© Kamla-Raj 2014 PRINT: ISSN 0971-8923 ONLINE: ISSN 2456-6756

Swimming Upstream in the Midst of Adversity: Exploring Resilience-Enablers among Street Children

Macalane Junel Malindi

University of Johannesburg, South Africa, Faculty of Education, Department of Educational Psychology, P.O. Box 524 Auckland Park, Johannesburg 2006 South Africa E-mail: mmalindi@uj.ac.za

KEYWORDS Positive Psychology. Protective Resources. Resilience. Risks. Street Children. Vulnerability

ABSTRACT Street children are viewed from the medical perspective that focuses on what is wrong in them and the charity perspective that focuses on rescuing them from the hardships that characterise street life. These perspectives consider street children to be physically and psychosocially vulnerable to the development of psychopathology. The strengths and assets that enable street children to cope resiliently in the midst of adversity are often overlooked. This paper presents the results of a quantitative study that focused on unearthing the assets and strengths that enhance wellbeing among street children in spite of adversity. Twenty street children took part in this study and they completed the Child and Youth Resilience Measure (CYRM) that the researcher used to collect data. The results show that street children coped with their lives due to individual, relational, community and cultural processes. These results challenge researchers and mental health-care workers to be alert to resilience enablers in the context of streetism.

INTRODUCTION

The medical perspective, which focuses on what is wrong in clients (Duckworth et al. 2005), and the charity perspective, which focuses on rescuing street children from the hazards of street life and placing them in residential care (Tolfree 2003), cause some researchers and mental healthcare workers to ignore the strengths and assets that enable street children to resile in the context of streetism. The majority of studies involving street-involved children tended to focus on the risks faced by street children and not on the protective mechanisms or assets that promoted positive growth as opposed to psychopathology in these children (Duckworth et al. 2005).

Research depicts street children as at-risk youth, who are limited in developing resilience since they often survive in risk-beset environments that do not support resilience. For example, research shows that street children are a heterogeneous group of at-risk children who are homeless (Panter-Brick 2002; Rose 2002), neglected (Panter-Brick 2002; Veeran 2004), working on the streets with family ties in tact (Ennew 2003; Evans 2004; Kerfoot et al. 2007; West 2003) residing in sheltered accommodation (Mathiti 2006; Tolfree 2003) and those who frequent rubbish dumps in search of food (Rose 2002; Terrio 2004; West 2003). The conditions outlined above lead to public perceptions that street-involved children are collectively, psychosocially vulnerable and not resilient.

It should be noted that prior to adopting streetism, children are exposed to a constellation of individual and socio-ecological risks that might equally threaten their resilience. Migration to the streets is regarded as maladaptive coping behaviour (McAdam-Crisp et al. 2005), even though to vulnerable children, adopting streetism is a liberating experience of regaining the independence that they require.

Fewer studies focused on highlighting specific assets or protective resources that street children develop. This study sought to provide a resilience profile that is typical of street children by using the Child and Youth Resilience Measure (CYRM) to collect quantitative data.

The Resilience Phenomenon among Street Children

Resilience research defines resilience as the outcome of the navigation process that includes the capacity of individuals to navigate their pathways towards the resources that sustain wellbeing, the capacity of the individual's physical and social ecologies to provide resilience resources and the capacity of individuals, families and communities to negotiate culturally meaningful ways to share resources (Ungar 2006, 2007). This suggests that an individual must be able to exercise agency in navigating his or her pathways towards resilience resources and that the environment must be able to make these resources available in culturally meaningful ways (Ungar 2008). For street children, it might be difficult to access some of the resilience-promoting resources since their lives are lived mainly in the periphery of societies where risks abound.

Risks are regarded as individual and ecological processes that are antecedent to poor developmental outcomes. In other words, risk processes can be described as those circumstances or processes that combine in complex ways and increase the likelihood of maladaptive or problem behaviour in youth (Armstrong et al. 2005). Risks typically originate from multiple stressors rather than from single individual or environmental processes (Tusaie and Dyer 2004). Personal and/or environmental risks may have a cumulative effect on an individual and this cumulative effect is typically associated with non-resilient outcomes (Masten 2001).

Risks that are found within the child include difficult temperamental characteristics while those that are found within the child's ecology include variables such as familial psychiatric problems, chronic and profound social stressors, low socio-economic statuses, low academic achievements by parents, poor family functioning or discord, parental harshness, armed conflict, forced migration, environmental degradation and exploitation (Boyden and Mann 2005; Masten 2001; Rutter 1999).

Individual and ecological resilience resources are uniquely combined in order to moderate the effects of risk processes. These protective resources operate at different levels and through different mechanisms too (Ebersöhn and Eloff 2004; Ungar 2004). It is important to note that protective processes modify the effects of risk, rather than eliminate the risk itself (Schoon 2006). These protective processes bring together different coping mechanisms that operate before, during and after the adverse encounter (Rutter 1999).

Protective resources are regarded as mechanisms that are located in the individual, family and wider community that have the potential to mitigate risk (Boyden and Mann 2005). Research has identified individual resources such as an easy temperament, flexibility or adaptability, gender, internal locus of control, self-efficacy, assertiveness, a sense of humour, attractiveness, positive outlook on life, self-esteem, age, a high Intelligence Quotient (IQ), tenacity, empathy and a sociable personality (Boyden and Mann 2005; Killian 2004; Morrison et al. 2006; IRP 2006; Kritzas and Grobler 2005; Lynch 2003; Masten and Powell 2003; Newman 2002; Schoon 2006; Theron 2007).

Resilience research has also isolated ecological protective resources such as a stable and supportive family, meaningful relationships, access to community resources, a sense of belonging, having mentors, and culture (Dass-Brailsford 2005; Ebersohn and Elloff 2004; IRP 2006; Killian 2004; Lynch 2003; Morrison et al. 2006; Schoon 2006; Theron 2007; Ungar 2008). It has been demonstrated that resilience, risk and protective processes are context specific rather than universal (Ungar 2006). This suggests that not all documented risks will affect all youth or affect them in the same way (Rutter 1999). In the same way, protective resources are not, and should not be seen as universal. The goal of my study was to isolate the processes that fed the resilience of street-involved children in particular.

METHODS

This was a quantitative resilience study in which the researcher sought to unearth the resilience factors among street children. The researcher used the CYRM in order to measure resilience among 20 street children who volunteered to take part in my study. The CYRM is a pen-and-paper, self-administered questionnaire that is administered with minimum contributions from the researcher (Neuman 2006). The CYRM consists exclusively of 58 close-ended items that are rated on a five point Likert scale, namely, not at all, a little, somewhat, quite a bit and a lot. The 58 core questions of the CYRM are grouped according to the resilience factors that are related to the individual's own resilience resources, resources related to an individual's relationships, resources relating to access to community-based services and culture-specific resilience resources.

The reliability and validity of the CYRM as a resilience measure, was established following extensive international research. The CYRM was piloted globally with 1451 youth from fourteen sites in eleven countries (including South Africa) to ensure that the CYRM was culturally and contextually relevant, reliable and valid. The 58items that initially formed the CYRM established good reliability with Cronbach's alpha scores for chosen subsets: individual (.84), relational (.66), community (.79) and culture (.71) (Ungar 2008). The CYRM was developed for the International Resilience Project (IRP) at Dalhousie University, in Halifax, Canada.

The researcher met the 14 children-on-thestreet at the drop-in-centre where they assembled daily after school to receive meals prepared by the Faith-Based Organisation that took care of them. The drop-in-centre was a shack that had been donated by an elderly community member who also lived on the premises in a two bedroomed house provided by the state. The tinhouse was equipped with electricity, chairs and tables. The shack was in a new residential area on the outskirts of the small rural Free State town of less than a 100 000 residents.

The researcher met the six street children in institutional care at the shelter where they lived. The shelter was well-equipped with furniture, water and electricity. The shelter was in an advanced stage of development and it was located in the middle of a big industrialised Gauteng Province town.

The care-workers attached to the Faith-Based organisations that ran the drop-in-centre and shelter acted as gatekeepers (Fouché and De Vos 2007; Terre Blanche et al. 2007) from whom the researcher had to seek permission to access the research site. The care-workers had to satisfy themselves that the children-on-the-streets were not going to be harmed in any way. The researcher asked the children in institutional care to complete the CYRM. The care-givers at the shelter acted as gate-keepers (Fouché and De Vos 2007; Terre Blanche et al. 2007) who also sought to protect the children from harmful and unethical research practices. In other words, a total of 20 street children completed the CYRM. The CYRM was compiled in English and since the respondents had left school at different times of their lives, the researcher was forced to codeswitch. This the researcher did to facilitate understanding. The respondents took 90 minutes to complete the CYRM.

In this study, the researcher sampled purposively to obtain 14 street children categorised as children-on-the-streets and to obtain 6 erstwhile street children categorised as street children in institutional care. Children-on-the-streets are street children who work and beg on the streets but maintain links with their families or might even return home in the evening, while erstwhile street children in institutional care are those who have been institutionalised due to homelessness with a potential risk of returning to street life and homelessness (Cheunwatana and Meksawat 2002; West 2003). The sampling procedure used in this study was non-probability purposive sampling since the respondents were typical of the targeted street child population (Strydom 2007; Maree and Pietersen 2007; McBurney and White 2004; Terre Blanche et al. 2007).

It is impossible to recruit a huge population of street children since street children are known to be very mobile. Shelters and drop-in-centres are fewer and not able to cater for large populations of street children. The researcher targeted children that fitted the legal definition of a child in South Africa, namely, any person who is 18 years and younger. For this reason the researcher did not wish to include those above 18 and those who were about to turn 19 in a few months' time since the researcher wished to have them longer in the study.

The shelter and drop-in centre had an opendoor policy that enabled the children to pursue other gainful activities on the streets. The groups of respondents were chosen for practical reasons (McBurney and White 2004), namely that they could assemble at the drop-in centre as in the case of the fourteen children-on-the-street or at the shelter as in the case of the six street children in institutional care. Among the 14 children on the streets, there were three girls and 11 boys. The children's ages ranged from 11-17. The six children in institutional care were all boys, aged from 14 to 17. All the respondents were attending school. The questionnaires were then collected for statistical analysis through the SPSS program. The items of the CYRM are organised according to the following domains of resilience: individual, relationships, community and culture. The results will be presented according these domains of resilience.

RESULTS

The results are presented according to the four domains of resilience, namely, individual, relationships, community and culture.

Individual Domain

The individual resilience resources are regarded as those personal strengths and assets that typically enable an individual child to cope with adversity. In the individual domain, the CYRM results show that the respondents coped resiliently because of individual resources such as a sense of humour. For example, the results show that 14 respondents believed that having fun and laughing were useful in helping them cope with their lives. It can be concluded that for most of the respondents humour promoted resilient functioning despite the hardships inherent in streetism. The results of the study show that the respondents benefitted from their abilities to problem-solve. The responses of the respondents show that 11 respondents believed in their problem-solving abilities and this enabled coping in them. The results show further that 17 respondents had the tenacity to go on with life even though they experienced difficulties. The ability to persevere enables one to cope in difficult circumstances.

An important resilience resource is the ability to maintain balance between acting independently and depending on others for social support if need be. In this regard, the results show that the majority (19) of the respondents were able to maintain a meaningful balance between independence and dependence by co-operating with others when the need arose. This enabled coping abilities in the respondents. The CYRM questionnaire measured the respondents' assertiveness as typified by the ability to express themselves without worrying about being criticised and the ability to seek help when it is needed. The results show that 15 respondents could express themselves without worrying about being criticised and that they were comfortable asking for help. Assertiveness is an essential coping life skill especially among street children since they grow up without stable families, parental care, support and supervision.

Having a sense of duty is an important resilience resource. The results show that 15 respondents believed that each individual was responsible for making the world a better place, and that they believed that it was important for one to serve one's community. This is significant to street-involved children since they routinely rely on the support of kind members of societies and volunteering community workers. Self-awareness was measured through the CYRM and the results show that 16 respondents were comfortable in expressing themselves sexually and that they were aware of their personal strengths and their weaknesses. These life skills enabled the respondents to resile despite adversity.

The CYRM measured whether or not the respondents had goals and aspirations in life. The responses show that 15 respondents were able to strive to finish what they had started. The respondents were able to envision what the future would look like for them. These results show that most of the respondents had goals and aspirations despite their experiences. Social support was measured by the CYRM. In this regard, the relevant items in the CYRM gauged to what extent the respondents experienced a sense of belonging to the group. The responses to these items show that 15 respondents experienced a sense of being part of a group. The sense of belonging is vital in ensuring that an at-risk child can receive social support when the need for it arises.

The CYRM measured the appropriate use of or abstinence from substances like alcohol and other drugs. The responses indicate whether a child relies on substances in order to cope with difficulties or not. The results show that 15 respondents did not believe in the abuse of nonprescriptive drugs in order to cope with difficulties. The questionnaire measured a child's outlook on life involving optimism. The results show that 16 respondents believed that they were optimistic that problems in life could be solved successfully. This points to optimism and a positive outlook in most respondents that is crucial as a resilience resource.

The CYRM was intended to also measure the respondents' capacity for empathy towards others. The results show that 19 respondents had the capacity to understand other peoples' feelings. The respondents felt kindness towards people they did not like when bad things happened to them. The results show that those respondents had empathy for and understood others. The ability to live with uncertainty is important for resilience. The CYRM measures this ability in young people. The results show that 11 respondents were confident when they experienced challenging and confusing situations, and this indicated that they were able to cope with uncertainty. The capacity to cope with uncertainty is significant in the context of streetism where uncertainty is commonplace.

In the individual domain, the CYRM measures self-confidence that is an important resilience resource. In this regard, 13 respondents indicated that they felt that they were as good as their peers and this shows that the respondents felt good about themselves. The CYRM is designed to measure self-efficacy that is important for one to cope in the midst of adversity. The results show that 12 respondents had selfefficacy because they believed in their abilities to act in order to influence the future. Figure 1 summarises the results with regard to individual resilience resources that were measured through the CYRM.

Relationships Domain

Social relationships are essential for children to cope resiliently with adversity. The CYRM determined whether the respondents had mentors and positive role models or not. The results showed that 16 respondents had positive role models that they looked up to and this is significant in resilient functioning, since it has the potential to bring about hope and focus on the future. The results show that the respondents were socially competent. Social competence, which entails the ability to behave appropriately in social contexts, is crucial in enabling young people to resile. The results show that all 20 respondents believed that they were socially competent, meaning that they knew how to behave appropriately in different social contexts. The respondents were not uncomfortable talking to people who were less known to them. The significance of all this is that street children often rely on kind strangers for social support in order to cope with streetism.

The CYRM measures the extent to which the quality of parenting that the respondents received met their developmental needs. The results show that 16 respondents believed that their parents and care-givers constantly monitored their movements. The respondents were able to freely communicate their feelings at home. The quality of parenting has a bearing on a child's ability to resile. Children require meaningful connections or relationships to warm and caring adult figures in their lives in order to face adversity with more confidence. The CYRM measures meaningful connections and relationships. The results show that 15 respondents were meaningfully attached to caring adult figures that included, but were not limited to, a school teacher. In other words, the respondents had adults that they could talk to when they had problems and they were supported by their peers when life was hard. Figure 2 provides a summary of the resilience resources in the relationships domain.

Community Domain

The resilience factors that fall under access to community resources include community re-

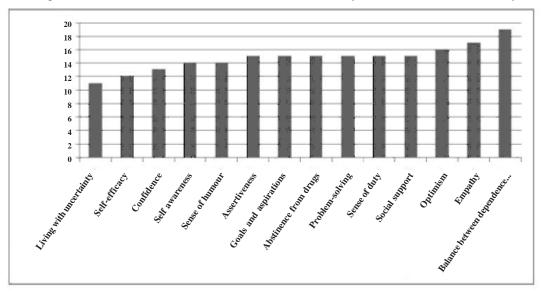


Fig. 1. Individual resilience resources

sources that communities must be able to provide in culturally meaningful ways. Young people need access to education, information and school as resilience resources and in this regard, 19 respondents indicated that they had access to education and that their teachers and peers enabled them to have a sense of belonging. This enabled them to cope resiliently. Coping resiliently in children involves having a sense of stability, safety and a feeling of security. The results show that 15 respondents had access to sufficient food each day and 18 respondents felt safe when they were with their families. Meaningful rites of passage involve the feeling, in young people, that they can freely express themselves sexually without being judged and that they are becoming adults. The results show that 15 respondents felt that they had ample opportunities to express themselves sexually and that they had a sense that they were becoming adults.

Government should play a crucial role in making provision for safety, recreation, housing and jobs. These services serve as resilience resources. The CYRM measures the extent to which respondents believed the state provided resilience-promoting resources and services such as health-care, safety, recreation, housing and jobs for the populace. The results show that 16 respondents had access to health-care in that they could see a doctor when they were ill and they knew where to locate the other services and resources in their communities. Housing and jobs are still inaccessible to many in South Africa, a country with a legacy that sought to enslave and impoverish African people by exposing them to inferior education and training

Opportunities for age-appropriate work are measured by the CYRM. The results show that 12 respondents had opportunities to do ageappropriate work in their lives. Furthermore, the respondents had opportunities to develop jobrelated skills since they were back in schools. The CYRM measures the extent to which young people believe high-risk behaviour is tolerated. The results show that only 11 participants believed that members of their families and communities who did bad things were tolerated. Twelve respondents felt that their families and communities tolerated non-violent acts in dealing with criminal behaviour. The results show that 13 respondents were able to avoid violence and feel safe in their homes and communities. Another 13 respondents showed that they felt that they were treated fairly in their communities. This shows that the respondents experienced social equity. Social equity, which is a resilience resource, is very important in South

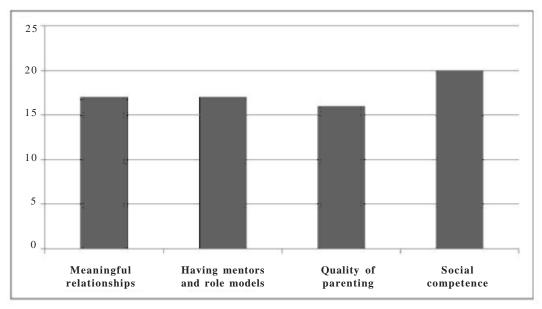


Fig. 2. Resilience resources in the relationships domain

Africa considering the history of apartheid. Figure 3 provides a summary of the results.

Cultural Domain

Young people need to be grounded in their cultures in order to develop positive identities and a sense of belonging that are implicated in promoting resilience. Cultural groundedness is measured by the CYRM. From the results it is evident that 12 respondents knew where their parents were born, and had rituals or routines relating to meal times. It is important for children to develop a philosophy of life. The CYRM estimated the extent to which the respondents had a philosophy of life that guided their lives. The results indicate that 17 respondents believed that life had to be lived according to a particular philosophy of life.

Opportunities for self-betterment are important in enabling children to resile. The CYRM questionnaire determined whether the respondents had opportunities to develop and become better people, a process called self-betterment. It is important to note that 19 respondents had opportunities to develop towards becoming better people. Young people are able to resile if they are able to affiliate to a religion and to participate in organised religious activities. The CYRM measured the respondents' affiliation with a religious organisation. Responses show that 16 respondents felt that religious or spiritual beliefs were a source of strength to them. The respondents 12 were able to participate in organised spiritual and religious activities.

Furthermore, cultural or spiritual identification was measured through the CYRM and the results show that 15 respondents were proud of their ethnic backgrounds and enjoyed their families' and communities' cultural traditions. The respondents showed that they were proud to be South Africans. Moreover, the respondents, 13 in total, believed that the older generation understood and tolerated the ideas and strong beliefs of people their age and that the values of their families differed from those of their communities. Figure 4 summarises the resilience resources that reside in the cultural domain.

DISCUSSION

This study involved the use of the CYRM to collect quantitative data in order to isolate factors that contributed more to the respondents' resilience. The following factors (in the individual domain) the ability to maintain balance between dependence and independence, empathy, optimism, assertiveness, goals and aspirations, abstinence from drugs, problem-solving ability a sense of duty, social support, self-awareness and a sense of humour were isolated. The factors that contributed to the respondents' resil-

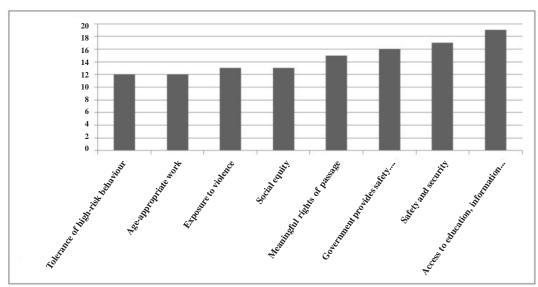


Fig. 3. Resilience resources in the community domain

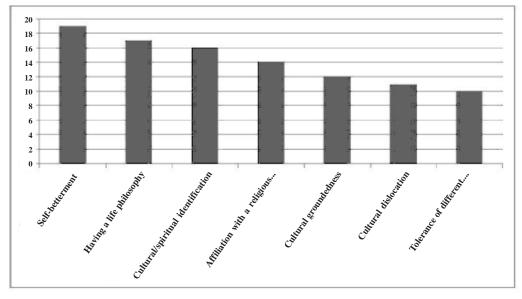


Fig. 4. Resilience resources in the cultural domain

ience in the relationship domain were quality of parenting, social competence, having mentors and role models and meaningful relationships. The CYRM results showed that the respondents had access to community resources and those that contributed more to their resilience were access to education, information, learning resources, safety and security, government provides safety, recreation, housing, jobs, meaningful rites of passage while cultural factors that contributed to their resilience were self-betterment, having a life philosophy, cultural/spiritual identification and affiliation with a religious organisation. A deeper discussion of these factors is warranted.

In the individual domain, quantitative results showed that the respondents relied on their senses of humour to cope with adversity. Having a sense of humour is noted in studies of resilience among street children as a coping resource in adverse conditions (Evans 2002; IRP 2006; Killian 2004; Newman 2002; Ungar 2008). Studies by Theron and Malindi (2010) and Malindi and Theron (2010) demonstrated that street children tease one another to cheer each other up. This is reminiscent of hidden resilience (Ungar 2004). The results of this study show that the respondents coped with their lives because they demonstrated a high degree of perseverance, in that they continued with their lives despite adversity. Perseverance appeared to be a strong indicator of resilience among street children and earlier studies on street children noted tenacity or perseverance as a resilience-promoting resource that enabled resilience among street children (Evans 2002).

The results show that resilience was enhanced by assertiveness in the respondents. Previous studies with at-risk youth noted assertiveness as an important resilience resource (Boyden and Mann 2005; IRP 2006; Morrison et al. 2006; Ungar 2008). Resilience in the respondents was promoted by the fact that the respondents had goals and a positive outlook on life despite their difficult situations. Having goals and aspirations is linked to having a positive outlook on life, a characteristic that is not associated with street children in current literature. This resilience resource is noted as part of a resilient personality in youth (IRP 2006; Schoon 2006; Tusaie and Dyer 2004). Having a sense of belonging promotes resilient coping (Ebersöhn and Eloff 2004; Gilligan 2004; Killian 2004; Morrison et al. 2006). Street children are displaced children who live outside the bounds of family, however, the results show that the respondents enjoyed a sense of belonging derived from their stay at the shelter, visits to the drop-in centre and attending school.

In the individual resilience resources domain, this study noted further resilience resources that were not noted in previous studies with street children. For example, the results show that the respondents had abilities to adapt to their changed circumstances and to regulate themselves socially. The respondents demonstrated that they could use ordinary adaptation processes (Masten 2001) to deflect adversity.

In the relationship domain the results show that the respondents relied on social support (IRP 2006) to cope with adversity. Under the cultural domain, quantitative results show that resilience in the respondents was aided by having access to education and health-care. It should be noted that the respondents attended school and that access to education was mediated by Non-Governmental Organisations.

Quantitative results show that respondents were aided by culture to cope resiliently. In this regard it seems evident that the respondents were spiritual and culturally proud. Previous studies with street children do not relate culture and spirituality to street children. Culture and spirituality are not associated with streetism since these children are regarded as outcasts and this suggests that the power of faith to cope is concealed by societal negative perceptions.

In summary the results demonstrated that street children combined individual and ecological resilience resources in order to cope with adversity. This defies the view that street children are psychosocially vulnerable and not resilient as most studies involving street children seem to suggest. Some of their coping mechanisms are atypical; however, they enable the respondents to navigate their pathways towards resilience resources.

CONCLUSION

The question of why and how street children survive street life and which protective resources enable them to cope with their lives has remained unanswered for a long time. This study has contributed some answers that future research is yet to produce in other contexts. The aim of this study was to highlight the resilience resources that enabled street children to cope with their lives. The results indicate that some street children are not as psychosocially vulnerable as they are thought to be and that they navigate their pathways to resilience in the context of streetism. This confirms that ordinary human adaptation processes are needed to mitigate the impact of risks. Previous studies have successfully noted the risks that threaten resilience; however, these studies have not been able to isolate protective resources that street children use to navigate their pathways to resilience. The results of this study provide useful insights into the lived experiences of street children and the coping mechanisms that translate into resilience. The protective resources that promote resilience in the respondents were delineated however; researchers are alerted to the fact that the terms, vulnerability, resilience, risks and protective resources are context-specific.

The study has implications for researchers and mental health practitioners. Researchers should adopt asset-focused approaches when dealing with street children and recognise the assets they acquired, that aid resilient coping. For mental health practitioners, these assets must be incorporated into intervention programs. Future research should also include more girls in order to highlight the coping mechanisms that are typical of girls who adopt street life. Street children in South Africa are typically African and male. It would be interesting to know what enables resilient coping in street children in other race groups in South Africa. This study focused on children on the street and those in institutional care.

It would be interesting to find out what enables coping in those who are classified as children of the street who have no family links and do not reside in any institution. Since larger samples are hard to find, future studies must cover many centres over a period of at least five years. Until these studies have commenced and run the course, researchers will continue to wonder how street children in different contexts cope with streetism and whether life out there is better than life in their parents' homes.

REFERENCES

- Armstrong MI, Birnie-Lefcovitch S, Ungar M 2005. Pathways between social support, family well-being, quality of parenting, and child resilience: What we know. *Journal of Child and Family Studies*, 14(2): 269-281.
 Boyden J, Mann G 2005. Children's risk, resilience
- Boyden J, Mann G 2005. Children's risk, resilience and coping in extreme situations. In: M Ungar (Ed.): Handbook for Working with Children and Youth: Pathways to Resilience Across Cultures and Contexts. Belmont, California: Sage, pp. 3-26.
- Cheunwattana A, Meksawat P 2002. Small is beautiful: The library train for homeless children. Library Management, 23(1/2): 88-92.
- Dass-Brailsford P 2005. Exploring resiliency: Academic achievement among disadvantaged Black

youth in South Africa. South African Journal of Psychology, 35(3): 574-591.

- Duckworth AL, Steen TA, Seligman, MEP 2005. Positive Psychology in Clinical Practice. From <arjournals. annualreviews.org.> (Retrieved on 12 March 2009).
- Ebersöhn L, Eloff I 2004. *Life Skills and Assets*. Pretoria: Van Schaik Publishers.
- Ennew J 2003. Difficult Circumstances: Some Reflections on "Street Children" in Africa. Child Youth and Environments, 13(1), Spring. From http:// cye.colorado.edu> (Retrieved on 7 June 2008).
- Evans R 2002. Poverty, HIV, and barriers to education: Street children's experiences in Tanzania. Gender and Development, 10(3): 51-62.
- Evans RMC 2004. Tanzanian childhoods: Street children's narratives of "Home." *Journal of Contemporary African Studies*, 22(1): 69-92.
 Fouche CB, De Vos AS 2007. Selection of a research-
- Fouche CB, De Vos AS 2007. Selection of a researchable topic. In: K Maree (Ed.): *First Steps in Research.* Pretoria: Van Schaik Publishers, pp. 89-99.
- Gilgun J 2007. *The Analysis of Qualitative Data*. Workshop Notes, Unpublished. Vanderbijlpark: North-West University (Vaal Triangle Campus). International Resilience Project 2006. The Interna-
- International Resilience Project 2006. The International Resilience Project: Final Report. From htt://www.resilienceresearch.org (Retrieved on 26 June 2008).
- Kerfoot M, Koshyl V, Roganov O, Mikhailichenko K, Gorbova I, Pottage D 2007. The health and wellbeing of neglected, abused and exploited children: The Kyiv Street Children Project. *Child Abuse and Neglect*, 31: 27-37.
- Killian B 2004. A Generation at Risk? HIV/AIDS, Vulnerable Children and Security in Southern Africa. Institute for Security Studies. From http://www.iss.co.za/pubs/monographs/ (Retrieved on 29 April 2007).
- Kritzas N, Grobler AA 2005. The relationship between perceived parenting styles and resilience. *Journal of Child and Adolescent Mental Health*, 17(1): 1-2.
- Lynch M 2003. Consequences of children's exposure to community violence. Clinical Child and Family Psychology Review, 6(4): 265-274
- chology Review, 6(4): 265-274.
 Malindi MJ, Theron LC 2010. The hidden resilience of street youth. South African Journal of Psychology, 40: 318-326.
- Maree K, Pietersen J 2007. Sampling. In: K Maree (Ed.): First Steps in Research. Pretoria: Van Schaik Publishers, pp. 171-180.
- Masten A 2001. Ordinary magic: Resilience process in development. American Psychologist, 56(3): 227-238.
- Masten AS, Powell JL 2003. A resilience framework for research, policy and practice. In: SS Luthar (Ed.): *Resilience and Vulnerability: Adaptation in the Context of Childhood Adversities.* Cambridge: Cambridge University Press, pp. 1-21.
 Mathiti V 2006. The quality of life of "street children"
- Mathiti V 2006. The quality of life of "street children" accommodated at three shelters in Pretoria: An exploratory study. *Early Child Development and Care*, 176(3 and 4): 253-269.
- McAdam-Crisp J, Aptekar L, Kironyo W 2005. The theory of resilience and its application to street children in the minority and majority world. In: M Ungar (Ed.): Handbook for Working with Children and Youth: Pathways to Resilience Across Cultures and Contexts. Thousand Oaks, Calif.: Sage, pp. 71-85.

- McBurney DH, White TL 2004. *Research Methods*. Belmont, Calif.: Thomson Wadsworth.
- Morrison GM, Brown M, Díncau B, O'Farrel SL, Furlong MJ 2006. Understanding resilience in educational trajectories: Implications for protective possibilities. *Psychology in the Schools*, 43(1): 19-31.
- Neuman WL 2006. Social Research Methods: Qualitative and Quantitative Approaches. Boston, Mass.: Pearson/Allyn and Bacon.
 Newman T 2002. Promoting Resilience: A Review of
- Newman T 2002. Promoting Resilience: A Review of Effective Strategies for Child Care Services. Exeter: University of Exeter.
- Panter-Brick, C. 2002. Street children, Human Rights, And Public Health: A Critique and Future Directions. Annual Review of Anthropology, 31: 147-171. From http://anthro.annualreviews.org> (Retrieved on 26 October 2005).
- Rose JS 2002. All Our Children: Human Rights and Children of the Street. The Lancet. From <www. thelancet. com>. (Retrieved on 27 March 2005).
- Rutter M 1999. Resilience concepts and results: Implications for family therapy. Association for Family Therapy and Systemic Practice, 21: 119-144.
- Schoon I 2006. Risk and Resilience. Cambridge: Cambridge University Press.
- Strydom H 2007. Sampling and sampling methods. In: AS De Vos, H Strydom, CB Fouche, CSL Delport (Eds.): Research at Grassroots for the Social Sciences and Human Service Professions. Pretoria: Van Schaik Publishers, pp. 192-204.
- Terre Blanche M, Durrheim K, Painter D 2007. Research in Practice. Cape Town: University of Cape Town Press.
- Terrio SJ 2004. Migration, displacement, and violence: Prosecuting Romanian street children at the Paris palace of justice. *International Migration*, 42(5): 5-33.
- ace of justice. International Migration, 42(5): 5-33. Theron LC, Malindi MJ 2010. Resilient street youth: A qualitative South African study. Journal of Youth Studies. 13: 717-736.
- ies, 13: 717-736. Theron LC 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, 357-375. From http://www.childpsych.theclinics.com
- Tolfree DK 2003. Community Based Care for Separated Children. Stockholm: Save the Children Sweden.
- Tusaie K, Dyer J 2004. *Resilience: A Historical Review* of the Construct-Holistic Nursing Practice. Akron, Oh: University of Akron, College of Nursing.
- Ungar M 2004. Nurturing Hidden Resilience in Troubled Youth. Toronto: University of Toronto Press.
- Ungar M 2006. Nurturing hidden resilience in at-risk youth in different cultures. *Child and Adolescent Psychiatry*, 15(2): 53-58.
- Ungar M 2007. Playing at Being Bad: The Hidden Resilience of Troubled Teens. Toronto: McClelland and Stewart.
- Ungar M 2008. Putting resilience theory into action. In: M Ungar, L Liebenberg (Eds.): *Resilience in Action*. Toronto: University of Toronto Press, pp. 17-38.
- Veeran V 2004. Working with street children: A childcentred approach. *Child Care in Practice*, 10(4): 359-366.
- West, A. 2003. At the Margins: Street Children in Asia and the Pacific. Poverty and Social Development Papers No 8. Youth and Environments, 13. From <http://colorado.edu/journals/cye.>