⁷ Bruce, Florence & Marriam, Fasil. *Protecting Children from Violence and Abuse*. Early Childhood Matters. Bernard Van Leer Foundation. June 2006. p. 25.

⁸ These themes will be discussed on the 2nd section.

defining resilience and factors related to resilience, choosing scoring criteria to indicate resilience, determining when to measure resilience, and examining resilience over time (Kinnard, E. 1998). Measuring resilience using questionnaires, standardized tests, pre-coded research instruments, scoring criteria, and rating instruments, however, may not be able to fully capture children's response to certain stressful situations (Boyden, J. 2003). These instruments also imply a preconceived idea of resilience by the researchers. The use of the longitudinal study, of which most literature in risk and resilience employ, may also not include "the extent to which the influences of personal, familial and the broader environment are universal across cultures and the effects on children of exposure to adversities of different kinds" (Boyden, J. & Mann, G. *nd*).

Boyden and Mann (*nd*) illustrates some shortcomings of existing research on risk and resilience. They question whether resilience as a 'dynamic developmental process' can be directly observed and measured. Second, researches have limited assumptions on sub-themes of resilience such as *self* and even *adversity and risk*. Such themes may have cultural and contextual underpinning that may not be sensible or understood by more highly-developed thinking. A recent study made by the International Resilience Project stresses the significance of a culturally and contextually construct of resilience. Researchers and practitioners need to be more responsive to the cultural nuances, ethnicity and religious or spiritual identities of children in a particular population to be able to develop a resilience-based intervention. Third, there remains a dearth of literature on resilience in the context of "non-industrialized countries." Finally, research is mostly based on adult interpretation and conjectures. Accurate information on children's own construction and perception of resilience is still lacking. If well documented, specific aspects of resilience can be clearly identified (The International Resilience Project, Project Report 2006).

Looking for Evidences of the Resilience Approach

While looking for evidences of the impact of a resilience approach, the researchers have come across some questions as to what "evidence" exactly entails. The questions were best answered by elucidating first on the conceptual understanding of a "resilience approach." Studies use different terminologies when referring to the resilience approach. Strengths-based approach,⁹ empowerment-based approach, intensive case management approach, resilience-based mentoring, resilience-based model, family resilience approach,¹⁰ and community resilience approach¹¹ are just some of the languages employed by those trying to build an in-depth knowledge. It is apparent that the terms indicate either a study of a particular domain of resilience or resilience as a type of intervention or model (ie. resilient-based mentoring).¹² However, researches and reports using such labels need to be carefully assessed to determine

⁹ A strengths-based or empowerment-based approach targets the individual. This approach focuses on building the strengths of individuals rather than on their shortfalls and promotes positive development.

¹⁰ A family resilience approach views troubled families as defiant against the many challenges, crisis and difficulties they face. It "engages distressed families with respect and compassion for their struggles, affirms their reparative potential, and seeks to bring out their best" rather than saves "survivors" from distraught families (Walsh, F. 2002, p. 130).

¹¹ Community resilience approach focuses on community dynamics and institutions, and how community interactive processes adjust to risk and protective factors in response to adversity (Kulig, J.C. 2000).

¹² Although researchers and practitioners may support and employ a particular approach, this does not mean that there is one distinct resilience approach. It shows that the resilience framework is compounded by a variety of domains or models for intervention, whether targeted at the individual, family or community level.

if they more or less take on the definition of a “resilience approach.” But what exactly is a “resilience approach”?

An organization working against child poverty defines ‘resilience approach’ as one that “focuses on identifying and building on people’s strengths and creates a framework within which we can address concerns for children’s well-being and protection, considering not only the negative aspects of the child’s situation but also the assets that are available to support the child.”¹³ A more technical definition is adopted by the International Save the Children Alliance. They consider the resilience approach as having two strategies: risk-focused and resource-focused.¹⁴

Table 1. Strategies of the Resilience Approach

Risk-focused	Intervention is based on the identification of specific actual or potential risk factors Examples: prevention of child abuse or neglect through parent & community education, prevention of separation campaign in mass movements of people; a reduction in teenage drinking, smoking or drug misuse through community-based or youth-to-youth programs; supplementary feeding programs where children’s nutritional status is unsatisfactory.
Resource-focused	Intervention which aim to prevent and reduce risk for the population as a whole by improving the number and quality of resources available to support children and their families. Examples: strengthening existing community resources, reinforcing cultural norms and practices that seem to facilitate resilience, new resources such as clubs for children or facilities for parents

These two definitions alone imply that the resilience approach is an intervention - an institutional strategy or programme where protective and risk factors are targeted or addressed to enhance and cultivate the capability and assets of a child in response to life crisis and challenges. Hence, any outputs that show the effectiveness of an intervention implemented by various agencies or organizations is one type of evidence.

Other types of evidences that appeared during the course of the research have more or less nothing to do with so-called interventions.¹⁵ One has to be reminded of the view that children are not passive victims of adversity but “active agents in their own development” (Gilligan, R. 2003). The continuous and active involvement of boys and girls in discovering their resourcefulness and abilities in reducing risks is another facet that needs consideration. Life stories and narratives of survivors of abuse or even of high-risk adolescents convey the many adjustments and coping skills they themselves instituted without so-called “interventions.” In this sense, would anecdotal evidences be considered an indication of the impact of a resilience approach?

Longitudinal studies of resilience on women recovering from child sexual abuse is another means by which evidences of the resilience approach could very well be determined. What

¹³ McCallin, Margaret, Early Childhood Matters July 2005 cited at CCF International/Child Fund Afghanistan. After the Taliban: A child-focused assessment in the northern Afghan province.

¹⁴ International Save the Children Alliance. Child and Adolescent Development: Action for the Rights of Children (ARC) Resource Pack. Revision Version 04/01. p. 18.

¹⁵ Based from discussion and responses from Dr. Elizabeth P. De Castro and Prof. Robbie Gilligan.

were the events/changes that happened during the adolescent and adulthood stages of the child that made her more or less resilient? Have these made an impact to positive or competent functioning?

This study, therefore, did not limit itself to evidences of the impact of the resilience approach arising from institutional interventions. This study affirms two types of evidences: direct and ethnographic evidences. Direct evidences refer to studies that illustrate the impact of an institutional intervention or programme on children's resilience. Ethnographic evidence, on the other hand, refers to the absence of interventions and looks into longitudinal data, narratives, and anecdotes that more or less suggest manifestations of improved resilience.

II. Evidences of the Impact of the Resilience Approach

Direct Evidences

Direct evidence refers to the outputs/results of an organizational programme designed to enhance resilience among children. The effectiveness, significance, and success of these programmes to children were evaluated by employing both quantitative and qualitative research methods. Two types of evidences were gathered based from these interventions: evidences of prevention programmes and evidences of recovery programmes. Some of the interventions, however, can be considered as accommodating both prevention and recovery phases. This review gathered studies that underscore the resilience of survivors of child abuse as well as high-risk children and adolescents (eg. street children) due to scarce rigorous research on the former group. Most of these interventions highlight the importance of a person-centered or strengths-based approach. The influence of ecological factors (ie. interpersonal relationships and social support) to children's coping skills and adjustment is also highlighted.

Studies reviewed do not necessarily use the term "resilience approach" rather labels that more or less are indicative of a resilience approach. This includes 'resilience-based mentoring,' 'person-centered therapy' and 'positive youth development,' while others use the programme title itself such as the All Children Excel Program (ACE) and the Big Brothers Big Sisters programme. The underlying premise of these interventions, nevertheless, are similar -- to enhance and cultivate the capability, ingenuity, and assets of a child in response to life crisis and challenges. Deviations in defining resilience and examining its domains will be presented in this section.

On Prevention. Evidence that shows the effectiveness of prevention programmes to improved resilience specifically to child sexual abuse and child sexual exploitation is inadequate. MacLeod & Nelson's (2000) study, however, shows which type of programme is likely to place an impact to preventing child abuse.

MacLeod & Nelson's (2000) meta-analysis of 56 programmes for the promotion of family wellness and prevention of child maltreatment¹⁶ showed that most prevention programmes are "successful." This study examined prevention programmes which may moderate their effectiveness under four qualities: (a) an ecological framework,¹⁷ (b) an

¹⁶ Child maltreatment refers to physical abuse.

¹⁷ "The ecological perspective considers multiple level of analysis, including the individual, the family, the family's support system, and the community. Many prevention programs which are based on the

empowerment/strengths-based focus,¹⁸ (c) the duration/intensity of the intervention, and (d) the inclusion of an informal social support component. Similar to the resilience approach, this study looks into the effectiveness of prevention programmes that address risk and protective factors that affect family functioning as well as strength of participants (ie. family and child) rather than their weaknesses.

Table 2 shows the various programmes the authors took into consideration. It reviewed previous literature on proactive and reactive programmes – pro-active programmes begin during the prenatal stage, at birth, or during early infancy, while reactive programmes tend to begin when the child is school-aged. “Within each study, effect sizes were pooled for each outcome measured and were also pooled by time of assessment (post intervention and follow-up results)” (p. 1133). The total effect size of each study was further generated (Table 3).¹⁹

Table 2. Research Framework of MacLeod & Nelson’s Study

Timing	Type of Program	Outcomes Measured
Proactive	Home Visiting Community-based, multi-component ²⁰ Social support/mutual aid ²¹ Media	Placement rates Maltreatment Parent attitude Parent behavior
Reactive	Intensive family preservation services (IFPS) ²³ Multi-component ²⁴ Social support/mutual aid ²⁵ Parent training	Home Observation for Measurement of the Environment (HOME) ²²

The meta-analysis (Table 3) revealed that social support/mutual aid (reactive programme) had the highest total weighted effect size (0.61) to preventing child abuse, followed by multi-component (0.56) and home visitation (0.41), both proactive programmes. This means that the earlier the intervention, the better to mitigate abuse in the family. At post-intervention, “intensive family preservation services with a high level of participant involvement, an empowerment/strengths-based approach, plus a component of social support” create a stronger impact to preventing further abuse in children. In addition, the follow-up effect sizes of proactive programmes are to some extent larger than post-intervention effect sizes. On the contrary, the post-intervention effect sizes of reactive programmes are somewhat larger than follow-up effect sizes. All these results show the importance of the timing of intervention. The authors stressed that proactive programmes “initiate of positive chain of events and break the pattern or conditions towards child maltreatment” while a “relapse” may be experienced over time in reactive programmes (p. 1141).

ecological model address risk and protective factors in the multiple contexts in which a family functions. (p. 1130)”

¹⁸ Defined as “a process, mechanism by which people, organizations, and communities gain mastery over their affairs. Two key empowering practices are integral participant involvement in all key program decisions and a focus on building on the strengths of participants rather than focusing on deficits.”

¹⁹ The total mean weighted effect size mean was 0.41.

²⁰ Includes a variety of different programme components such as family support, preschool education or child care, and community development.

²¹ Focuses on building the social network of parents.

²² Measures the environment of the home in areas such as stimulation and mother-child interaction.

²³ Intensive family preservation services are in-home support programmes for families in which maltreatment has already occurred.

²⁴ Provides a variety of different programme components for families in which maltreatment has already occurred and includes such services as stress reduction, parent-child training, problem solving, home safety, etc.

²⁵ Focuses on building informal sources of support and promoting community involvement.

Table 3. Weighted Effect Sizes (p. 1136)

Program Type	Post Effect Size (n = 47 studies)	Follow-up Effect Size (n = 27 studies)	Total Effect Size (n = 56 studies)
Home Visiting (Proactive)	.378	.493	.406
Multi-component (Proactive)	.470	.581	.578
Social Support/Mutual Aid (Proactive)	.286	.531	.375
Media (Proactive)	.125	--	.125
IFPS (Reactive)	.500	.350	.382
Multi-component (Reactive)	.406	.219	.369
Social Support/Mutual Aid (Reactive)	.748	.607	.613
Parent Training (Reactive)	.357	.246	.340

In addition, the follow-up effect sizes are larger than the post-intervention effect sizes on maltreatment outcome constructs. The rest have “fairly equal post-intervention and follow-up effect sizes.” This means that interventions are more successful if it involves changing attitudes toward parenting than the other constructs.

Table 4. Weighted Effect Sizes by Outcome Construct (p. 1140)

Outcome Construct	Post Effect Size (n = 47 studies)	Follow-up Effect Size (n = 27 studies)
Placement rate	.36	.35
Maltreatment	.20	.32
Parent attitude	.40	.71
Parent behavior	.24	.37
HOME	.39	.37

The study did not strongly support the idea that an ecological framework is successful due to “coding” problems but supported the idea that interventions with an empowerment or strengths-based approach are more successful in preventing child abuse and promoting family wellness. Also, “longer, more intense interventions would be more effective than shorter, less intense interventions” (p. 1143). Finally, the impact of social support and networks to IFPS interventions which measured placement rates, and home visit interventions which used the HOME as an outcome measure has shown to be more effective.

Other prevention programmes reviewed in this study dealt with high-risk children and adolescents who come from harsh family environment. Most often the goal of these prevention programmes is to avert young boys and girls from juvenile delinquency, from drug and alcohol abuse, and from violence.

The All Children Excel Program (ACE) of Ramsey County in the United States was established to prevent high-risk children below 10 years old from becoming juvenile offenders. The programme uses an intensive case management approach – a community-based family

support network that reduces risk factors towards delinquency and builds on resilience at home, in school and in the community. Child and family case management is provided weekly with the goal of “reducing problem behaviors, increasing school bonding and success, and preventing the children from entering the juvenile justice system” (Schmitz & Luxenberg 2006, p. 1). The ACE Program was evaluated under four categories: family engagement and satisfaction, community resource use, changes in family and child functioning, and differences on delinquency outcomes and survival rates to juvenile offence. Each of these factors was measured using various instruments & data sources (Table 3). Since the evaluation was conducted at different time periods, the number of cases (ie. family and child/youth) varied from one measure/instrument to another. The total number of children enrolled in the programme is 129.

Table 5. ACE Program Summative Evaluation (Schmitz & Luxenberg 2006, p. 5)

Categories	Constructs	Instruments/Data Sources
Family engagement and satisfaction	Child attachment to case worker Stable, trusting relationship Satisfaction with ACE case manager Family attachment to case manager	Case Status Reports, Family Questionnaire
Community resource use	Linkage to programs/services that reduce child and family risks, develop assets. Linkages to caring adults, pro-social peers.	Community Resource and Services Log
Family and child functioning	School Functioning Thinking Feelings Interpersonal & Intrapersonal strengths Family involvement Affective Strengths	Child and Adolescent Functioning Assessment Scale Teacher Rating Form Behavioural and Emotional Rating Scale Truancy and Child Protection Petitions (initiated by school personnel or county social workers, respectively)
Delinquency Outcomes and Survival Rates to First Offense	Delay in onset of chronic juvenile delinquency	County Attorney Office

After months of intensive child and family case management, significant changes occurred. At the start and middle of the program, families responded well to the goals of the ACE program including satisfaction of the involvement of case managers. Children enrolled in the program “were engaged in a range of prosocial, healthy development activities every month, and a significant percentage of them also received ongoing therapeutic supports.” As for family and child functioning, children had improved behaviour towards others, and had less social and attention problems. The programme was also effective in changing the status of children and their families from “unengaged or chaotic”²⁶ to “unstable or stable.”²⁷ Finally, based on actual data, the predicted rate of committing an offence was significantly lower for those children enrolled in the ACE program (46.7%) compared to children assigned to the After School model (69.3%) and the Comparison Group (78.2%).

²⁶ Unengaged refers to a child or the child’s parents resistance or lack of involvement with the program. Chaotic refers to self-destructive behaviour and or high levels of anti-social, violent activity.

²⁷ Unstable means that the child is not positively engaged in school or community resources. Stable is engaged in school and outside community resources.

However, it is worthy to note that a few measures did not show a significant change. First, the academic performance of children enrolled at the programme initially diagnosed as clinical²⁸ increased because of a lack of academic support from the community. While a number of these children lack basic education and do not excel in school, tutoring services, summer school and after-school programmes were lacking to meet their academic needs. Second, using a scale that “assesses behavioural and emotional assets of children, instead of their deficits, problems, or pathologies,” the study did not find any significant change in interpersonal strengths, intrapersonal strengths, and affective strengths. In addition, the instruments used consistently show that the population still have problems in aggressive behaviour.

A focus on child-adult relationship has also proven to be successful by the Big Brothers Big Sisters programme. The Big Brothers Big Sisters Mentoring (BBBS) programme in the United States of America is regarded by the National Resilience Resource Center at the University of Minnesota as one of the “prevention research models for resilience-based mentoring.”²⁹ The programme operates under the assumption that intentionally created caring relationships between adults and children can provide a healthy development despite environmental risks. Using a treatment and a control group, Tierney et al (1995) examined the impact of mentoring on the behavior of 959 high-risk children and adolescents (487 treatments and 472 controls) between the ages of 10 and 16. Many of the children come from low-income households with prior history of either family violence or substance abuse. Success of the programme was measured by looking at the average behavior of the two groups – the difference is causally linked to the intervention.

Behavior of each group was measured using six variables: antisocial activities, academic performance, attitudes and behaviour; relationships with family, relationships with friends, self-concept, and social and cultural enrichment. Each of these variables was measured using either one or two types of ‘outcome measures:’ attitudinal and behavioral. Attitudinal outcome refers to typical scales or instruments (ie. Inventory of Parent & Peer Attachment, Mastery & Coping Subscale), while behavioral outcomes were based on the responses to single questions (ie. weekly hours spent on a homework). A total of 48 outcome measures were used to assess the six variables. Table 4 shows a partial list of these outcome measures.

Table 6. Outcome Areas and Outcome Measures of the BBBS Study

Six Variables	Outcome Measures
Antisocial Activities	Initiated drug use Initiated alcohol use Behavioral conduct Number of times hit someone in past year
Academic Performance, Attitudes & Behavior	Scholastic competence Grades Number of times skipped class
Relationships with Family	Inventory of Parent & Peer Attachment (IPPA) IPPA Trust Scales
Relationships with Friends	Emotional Support Subscale Conflict Subscale
Self-Concept	Social Acceptance Global Self-Worth

²⁸ Degree of impairment was classified as “normal range,” “borderline clinical range,” and “clinical range.”

²⁹ Benard, Bonnie and Marshall, Kathy. Big Brothers/Big Sisters Mentoring: The Power of Developmental Relationships. Resilience Research for Prevention Programs. National Resilience Resource Center, College of Continuing Education, University of Minnesota, 2001, p. 1.

Social & Cultural Enrichment	Weekly hours in youth groups Weekly hours in sports & recreation programs
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Data was collected at three stages – baseline, at the time of the match (only for the treatment group), and at follow-up (after 18 months). Using a multivariate model, the impact of the BBBS programme was analyzed by comparing the average experience of the treatment group with the average experience of the control group. “A negative net impact indicated the treatment value is lower than the control group; a positive net impact indicated treatment value is higher than the control group” (p. 21).

Results show that children illustrated improvements in these areas:

Four Variables	Outcome Measures	Net Impact	Follow-up Control Mean
Antisocial Activities	Less likely to start using illegal drugs	-45.8%**	11.47 % (change)
	Less likely to start using alcohol	-27.4%*	26.72 % (change)
	Less likely to report hitting someone	-0.85**	2.68
Academic Performance, Attitudes & Behavior	Earned higher grades	0.08*	2.63
	Skipped fewer classes	-0.51**	1.39
	Fewer days of school	-0.47***	0.90
	Felt more competent about doing their schoolwork	0.71***	16.36
Relationships with Family	Less number of times lied to parent	-1.36**	3.72
	Improved trust in the parent	1.5**	23.79
	Improved quality of the parental relationship	0.64**	70.65
Relationships with Friends	Improved emotional support	0.29**	12.51

*** Significant at 0.01 level, ** Significant at 0.05 level, * Significant at 0.10 level

Similar to the ACE program, the BBBS study did not find any statistical significant improvements in self-concept. This means that there was no difference in “sense of competence and self-worth” between the program and non-program counterparts. In contrast to the ACE program, there was no statistical significance in the number of social and cultural activities (eg. sports, going to museums, theatre plays and library) that children from both groups participated in.³⁰ This one-to-one mentoring relationship, however, proved to be successful if the adults provided three protective factors: a caring relationship, positive expectations and respect, and ongoing opportunities for participation and contribution.

Tierney and colleagues emphasized that the effectiveness of the BBBS programme is very different from a problem-oriented approach. The BBBS programme does not target nor directly address *specific* problems (drug and alcohol addiction, poor academic performance, weak

³⁰ No explanations were mentioned to support the insignificant results to self-concept and social and cultural enrichment.

family and peer relationships) but “simply provides a caring, adult friend who interacts flexibly with the youth in a supportive manner” (p. 2).

Similar to this intervention, Bahay Tuluyan, a child rights grassroots organization in the Philippines employed a mentoring strategy to strengthen the resilience of street children (Caparas 1998). Bahay Tuluyan’s Junior Educator’s Program believes that children are entitled to make their own decisions. Street children are provided with non-formal education and street education such as child rights, peer counseling, values and spiritual formation, and performing arts and skills. Through a child-to-child approach, that is, mentors are former street children self-discovery and self-empowerment of the child is enhanced. However, the study seems to have a few methodological flaws. The operationalization of “resilience” was not clear and the protective and risk factors not fully identified, defined and measured. Also, the findings mentioned that the programme “inspires children to discover themselves and become confident in decisions” but this statement came from the assessment and perception of adult staff and directors. Children’s assessment of the programme itself was not obtained.

On Recovery. The study of Freire et al (2005) on the impact of a ‘person-centered therapy’ among poor, maltreated and neglected children and adolescents in Brazil shows once more the appeal of a person-centered approach. The intervention was introduced at a long-term residential shelter providing care to children ages 6 to 18 years. The assumption was person-centered therapy is an effective strategy for the promotion of children’s resilience. Here, “resilience” is associated with the principle of ‘client-centered therapy’ and ‘actualizing tendency’ – that a person has a tendency to grow, to develop and to realize his or her full potentials (p. 227). The authors further explained that a nurturing relationship between the child and the counselor “will stimulate the inner resources of the child and her innate capacity to find the best way to survive and enjoy her life” (p. 227). This adopted definition of resilience, however, is contrary to this study’s working definition – that resilience should be viewed as a process in interaction with the environment and not an inherent quality in the child.

Client sessions provided a non-directive approach where the child was left to lead the therapeutic process. The article did not mention a criterion of adequate minimum functioning as a measure of recovery except that the number of sessions between counselor and child increased when the intervention was implemented. The outcome of this intervention was assessed through interviews with directors and educators and through examination of the child’s “utterances and behavior” within the sessions. Although the study claimed that children gained improvements in interpersonal relations with more positive attitude towards peers, family, and staff; better performance in school, and improved mood and emotional functioning, these were only based on case studies. The researchers believed that the patterns of change they observed reflect some aspects of resilience such as “personal characteristics, context cohesion and lack of conflict, and social and emotional network” (p. 234).

The evidences presented show that resilience-based interventions have more impact on enhancing the relationship of a child and a caregiver. Although two of the studies mentioned have methodological problems, the intention was to re-establish and improve adult-child and peer trust, communication, and emotional support. The interventions, however, showed a weak impact to a child’s self-concept, self-worth, interpersonal strengths and assets. Also, considering the definition of a resilience approach presented earlier, the ACE and the BBBS program are interventions that are both risk-focused and resource-focused.

Development-based Evidences

Resilience does not develop instantaneously. To iterate, it is a process of interaction with the environment that encompasses growth as well as resistance and coping in the face of adversity. This definition implies that resilience among child survivors of abuse and sexual exploitation needs to be studied at different stages of the child's development. The competencies and abilities of survivors from child abuse often emerge with changing life circumstances (Luthar et al 2000). In this sense, longitudinal data and narratives of children's struggle to adapt and cope provide accounts of their resilience and the meaning they give to themselves and to the immediate social environment. Studies that provide these evidences often look at the uniqueness of each child's story as well as the variety of domains, manifestations, or themes of resilience individually or as a group.

Resilient responses to child abuse are often studied from a developmental perspective. "A developmental perspective (is often) adopted to understand the impact of victimization on children as well as the operation of protective factors" (Finkelhor, 1995 cited at Rosenthal et al, 2003). But, there are also studies which show the influence of risk factors particularly on women recovering from child sexual abuse.

Longitudinal studies of recovery from child sexual abuse define resilience in terms of positive or competent functioning in a number of domains (Rosenthal, S., Feiring, C., Taska, L. 2003; Banyard, V. & Williams, L. 2007; Hyman, B. & Williams, L. 2001). Rosenthal and colleagues (2003) studied the significance of early emotional support, a protective factor, to children's resilience after one year from the reported abuse. The study defined resilience in terms of positive functioning after childhood sexual abuse or better adjustment over a year's time. It examined whether emotional support has helped the survivors over a year's time adjust in terms of stigmatization, symptoms of psychological and behavioral disorders (eg. less depression and post-traumatic stress disorder) and self-esteem. The study also examined whether there are age and gender differences in perceptions of emotional support over time. Two sources of emotional support were identified: caregivers/parents and peers.

The study used a multi-method data collection including parent-, teacher-, and self-reports which underwent a correlation and multivariate regression analysis. The findings suggested that the children who were more satisfied with caregiver support were less depressed and had better self-esteem but reported more sexual anxiety. The latter means that older children and adolescents, in particular, tend to talk about sexuality and dating to their friends than with their parents. In contrast, children who are more satisfied with peer support had greater depression and poorer self-esteem, but were reported to have lower levels of sexual anxiety from the time of the abuse and one year later. The study did not find any correlation between support and stigmatization (ie. shame and attribution). Taking into account the participants' age, children between the ages of 8 -11 years were found to be more satisfied with caregiver emotional support than adolescents (12-15 years old). As for gender, girls were found to be more satisfied with caregiver emotional support than boys. Boys report increased satisfaction with same-sex friends. In general, relying more on caregiver emotional support helps the survivors from developing psychosocial problems while depending on peer support is related to poorer adjustment.

Other studies illustrate the influence of both protective and risk factors on resilience in women after years of recovery from child sexual abuse. Hyman and Williams (2001) examined the competent functioning of 136 women survivors from child sexual abuse and the factors

associated with resilience. Competent functioning among women was measured using a 13-item resilience scale³¹ divided into five essential domains: psychological well-being, physical health, interpersonal relationships, adherence to community standards, and economic well-being. Then, using regression analysis, the relationship of resilience and 3 other major variables was calculated. These variables are characteristics of the child (eg. health, closeness to mother), characteristics of the family (eg. race, income), and characteristics of the sexual abuse (eg. age of the child, physical force).

Of the 136 survivors, 18% established excellent resilience (10-13 points on the resilience scale), 29% exhibited good resilience (score of 8-9 points), the rest exhibited poor or fair resilience, that is, the consequences of the abuse still prevailed. Based on the regression analysis, the authors identified six predictors of why women are resilient: growing up in a stable family,³² not experiencing incest, not experiencing physical force as a part of the sexual abuse, not being arrested as a juvenile, graduating from high school, and not being revictimized as an adult. Hyman and Williams also discovered that social support in the form of abuse-specific therapy³³ and opportunities to feel special did not seem to explain women's resilience since they were victimized. However, receiving support from special persons during their periods of recovery was associated with being highly resilient.

Banyard & Williams (2007) studied patterns of change in resilient functioning across seven years of early adulthood of women recovering from child sexual abuse. A sample of 80 women who were victims of sexual abuse between the ages of 10 months and 12 years participated in this longitudinal study. The study worked under current notions of resilience as a dynamic process of adjustments that have stages or layers and is captured across a life span. Patterns of change and stability were analyzed by looking at the following relationships: (a) resilience, and mental health symptoms, coping, life satisfaction and optimism, (b) re-traumatization as an obstacle to resilience and growth, and (c) survivors' narratives about recovery and resilience.

Resilience was quantitatively measured using the same 13-item scale from the previous research. The outcome was correlated to mental health symptoms and additional trauma exposure.³⁴ Findings suggested that women with higher resilience scores were related to fewer symptoms of psychological distress and were associated with reduced risk such as re-exposure to trauma. Women's resilience was also correlated to coping and optimism variables. It suggested that "earlier resilience was associated with more active and positive coping and greater life and role satisfaction" (p. 13).

Based on their narratives, the women often mentioned that recovery is a process and involves change; no one can say that they have fully recovered. However, the women emphasized that the recovery process is leaning towards a more resilient functioning. In fact, a number of the women mentioned "turning points" in adulthood that led them to a more positive growth and change. Some of the motivating factors of these "turning points" are connection to spirituality, network of social supports and involvement in the community, opportunities in the environment,

³¹ The 13 dimensions are: (1) trauma symptoms, (2) self-esteem, (3) history of severe illness or surgery, (4) drug or alcohol use, (5) relationships with males, (6) sexual functioning, (7) living with biological children, (8) no reports for abuse of own children, (9) relationships with women, (10) social activity, (11) no reports of arrests as an adult, (12) income, and (13) working full time.

³² Stable family refers to parents who are non-alcoholic and non-drug users, to a child's non-experience of severe physical abuse, and non-experience of more than two changes in caregivers.

³³ The definition of an abuse-specific therapy was not determined.

³⁴ Seven questions were asked to the participants including if they ever had a serious accident, were attacked with or without a weapon, saw someone violently killed, etc.

wanting a better life and relationship with their children, and revisiting the past to avoid harmful circumstances.

Ethnographic studies of children, on the other hand, show the uniqueness, resourcefulness, and flexibility of children in vulnerable situations as they continue to face difficulties in life. Children are active agents in their own lives and development; hence, they continue to adjust and be in control of their environment. They adopt means and ways of resisting risk factors as well as cope with their problems by solving it, altering their emotions about the burden or seeking alternative ways of interpreting the situation.

A study conducted by the University of the Philippines Center for Integrative and Development Studies (2000) discovered that children in the sex industry actively employ “strategies of resistance” to solve or confront problems, or to prevent or avoid these problems. Three categories of “strategies of resistance” were identified from the stories of 41 children working in the sex industry. Resisting abuse and violence is one strategy. Violence among children in the sex industry is inevitable. Because of this, children learn from their experience and engage in strategies to mitigate further abuse and violence. These strategies include fighting back, going to familiar places, taking on revenge, being accompanied by peers and saying ‘no’. The children also employed strategies to maximize dealings with customers and resist further exploitation. These include coaxing the customer to give them more money, stealing from customers, and choosing inexperienced customers. While maximizing benefits to avoid mistreatment, children working in the sex industry curtail the possibility of being discovered. Children protect themselves in certain ways that they would not be recognized by families, other friends, and by the law enforcers. These strategies include adopting different names in different places, resorting to lies and excuses from families, and seeking out aid from accomplices.

These strategies were effective enough to protect the children from being physically abused or beaten up or from getting cheated by customers. It has somehow led a number of children³⁵ to disengage themselves from prostitution in order to regain a sense of self-worth but a majority still found themselves trapped in the sex industry. Nonetheless, their stories showed how highly adaptive they are to the consequences and danger of the situation they are currently facing. It is difficult to methodically ascertain that these children are highly resilient to challenges in life, it can be inducted though that the children are more or less resilient -- “a person who is able to withstand abuse and exploitation by actively making the best out of the worst kind of situation one could be in” (p. 129).

Bautista et al (2001), on one hand, classified abused children as “more or less resilient” based on fourteen identified themes of resilience they extracted from the children’s stories. These themes are:³⁶ (1) accepting and adjusting to the demands of difficult situations, (2) competent functioning amidst difficult problems, (3) learning from adversities, (4) making the self as teacher and source of valuation, (5) “*pagtitiliis*” or forbearance and seeing things in perspective, (6) finding happiness in the midst of difficulties, (7) keeping sane in the face of traumatic experiences, (8) keeping a good and wholesome character amidst deprivation, (9) having an ethical mindset, (10) recovering from past wounds, (11) therapeutic construction of reality, (12) being other centered, (13) seeing situations as temporary, and (14) resisting temptations. A child is regarded as more resilient if his or her story manifested majority of the themes while

³⁵ No figure was mentioned.

³⁶ The study forewarned that the themes are not independent from each other. Some themes may share the same features as the others or they could resemble one another.

less resilient if his or her narrative revealed few of these themes. The study showed that 15 out of 23 children were regarded as more resilient (average of 12.6 on the themes) while the rest was considered as less resilient (average of 4.5). Furthermore, the more resilient children engaged in a range of coping strategies in which seeking the company of their peers (external) and instilling the attitude of forbearance, forgiving oppressors, and being good (internal) are common responses. "However, the more resilient children have a few coping strategies that are deemed unhealthy such as seeking attention, telling tall tales, smoking or throwing tantrums" (p. 109).

Both studies illustrated that children engage in unhealthy coping strategies and resistance from adverse situations. This unhealthy coping mechanism is a manifestation of how boys and girls are able to manage external and internal distressing or discomforting situations. However, this unhealthy behaviour may not necessarily deem a child to be highly resilient or promote resilience in the long run. Negative coping behaviour simply addresses physical and emotional instability at the present situation to protect the psyche and ensure survival. These negative coping behaviours would not promote or strengthen an individual's resilience because it does not facilitate growth nor does it contribute to the solution of current difficulties and problems.

III. Analysis

Studies designed to measure the impact of the resilience approach have a few limitations and measurement difficulties.

Biases in data towards particular regions of the world and/or cultural variations

Most of the studies conducted on the impact of the resilience approach among child survivors of abuse are found in developed and Western countries. Longitudinal data on resilience among children and women recovering from child sexual abuse as well as evaluative studies of the impact of resilience-based interventions such as the ACE Program are generally sited in these countries. Hardly any sound research on evidences supporting the resilience approach is conducted on developing countries with the exception of the Philippines (Bautista, V. et al 2001, UPCIDS PST 2000). The resource, the staff ability and the capacity of grassroots organizations ostensibly implementing resilience-based programmes is a major concern in the conduct of an impact study.³⁷

From the context of other child protection issues such as war, violence, genocide and poverty, the International Resilience Project took account for both contextual and cultural differences in examining how children and youth³⁸ resolve the challenges they face. Participants were divided into four youth groups: Western boys and girls, Non-western girls, Non-western boys with high social cohesion, and Non-western boys with low social cohesion. The study identified seven tensions that children negotiate in order to succeed in distressing environments or circumstances: access to material resources, relationships, identity, power and control, cultural adherence, social justice, and cohesion. The study also stressed that "although global aspects of resilience can be identified, culturally diverse groups of youth show unique patterns in how

³⁷ Remarks from a child protection officer of ECPAT Regional Office in Bangkok, Thailand.

³⁸ Average age is 16 years old.

resilience is understood and manifested" (IRP Report 2006, p. 14). This study has not come across other researches analyzing cultural patterns of resilience aside from the IRP.

Quality and rigour of the evidence of the impact

A variety of methodologies were employed in the search for evidences: longitudinal study, experimental study, use of one or both qualitative and quantitative research methods such as quantitative structured interviews, qualitative interviews, and standardized measures. Almost all studies showed rigorous and methodical gathering of data; the difference lies on how it was processed and analyzed. Most studies sought the participation of a large population.

Some of the impact studies on resilience-based interventions have a less rigorous measurement of the impact of the resilience approach. Children's perspective on the impact of the intervention was missed out by these studies. For instance, no interviews were conducted to street children when the Junior Educator's Program of Bahay Tuluyan was evaluated and yet they considered the programme effective. Interviews were held but only to the staff, the junior educators, and to Board Members. In addition, the significance of a person-centered therapy, a resilience-based programme designed to help children in Brazil recover from abuse and neglect, was assessed based on the outputs of interviews with educators and directors of the institution only (Freire et al 2005). Interviews with the children did not take place; only observation on behaviour and "utterances" of children during counseling sessions were considered. The therapy was also rendered to be successful when therapy sessions increased between child and counselor without establishing a control group to compare results. In general, the resourcefulness and uniqueness in every child is not fully obtained; adult perception and interpretation on children's resilience continue to be consulted favorably.

Most of the longitudinal studies made use of both qualitative and quantitative research method. Some of the indicators or domains they used were measured using scales with a scoring criterion. To verify if the ratings/scores and narratives of children are correct, a few of the studies counterchecked it with reports from caregivers and teachers. Interviews were utilized to examine narratives and look for correlates on healing while a 13-item resilience scale was used to measure 'competent outcomes' in women who were sexually abused during their childhood. Clearly, all these studies took into consideration the healing or recovery period of victims of child sexual abuse from one year to a seven-year gap.

Qualitative data based from in-depth interviews, on the other hand, looks at the story of each child from a context-specific perspective. From the anecdotes or narratives of child survivors and children in vulnerable situations, one can witness each child's ability to find the best manner to resolve his or her stress and hardships (Bautista et al 2001, UPCIDS PST 2000, IRP Report 2006). Resilience themes or commonalities are then systematically identified from these stories.

Differences in evidence of impact relating to prevention and recovery

This review did not recognize any distinct difference in evidence of the impact of the resilience approach between prevention and recovery efforts. Almost all studies emphasized the significance of ecological factors to strengthening resilience among boys and girls. Institutional interventions, in particular, resulted to better academic performance, better life skills, behaviour

and attitude; and improved quality interrelationships. However, the difference lies with the goal of the programs. For instance, the Big Brothers Big Sisters and the All Children Excel programme focus on preventing children and adolescents from engaging in at-risk situations and behaviour (ie. substance and alcohol abuse, violence, juvenile delinquency) while the Person-Centered Therapy focuses on rebuilding children's lives from the abuse.

Differences in evidence of impact relating to age and gender

Only one study has taken into account the age and gender dimensions in resilience at the recovery stage. Rosenthal et al's (2003) study on sexually abused children after one year from being victimized shows that there are age and gender differences on the impact of emotional support to resilience.³⁹ The study revealed that children between the ages of 8 to 11 are more satisfied to the emotional support they get from caregivers than with same-sex peers. Adolescents (12 to 15 years old), on the other, find similar attachment to both caregiver and same-sex friends. Between the two age groups, children reported more satisfaction with caregivers alone than adolescents. On the issue of gender, girls are more contented with the emotional support they get from caregivers than with same-sex friends. In contrast, boys reported decreased satisfaction with caregivers but increased satisfaction with fellow gender.

This review was not able to gather studies exclusively discussing resilience on abused boys or men who were sexually abused during their childhood. Most of the longitudinal studies are devoted to understanding patterns of change and adjustments on women recovering from child sexual abuse.

Characteristics of the programmes for which evidence exists

Two of the studies on resilience-based interventions were conducted to boys and girls as soon as they entered the programme (Tierney et al, 1995) or the residential shelter (Freira et al 2005). The intervention was launched to abused, abandoned, neglected and high-risk children and adolescents between the ages of 6 to 18 years. The All Children Excel Programme started to be implemented to children under 10 years of age "who are found to be at high risk for serious, violent and chronic juvenile delinquency" (Schmitz & Luxenberg 2006, p. 1). Longitudinal studies, on the other hand, started interviewing child survivors between the ages of 10 months and 15 years; one or seven years thereafter.

With regards to the areas of a child's life in which agencies or organizations intervene, only one study mentioned that the timing of an intervention is crucial to promoting family wellness and preventing physical abuse among children. MacLeod & Nelson (2000) found out that programmes initiated prenatally or during early infancy may result to positive behaviour among family members and break adverse conditions while interventions targeted at school-aged children may help prevent abuse but the possibility of a relapse is inevitable.

This review also found it necessary to identify which factors were mostly targeted or measured to discover the impact of intervention. There is strong evidence to suggest that ecological protective factors such as interpersonal relationships with family, peers and other caregivers, community support and networks, and opportunities for community involvement and

³⁹ High emotional support is associated with less behavior problems, depression, and post-traumatic stress disorder, and better self-esteem.

participation have fostered children's resilience. Evidences of improved self-esteem and feelings of self-worth were more so captured in longitudinal and ethnographic studies than with evaluative studies of institutional interventions. Also, coping strategies, whether healthy or unhealthy, play a part in children's interaction with their environment and consequent manipulation of difficult and harmful situations.

Interventions such as the Junior Educator's Program, Big Brothers Big Sisters, and the person-centered therapy make use of either a child-to-child approach or child-to-adult approach. These programmes use intensive supervision and support from mentors. These mentors or counselors are either adults or young adults who may or may not have undergone the same experience or difficulties with their "clients". Big Brothers and Big Sisters, in particular, calls for a one-to-one mentoring relationship. Adult mentors are individually evaluated, trained and then matched to one child by carefully established procedures and criteria.

As mentioned earlier, studies used various quantitative and qualitative research instruments. However, some of the instruments or tests used are not readily available or accessible in developing countries. It is important to note that Western style of psychometric scales and instruments are not contextually and culturally applicable to developing countries. The studies conducted by Bautista and colleagues, and the UPCIDS PST used an ethnographic research method. Also, it is assumed that such standardized tests are administered to children who more or less had formal education. A number of abused children from developing countries are uneducated and such tests, again, may not contextually and culturally capture children's adjustment and coping skills.

Comments on the definition of the resilience approach

Considering that one of the defining features or characteristics of resilience is that it is a "long-term process, or a life path," evidences (ie. longitudinal data and ethnographic studies) that does not involve any institutional intervention should also be taken into account in understanding fully the impact of a resilience approach on children. Children's assessment of their own skills, strengths, flexibility and resourcefulness in managing life crisis and challenges through narratives and in-depth interviews convey processes of interaction with the environment and manipulation of resources for their own benefit, security and safety. Hence, a "resilience approach" may not necessarily entail the induction of an intervention or programme.

Issues and challenges

- The use of a cross-cultural approach in measuring the impact of the resilience approach is a bold effort. Patterns may change (ie. family and peer support) but there may be internal characteristics of a child that are uniquely manifested and understood within a certain culture or group. This study has not come across other cross-cultural studies with the exception of the International Resilience Project. Is it possible to develop a culture-fair methodology that could be applied in various cultures and contexts or a common baseline or indicators of resilience?
- Most of the studies also fell short of considering other factors that might strengthen resilience such as belief systems or spirituality and the economic situation of families. Spirituality was considered in Hyman and Williams' longitudinal study with women

victims/survivors and in Bautista's study of resiliency among abused children but was not a factor in the other studies whose focus was more on the result of the interventions of building and strengthening relationships among mentors and care-givers. Hyman and Williams also looked into socio-economic factors and its impact on the well-being of women recovering from child abuse. They found out that 72% of the resilient women earned more than the median income of USD850.00 as compared to the 27% of non-resilient women who earned less. The study poses a well-known theory that better socio-economic status helps in building resilience but there is a need to find more evidence that to support this especially among abused children and their families.

- Again, this study has not come upon researches that show a base level of spontaneous recovery or prevention efforts due to the resilience of children themselves. What are the factors – internal and external – that contribute to spontaneous recovery? What is the role of belief systems (spirituality), socio-economic situation of families, and the protective factors of the community in helping build resilience?
- As mentioned earlier, the focus of longitudinal studies on resilience generally involve girls/women and not boys/men. The obvious cause of this imbalance is that girl-children are more at-risk when it comes to child abuse and sexual exploitation/abuse. Boy-children are often the focus of preventive strategies so that they will not become involved in violence, drug and alcohol dependency, and crime. There is a gap in the literature of evidence based measures of resilience among boy-children who were victim/survivors of abuse and sexual exploitation. This imbalance may result to programs and services that are more sensitive and appropriate to girl-children. The particular needs of boy-children who are victims/survivors need further study in order to prevent this.
- Children's participation in the studies was limited to being sources of data but most of the studies did not involve children at all. Thus, the challenge is to develop methodologies and processes that aim to gather evidence of impact of the resilience-approach that would ensure the meaningful participation of children. As stated earlier, the unique and insightful views of children must be heard and seriously considered as it is their right to be. In fact, Luthar et al (2006) expressed that most assessment of children's well-being is based on "others" reports. Researchers seldom ask "children about their subjective well-being."

Annotated Bibliography

Banyard, Victoria L., Williams, Linda M. (2007). Women's voices on recovery: A multi-method study of the complexity of recovery from child sexual abuse. *Child Abuse and Neglect*, doi :10.1016/j.chiabu.2006.02.016.⁴⁰

This is an exploratory and descriptive study of "patterns of stability and change in resilient functioning across seven years of early adulthood" of women who are recovering from child sexual abuse. Longitudinal data was used from a sample of 80 victims of sexual abuse between the ages of 10 months to 12 years. Quantitative structured interviews and qualitative interviews were conducted to the participants seven years after. Results support the argument that resilience is non-linear - a dynamic process of adjustments, have stages or layers and is captured across the lifespan. The study also highlighted the importance of social supports and involvement in the community, the role of re-victimization, and opportunities and "turning points" in their lives that correlate to recovery and resilience.

Bautista, Violeta; Roldan, Aurorita; Garcés-Bacsal, Myra. (2001). *Working with Abused Children from the Lenses of Resilience and Contextualization*. Manila: Save the Children Sweden and UPCIDS Psychosocial Trauma and Human Rights Program.

Bautista et al's (2001) research on resilience and abused children illustrated children's capacity for healing and recovery. The authors interviewed and documented the experiences of a total of 23 boys and girls who were physically, sexually or emotionally abused. The children's narratives not only revealed feelings of pain but showed anecdotes of resilience. Taking into consideration the culture and context of the abuse, the authors identified 14 themes of resilience from the children's stories. Out of the 23 participants, 15 of them were considered to be more resilient while the rest was deemed less resilient. The book further suggested various ways by which childcare workers or caregivers can facilitate the flow of resilience among abused children.

Caparas, Ma. Veronica. (Jan-Dec. 1998). The Bahay Tuluyan and Its Junior Educator's Program: Strengthening the Streetchildren's Resilience. *Philippine Social Sciences Review*, Vol. 55(1-4).

The researcher evaluated the Junior Educator's Program (JEP) of *Bahay Tuluyan*, a local grassroots organization in the Philippines that caters to the rights and welfare of street children in Metro Manila. Its JEP adopts a child-to-child approach where children are given informal education, rights awareness, counseling services, and foster creativity through performing arts and skills. Using interviews as its research method, this study tried to assess if the JEP strengthens the coping skills of children living in the streets. Their finding shows that it did but from an outsider's point of view the study has a number of methodological flaws. Resilience of street children from interviews was not truly captured since no interviews were conducted with children themselves. Themes or elements of a resilient child were also not fully measured.

Freire, Elizabeth; Koller, Silvia; Piason, Aline & da Silva, Renata. (July 2005). Person-Centered Therapy with Impoverished, Maltreated, and Neglected Children and Adolescents in Brazil. *Journal of Mental Health Counseling*, 27(3), 225-237.

⁴⁰ Article in press.

This article discusses the effectivity of a person-centered therapy among children and adolescents in a long-term residential shelter in Brazil. The researchers hypothesized that a "person-centered therapy is an effective factor in the promotion of children and adolescents' resilience in the context of multiple adverse conditions." This therapy works under the principle of client autonomy and self-determination. So, a non-directive and empathic attitude therapeutic session was implemented with neglected and abused boys and girls from ages 6 to 18. Consequently, client sessions increased and, in general, the children gained improvements in interpersonal relations with more positive attitude towards peers, family, and staff; better performance in school, and improved mood and emotional functioning – all these signifying an enhanced well-being. Based from the outcome, the researchers believed that resilience is an inherent tendency -- so much similar to Rogers' concept of "actualizing tendency."

Hyman, Batya and Williams, Linda. (Summer 2001). Resilience among women survivors of child sexual abuse. *Affilia*, 16(2), 198-219.

The researchers examined the competent functioning of women who were victims of child sexual abuse under five domains: psychological well-being, good health, successful interpersonal relationships, adherence to community standards, and economic well-being. A 13-scale to measure "competent functioning" was developed. Results showed that out of the 136 women participants, only 25% of them demonstrated "excellent resilience." High resilience among these women was associated with absence of physical abuse, parents with no substance abuse problems, and a stable family. This research discovered that social support in the form of abuse-specific therapy and opportunities to feel special did not appear to explain women's resilience since they were victimized. However, receiving support from special persons during their periods of recovery is associated with being highly resilient.

The International Resilience Project. Project Report. January 2006.

The International Resilience Project is a multi-year global research study on resilience. Its goal is to develop a deeper and culturally sensitive understanding of how children and adolescents from all over the world cope with the misfortunes and difficulties they face in life. The project uses both quantitative and qualitative research methods taking into consideration the uniqueness of the youth and their cultures. This report particularly describes the second phase of the project that is, examining the youth's resilience living in at least three culturally significant risk factors, such as poverty, war, social dislocation, cultural disintegration or genocide, violence, marginalization, drug and alcohol abuse, family breakdown, mental illness of the child or parent, or early pregnancy. Findings show the significance of a culturally embedded understanding of resilience to guide future interventions, policies, and programmes for the youth, families, and communities.

Kinard, E. Milling. (1998). Methodological issues in assessing resilience in maltreated children. *Child Abuse and Neglect, Vol 22, No. 7, 669-680.*

The author discusses six methodological issues in assessing resilience among abused children. These include operationalizing resilience, choosing sources of measures, determining how many sources and measures to use, selecting scoring criteria to indicate resilience, determining when to measure resilience, and examining the stability of resilience over time. More conceptual understanding of resilience is underscored to distinguish resilience from factors related to it. The nature of the stressful situation such as the type of abuse, its severity, frequency, duration and relationship of the survivor to the perpetrator must also be taken into account. The discussion supports the use of sophisticated and standardized tests to measure resilience which is not readily available or applicable to particular cultures and contexts.

MacLeod, Jennifer & Nelson, Geoffrey. (2000). Programs for the Promotion of Family Wellness and the Prevention of Child Maltreatment: A Meta-Analytic Review. *Child Abuse and Neglect, 24(9), 1127-1149.*

The authors studied 56 programmes designed to promote family wellness and prevent child abuse using meta-analysis. Prevention programmes were examined using four qualities: an ecological framework, an empowerment/strengths-based focus, the duration/intensity of the intervention, and the inclusion of an informal social support component. Programmes were classified as proactive or reactive. Proactive programmes include home visitation, community-based, social support, and media, while reactive programmes comprise of social support, parent training and intensive family preservation services in which maltreatment against a child has already taken place. Effect sizes were calculated and showed that intensive family preservation services with a component of social support had higher effect sizes.

Rosenthal, Saul; Feiring, Candice; Taska, Lynn. (2003). Emotional support and adjustment over a year's time following sexual abuse discovery. *Child Abuse and Neglect, 27, 641-661.*

This article examined the age and gender dimensions of emotional support and adjustment among survivors of child sexual abuse over one year following the abuse. The positive functioning of girls and boys between the ages of 8 – 15 years were assessed using a multi-method data collection (eg. interviews, questionnaires, Likert-scale instruments). It is hypothesized that less depression, post-traumatic stress disorder and behaviour problems as well as improved self-esteem signify greater emotional support received from caregivers and same-sex friends. Findings show that children (8-11 yrs. old) report more satisfaction of emotional support from caregivers than adolescents (12-15 yrs.). Girls report to be more satisfied with caregivers than with same-sex friends. Boys, on the other hand, report the opposite: decreased satisfaction with caregivers but increased satisfaction with fellow boys. Overall, caregivers were viewed as providing more emotional support than support from peers.

Schmitz, Connie & Luxenberg, Michael. (November 2006). Final Report on the 2005-06 Evaluation of the Ramsey County ACE Program. Available at http://www.co.ramsey.mn.us/ph/yas/ace_reports.htm.

The authors evaluated the All Children Excel (ACE) program of the Ramsey County, USA. The ACE program is a long-term intervention program that serves to prevent children under 10 years old from entering the juvenile justice system. It employs an intensive case management approach through an integrated service delivery of case managers, police, schools, and community agencies. Based from the summative evaluation study, the ACE program has proven to be successful in reducing social and attention problems among the children as well as improving behaviour towards others. Also, the probability of children to commit a first offense was significantly lower compared to two other control groups (ie. After School model and Comparison Youth Group).

Tierney, Joseph; Grossman, Jean; & Resch, Nancy. (1995). *Making a Difference: An Impact Study of Big Brothers/Big Sisters*. Philadelphia: Public/Private Ventures.

Using a comparative study, Tierney and colleagues evaluated the Big Brothers Big Sisters (BBBS), a one-to-one mentoring programme, from 1992 to 1993. Half of the 959 high-risk children, aged 10 to 16 years old, participated in this programme while the other half did not receive such intervention. Sixty percent of the children were boys, seventy percent of which are African Americans. The BBBS assigns an adult volunteer to one child through rigorous screening processes and procedures. Usually, the pair meets 3 to 4 hours for 3 times per month for at least a year. An analysis of the programme showed that children were less likely to start using drugs and alcohol, less likely to engage in violence, perform well academically, and improve relationships with family and friends but no significant impact on self-concept and social and cultural enrichment.

UPCIDS Psychosocial Trauma and Human Rights Program. *The World of Children Involved in the Sex Industry: Reducing the Risks and Harm of Sexual Exploitation, STD, and HIV/AIDS in Filipino Children*. Technical Report, February 29, 2000.

A comprehensive study on children involved in the sex industry was carried out to assist the Program for Appropriate Technology in Health (PATH) and the Department of Health of the Philippines to develop and implement a strategy "to stimulate policy dialogue and action, and to reduce harm to, and suppress the use of children in prostitution." The study is generally based on life stories of 41 child-respondents with ages 16 years and below. In their stories, the researchers found out that children involved in the sex industry developed strategies of resistance and protest against abuse and exploitation – showing signs of resilience in the face of adversity.

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