

Resilience and self-concept of competence in institutionalized and non-institutionalized young people

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Abstract: The institutionalization of young people may have important negative influence on their development and emotional well-being. The aim of this study was to analyze the relations between resilience and the self-concept of competence in institutionalized and non-institutionalized young people. The sample was composed of 158 young people, aged between 15 and 18 years old. The following instruments were used: a socio-demographic questionnaire, the Healthy Kids Resilience Assessment Module and the Self-Concept of Competence Scale. The results showed: (1) no significant differences between the two groups in terms of resilience; (2) the non-institutionalized sample revealed higher scores on the self-concept competence; and (3) there was a strong positive correlation between resilience and self-concept of competence amongst the institutionalized sample. These results are discussed in the light of the constructivist perspective of resilience.

Keywords: Resilience; Self-concept of competence; Institutionalization; Young people.

Resiliência e autoconceito de competência em jovens institucionalizados e não-institucionalizados: A institucionalização de jovens pode ter importantes influências negativas no seu desenvolvimento e bem-estar emocional. O objetivo desta pesquisa foi analisar as relações entre a resiliência e o autoconceito de competência em jovens institucionalizados e não institucionalizados. A amostra é constituída por 158 jovens com idades compreendidas entre os 15 e os 18 anos de idade. Os instrumentos utilizados foram um questionário sociodemográfico, o Healthy Kids Resilience Assessment Module e a Self-Concept of Competence Scale. Os resultados mostram que: (1) não existem diferenças significativas entre os dois grupos a nível da resiliência; (2) a amostra de jovens não institucionalizados apresentou resultados mais elevados relativamente ao autoconceito de competência; e (3) existe uma correlação positiva de forte magnitude entre a resiliência e o autoconceito de competência entre os jovens não institucionalizados. Os resultados são discutidos tomando como referência a perspectiva construtivista de resiliência.

Palavras-chave: Resiliência; Autoconceito de competência; Institucionalização; Jovens.

There are several reasons that can lead to the institutionalization of children and young people. When separation is clearly in the best interest of the child, such as in cases of neglect or abuse, different options should be available depending on the situation and needs of the child. According to the Portuguese Law for the Promotion and Protection of Children and Young People in Danger (Lei n.º 142/2015), situations of abandonment, maltreatment, sexual abuse, violence, neglect, exploitation, and crime and absenteeism at school are some examples of situations that can compromise the health and the welfare of children and young people, justifying that they be removed from family and placed in institutions, either temporarily or permanently. In fact, when the family does not effectively respond to the needs of the children, several measures can be implemented.

As there are still few foster families in the Portuguese system, most of the children and young people are placed in children's homes (Mota & Matos, 2015). The placement in children's homes is the placement of the child or young person in the care of a body that has the facilities and resources for permanent foster care, as well as a professional team able to guarantee appropriate attention to the needs of these children and to provide them with the conditions that will support their education, well-being and holistic development (Lei n.º 142/2015).

In recent decades, the academic community has shown an increasing interest in issues related to residential care for children and youth (Mota & Matos, 2015). However, institutionalization is a subject of great complexity, often questioned and undervalued in the context of child protection. Institutionalization should be the last measure to be applied, but has in recent years has gradually increased in Portugal

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(Instituto da Segurança Social, 2015). Due to complex family conditions, the high number of requests for institutionalization and the lack of alternatives, there are more and more children and young people in residential care, although this situation is still seen negatively by society (Chapman & Barth, 2004; Havlicek, 2011; Linares, 2002).

Many voices have argued that, instead of protecting children and providing opportunities for development, institutionalization can also become a kind of maltreatment (Linares, 2002). Nowadays, researchers advocate the need to strengthen measures aimed at preserving family support; and if the removal of children from their families should still be the best option, then their placement in children's homes should be prioritised (Instituto da Segurança Social, 2015; Linares, 2002).

According to several researchers, many children and young people who are drawn into the child protection and public care systems have experienced significant levels of emotional suffering (McAuley & Davies 2009; McCann, James, Wilson, & Dunn, 1996; Meltzer, Lader, Corbin, Goodman, & Ford, 2004). In spite of the fact that the population of children and young people in care can present significant levels of difficulty; many can overcome the difficulties encountered in their lives and develop adaptively (Daniel, 2003, 2007).

In face of this, some theorists and researchers (Daniel & Wassell, 2002; Rutter, 2006; Gilligan, 2001, 2004) have highlighted the importance of resilience of children and youth in this context. They suggest that building up a self-concept of competence through supportive environment appears to accentuate and promote resilience. In fact, the interest in emotional competence has been increasing in recent decades, in the sense that professionals working in this area may promote these competencies in children and young people, so that they can overcome the challenges and the adversities faced in their lives.

The aim of this study is to analyze the resilience and the self-concept of competence in institutionalized and non-institutionalized youth in the southern region of Portugal and the association of these dependent variables with gender, age, school level and school retention and home visits (for institutionalized young people).

INSTITUTIONALIZATION, RESILIENCE AND SELF-CONCEPT OF COMPETENCE

The family, as the first agent of socialization, must respond to the physical, psycho-emotional and social needs of their children. However, some parents cannot fulfill their role, hindering or even making it impossible for children to develop themselves properly. In more severe cases, where there is considered to be a risk or a danger to the children due to situations of abuse or neglect it is necessary to remove them from the family and ensure their safety and proper development by promoting the necessary measures for their protection (Leve, Harold, Chamberlain, Landsverk, Fisher, & Vostanis, 2012).

The institutionalization of children and young people has undergone significant changes in recent decades. There is a growing global consensus that efforts to improve care in the institutions will not on its own solve the problems of children and young people in residential care, or meet their best interests. Efforts must focus more especially on the underlying reasons for the decisions of placing children in residential care. In fact, the complex and often the interlinked factors, such as poverty, family breakdown, inflexible child welfare systems and the lack of alternatives to residential care, require holistic responses that can identify families at risk early, address their needs and prevent the removal of their children (Schoenmaker, Juffer, van Ijzendoorn, & Bakermans-Kranenburg, 2014).

It should be mentioned that in recent decades a great investment has been made in family support, in order to help parents and empower them in their parental role, so that children and young people may receive care, attention and affection, essential for their development and well-being. However, in spite of this investment in supporting families at risk, many families still fail to respond effectively to the needs of their children. Therefore, and according to Libório and Ungar (2010), the resource of children's homes, although it should be avoided whenever possible, remains for many children and young people the best solution.

An increasing number of children and young are placed in children's homes due to experiences of physical, sexual, emotional, or psychological abuse and/or neglect. In fact, many young people have experienced considerable challenges that place them at risk of negative adult outcomes: poverty, separation, abuse, neglect, loss, and disruption. The relationships that these youth develop at the hosting institution are mediated by their life stories, often of suffering, rejection and hostility. These stories can play a fundamental role in the development of these young people (Scott, 2012).

The institutionalization influences their life story, either as a risk or as development potential. When a neglected child is removed from her family, though the purpose is to protect the child and provide her the development conditions and some measure of welfare, institutionalization can sometimes rather than alleviate them, perpetuate some problems. Often it is difficult to determine the effective and

real impact that institutionalization has, but it is argued that sometimes this increases the risk of negative outcomes (Leve et al., 2012). Several studies have been conducted in this area, and different theoretical approaches about the effects of institutionalization have emerged, highlighting either their negative or positive aspects, since these effects will necessarily be different from individual to individual and from context to context (Havlicek, 2011).

However, not all children present negative outcomes; some show limited or relatively minor negative effects. Rutter (2006) argues that the essence of adaptation in the context of adversity is captured by the scientific field of resiliency research; and that with the right support systems, children and young people can develop resilience in the face of adversity (Ocasio, Staats, & Van Alst, 2009).

In recent decades, the theme of resilience has constituted a fascinating subject for many researchers. Nevertheless, the concept of resilience is not without controversy, which often can lead to its validity and usefulness being questioned (Martins, 2005). Although, traditionally resilience has been defined as a static individual trait, it is important to move away from this definition (Rutter, 2006). Resilience can be viewed as a dynamic developmental process that is best measured by the presence or absence of risk (factors that contribute to poor outcomes) and protection (factors that buffer against risk). Risk factors increase the likelihood of a future negative outcome; while protective factors have an opposing effect, moderating the risks effects (Anthony, 2011). The protective factors are associated with long-term social and emotional well-being in the child's whole world (Daniel & Wassell, 2002). The existence of protective factors can help explain why some children may cope better with adverse life events than others.

These factors exist at several levels: the individual, peer, family, school, neighborhood, community, societal, and cultural levels (Anthony, 2011). Taking this into consideration, researchers suggest that, instead of referring to the young people as "resilient", is better to use the terms "development of resilience" or "development of resilience processes". Thus, resilience is not only the ability of an individual to survive and thrive in face of adversity; it is a complex, developmental and interactive process (Anthony, 2011). The ability of young people to recover from exposure to risk can be supported by combining efforts to reduce risk with strategies that increase the quantity and strength of protective factors (Scott, 2010, 2012; Simmel, 2012).

Research clearly indicates that specific conditions in the lives of young people, called protective factors help mitigate challenges and to recover and thrive despite significant adversity. The increase of these protective factors in the lives of young people in residential care helps them to develop resilience (Yates & Grey, 2012).

The development of resilience is the result of human adaptive processes and assets interacting with one another. People develop resilience because of the interaction of the following factors: healthy brain development, including the capacity for cognition; healthy attachment relationships, including parenting relationships; the motivation and ability to learn and engage with the environment; the ability to regulate emotions and behavior; and supportive environmental systems that include education, cultural beliefs, and faith-based communities (Ocasio, Staats, & Van Alst, 2009; Scott, 2012; Ungar, 2006).

The intelligence, understanding of self, self-esteem, secure attachment, social and emotional competences, emotional regulation (Masten & Powell, 2003), temperament, coping strategies, locus of control, attention, genetic heritage, sense of humor, religiosity, prospect of future and gender (Rutter, 2006), are all examples of protective factors that have an important role in promoting resilience.

According to Benard (2012) when young people develop resilience, they are able to cope with, adapt to, and recover from even the most substantial challenges. Developing resilience is essential for young people leaving residential care to grow and succeed as adults (Unrau, Font, & Rawls, 2012).

There are many factors associated with resilience, but Gilligan (1998) suggests three fundamental building blocks: (1) a secure base, whereby the child feels a sense of belonging and security; (2) good self-esteem, which is an internal sense of worth and competence; and (3) a sense of self-efficacy, that is, a sense of mastery and control, along with an accurate understanding of personal strengths and limitations.

The self-concept of competence is a protective factor, playing an important role in the development of resilience. Self-competence is a term developed by Susan Harter (1982), and it generally refers to perceptions of ability in broad academic areas, such as how good of a student one is in general. Self-competence may also refer to perceived ability in subject areas as a whole. This definition is very similar to self-concept. However, while self-concept also addresses the student's beliefs about academic difficulties and student affect, self-competence refers only to their perceptions related to success. The self-concept of competence is the opinion that the subjects holds about themselves in relation to their cognitive, social and creativity skills. The self-concept of competence is a predictive variable of the academic success, and refers to the perception of oneself in the ability to deal effectively with the environment, enjoy successes and deal properly with failures, triggering cognitive and affective

mechanisms that promote persistence (Faria, 2002; Faria & Lima Santos, 2004).

Approaches to apply resilience theory to practice focused research on the factors associated with resilience have led to the development of a number of guiding frameworks for intervention. Research shows that focusing on the strengths of young people is crucial to future outcomes. This means focusing on resilience factors, help children and young people cope with adversity (Bostock, 2004). There is some consensus in the articulation of these frameworks and it is suggested that the most effective intervention programs involve multi-faceted paradigms that attempt to reduce risk, strengthen meaningful assets, and recruit core developmental processes within the child, family and the community (Masten & Powell, 2003). It is argued that the attention to different domains in children's lives, namely secure attachment relationships, education, friendships, talents and interests, positive values and social competencies, can help practitioners to appraise and identify ways to strengthen their resilience (Bostock, 2004; Daniel, Wassell, & Gilligan, 2010). For children and young in the care system, it is not always immediately obvious that they have a secure base in the world. Living in residential care may mean that fragile relationships have been broken, and some never recover (Gilligan, 1998).

Resilience research identifies three core components that build resilience and help young people succeed: caring relationships, high expectations, and opportunities for participation and contribution. Numerous studies show that caring relationships are the most critical factor in promoting a healthy and successful development for young people even in the face of multiple risks (Benard, 2012).

In a study of institutionalized children and young people, Cordovil, Crujo, Vilarica and Caldeira (2011) identified resilience factors that seem to have greater importance for the protection of children and young people, such as positive self-esteem, talents recognized by others and cognitive skills. They concluded that males had more psychopathology and fewer resiliency factors when compared to females.

Professionals who work in the children's homes play an important role by supporting caring relationships, ensuring positive experiences, and promoting the self-concept of competence of children and young people in the foster care system. Childcare professionals can make the difference and they are seen as key to successful development of children (Bostock, 2004; Collins, Spencer, & Ward, 2010).

Taking into account the context describe above, the aim of this study is to analyze the relations between resilience and the self-concept of competence in institutionalized and non-institutionalized youth. We intend to analyze the resilience and self-concept of competence in institutionalized young people, comparing them with a group of young people living with their families.

METHOD

Participants

This study is exploratory, cross-sectional, and descriptive establishing a comparison between two groups and following a predominantly quantitative methodology (Cohen, Manion, & Morrison, 2007). The research was conducted in southern Portugal, involving young people living in residential care. The sample was collected in five children's homes for children and young people, and young people living with families, aged between 15 and 18 years old. These institutions welcome children and young people of both sexes up to 18 years, who were previously living in dangerous situations, and who were institutionalized.

These children and young people had been away from their original families for more than six months as a measure of protection. The young people living in families were selected from a state school in the area for easy access (the principal investigator was developing an advisory and consultancy project in that school; thus, the data collection was authorized by the school director). The inclusion criterion was that they should be living with their families.

The sample is non-probabilistic, for convenience and included 158 participants, (females: $n = 77$; males: $n = 81$), aged between 15 and 18 years old ($M = 16.36$; $SD = 1.13$). The sample consists of two sample groups: 76 are institutionalized, and originate from five institutions, belonging to the national network of homes for the care of children and young people danger; while the remaining 82 young were living with their families.

Instruments

Personal Data Questionnaire and Socio-Demographic

The questionnaire consists in a set of items related with socio-demographic data. Two versions of the questionnaire had been produced: one for institutionalized young people, intending to collect specific data about personal, familiar, institutional and school context; and the other for young people living with their respective families, which aims to collect the data relative to personal, familiar and school context.

Healthy Kids Resilience Assessment Module (HKRAM)

The HKRAM was developed by Constantine and Benard (2001), and adapted to Portuguese context by Martins (2005). The scale consists of 58 questions, which assess 17 protective factors and traits of resilience, namely external and internal Assets. External factors are the School Environment, Home Environment, Community Environment and Peer Environment. Internal factors are the Cooperation and Communication, Self-Efficacy, Empathy, Problem solving, Self-awareness, and Goals and Aspirations. There is also a group that evaluates important aspects related to resilience (Response-Set Breakers). The items are organized in a questionnaire in the form of four-points Likert subscales. The first subscale is on a continuum between Strongly Disagree, Disagree, Agree and Strongly Agree. In the remaining subscales the respondent must choose to answer on a continuum between Totally False, a Little False, Right and Very Right. The scale achieved excellent internal consistency ($\alpha = .93$) in its adaptation to Portuguese (Martins, 2005). The internal consistency in this study was excellent for both samples of institutionalized youth ($\alpha = .92$) and non-institutionalized youth ($\alpha = .90$).

Self-Concept Competence Scale (SCCS)

The Self-Concept Competence Scale (SCCS) was developed by Rätty and Snellman (1992), and adapted for the Portuguese context by Faria and Lima Santos (2004). The scale consists of 31 items, each rated on a five-point Likert scale, in which 1 - Totally Disagree, indicates a low self-concept of competence, and 5 - Totally Agree indicates a high self-concept of competence, reflecting the degree to which each individual self-characterizes itself in each field of competence. The SCCS items are organized into three dimensions: Cognitive, Social and Creativity. The first dimension includes three sub-scales called: (1) Resolution of problems, assessing the perception of competence in the field of cognitive learning, problem solving and applying knowledge to practice; (2) Sophistication in Learning, which assesses the perception of competence in the field of investment and motivation in learning; and (3) Prudence in Learning, which assesses the perception of competence in the field of accuracy and depth in learning. The second dimension comprises two sub-scales: (4) Social Assertiveness, which assesses the perception of competence in the social area, especially the ability to express opinions, make new acquaintances and initiate actions; and the sub-scale (5) Social Cooperation, which assesses the perception of competence in the field of cooperation with others. The third dimension formed by the sub-scale (6) Divergent Thinking, which assesses the perception of competence linked to creativity. The internal consistency scale achieved good results ($\alpha = .80$). The internal consistency in this study was also good for both samples of institutionalized youth ($\alpha = .85$) and non-institutionalized youth ($\alpha = .82$).

Life Event Checklist (LECL)

The Life Event Checklist (LECL) was developed by Werner and Smith (1992), and adapted to Portuguese context by Abreu and Xavier (2008). It consists of a list of 32 stressing events, such as the loss of family members, economic conditions, job loss among others. The application of this instrument allows an evaluation of risk. More than four stressing events throughout the life of an individual point to a risk status (Meiros & Xavier, 2010).

Procedure

Data collection was conducted among a group of young people living in children's homes and young people living with their respective families and attending state schools. An authorization for data collection was made to the children's home directors and to the school director. The school director distributed the application for cooperation to parents, requesting their authorization so that their children could participate in the study. If so, the informed consent should be signed.

To observe the ethical standard principles, the researcher informed all participants of the objectives and relevance of the study. Participants, their guardians (technical directors) and parents provided their informed consent to participate in the study. The principle of confidentiality of information was observed and the participants were assured their names would not be mentioned in any stage of the study. All documents related to the participants were kept in a designated folder in a safe place. The right to opt out of the study was offered with no restrictions for the participants. They were also reassured that they would not be affected by their statements and that all their remarks would remain confidential.

The set of instruments were applied in a single session and were self-administered and the response time was on average, 40 minutes. The application took place in the classroom context, in a meeting room, with the presence of one of the researchers and in a private room in the children's homes. The processing of the questionnaires' application took place between October 2015 and February 2016.

After collecting the questionnaires, statistical processing was performed using IBM SPSS (version 22.0). To analyze the data, a descriptive analysis was carried out in order to characterize the sample concerning all the variables. To establish associations between independent and dependent variables, inferential statistics was applied. The t-test was used for independent samples to compare differences between females and males, as well as the non-parametric Mann-Whitney Test to analyze associations between ordinal variables. Pearson's correlations were also used to verify the associations between dependent variables. The significance level established was $p = .05$ (Cohen, Manion, & Morrison, 2007).

RESULTS

Healthy Kids Resilience Assessment Module – HKRAM

Regarding the total resilience (HKRAM), no significant differences were found between the institutionalized ($M = 2.91$, $SD = .38$) and non-institutionalized young ($M = 2.98$, $SD = .33$), despite the group of non-institutionalized presents a slightly higher average ($t = 1.12$, $p = .263$) (Table 1).

For the HKRAM variables, it is emphasized that the resiliency characteristics, operated through the Internal Assets, proved to be significantly different between the two groups ($t = 2.76$, $p = .007$), showing that the average is higher in the group of non-institutionalized young people.

A more detailed analysis allows one to find statistically significant differences in Cooperation and Communication ($t = 2.71$, $p = .008$), Self-efficacy ($t = 2.85$, $p = .006$) and in Goals and Aspirations ($t = 3.91$, $p < .001$). The observed differences show a similar trend, and the non-institutionalized respondents have a higher average, particularly marked in Goals and Aspirations.

Table 1. Differences in the resilience in the two groups – HKRAM.

| | Institutionalized (<i>n</i> = 76) | | Non-institutionalized (<i>n</i> = 82) | | <i>t</i> | <i>p</i> |
|-------------------------------|---------------------------------------|-----------|---|-----------|----------|----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | | |
| Total External Assets | 2.89 | .42 | 2.96 | .40 | .98 | .327 |
| School Environment | 2.93 | .50 | 2.70 | .49 | 2.52 | .013 |
| Home Environment | 3.00 | .65 | 3.17 | .63 | 1.47 | .144 |
| Community Environment | 2.83 | .55 | 3.00 | .67 | 1.52 | .130 |
| Peer Environment | 2.80 | .53 | 2.98 | .50 | 1.88 | .062 |
| Total Internal Assets | 2.76 | .48 | 3.18 | .38 | 2.71 | .007 |
| Cooperation and Communication | 2.78 | .61 | 3.05 | .52 | 2.71 | .008 |
| Self-Efficacy | 2.86 | .74 | 3.19 | .47 | 2.85 | .006 |
| Empathy | 3.03 | .60 | 3.21 | .64 | 1.57 | .118 |
| Problem-solving | 3.08 | .75 | 2.96 | .86 | .89 | .376 |
| Self-awareness | 3.10 | .71 | 3.23 | .62 | 1.05 | .294 |
| Goal and aspirations | 2.98 | .78 | 3.46 | .64 | 3.91 | .001 |
| Response Set-Breakers | 2.87 | .42 | 2.80 | .45 | .87 | .385 |
| Total Resilience | 2.91 | .38 | 2.98 | .33 | 1.12 | .263 |

Despite not having found statistically significant differences between the two groups for protective factors (External Assets), it was possible to conclude that for the group of institutionalized youth, the average School Involvement is significantly higher ($M = 2.93$, $SD = .50$) and the mean Involvement with Peers Group is marginally lower ($M = 2.80$, $SD = .53$). Finally, there were no statistically significant differences in the average of the Response Set Breakers between the two groups ($t = .87$, $p = .385$).

Analyzing the three general indicators of resilience of this scale, it is found that in both groups, the resiliency traits (Internal Assets) are the most valued, followed by external protective factors (External Assets) and, finally, the Response Set Breakers.

Self-Concept Competence Scale

Regarding the self-concept of competence, it was observed that the group of non-institutionalized young had a higher average ($M = 3.58$, $SD = .52$) and that the mean was significantly different between non-institutionalized and institutionalized respondents ($t = 2.96$, $p = .004$) (Table 2).

Table 2. Differences in Self-Concept Competence in the two groups.

| | Institutionalized (<i>n</i> = 76) | | Non-institutionalized (<i>n</i> = 82) | | <i>t</i> | <i>p</i> |
|----------------------------|---------------------------------------|-----------|---|-----------|----------|----------|
| | <i>M</i> | <i>SD</i> | <i>M</i> | <i>SD</i> | | |
| Resolution of Problems | 3.27 | .76 | 3.62 | .60 | .29 | .004 |
| Sophistication in learning | 3.01 | .88 | 3.30 | .76 | 1.99 | .049 |
| Prudence in learning | 3.03 | .90 | 3.36 | .73 | 2.32 | .022 |
| Social Assertiveness | 3.46 | .78 | 3.74 | .64 | 2.27 | .025 |
| Social Cooperation | 3.53 | .81 | 3.98 | .67 | 3.45 | .001 |
| Divergent Thinking | 3.24 | .89 | 3.47 | .76 | 1.60 | .113 |
| Self-concept of competence | 3.26 | .72 | 3.58 | .52 | 2.96 | .004 |

The analysis of the six subscales shows that they all have the same trend, with the average always being higher in the group non-institutionalized young, except in the subscale of Divergent Thinking, in which there was no statistically significant difference ($t = 1.60, p = .113$) (Table 2).

Life Event Checklist

The analysis of results shows that, for non-institutionalized young people, the more significant stressful life events are school failure (43.9%); parent divorce (41.5%); school change (34.1%); prolonged absence of the father (30.5%); home moving (29.3%); the support of social assistance services (25.6%) and financial problems (20.7%). The experiences less commonly reported were the death of a brother (1.2%); being a victim of home abuse (1.2%); alcoholic mother or mental illness (1.2%) and being involved with the services of the Children and Youth's Protection Commissions (1.2%) (Table 3).

Table 3. Life Event Checklist Results - Non-institutionalized group.

| Life Event | <i>f</i> | % |
|--|----------|------|
| School failure | 36 | 43.9 |
| Parent divorce | 34 | 41.5 |
| School change | 28 | 34.1 |
| Prolonged absence of the father | 25 | 30.5 |
| Home moving | 24 | 29.3 |
| The support of social assistance services | 21 | 25.6 |
| Financial problems | 17 | 20.7 |
| Mother's job loss | 15 | 18.3 |
| Father's job loss | 8 | 9.8 |
| Mother's severe illness | 6 | 7.3 |
| Young disease | 6 | 7.3 |
| Father's severe illness | 6 | 7.3 |
| Mother's prolonged absence | 5 | 6.1 |
| Problems with the justice | 4 | 4.9 |
| Alcoholic father | 4 | 4.9 |
| Rejection problems in class | 4 | 4.9 |
| Severe family discord | 4 | 4.9 |
| Bullying at school | 4 | 4.9 |
| Problems with the use of substances (drugs / alcohol) | 3 | 3.7 |
| Brother or sister with disabilities | 2 | 2.4 |
| Death of father | 2 | 2.4 |
| Death of brother or sister | 1 | 1.2 |
| Victim of home abuse | 1 | 1.2 |
| Mother alcoholic mother or mentally illness | 1 | 1.2 |
| Accompaniment by the Children and Youth's Protection Commissions | 1 | 1.2 |

With reference to the criteria proposed by the authors (four or more stressors events throughout the individual's life point to a risk status) most non-institutionalized young respondents are not at risk (62.2%, $n = 51$).

Relations between resilience, self-concept competence and gender

The results show that in the institutionalized group the average of the subscales of the School Involvement ($t = 2.66, p = .010$) and Family Involvement ($U = 199.5, p = .033$) (External Assets - protective factors) are statistically higher in females.

Considering also the institutionalized young people, significant differences were observed in two factors for the resilience traits, particularly in the Internal Assets, concluding that the average in Empathy is higher in females ($U = 189.0, p = .017$), while the average of the Problem Solving is marginally higher in males ($U = 211.5, p = .055$).

In the sample group of non-institutionalized young, regarding protective factors, the only significant differences are in Involvement with Peers Group ($t = 2.26, p = .027$), whereby female respondents have a higher average. It was possible to find significant differences in Internal Assets ($t = 2.33, p = .022$), and it was observed that the average in female respondents is higher. The same trend was found in the factors Empathy ($t = 2.07, p = .042$), Problem Solving ($t = 1.86, p = .067$), and Goals and Aspirations ($t = 1.90, p = .061$), the differences being statistically significant in the first case and marginally significant in the second.

The analysis shows that gender does not seem to significantly influence the self-concept of competence. Only marginally significant results were found in the subscale of Cooperation and Communication ($t = 1.88, p = .067$, and $t = 1.93, p = .057$), and in this case it can be concluded that whether institutionalized or not, the average of the young females is higher.

Age, school grade and school retentions

Age also does not seem to reveal any statistically significant association with resilience, regardless of respondents being institutionalized or not. The influence of school grade on resilience appears to be minimal. In short, the only statistically significant correlations found between the school grade and resilience were in the factors Cooperation and Communication ($r = .421, p < .01$), and Goals and Aspirations ($r = .516, p < .01$), in the group of institutionalized youth. In this group, there is a correlation of moderate magnitude, i.e. institutionalized youths have higher values in the Cooperation and Communication and the goals and aspirations, as the level of education increases.

Finally, when the analysis involves the variable school retentions (number of years), it is possible to conclude that, in institutionalized young people, in general, a greater number of retention is significantly associated with lower levels of resilience ($r = -.357, p < .05$). Specifically, in this group, the protective factors, External Assets ($r = -.364, p < .05$), Internal Assets ($r = -.441, p < .01$) and the Response Set Breakers ($r = -.397, p < .01$) are negatively associated (moderate magnitude effect) with the number of years of school retention.

In the group of non-institutionalized young, the number of years of school retention are significantly negatively correlated (low magnitude) to the factor Goals and Aspirations ($r = -.273, p < .05$) and the Response Set Breakers ($r = -.245, p < .05$).

It is also found that, regardless of being institutionalized or not, age seems to have no statistically significant association with self-competence. However, when the analysis focuses on the possible influence that the grade attended may have on the self-competence, positive associations in institutionalized respondents were found, namely in the Total scale ($r = .312, p < .05$) and in the subscales of Sophistication and Learning ($r = .351, p < .05$) and Prudence in Learning ($r = .373, p < .01$) (weak magnitudes).

In general, it can be concluded that in this group of respondents, the self-concept of competence tends to be higher when the grade attended in school is more advanced. Finally, since a statistically significant correlation was only found when involving the number of years of school retention, in particular in the subscale Learning Sophistication ($r = -.263, p < .05$) and only in the group of non-institutionalized young, it was concluded that the number of years of school retention does not seem, in this sample, to influence the self-concept of competence.

Home visits

It is possible to observe that, notwithstanding the average of the results of resilience (HKRAM) being slightly higher in respondents who visit their respective families (with the exception of the factor Self-efficacy), these differences were not statistically significant ($U = -.85, p = .395$). Similarly, statistically significant differences were also not found in the self-concept of competence and the home visits ($t = .13, p = .894$).

Relations between resilience, self-concept competence (institutionalized youths)

When considering the institutionalized young people, the data suggests that there is a positive correlation (strong magnitude) between the resilience (HKRAM) and the self-concept of competence ($r = .712, p < .05$), i.e., as the resiliency traits are most accentuate, the self-concept of competence also tends to be higher, or vice versa (Table 4).

Table 4. Relations between Resilience and Self-concept competence (institutionalized group).

| | Total HKRAM | External Assets | Internal Assets | Response Set-Breakers | Total Self concept of competence |
|----------------------------------|-------------|-----------------|-----------------|-----------------------|----------------------------------|
| Total HKRAM | - | .897** | .895** | .812** | .712** |
| External Assets | .897** | - | .794** | .593** | .584** |
| Internal Assets | .895** | .794** | - | .548** | .785** |
| Response Set-Breakers | .812** | .593** | .548** | - | .460** |
| Total Self concept of competence | .712** | .584** | .785** | .460** | - |

Relations between resilience, self-concept competence and risk status (non-institutionalized youths)

Analyzing the relationship between resilience, self-concept of competence and the risk status, in relation to the non-institutionalized young people, one can conclude that resilience (HKRAM) is significantly and positively correlated with the self-concept of competence ($r = .486, p < .05$), i.e. there was a tendency to self-concept of competence to be higher to the extent that the resilience is also higher, or vice versa.

In particular, this effect is more prevalent when it involves resilience characteristics (Internal Assets), and the magnitude of effect observed is moderate ($r = .612, p < .05$); in the case of protective factors (External Assets) and Response Set Breakers, the observed magnitudes are relatively weak ($r = .329, p < .05$; and $r = .268, p < .05$ respectively). There is no evidence that the risk status may have any association with the resilience and self-concept of competence.

DISCUSSION

Comparing the results obtained, either in respect to resilience or to the self-concept of competence, there were no significant differences between the institutionalized young people and non-institutionalized. Despite no significant differences in the two sample groups, both present good results; the non-institutionalized young people present somewhat higher values. These data suggest however, that these institutionalized youth present protective factors in their lives. In fact, although the problems associated with institutionalization, it should be mentioned that these institutionalized young present values of resilience and self-concept of competence within the satisfactory range.

Several studies indicate that resilience processes can develop when there is a support network, such as support teams and professionals in the institutions and in school (Tomazoni & Vieira, 2004). Professional's psychosocial support may contribute to the development of the ability to deal with adversity, promoting resiliency features and an adaptive development (Ocasio, Staats, & Van Alts, 2009; Rutter, 2006; Siqueira & Dell'Aglio, 2007).

The results suggest that these young people probably found in the institution a secure base through which they feel a sense of belonging and security, developed a good self-esteem, an internal sense of worth and competence, self-efficacy, sense of mastery and control, along with an accurate understanding of personal strengths and limitations (Gilligan, 1997).

Regarding the variable self-concept of competence, the data reveal that there are significant differences between the groups, with the non-institutionalized young having a higher self-concept of competence. Taking as reference the scientific literature, the self-concept of competence is largely influenced by the individual experience, as well as the identification to primary caregivers. It can be inferred that institutionalized young people seem to have a more fragile self-concept, which is corroborated by the study developed by Chapman, Wall and Barth (2011). In this context, the study from Baia (2009) may also be referred to, wherein the non-institutionalized young group has a higher self-concept of competence when compared to the group of institutionalized young. These data point to the need for the institutions to promote the development of resilience and self-concept of competence.

Analyzing the relationship between resilience and socio demographic variables, it appears that for the gender variable in the group of institutionalized youth, the average result from the School Involvement and Family Involvement are significantly higher for the female gender. Nevertheless, there are some controversies regarding the variable gender as protection factor in adolescence (Rutter, 2006), the results from the current study seem to indicate that this sample may also show this trend.

Significant differences were observed in two factors for the resilience traits (Internal Assets) in the institutionalized group of youth. Specifically, it was found that on average Empathy is higher in female subjects, while the average of the Problem Solving is marginally higher in males. For these results, the hypothesis can be in accordance with some scientific literature that girls seem to be more sensitive and able to put themselves in another person's place, showing better results in empathy, while boys seem

more concerned with external situations, thus revealing higher results in their problem solving skills (Rueckert, 2011). Indeed, the issue of higher empathy in females is also referred to by Benard (2012).

Considering the protective factors for non-institutionalized young, significant differences were only found in Peers Group Involvement, in which the female respondents had a higher average. The same results were found in the study of Silva (2009) and the average of affective relations in the female group is significantly higher than in the male group.

With regard to resilience traits in the non-institutionalized youth group, significant differences were found in the Internal Assets, and it was observed that the average for the female gender is higher. The same trend was found for the Empathy, Problem Solving and in Goals and Aspirations. The differences are statistically significant in the first case and marginally significant in the other. The results obtained by Silva (2009) are similar, revealing that the average female group is significantly higher than the male group in the following factors: Cooperation and Communication, Empathy and Problem Solving.

Taking into account the variable age, regardless of young people whether or not institutionalized, it appears that age does not seem to have any statistically significant association with resilience. It should be noted that some researchers suggest that age might be a protective factor for resilience (Constantine & Benard, 2001; Daniel, 2007; Havlicek, 2011; Martins, 2005). However, the results obtained in this study can be justified by the fact that young people are aged between 15 and 18 years old, and do not exist a great variability in relation to developmental tasks of this stage of the life cycle.

Regarding the influence that the grade attended may have on resilience, the study only found statistically significant correlations between attended school year and the factors Cooperation and Communication and Goals and Aspirations, and this only occurred in the group of institutionalized young people.

In short, in this group there is a moderate tendency for the Cooperation and Communications whereas Goals and Aspirations presented higher results, insofar as the scholar grade attended is more advanced. This result is interesting since that institutionalized young people will have to put into action all the means at their disposal, cooperating and communicating with others and setting goals for their life, in order to overcome the adversities they face in their lives.

Similarly, the results of Baia (2009) support these findings. This study showed that regardless of young people being institutionalized or not, students with more qualifications will have more effective mechanisms for successful adaptation to risk factors. These data also seems to agree with the theory of resilience which argues that the grade attended and age seems to predispose people to develop a greater ability to overcome difficulties (Daniel, 2007; Leve et al., 2012; Rutter, 2006).

When the analysis involves retentions in school, it is possible to conclude that, in institutionalized young people, in general, a greater number of years of retention is significantly associated with lower levels of resilience. Specifically, it was observed in this group that External Assets (protective factors), Internal Assets (resilience traits) and the Response Set Breakers are negatively associated (moderate effect magnitude) to the number of years of school retention. These results are corroborated by Cicchetti (2013), who states that the academic achievement and school success are associated with greater resilience. Ungar and Liebenberg (2013) similarly explore the importance of contextual factors, including external resources and involvement in the community, as protective factors in resilience and school success.

In the group of non-institutionalized young people, the number of years of school retention seemed to be significantly and negatively correlated with the Goals and Aspirations and the Response Set Breakers (low magnitude).

Analyzing the relationship between self-concept of competence and socio demographic variables, it appears that the variable gender does not seem to significantly influence the self-concept of competence. In fact, marginally significant results were only found in subscale of Social Cooperation. Thus, it can be concluded that regardless of young people whether being institutionalized or not, the female mean is higher than that of the males. These results corroborate those obtained by Magalhães et al. (2003), who reported that the girls are more competent in terms of social cooperation. The same was also observed in the study from Faria (2002).

The variable age, regardless of being institutionalized youth or not, shows no statistically significant association with self-competence. However, these findings are contradict by the scientific literature, since according to Faria (2002), increasing age tends to promote greater knowledge about oneself.

When analyzing the influence that the grade attended has on self-competence in the institutionalized young, positive associations were found in the total scale and the subscales of Sophistication and Learning, and Prudence in Learning, but this was relatively small.

In general, it seems reasonable to conclude that, in the group of institutionalized youth, the self-concept of competence tends to be higher as the grade attended is more advanced. In fact, the literature indicates that young people in higher education have higher development levels of identity. These results are corroborated by those obtained by Faria (2002), who also found differences regarding the cognitive dimensions Prudence in Learning, and Sophistication and Learning, and with the social dimension of Assertiveness, which reveals that, as young people develop, they acquire greater self-confidence in their abilities.

Concerning the school retention factor, a significant correlation was found in the group of non-institutionalized youth, in particular for the subscale Sophistication and Learning.

Results indicated that institutionalized youth show lower results in the characteristic of resilience, particularly in the Internal Assets, with statistically significant differences in Cooperation and Communication, Self-efficacy, and Goals and Aspirations. In these cases, similar trend differences have been observed, i.e., non-institutionalized young exhibit higher means, which are especially pronounced in the Goals and Aspirations factor. These results corroborate those obtained by Baia (2009), and by Collins, Spencer and Ward (2010), which reveal that young people living in children's homes have more fragile motivation as well as their goals and expectations. In this sense, as Sullivan, Jones and Mathiesen (2010) defend, a good coordination is necessary between professional staff within institutions, i.e., it is important that multidisciplinary teams can act to reduce the negative effects and respond appropriately to the needs of these children and youth.

Concerning the protective factors (External Assets), and despite not having found statistically significant differences between the two groups compared, it is possible to conclude that in the group of institutionalized youth, the average School Involvement is significantly higher and the average Peers Group Involvement is marginally lower.

This appreciation of the School Involvement can be explained by the need that these young people have to link up to significant people, attending to their emotional needs and emotional fragility, and that the school and teachers can play a protective role and become a resilience factor.

In the study from Silva (2009), with institutionalized youth, although higher average has been attained on Family Involvement factor, followed by Community Involvement, the less perceived external protective factor was, as in the current study, the Involvement with Peers Group.

Although in the literature it is considered that the peers play an important role in adolescent life, institutionalized youth of this sample report more adults as protective factor than the peer group. Thus, the fact that institutionalized young people value more the school involvement than the non-institutionalized youth seems to make sense, because, according to Raviv et al. (2010), the school community can contribute to strengthen the resilient process of adolescents, who find compensatory identification figures in school.

In analyzing the three general resilience indicators, it can be seen that in both groups the highest average is found in Internal Assets, followed by External Assets, and, finally, in the Response Set Breakers. These results indicate that internal resilience factors are those most valued by young people. The same results were found in studies of Baia (2009) and Silva (2009). This trend is also supported by Collins, Spencer and Ward (2010) and Gilligan (1998).

With regard to the various dimensions of Self-concept Competence, it was observed that the averages are higher in the group of non-institutionalized young, except in the subscale of Divergent Thinking (dimension creativity), which did not show significant differences between the two groups.

The results obtained in the current study are relevant and raise many questions related to the development of institutionalized youth. Although it can be said that these young people are resilient in all areas of their life, what is certain is that, despite this, the competence of self is more fragile than that of their peers. These results corroborate those obtained by Baia (2009). The averages are higher in young people living with their families, in relation to first the social dimension, then the creativity dimension and, finally, the cognitive dimension.

In order to determine the relationship between home visits, on one hand, and the resilience and self-concept of competence of institutionalized youth, on the other hand, it was found that, despite the average resilience being somewhat higher in young people visiting family (with the exception of Self-efficacy), these differences were not statistically significant. These results, though the differences are not significant, point to the importance of the family, since young people that often go home have more resilience mechanisms and self-concept of competence. These mechanisms allow them to deal more effectively with the difficulties they face in their lives (Rutter, 2006). The results of the current study are also supported by the constructivist theory of resilience, which defends the relevance and role of the family involvement and emotional relationships for the development of resilience (Constantine & Benard, 2001; Daniel, 2003, 2007; Masten & Powell, 2003; Rutter, 2006).

In this context, according to the theory of resilience, even when the family as a whole does not perform their duties properly, provided that at least some family members meet the needs of children and young people, this will eventually work as a protective mechanism and resilience factor (Rutter, 2006).

The analysis of the relationship between home visits and the competence of self-institutionalized young people shows no statistically significant differences. These results are contrary to those obtained in the study of Baia (2009) in which young people who used to visit the family home have higher levels of competence of self, suggesting that the family may hold an important role in development of competence of self.

The analysis of the relations between Resilience and Competency Self-concept in institutionalized young people shows a strong positive correlation; that is, as the resilience is greater, also the competence of self tends to be higher, or vice versa. These results are corroborated by scientific literature, which supports the existence of a relationship between resilience and self-concept of competence, since the resilient subjects present behaviors and skills similar to those subjects who perceive themselves as competent (Benard, 2012; Ocasio, Staats, & Van Alts, 2009).

The analysis of the relationship between resilience, self-concept of competence and risk status, leads to conclude that in the group of non-institutionalized youth, resilience is significantly and positively correlated with the self-concept of competence; i.e., the higher the perception of resilience, the greater the perceived competence of self, or vice versa. This effect is most noticeable when it involves resilience traits (Internal Assets), where the strength of the observed effect is moderate; in the case of protective factors (External Assets) and Response Set Breakers, the strengths are relatively weak. The same trend is observed in the study of Baia (2009), who also found a significant correlation in institutionalized young people, suggesting that the higher the self-concept of competence, greater, the resilience.

It was found that, with non-institutionalized young, stressful life events are more common and likely to put them at higher risk. The most salient life events reported were the school failure, parents' divorce, school change, the prolonged absence of the father, home moving, the support of social assistance service and financial problems.

In the study of Meireles and Xavier (2010), results were similar and the most stressful life events were the absence of the mother or father, school problems in the past, school failure and retention, financial difficulties and mistreatment. Results have shown no evidence that these risks may be associated with resilience and self-concept of competence, at least in this sample.

The results showed no significant differences between the two groups in terms of resilience. Despite of that the non-institutionalized sample revealed higher scores on the self-concept of competence and there is a strong positive correlation between resilience and self-concept of competence amongst the institutionalized sample.

It is important to emphasize that there are differences between the institutions and even within institutions in the care provided. Despite that, according the constructivist perspective of resilience, the results from this study allow us to conclude that it is crucial to develop strategies and mechanisms for the development of resilience in care institutions. When the rights to protection, provision and participation in a holistic and multi-agency setting are met, it is possible to say that these factors reduce vulnerability, increase resilience and promote the development of self-concept of competence in institutionalized young.

Several limitations to this study can be identified when interpreting the results. First, the size of the sample makes it impossible to generalize from the results obtained. Secondly, the cross-sectional design of the study prevents the identification of causal relationships between the variables. Finally, the resilience assessment tool is not specifically adapted for institutionalized youth, and also the exclusive use of self-report measures poses some limitations, as to the effect of social desirability. Future studies should take into account these limitations and focus on studying the impact long-term institutionalization.

Results of this study should be viewed as a contribution to a better understanding of these issues. When young people develop resilience and self-concept of competence, they are able to cope with, adapt to, and recover from even the most substantial challenges. Developing resilience and self-concept of competence is markedly essential for young people living in residential care and for them to grow and succeed as adults.

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