

GIRLS IN CHILD PROTECTIVE SERVICES: A MIXED METHODS EXPLORATION OF  
SELF-PERCEPTIONS, INTERPERSONAL CONNECTIONS, AND ACADEMIC  
RESILIENCE

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## Abstract

**Aim:** The aim of the present study was to advance the understanding of academic resilience among girls in the care of child protective services. Using a developmental framework of resilience this research examined: the academic experiences of girls in care, the capacity of girls in care to form positive self-perceptions, as well as secure, supportive relationships, and the influence of self-perceptions and interpersonal connections on academic resilience.

**Method:** A mixed methods design was used, where 44 adolescent girls in care completed interviews and questionnaires. Their caseworkers provided additional background information. Qualitatively, academic resilience was examined through girls' accounts of their educational experiences and their views of self and others in relation to their academic progress. Quantitative indicators of academic resilience included enrollment history, attendance, engagement, achievement, and progress through the standard curriculum. Analyses included an integration of qualitative and quantitative data.

**Results:** A thematic analysis indicated that participants' accounts of their academic / career path fell along a spectrum. Five sub-themes capturing different sets of experiences were defined: diverted, stuck behind, catching up, on track, and succeeding. Resilience was interrelated with self-perceptions and interpersonal connections as participants described experiencing helplessness, dependence, self-reliance, or autonomy through connection. Quantitative findings indicated that participants' views of their own academic progress were correlated with external indicators of academic progress. As predicted, higher self-esteem and more secure relational styles were also linked with academic resilience. A content analysis revealed that the presence of a more extensive support network, and the

experience of autonomy in one's own academic / career path, were associated with multiple markers of academic resilience.

**Discussion:** Findings from the present study reinforce the importance of using mixed methods designs when working with vulnerable populations. Findings suggest that conditions supporting resilience are optimized when the need to feel worthy and autonomous functions in harmony with the need to be connected to others who are supportive and safe. Strategic, developmentally grounded interventions promoting the development of adaptive self-perceptions and secure relationships within broader networks of caring individuals have the potential to mitigate poor educational outcomes and enhance the lives of girls in care.

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## **Girls in Child Protective Services: A Mixed Methods Exploration of Self-Perceptions, Interpersonal Connections, and Academic Resilience**

Fundamental to the study of developmental psychology are the questions of how well an individual is doing at any given point in their life course: Are they on track in life? If they are off track, why so? And what, if anything, can we do about it? Efforts to understand and systematically measure individual differences in functioning across the life span gave rise to the identification and study of age-salient developmental tasks (McCormick et al., 2011). During the adolescent years, age-salient tasks involve dynamic shifts and expansion within the social domain, as well as the further consolidation of individual identity. Relationships with caregivers evolve as adolescents become more independent, develop deeper connections with their peers, and begin exploring potential romantic relationships. At the same time, adolescents begin to form more stable and cohesive perceptions of themselves, rooted in a growing understanding of their place within the social world (Bronfenbrenner & Morris, 1998; Connolly & McIsaac, 2011; McCormick et al., 2011).

Academic competence also begins to take center stage during adolescence. Whereas children are expected to master basic skills and learn to regulate their behaviour, teens become increasingly responsible for their own achievement, attendance, and engagement in school. They start to make decisions about individual interests and they begin to consider possible career pathways in line with their goals for the future (Masten et al., 1995; McCormick et al., 2011).

Youth who have been placed in out-of-home care through child protective services (hereafter, “youth in care”), face significant adversity early in their lives. For these youth, experiences of neglect and abuse may disrupt normative developmental processes and developmental task attainment. Accordingly, we see youth in care struggling emotionally, behaviourally, and

socially (Faulkner et al., 2014; Flynn et al., 2004; Taussig, 2002). The impact of early adversity is perhaps most striking in education. The achievement gap between youth in care and youth in the general population is immense and pervasive (Piescher et al., 2014). Failure and drop-out rates are high and several large-scale studies report that very few youth in care excel academically (Flynn et al., 2004; Mersky & Janczewski, 2013; Trout et al., 2008).

Challenges with academic competence in adolescence carry over to emerging adulthood, where unemployment, incarceration, poverty, and homelessness are realities for many young people exiting care (Mersky & Janczewski, 2013; Montgomery et al., 2006). For girls in particular, success in emerging adulthood is closely tied to academic competence in adolescence (Masten et al., 1995). The experiences of girls in care are distinct from the experiences of boys, with different factors influencing whether they become entrenched in a life of continued adversity and hardship as emerging adults. Namely, teen pregnancy and parenthood, sexual violence, and sex trafficking all overwhelming impact girls with child welfare histories (Baird et al., 2020; Collin-Vézina et al., 2006; Dworsky & Courtney, 2010; Hovsepian et al., 2010; Svoboda et al., 2012).

An extensive body of research has focused on the experiences of early adversity and maltreatment that youth in care face, with negative developmental outcomes appearing ubiquitous. However, researchers have also noted evidence of positive adaptation, suggesting that some youth in care are successfully navigating age-salient developmental tasks with stories of growth and success, seemingly against all odds (Flynn et al., 2004; Taussig, 2002; Yates & Grey, 2012). At this time, the field of resilience research has begun to deepen our understanding about what truly makes a difference in the lives of vulnerable youth (Masten & Reed, 2002; Masten, 2011).

## **Overview of the Present Study**

The aim of the present study is to contribute to the field of research and practice dedicated to improving positive outcomes and enhancing the lives of girls in care. Using a developmental framework, resilience is conceptualized as positive adaptation despite adversity, in terms of age-salient challenges or tasks. The primary age-salient developmental task of interest in this study is academic competence. The vast majority of youth in care struggle academically and this has significant long-term consequences, at both individual and societal levels. The formation of adaptive self-perceptions and the growth of interpersonal connections are two additional, inter-related, tasks of adolescent development, and thus are also central to this study. Research highlighting the potential for positive functioning in these two domains among youth in care is promising, and the idea of capitalizing on these areas of strength is being recognized within systems aimed at supporting positive outcomes. The combined focus on girls and the developmental stage of adolescence is in recognition of the unique challenges teen girls in care face, the importance of academic competence for their later development, and the opportunity to contribute to knowledge informing specialized policy and programming.

The following review outlines the experiences of Canadian youth in care, developmental outcomes for youth in care, the special case of educational outcomes, and the unique challenges faced by adolescent girls in care. Next, the theoretical perspectives guiding the present study are reviewed. A developmental framework of resilience as well as self-esteem and behavioural systems theories are put forth to frame the exploration of 1) the academic experiences of girls in care, 2) the capacity of girls in care to form positive self-perceptions as well as secure, supportive relationships with others, and 3) the influence of self-perceptions and interpersonal connections on academic resilience.

## **Canadian Youth in Care: A National Perspective**

### ***Demographics***

In Canada, systems and laws concerning child welfare and protection are under the jurisdiction of provincial and territorial governments. As a result, there is regional variability regarding decisions about who receives specific types of services and for how long. Due in part to the large number of agencies providing services, and to the frequency with which placements may change, determining the exact number of youth who are in care at any given time is challenging. Best estimates indicate that across the Canadian provinces, between 62,000 – 65,000 youth are in out-of-home care at any given time, with relatively equal proportions of boys and girls placed in care (Esposito et al., 2014; Jones et al., 2015; Mitic & Rimer 2002; Mulcahy & Trocmé, 2010; Tessier et al., 2018).

Researchers have examined a considerable number of family-level characteristics associated with child maltreatment, the primary reason for youth being placed in care. Data from Canadian families has found that the risk of maltreatment increases in households that regularly run out of money, rely on social assistance, are overcrowded, or experience unsafe housing (Afifi et al., 2015; Esposito et al., 2014). Higher rates of maltreatment are also found among families run by a single parent, families where the mother was an adolescent at the time of giving birth to her first child, and families where parents have mental health difficulties or have faced challenges with the criminal justice system. These family level characteristics tend to co-occur and are also entangled with community-level factors including poverty and limited access to support services. Canada is no different from other parts of the world where difficult social and economic contexts engender the challenges faced in the early lives of youth who are placed in care (Afifi et al., 2015; MacMillan et al., 2013; Trocmé et al., 2004; Trocmé et al., 2013).

Ethnic minority youth are vastly over-represented among youth in care. Researchers have identified several reasons which partly explain this over-representation, including cultural differences regarding appropriate child discipline, and biases in how reports of maltreatment are managed among ethnic minority families. These differences and biases result in longer lasting and more intensive responses to reports of maltreatment, disproportionately impacting Black and Indigenous youth (Fallon et al., 2013; Trocmé et al., 2004; Trocmé et al., 2013).

Furthermore, both historical and ongoing socio-political factors also play a significant role in who is placed in out of home care and why. Recent estimates indicate that more than half of the children and youth involved in child protective services in Canada are Indigenous children, even though these youth only represent 7% of the population of children in Canada (Government of Canada, 2021). Destructive colonial policies which have spanned centuries, and which have included the atrocities of the residential school systems, have had devastating and lasting impacts on Indigenous communities throughout the country (First Nations Child and Family Caring Society of Canada, 2015; Nickel et al., 2020). Harmful government policies have led to and perpetuated poverty, as well as other associated disparities in terms of physical and mental health across multiple generations. The rates of unemployment, poverty, substance abuse, and suicide are all much higher in Indigenous communities when compared to the general population (Blackstock et al., 2004; Brittain & Blackstock, 2015). As a result, access to adequate and safe housing is often a major underlying concern in child welfare investigations within these communities (Fallon et al., 2013; Trocmé et al., 2013).

### ***Experiences Prior to Entering Care***

The exact conditions preceding entry into care are diverse; however, experiences of maltreatment and significant early adversity are a common thread among youth in care. At one

end of the spectrum there are youth who experienced overwhelming abuse, neglect, and deprivation. These youth may have had minimal interactions with caregivers or solely abusive interactions. At the other end of the spectrum there are youth who were being raised in nurturing environments until traumatic events changed their lives. Accidents, illnesses, death, imprisonment, war, natural disasters, or other tragedies may have led to changes in family systems where parents were no longer present or able to provide care. Typically, the experiences of youth in care fall somewhere between having been severely abused and neglected, or appropriately nurtured (Dozier & Rutter, 2016). Generally, youth who are considered to be in need of protection are those who have suffered or are at risk of suffering physical, sexual or emotional harm or maltreatment. Maltreatment may take the form of abuse directed at or witnessed by a child or may be the indirect result of neglect or incapacity to adequately provide food, shelter, supervision, or safety (Child, Youth, and Family Services Act, 2017). According to data from the Canadian Incidence Study (Afifi et al., 2015), neglect and exposure to parental violence are the most common forms of maltreatment across the country followed by physical abuse, emotional abuse, and sexual abuse. Different forms of maltreatment tend to co-occur, and many youth experience more than one type. Most forms of maltreatment impact boys and girls equally, with no significant gender differences in prevalence rates. However, sexual abuse is an exception as girls are the victims in 75% of substantiated sexual abuse reports (Afifi et al., 2015).

When reports of maltreatment are substantiated, the efforts of child protective services can take several possible routes. Youth are rarely removed from their homes and if they are, the placement is usually meant to be a temporary one. Existing family relationships are seen as important and disruptions to the child's life are meant to be minimal where possible. However, if it is determined that parents or other caregivers are unable to provide a safe environment for a

child, that child may be permanently removed from their home of origin (Ministry of Children, Community, and Social Services, 2019). Only about three percent of all maltreatment investigations result in out of home placements for youth in Ontario (Fallon et al., 2015).

Youth in care are distinct from other maltreated youth whose families are encouraged to access voluntary support services or whose families are connected to child protective services on a mandatory, but temporary, basis. While all groups have maltreatment histories, the nature of the maltreatment is a major factor influencing the shape that services will take. The decision for placement outside of the family home is typically made when there have been multiple maltreatment investigations, the maltreatment has been longer lasting, or maltreatment has been severe (e.g., requiring medical attention or hospitalization). Compared to other maltreated youth, youth in care are more likely to have parents or caregivers who continue to live high risk lifestyles involving violence or substance abuse, preventing them from being able to provide a safe environment (Esposito et al., 2014).

Importantly, this general finding may not be applicable to Indigenous youth in care as Indigenous youth are more likely to be removed from their homes even when they have not had maltreatment experiences comparable to other youth placed in care (Fallon, et al., 2013; Trocmé et al., 2013). Due to a severe lack of prevention and support services, particularly in more isolated or remote communities, less intrusive and disruptive options for keeping Indigenous youth safely in their homes have not been made available (Blackstock, 2011; First Nations Child and Family Caring Society of Canada, 2015).

### ***Experiences in Care***

The experiences of youth once they have been placed in out-of-home care can be quite diverse. In Canada, the most common placement for a youth entering care is with a foster family

(Esposito et al., 2014; Fallon et al., 2015). For many youth, placement in a foster home means safety, security, access to support services, and the opportunity to establish reparative relationships with new caregivers (Mersky & Janczewski, 2013). Placement in nurturing, stable environments has the potential for significantly enhancing the lives of youth who may have had exceedingly challenging lives up to that point. In a large Canadian sample of youth in care, Tessier and colleagues (2018) found that youth were indeed likely to be doing well if they were placed with caregivers who offered them stability, a permanent home, and who believed in their capacity for success. However, for some youth, out-of-home placement can be very challenging despite best efforts to minimize disruptions and provide safety and support.

Humans are biologically predisposed to form bonds with caregivers, and children possess a cognitive bias whereby they are likely to view caregivers in a positive light regardless of maltreatment. Thus, disruptions in these caregiver bonds are challenging for youth entering care, even when they have experienced neglect or abuse, and even when they understand they are moving to a safer or more stable environment. Upon entering care, many youth are in crisis as they cope with loss and separation (Milan & Pinderhughes, 2000), and disruptions are not limited to home placements, as youth are also likely to face school changes and separation from their peers and activities (Fong et al., 2006). Furthermore, while child protective services aim to provide stable placements for all youth, this goal is not always met. Many youth face placement instability after entering care as continued upheavals are not uncommon (Esposito et al., 2014; James et al., 2004; Trout et al., 2008). For many Indigenous youth, an over-reliance on out-of-home care has represented a continuation of the destructive policies which have separated Indigenous children from their families and cultures across multiple generations (Nickel et al., 2020).

## **Developmental Outcomes for Youth in Care**

### ***Threats to Healthy Development***

Decades of research have exposed the negative, pervasive, and long-lasting impact of maltreatment on developmental outcomes (Keiley et al., 2001). Longitudinal research has highlighted that children who experience early maltreatment are far more likely to demonstrate a variety of difficulties compared to non-maltreated children, including emotional difficulties such as anxiety, depression, and aggression, as well as social and behavioural difficulties. In a 12-year prospective study, Lansford and colleagues (2002) found that maltreatment doubled the likelihood of having significant difficulty in either academic, psychological, or behavioural domains and tripled the risk of having difficulties across multiple domains. Importantly, factors associated with maltreatment such as socioeconomic status, family stress, and single-parent status were controlled for in this study in order to better isolate the unique effects of maltreatment. While, maltreatment is often embedded within challenging family and social conditions, research from community samples has illuminated the negative impact of maltreatment on development, over and above what can be explained by these other forms of adversity (Lansford et al., 2002). Furthermore, research has also identified that different maltreatment experiences often occur in combination and that experiencing multiple forms of maltreatment has a cumulative effect. The poorest outcomes for youth in terms of their well-being and their psychological adjustment are consistently associated with having experienced an increased number of maltreatment subtypes (Berzenski & Yates, 2011; Chan et al., 2011; Hazen et al., 2009).

Narrowing the scope of maltreatment research to samples of youth in care, the negative impact of maltreatment is magnified. When young children in care are compared to age-matched

children with similar socioeconomic backgrounds, those in care are more likely to demonstrate delays in their physical development, cognitive functioning, and language development (Pears & Fisher, 2005). In a recent review, Krier and colleagues (2018) brought to light that many studies of youth in care are finding that these youth are experiencing language difficulties. Given that language impairments are predictive of frustration, aggression, and isolation from typically developing peers (Romano et al., 2015), it follows that we would see youth in care struggling emotionally and socially. Indeed, youth in care are vulnerable to significant difficulties with anxiety, anger, and sadness as well as low self-esteem (Faulkner et al., 2014; Flynn et al., 2004; Taussig, 2002). Significant mental health difficulties are common and research has found that in some samples of youth in care, the majority are taking psychotropic medications (Ferguson et al., 2006; Hamilton et al., 2011). Socially, challenges are present with their peer relationships and later, with romantic partners. It has been found that youth in care are vulnerable to bullying within their peer groups and to severe forms of violence within their dating relationships. Re-victimization is a reality for many of these youth, as victims of childhood maltreatment are likely to be victimized again as they grow up, with heightened risk of abuse across multiple interpersonal contexts (Collin-Vézina et al., 2006; Finkelhor et al., 2009; Mohapatra et al., 2010).

### ***Individual Differences***

An extensive body of research has outlined the challenges youth in care face throughout their development; however, some researchers have pointed out that youth in care are a heterogeneous group. While the risk for an array of difficulties is indeed elevated, poor outcomes for youth in care are not universal (Flynn et al., 2004; Taussig, 2002; Yates & Grey, 2012). In a study examining behavioural difficulties among youth in care, Taussig (2002) highlighted that not all, and not even the majority of youth, had clinical levels of behavioural problems. While they

found social and emotional difficulties were more prevalent among youth in care, they also found that nearly one third were demonstrating high degrees of social and emotional functioning. Furthermore, youth in care were indistinguishable from their age-matched peers in terms their self-esteem and their prosocial behaviours. A similar link between positive self-perceptions and better social and behavioural functioning has also been identified in other samples of youth in care (Taussig, 2002; Collin-Vézina et al., 2006). The ways in which youth view themselves and the ways in which they behave socially appear to be two interrelated areas of development where youth in care present with substantial variability in their functioning. Early adverse experiences have been shown to undermine functioning in these domains (Taussig, 2002; Collin- Vézina et al., 2006), yet for some youth, self-perceptions and interpersonal connections are areas of strength.

### **The Special Case of Educational Outcomes**

In contrast to the variability found in some markers of positive functioning, poor educational outcomes have been consistently found among the vast majority of youth in care. This conclusion has been echoed across several literature reviews and meta-analyses involving maltreated youth and youth in care (Krier et al., 2018; O'Higgins et al., 2017; McGuire & Jackson 2018b; Romano et al., 2015; Scherr, 2007; Trout et al., 2008). The obstacles and experiences youth in care face while progressing through school include educational neglect, a significant achievement gap, falling behind their peers, and aging out of systems.

#### ***Educational Neglect***

Attending to a child's academic needs is a key to healthy development. However, the family and community factors associated with most forms of maltreatment, including poverty, limited resources, and limited social supports are also precursors to chronic neglect of a child's

learning and educational needs. Families who are unable to provide basic necessities or safety, undoubtedly struggle to support a child in their education (Blackmon & Cain, 2015; Larson, et al., 2011; Van Wert et al., 2018). Educational neglect takes on different forms across developmental stages, with neglectful behaviours ranging from failing to introduce a child to letters, words, verbal interactions, and age-appropriate books, to not enrolling a child in school, not providing or arranging for transportation to school, avoiding involvement when a child refuses to attend or engage in school, and expecting children to work (in or out of the home) rather than attend school (Chapple & Vaske, 2010; Romano et al., 2015; Van Wert et al., 2018).

### ***The Achievement Gap***

A meta-analysis examining educational outcomes found that the achievement gap between youth in care compared to youth in the general population is immense (Scherr, 2007). Furthermore, this gap has been found consistently even when controlling for social and economic factors (Piescher et al., 2014). Across studies, youth in care demonstrate lower academic performance in all subject areas and at all grade levels spanning elementary school, middle school, and high school (Mitic & Rimer, 2002; Piescher, et al., 2014; Romano et al., 2015). Furthermore, in comparison to youth in general, youth in care are far more likely to be placed in special education due to learning, emotional, or behavioural difficulties (Zetlin, & Weinberg, 2004; Fallon et al., 2015; Romano et al., 2015). Meta-analytic results suggest that youth in care are five times more likely than their peers to require special education (Scherr, 2007). In a Canadian sample of over 600 youth in care, nearly half were receiving special education services while only 5% were identified as excelling academically (Flynn et al, 2004).

### ***Left Behind***

Despite efforts to minimize disruptions for youth in care, frequent school changes are incredibly common, with some youth reporting up to 10 different school placements prior to entering high school (Romano et al., 2015; Trout et al., 2008). This instability makes it easy for youth to fall behind academically, as they miss important content and continuously need to re-adjust to new settings, curriculums, teachers, and students. Every time a child changes placements and schools, they are at risk of losing months of educational progress (Zetlin et al., 2012). While it is common for youth in care to be identified as needing special education support, formal diagnosis and implementation of appropriate individualized programming requires consistency over time; school transitions interrupt all of these processes (Tessier et al., 2018). Youth in care also present with more disruptive behaviours, and disruptive behaviour events often precede changes in home and school placements (James, 2004; Zetlin et al., 2012). Thus, youth in care experience elevated rates of suspensions and grade repetitions, with high school drop-out rates approaching 40% in some samples (Manseau et al., 2008; Scherr, 2007; Trout et al., 2008). Educational success tends to decline as children get older and the majority of youth in care have not finished high school by the time they are exiting care (Tessier et al., 2018; Zetlin & Weinberg, 2004).

### ***Aging Out of Care***

When youth exit care and enter young adulthood many are doing so without high school diplomas and with limited financial and social support (Montgomery et al., 2006; Zetlin & Weinberg, 2004). Apprenticeships, college programs, and university degrees are reserved for those who have completed high school and youth in care are often left out (Flynn & Tessier, 2011; Mersky & Janczewski, 2013). In a Canadian sample of youth leaving care, age 18-20, approximately one fourth had achieved only a grade ten education or less (Flynn & Tessier,

2011). When a history of academic failure is combined with the realities of aging out of care, the outcomes can be quite devastating. Within a year or two of exiting care, young people are at heightened risk for unemployment, involvement in criminal activity, and homelessness (Mersky & Janczewski, 2013; Montgomery et al., 2006).

### **A Spotlight on Girls in Care**

The influence of gender on academic competence and early career success is complex. Generally, girls tend to outperform boys at school throughout childhood. In line with these findings, reviews of educational outcomes among maltreated youth and youth in care have also pointed to trends where girls appear to outperform boys, particularly in earlier childhood years (O'Higgins et al., 2017; Romano et al., 2015). However, conclusions emphasizing girls' relatively stronger academic performance in comparison to boys must be interpreted cautiously, given that both boys and girls in care are incredibly far behind their peers (Piescher, et al., 2014; Romano et al., 2015). Furthermore, longitudinal data highlights that educational success for boys and girls in care drastically declines over time. While girls in care initially outperform boys, both girls and boys are found to be significantly struggling at a 3-year follow-up as they reach adolescence (Tessier et al., 2018).

Moreover, a convergence of other research highlights that girls in care possess several unique risk factors that interfere with their educational success as they progress through adolescence. These risk factors include severe forms of dating violence, sexual exploitation and trafficking, teen pregnancy, and adolescent parenthood. Specifically, when considering the issue of dating violence, research has found that the prevalence rates for girls in care are more than triple what is found among community samples (Collin-Vézina et al., 2006; Wekerle et al., 2009; Wincentak et al., 2017). The early maltreatment experiences of girls in care place them at

heightened risk for re-victimization experiences, (Faulkner et al., 2014; Wekerle et al., 2009) and approximately one quarter sustain severe injuries from physical attacks in their dating relationships (Collin-Vézina et al., 2006). Further, Collin-Vézina and colleagues (2006) found that these severe victimization experiences were predictive of having lower expectations for future success. Compared to other girls in care, girls with these violent relationship histories reported lower hopes for what they wish to achieve academically and vocationally.

Re-victimization experiences among girls in care also take the form of trading sex for resources and sex-trafficking. The majority of adolescent girls who have experienced sex-trafficking have been involved in child protective services prior to being trafficked (Baird et al., 2020; Countryman-Roswurm & Bolin, 2014). Girls in care also primarily carry the physical as well as the social challenges associated with teen pregnancy. Studies conducted in Canada and the U.S. find that approximately one third of girls in care report a pregnancy by the time they are exiting care (Dworsky & Courtney, 2010; Manseau et al., 2008). Many of these teen girls give birth and the realities of adolescent motherhood translate to continued hardships and entrenchment in poverty. Girls in care who become teen mothers are more likely to prematurely leave school, depend on public assistance, and experience social isolation within disadvantaged neighbourhoods. These challenges place their children at risk for similar trajectories of maltreatment and entry into care (Courtney & Dworsky, 2006; Dhayanandhan et al., 2015; Dworsky & Courtney, 2010; Svoboda et al., 2012).

Overall, being a girl in care is associated with several challenges which interfere with the ability to stay in school and succeed within an academic context (Collin-Vézina et al., 2006; Dworsky & Courtney, 2010; Manseau et al., 2008). Research suggesting that school success has more predictive value for girls compared to boys in terms of academic and career success in

emerging adulthood (Masten et al., 1995) highlights the importance of gender sensitive research for informing approaches to supporting youth in care.

## **Theoretical Framework**

### ***Overview***

Youth in care represent a vulnerable group of adolescents, with early adverse experiences threatening their development physically, cognitively, emotionally, and socially. Poor developmental outcomes are seen across domains and challenges in education are perhaps the most ubiquitous. Violence, sexual exploitation, teen pregnancy, and teen parenthood are gendered issues differentially impacting girls in care, all of which undermine the ability to stay and succeed in school. Furthermore, among girls more so than boys, academic competence predicts whether they will reach later development markers of success. Research highlighting individual differences in the capacity of girls in care to form positive views of themselves and of others, as well as the responsiveness of girls in care to encouragement from supportive adults, is used to frame further investigation of opportunities to promote resilience.

### ***Developmental Framework of Resilience***

Resilience refers to the capacity of a system to “withstand or recover from significant challenges that threaten its stability, viability or development” (Masten, 2011). The construct of resilience is comprised of two essential components: exposure to threatening or adverse conditions and demonstrating positive adaptation, despite these adverse conditions (Luthar et al., 2000). Among youth in care, adversity is a given and those who are doing well are considered resilient (Masten, 2011). Judgments about resilience, or what it means to be “doing well” are based upon an understanding of age-salient, developmental tasks (Masten et al., 1995). According to developmental task theory, evaluations of competence are centered on normative

expectations for people of a given age and these expectations exist within a particular social and historical context. Pertinent to this study, developmental task theory has several important tenets: 1) the ways in which competence may be demonstrated within a developmental domain becomes increasingly differentiated over time, 2) successes and failures in development have cascading consequences, and 3) developmental cascades can be interrupted or even reversed (Masten, 2011; McCormick et al., 2011).

Developmental tasks are recognized as emerging from a convergence of biological, cultural, and contextual changes across development and they provide us with a way to examine whether an individual is on course. Some tasks, such as language development, are universal whereas other tasks, such as attending post-secondary school, may be more culturally and contextually specific. Furthermore, each developmental task includes multiple dimensions of behaviour, and across development there is a growing number of potential pathways for demonstrating competence, or among youth in care, resilience (Masten, 2011; McCormick et al., 2011). Literature specific to academic competence has long focused solely on academic achievement as grades are readily observable outcome measures and thus easy to study. However, it is now understood that competence requires multiple internal and external processes which may manifest in several other educational outcomes beyond achievement (Masten et al., 1995; Yates & Grey, 2012). For example, in early childhood, academic competence includes meeting expectations for self-regulatory behaviour (e.g., staying seated) as well as the development of core academic skills (e.g., reading at grade level) (Masten et al., 1995). By the time individuals reach adolescence, these foundational skills allow for a range of possible opportunities to demonstrate competence and to successfully navigate challenges in subsequent stages. Behavioural markers of academic competence at this stage include going to school,

engaging with the school environment, navigating challenges or setbacks, determining areas of specialization, setting goals, and working towards those goals for the future (McCormick et al., 2011). Beyond achievement, academic competence during adolescence can be characterized by the active pursuit of an academic or career path reflecting realistic individual capabilities as well as the interests and values of the individual (McCormick et al., 2011). Expanding definitions of academic resilience for girls in care to reflect multiple dimensions of competent behaviour is key to understanding how to best promote positive educational outcomes.

Another important tenet of developmental task theory holds that achievement of task expectations at one stage promotes ongoing success, as tasks at any given stage require that prior competencies are built upon, and that skills are integrated (McCormick et al., 2011). For instance, language development sets the stage for learning core academic skills such as reading and writing. These foundational skills then allow for success at school and life-long learning. This cumulative progression is referred to as a developmental cascade (McCormick et al., 2011). In a normative developmental context, developmental cascades propel individuals towards mastery of successive tasks and overall success. However, developmental cascades can also move in the opposite direction. Failures in one domain forecast ongoing difficulties and it is for this reason that early adversity can be so detrimental (Masten et al., 2005). Youth in care experience many threats to development, preventing developmental cascades from ending in mastery (Masten, 1995; McCormick et al., 2011). A problematic cascade may begin with caregivers neglecting to promote early reading skills (Krier et al., 2018) which then leads to children failing to achieve grade level expectations as they progress through school (Piescher, et al., 2014). With multiple home and school placement changes, these children may fall further and further behind, not reaching expected milestones, such as high school graduation (Tessier et

al., 2018). Without successfully tackling the developmental task of academic competence in adolescence (Flynn & Tessier, 2011), youth in care are at a significant disadvantage when it comes to achieving markers of healthy development in emerging adulthood, such as independence and career progression. As a result, we see heightened vulnerability to unemployment, criminality, poverty, and homelessness (Arnett, 2000; Branje, et al., 2014; Mersky & Janczewski, 2013; Montgomery et al., 2006; Roisman, et al., 2004).

However, developmental cascades do not simply flow in this linear fashion; they also involve dynamic interactions between domains (Masten et al., 2005). Functioning across different domains is interrelated. Returning to the example of language development, early language skills do not only prepare a child for academic competence, they also provide young children with a way to express themselves, connect with others and develop social competence. Thus, advancements and challenges with developmental task attainment in any given domain may spread to other domains (Masten et al., 2005; McCormick et al., 2011). Given the dynamic nature of the interactions between different areas of development, the problematic developmental cascade among youth in care, within the academic domain, is also subject to the influence of functioning in other age-salient areas of expected growth. In adolescence, two additional tasks central to development include the formation of an adaptive self-concept as well as more varied and reciprocally supportive interpersonal connections. For some youth in care, early adversity undermines their ability to form positive beliefs about themselves as well secure and supportive relationships with others (Anthonysamy & Zimmer-Gembeck, 2007; Tausig, 2002). Challenges with intra- and inter- personal development may then further propagate an unfavorable developmental cascade within the academic domain as youth in care may not believe in their

own ability to succeed, struggle to form supportive peer relationships, or fail to engage in appropriate help-seeking with teachers (Zetlin et al., 2012).

However, the core assumptions within developmental task theory regarding cumulative and transactional influences also leave space for the idea that directional effects can be altered. Just as adversity may prevent, halt, or even reverse a positive developmental cascade, problematic developmental cascades can also be shifted or interrupted by protective factors (McCormick et al., 2011). Protective factors are factors which promote resilience through their influence on developmental trajectories in the presence of adversity. These protective factors are extensions of basic human adaptation systems found at the level of the individual, relationships, and larger community or social systems (Flynn et al., 2004; Masten & Reed, 2002). While many youth in care exhibit problematic self-perceptions and challenging interpersonal connections, these difficulties are less universal than the ones found in the academic domain. Indeed, for some youth in care, identity exploration leads to the formation of a positive and cohesive self-concept and supportive social systems make space for the formation of positive interpersonal relationships. The ways in which girls in care view themselves and the ways in which they behave socially, may in fact be two interrelated areas of strength. Importantly, just as challenges in any domain may influence competence in another, positive intra-and inter- personal beliefs and experiences may act as protective influences, preventing or reversing problematic academic trajectories (Flynn et al., 2004; Taussig, 2002; Yates & Grey, 2012). Thus, two additional theoretical frameworks are reviewed to connect how the capacity of girls in care to develop positive self-perceptions and interpersonal relationships may support academic resilience.

### *Understanding Self-Perceptions*

Developing a cohesive and adaptive sense of self has long been recognized as a core task of adolescence (Erikson, 1968). While a basic understanding of the self emerges in childhood, it is not until adolescence where more advanced cognitive abilities allow individuals to turn perceptions of themselves into a cohesive narrative, taking into account the past, the present, and the future (Azmitia, 2015). During adolescence, self-esteem becomes particularly salient, as self-perceptions and cognitive appraisals of one's own worth begin to solidify (Rosenberg, 1986). Self-esteem emerges from evaluative processes and these processes involve the integration of information related to successes and failures in development, reflections about the meaning of these experiences, as well as direct and indirect feedback from others about these experiences, and how they may be interpreted. Furthermore, various other factors also shape which information is given more attention and weight and which information is discarded (Kroger, 2000).

With a backdrop of a nurturing early environment, youth master successive developmental tasks, they receive positive feedback from others, and they come to view themselves and their abilities positively. In contrast, the development of high self-esteem is directly interrupted by experiences of abuse and neglect as maltreatment creates a context for youth to internalize negative messages about their self-worth and even blame themselves for the maltreatment they have suffered (Chan et al., 2011; Rosenberg, 1986). Furthermore, common trauma responses to maltreatment, such as fear and dissociation, interfere with the formation of a cohesive and positive view of self (Faulkner et al., 2014). When youth view themselves in fragmented or negative ways, they become more vulnerable to significant psychological difficulties. This trajectory can result in girls engaging in maladaptive coping, turning to alcohol and substance use, and being re-victimized in abusive relationships (Collin-Vézina et al., 2006;

Faulkner et al., 2014; Taussig, 2002). Early maltreatment, maladaptive coping, and subsequent re-victimization all interact in ways which undermine the development of high self-esteem. In turn, this constellation of experiences is known to interfere with academic achievement and career aspirations among girls in care (Chan et al., 2011; Collin-Vézina et al., 2006).

Under certain conditions, however, a maturing cognitive capacity to reflect and interpret experiences means that adolescent girls in care may still develop self-perceptions that are more optimistic. With support, girls in care may develop the viewpoint that abusers are responsible for their actions rather than internalizing blame. They may also come to view maltreatment experiences as a consequence of negative circumstances rather than resulting from an inherent lack of self-worth. Indeed, some research has found that many youth in care have relatively positive views of themselves and sense of pride in who they are (Flynn, 2004; Taussig, 2002). Given that self-esteem has both internal and external sources (Campbell et al., 2010), the development of a view of oneself as worthy following experiences of significant adversity may occur when positive internal reflections regarding choices and values are supported in the context of nurturing and safe relationships.

### ***Understanding Interpersonal Connections***

The need to connect with others is innate and it is thought to originate from an infant's need to attach to a caregiver for survival. According to attachment theory, children attend to and learn about their caregiver's availability, responsiveness to their needs, and whether the behaviour of their caregivers is contingent on their own behaviour. In turn, they develop an understanding of their own self-worth, their capability to master the environment, and a sense of whether the world is a safe place (Bowlby, 1973; 1979; 1982). These early interactions lead to generalizations about the self and about others which become internalized working models.

Working models interact with temperament to guide behaviour in relationships and also act to filter or interpret the behaviour of others. When children experience their caregivers as consistently responsive to them in times of need, they learn to trust that their environment is safe to explore, they feel as though they have a secure base to return to, and they develop a secure attachment style. When children experience caregivers who are emotionally distant or non-responsive, they develop an anxious-avoidant attachment style. These children are distressed when their caregivers are not around but appear indifferent to their caregivers when they are present, mirroring their distant style. When children experience inconsistent caregiving with unpredictable responsiveness, they are likely to develop an anxious-ambivalent attachment style. These children learn that their caregiver's behaviour is not shaped by their own behaviour, which reinforces the sense that their behaviour does not matter, and they present as helpless (Bowlby, 1973; 1979; 1982).

Drawing heavily on early attachment research, Furman and Wehner (1994) developed behavioural systems theory as a way to approach understanding interpersonal relationships beyond the infant-caregiver relationship. According to behavioural systems theory, working models translate into relational styles which are carried forward into social relationships across the lifespan. Relational styles encompass relational views and accompanying behaviours, which parallel early attachment classifications. However, while social relationships later in life may be classified in ways that reflect early infant-caregiver relationships, they also differ in important ways. Later relationships become increasingly reciprocal and collaborative. Attachment continues to play an important role in relationships across the lifespan, however, later relationships also include other elements; namely, mutual affiliation and bidirectional caregiving,

which become integrated along with attachment into secure, dismissing (anxious-avoidant), and preoccupied (anxious-ambivalent) relational styles (Furman & Wehner 1994; Furman, 1996).

Among youth in care, less than optimal developmental experiences are more likely to result in insecure relational styles. While an insecure style does not arrest development, it does direct development down a more challenging path. Secure relationships are linked to positive affect, adaptive coping, and general well-being; however, insecure-dismissing, and insecure-preoccupied styles are linked to distinct, less favourable processes and outcomes (Cicchetti & Valentino 2006; Dozier & Rutter, 2016; Furman & Simon, 2006; Milan & Pinderhughes, 2000). Those with dismissing styles anticipate lack of support or rejection from others. They are less likely to engage in constructive communication, and they are more likely to withdraw from conflict. Less conflict means that there is less opportunity to validate one another's emotions and less opportunity to problem solve in order to enhance relationships. As a result, these relationships are characterized by less positive affect. Those with more preoccupied styles experience relationships as uncertain and their relationships are characterized by heightened conflict. They express more negative affect, and they may exaggerate or demonstrate intensified displays of distress in order to gain affection or attention from others (Furman & Simon, 2006; Simpson et al., 2002). The interpersonal difficulties associated with both insecure-dismissing and insecure-preoccupied styles translate to adjustment difficulties across domains, with findings from large scale longitudinal studies indicating that relational insecurity is predictive of psychopathology and maladaptive functioning across the lifespan (Milan & Pinderhughes, 2000; Milan et al., 2013).

Attachment theorists emphasize continuity from the infant-caregiver relationship to other relationships. Indeed, under normative conditions, research has shown that concordance in

relational styles grows over time (Furman & Simon, 2004). This is because early experiences and expectations of what relationships are meant to be like shape the behaviours of the individual as well as their perceptions of other peoples' behaviours, supporting the self-fulfillment of their expectations (Milan & Pinderhughes, 2000). Additionally, during adolescence the emergence of more advanced cognitive skills allow youth to begin consciously integrating relational styles across different relationships. Thus, by the end of adolescence, one style becomes dominant, and the relational style is no longer just a feature of specific relationships but rather, they become an internalized characteristic of the individual (Furman & Simon, 2004).

While the mechanisms for supporting continuity in relational styles have been elucidated, there is also evidence that relational styles do not always coalesce. Typically, the characteristics and behaviours of caregivers within a family unit are not markedly discrepant. However, when significant discrepancies are present, the formation of a generalized style, whether secure or insecure, is inhibited (Furman & Simon, 2004). Later on, continuity can also be promoted or inhibited by significant interpersonal events, such as the arrival of a sibling, the betrayal of a partner, the support of a best friend through a difficult time, or the loss of a parent. Research examining the impact of significant events on relational styles, suggests that relational styles remain open to re-vision but become less susceptible to change as a result of a single experience, requiring a greater accumulation of experiences in order to shift (Furman & Simon, 2004; Young et al., 2012).

Exceptions to the typical pathway towards concordance are particularly relevant to the study of youth in care. Maltreatment inhibits the formation of secure relational styles and girls in care are more likely to demonstrate the insecure styles found in lower base rates among normative samples. However, these youth are also more likely to have experienced marked

variability across multiple caregiver relationships, making their relational styles within and across relationship categories, less fixed. This may have important implications for understanding the experiences of girls who have been placed in care, and how their relationships may influence resilience in different domains.

### **Study Goals**

The overarching goal of the present study is to contribute to the field of research and practice dedicated to promoting resilience among vulnerable girls. Teen girls in care face unique challenges, interfering with developmental processes and limiting their potential for success. In recognition of these unique challenges, as well as the opportunity to contribute to knowledge informing specialized policy and programming, the current study is firmly grounded in a developmental framework, examining functioning across age-salient developmental tasks, while also recognizing the multidimensional nature of resilience. This study builds upon existing literature to extend the research examining resilience among girls in care through the exploration of 1) the academic experiences of girls in care, 2) the capacity of girls in care to form positive self-perceptions as well as secure, supportive relationships with others, and 3) the ways in which self-perceptions and interpersonal connections relate to academic resilience.

It was hypothesized that participant's views of their own academic progress would be linked to external indicators of academic functioning and that a less extensive maltreatment history and relative stability in home placements would support greater academic resilience. It was also predicted that higher self-esteem and more secure relational styles would be linked to markers of academic resilience, including enrollment history, attendance, and progress through the standard curriculum, as well as higher academic achievement and engagement. Importantly, it was expected that further dimensions of self-perceptions and interpersonal connections, relevant to

the study of resilience, would become elucidated through the thematic analysis of interview data. The themes identified through the thematic analysis would then be further explored using directed content and quantitative analyses. This approach combines using theoretically driven research questions and predetermined variables of interest with additional variables identified from what the participants themselves shared as relevant to their academic functioning. Overall, the present study emphasizes engagement of participants in the research process as well as the integration of their own insights and reflections, as directly reported by them and in their own words. The ongoing study of what makes a difference in the lives of vulnerable youth is advanced through using this mixed methods approach and has allowed for a fuller exploration of resilience among girls in care.

## **Method**

### **Study Design**

The present study was designed through collaborative efforts with researchers at a university working alongside service providers at a child protection agency in a greater metropolitan area of a large Canadian city. The principal researcher drafted questionnaire packages and interview questions which were then reviewed by service providers at the agency. Service providers gave feedback on the areas of research inquiry and highlighted the questions that would be most relevant to them. Service providers also gave feedback and collaborated on decisions regarding which topics could be adequately addressed using questionnaires, and those which would be better addressed in the context of an interview where there could be more attention to nuance and the potential risk related to inquiry about sensitive topics could be minimized. Researchers and service providers also collaborated on decisions regarding which questions would be better answered by caseworkers rather than the girls themselves due to the

sensitive nature of the topics (e.g., reason for entering care). The end result was an integration of questions valuable to both the researchers and the agency. The data used in the present study represents a subset of data from this larger project examining markers of physical, social, and emotional wellness among girls in care.

Through further collaborative efforts, a mixed methods concurrent, triangulation design was agreed upon and implemented. With this design, unique but complementary data was gathered on the same topics, and the data was merged at both analysis and interpretation stages. Qualitative and quantitative data were collected during a single phase, with data collected from multiple sources (e.g., interviews and questionnaires) as well as multiple informants (e.g., girls in care and their caseworkers). Analyses then took place in four steps. First, interview data was examined qualitatively with a thematic analysis. Second, a directed content analysis of interview data was used to ask additional research questions following the thematic analysis. Next, data cleaning, supplementation, and transformation techniques were used to prepare for quantitative analyses. Finally, statistical analyses were conducted on survey data obtained from participants and caseworkers as well as on qualitative data which had been transformed to quantitative data through the content analysis. Thus, qualitative and quantitative data were integrated throughout the analysis stage, prior to the interpretation stage. This triangulation design allowed for conclusions to be drawn about the resilience of girls in care through emphasizing the convergence as well as the comparison of data (Creswell & Plano Clark, 2007; Teddlie & Tashakkori, 2009; Teddlie et al., 2008).

In order to address each of the overarching study questions, qualitative and quantitative data were integrated. Specifically, to explore the academic experiences of girls in care, qualitative data related to academic goals and progress was organized through a thematic

analysis and a directed content analysis. Quantitative data was gathered from participants through questionnaire items pertaining to academic achievement, attendance, and engagement. Further quantitative data was gathered from caseworkers who answered questionnaire items pertaining to enrollment history and educational supports. To better understand the development of self-perceptions and supportive relationships among girls in care, qualitative data was organized through a thematic analysis around themes regarding how the participants viewed themselves and how they viewed others. Further information was gathered through a directed content analysis about self-perceptions as well as the number and type of supportive relationships participants reported. Quantitative data was gathered from questionnaires completed by the participants addressing self-esteem and relational styles. Lastly, to examine how self-perceptions and interpersonal connections relate to academic resilience, statistical analyses were conducted on quantitative data obtained from questionnaires focused on academics, self-esteem, and relational styles as well as qualitative data related to academic themes, self-perceptions, and supportive relationships, which had been transformed to quantitative data through the directed content analysis.

### **Participants**

At the time of the study, the child protection agency identified that there were 70 girls in their care eligible to participate. Eligible participants met the inclusion criteria for age (12 to 20 years old), and placement setting (out-of-home care). Of those 70 girls, 15 informed their caseworkers that they were not interested or were deemed by their caseworkers to be unable to participate due to concerns about their cognitive or emotional capacity to participate, and 55 informed their caseworkers that our research team had consent to contact them. Of the 55 girls who agreed to hear more about our study, six decided that they did not wish to participate, and five could not be

reached through the contact information they provided.

Forty-four girls who were in the care of a child protection agency between Fall 2014 and Fall 2015, completed the study. The mean age of the girls was 16, with approximately one third of the girls in early adolescence (ages 12 through 15,  $n = 14$ ), one third in middle adolescence (ages 16 and 17,  $n = 16$ ), and one third in older adolescence (ages 18 through 20,  $n = 14$ ). During the interview, participants shared that they identified as being from various different ethnic groups, including European-Canadian ( $n = 13$ ), Canadian or French Canadian ( $n = 8$ ), Mixed Ethnicity ( $n = 8$ ), Caribbean-Canadian ( $n = 4$ ), Asian or South-Asian Canadian ( $n = 3$ ), and Indigenous / Aboriginal ( $n = 3$ ). An additional five girls shared that they do not identify with any ethnic background. All girls in this sample had been removed from their home of origin and had been placed in out-of-home care. All of the participants had also been in care for more than one year. Fifteen participants (34%) had been in care for one to three years, seventeen participants (39%) had been in care for four to six years, and twelve participants (27%) had been in care for seven years or longer. The majority of the participants ( $n = 37$ ) had experienced neglect prior to entering care. Other confirmed reasons for entering care (as reported by caseworkers), included physical abuse ( $n = 15$ ), emotional abuse ( $n = 9$ ), sexual abuse ( $n = 3$ ), witnessing domestic violence ( $n = 8$ ), and parental death ( $n = 4$ ). Over half of the participants (55%) were in care for more than one reason.

## **Procedure**

### ***Consent Process***

A multi-step ‘consent to participate’ process was implemented in order to ensure that the privacy of each girl in care was protected while also prioritizing their individual agency in the choice of whether or not they wished to participate in this research. This process involved three

steps. Step 1: A meeting with the child protection agency was arranged and the researcher provided information about the study directly to caseworkers. The caseworkers received a script along with Consent to Contact forms (Appendix A) and were asked to briefly introduce the study to the eligible girls assigned to them. Step 2: Girls indicated to their caseworker whether they wished to learn more about the study and whether they consent to the researcher contacting them directly, providing the best method of contact (i.e., phone or email). Only these girls were contacted by researchers and researchers provided them and/or their caregiver(s) with further information about the study. If a girl could not be reached after seven attempts to establish contact, they were removed from the participant list. If a girl chose to proceed with the study, a meeting was arranged at their preferred location for data collection. Step 3: Prior to data collection, verbal and written informed consent for research participation was obtained from each participant. Consent was also obtained from a caregiver or caseworker if a girl was under 16 years of age (Appendix B).

### ***Data Collection***

Participants were informed that data collection would occur at an agreed upon location where they would feel comfortable. Locations included their homes, local libraries, and coffee shops. Data collection sessions were pre-arranged with the girls and with the permission of their caregivers if the sessions were to take place in their caregivers' homes. Girls who consented to participate were asked to complete a questionnaire package and participate in an interview. The questionnaire package was administered using a tablet. A paper version was available when there was no internet access (Appendix C). The semi-structured interviews (Appendix D) were conducted with the aid of a school history calendar (Appendix E) which worked as a visual aid to enhance engagement and elicit more detailed recall during the interviews. Data collection took

between one to two hours to complete depending on the amount of information each participant was willing or able to share. Each participant received a \$50.00 gift card to thank them for their participation. Interview sessions were audio recorded for transcription and coding. Audio files were deleted after transcription and coding was complete. Each girl who participated in the study also had a brief questionnaire completed by their caseworker to provide additional demographic data as well as information pertaining to the reason(s) why each participant was initially placed in care (Appendix F).

### **Ethical Considerations**

This study was reviewed and approved for compliance to research ethics protocols by the Human Participants Review Subcommittee of York University. The ethical principles and standards outlined within the Canadian Code of Ethics for Psychologists were used to guide the approach taken to designing and conducting this research (Canadian Psychological Association, 2017). The overarching principles of “Respect for the Dignity of Persons and Peoples,” “Responsible Caring,” “Integrity in Relationships,” and “Responsibility to Society” were considered in applying the specific ethical standards outlined within this section. In line with ethical standards related to “Informed Consent,” researchers reviewed the purpose of the research as well as the duration, the procedures, the risks, and the benefits with participants at the outset. “Freedom of Consent” was also emphasized as participants were informed of their right to decline or withdraw at any time. Participants were assured that incentives for participation (e.g., gift cards) were not dependent on how they responded to questions or whether or not they declined to continue participation at any point. Participants were given the opportunity to ask questions before, during, and after data collection. Contact information for the researchers was

provided to each participant and/or their caregivers and they were encouraged to email or call the research team should they have further questions at any point after participation.

In line with the ethical standards related to “Protection for Vulnerable Individuals and Groups,” informed consent and freedom of consent were reviewed at multiple time points with participants throughout data collection. Specifically, it was shared at the outset that some questions explored in this study involved difficult topics which could elicit feelings of discomfort. As such, researchers repeatedly checked in with each participant reminding them that they only had to answer questions they felt comfortable answering and that there were no consequences for declining to answer specific interview or survey questions. Furthermore, researchers involved with data collection were selected based on having experience in clinical interviewing and risk assessment. It was pre-determined that clinical interviewing skills would be important in the event that a participant started to experience any emotional discomfort or difficulty during data collection. Whether or not it appeared that participants experienced discomfort or difficulty, every participant was provided with information regarding local support services, specific to their location, as part of the informed consent process at the start of each session (Appendix G). Furthermore, cooperation with other professionals was emphasized throughout the research project. Partners at the child protection agency collaborated on the design of the study and weekly communication was maintained within the research lab and with the children’s services team. Collaboration and communication ensured that there were no outstanding concerns related to research participation or child protection with any of the participants. These considerations were imperative for ensuring safety and were also in line with the ethical standards of “Minimizing Harm” and “Maximizing Benefits.”

Ethical standards pertaining to “Privacy” and “Confidentiality” were also emphasized throughout this study. Participants were only contacted by researchers after they provided consent to be contacted through the children’s services team. This strategy gave potential participants agency in decision-making regarding participation and protected the identity of any eligible girls who declined to participate. Furthermore, care was taken to ensure that girls who agreed to participate could take part in data collection feeling free of worry regarding whether anyone may overhear any of the information they were sharing. Thus, the research setting varied by each participant, with researchers travelling to the locations selected by the participants and/or their caregivers, for their comfort and privacy. Participants were informed at the outset that interviews were recorded and that the recordings would be deleted after transcription and coding were complete. Participants were also assured that only their de-identified information would be stored and that no identifying information would be present in future reports, publications, conferences, or other knowledge mobilization efforts.

Importantly, given that the participants were a vulnerable population of youth receiving on-going child protection services, maintaining confidentiality was balanced with duty to report in accordance with the Child, Youth and Family Services Act (2017). Therefore, limits to confidentiality were reviewed with each participant. Participants were informed that they would not be asked questions related to the circumstances around why they were in care but if they made certain types of disclosures during participation in this research, specific information related to those disclosures would need to be shared with the child protection agency. Participants were informed that disclosures of concern included information regarding maltreatment they had experienced, actual or potential harm to self, harm to others, and of any known or suspected maltreatment of another child or other vulnerable person. Participants were

given the opportunity to ask questions to ensure their understanding of these limitations.

Participants who disclosed information regarding harm to self, harm to others, or maltreatment were connected with their caseworker or crisis/emergency staff at the child protection agency.

## **Materials**

### ***Semi-Structured Interview and School History Calendar***

An interview guide was developed by the principal researcher to examine a wide range of topics relevant to the resilience of girls in care. The data used in the present study represents a subset of data from a larger project examining a wide range of questions regarding the resilience of girls in care. Questions relevant to this study were those pertaining to participant's academic progress, future goals, obstacles, and support. Given the multidimensional nature of resilience, interviews allowed participants to share their views of their own academic functioning, their expectations and aspirations for the future, and their views of self and other in relation to their academic progress. A school history calendar (Appendix E) was used as a visual tool during the semi-structured interviews. Given that emotional, cognitive, and attentional difficulties are common among girls in care and can impede recall of details about difficult or confusing experiences, this visual aid was used to help mitigate these difficulties, enhance engagement, and allow for richer detail in interviews. School history calendars included a timeline across the top and prompts for interview questions along the left side. The calendars were used as a clinical interviewing tool and were not subject to analysis.

### ***Survey Packages***

Girls and their caseworkers completed survey packages where they responded to questions about demographics, caregivers, setting stability and transitions, reasons for being in care, self-perceptions, interpersonal connections, and markers of academic resilience. Individual constructs

and measures are described below.

### **Constructs and Measures**

The following constructs represent the final constructs used in this study, some of which were determined prior to data collection and others which were identified in later stages of analysis (e.g., during the content analysis of interview data, which followed the thematic analysis).

#### ***Background information***

**Demographics.** Participants responded to interview questions about their age and ethnic identity. Interview data was coded for how participants identified their ethnic identity.

Caseworkers answered a survey question about the number of years girls had been receiving services through their agency.

**Primary Caregiver.** Interview data was coded for who the participants identified as their current primary caregiver. A primary caregiver was defined as an individual who was actively providing both emotional and instrumental support.

**Setting Stability and Transitions.** Caseworkers answered survey questions about current placement setting, and number of settings in the last three years. This information was supplemented with participants' interview data.

**Reasons for Being in Care.** Caseworkers responded to a categorical survey question asking them to select up to nine reasons for which girls may be in care. These reasons included: neglect, abandonment, limited caregiver capacity, parent-child conflict, witnessing domestic violence, emotional abuse, physical abuse, sexual abuse, and parental death. A neglect-composite was formed based on feedback from caseworkers, indicating that neglect, abandonment, limited caregiver capacity, and parent-child conflict were largely overlapping constructs. Survey data was supplemented with participants' interview data.

### *Self-perceptions*

**Self-esteem.** Participants completed the Rosenberg Self-Esteem Scale (Rosenberg, 1986). This scale included ten items, rated on a four-point likert scale, assessing global self-perceptions.

**Autonomy.** Interview data was coded for how participants described their own ability to think independently, evaluate choices, make decisions, and act on those decisions.

### *Interpersonal Connections*

**Relational Styles.** Participants completed the Behavioural Systems Questionnaire – Caregivers, Friends, and Romantic Partner - Short Versions (Furman & Wehner, 1999). These scales include fifteen items, rated on a five-point likert scale, assessing attachment, affiliation, and caregiving, within caregiver, friend, and romantic partner relationships.

**Supportive Relationships.** Participants identified who they turn to for support with their academic progress. Interview data was coded for type and number of supportive relationships.

### *Academic Resilience*

**Achievement.** Participants indicated the grades they achieved during their last semester of school as well as the grades they were aiming for on a nine-point scale.

**Attendance.** Participants rated their school attendance during their last month of school on a seven-point scale.

**Academic Engagement.** Participants completed the Psychological Sense of School Memberships Scale (Goodenow, 1993). This scale includes ten items, rated on a five-point likert scale, measuring academic engagement (i.e., I feel like I matter at this school; teachers respect me here; in this school, I feel like I am successful, etc.).

**Enrollment History.** Caseworkers answered survey questions about whether girls were in school or had been held back or dropped out. This information was supplemented with

participants' interview data regarding whether they were currently in school, whether they were held back or had dropped out of school, or whether they dropped out in the past but were currently back in school.

**Educational Support.** Caseworkers answered a survey question about whether girls had been receiving formal educational support at school. This information was supplemented with participants' interview data regarding whether they were participating in the standard curriculum, receiving accommodations or modifications granted through an Individualized Education Plan, or participating in alternative programming or schools.

**Academic / Career Path.** Interview data was coded for how participants described their current progress along their academic / career path.

## **Data Analysis**

### **Overview**

While data collection was completed in a single phase, qualitative and quantitative data analyses were completed in four steps. First, a thematic analysis of participant interview data was conducted to identify themes in the participants' accounts of their academic experiences as well as their self-perceptions and interpersonal connections. Second, a directed content analysis of participant interview data was conducted to ask additional research questions arising after the completion of the thematic analysis (e.g., who do the participants consider to be their primary caregiver?). Text from the interviews was classified into categories with similar meanings. Next, data cleaning for quantitative analysis took place in three stages: a) missing data from questionnaires was minimized using an expectation maximization estimation technique to replace missing values with predicted values; b) data from interviews with participants was used to supplement missing data from the surveys completed by the participants and their

caseworkers; c) a series of binary codes (1, 0) was applied to data from the thematic and content analyses in order to allow qualitative data to be transformed into categorical variables. After data cleaning, the fourth step involved conducting statistical analyses on survey data obtained from participants and caseworkers as well as on qualitative data which had been transformed to quantitative data through the content analysis.

### **Thematic Analysis**

A thematic analysis was conducted to identify, analyze, and report patterns within the interview data. Within thematic analysis, the approach to identifying and analyzing patterns can take several forms. While the researcher is always taking an active role in selecting topics of interest and searching for themes, there are varying extents to which the researcher aims to purely capture and describe the experiences of the participants or, on the other end of the spectrum, aims to interpret these experiences. The present study integrates both inductive and deductive approaches (Fereday & Muir-Cochrane, 2006), with the goal being to provide a detailed and nuanced account of academic experiences reported on by girls in care in their own words, while also attending to a theoretical interest in resilience and developmental task attainment across different domains.

The analysis was completed in six phases, following the procedure outlined by Braun and Clark (2006). These phases include: 1) becoming familiar with the data, 2) generating codes, 3) searching for themes, 4) reviewing themes, 5) defining and naming themes, and lastly 6) producing a report (Braun & Clark, 2006). A software program Atlas.ti (version 8, 2017) was used for completing phase one and phase two of the thematic analysis. The software allows for the management, extraction, exploration of pieces of data (atlas user manual) and was particularly useful for generating and comparing codes within and across the interviews during

phase two. The principal researcher completed phase one and phase two of the thematic analysis on all of the interview data collected for a wider research project on girls in care. At phase three (searching for themes) the principal researcher selected the specific data set for this study.

### ***Phase One: Data Familiarization***

The interviews were conducted by the principal researcher along with a senior research assistant. Segments of the interviews completed by the research assistant were reviewed by the principal researcher to ensure consistency among interviewers and to support immersion in the data. The interviews were then transcribed by a team of five research assistants. The principal researcher reviewed all audio recorded interviews in conjunction with the transcripts. This process had a dual purpose, allowing for further immersion in the data and for checking the transcripts for accuracy. The principal researcher also reviewed segments that were marked as inaudible by any of the five research assistants and, where possible, these segments were corrected. Altogether, this allowed for a process of thorough familiarization with all of the interviews while also ensuring that missing data was minimized. After transcription and review, the interview transcripts were uploaded to Atlas.ti (version 8, 2017) for ease of storage and to facilitate coding.

### ***Phase Two: Generating Initial Codes***

The principal researcher created a coding manual which included detailed guidelines, ensuring a systematic approach to the coding process (Appendix H). First, the principal researcher and a senior research assistant established a preliminary code list. This list was generated on the basis of familiarity with the transcripts. Next, the principal researcher and senior research assistant coded four interviews together. Codes were defined as the most basic segment of text that could be assessed in a meaningful way. Thus, codes were applied to

segments of text, inclusive of context (e.g., a full sentence or paragraph), within Atlas.ti.

Through the process of coding the first four interviews together, the list of codes was expanded, and more specific code definitions were determined. The remaining 40 interviews were each independently coded by both the principal researcher and the senior research assistant, with a discussion after every four interviews to explore the coding approach and determine if any further codes needed to be added or if definitions needed to be refined. If codes were added or if definitions were refined, the previously coded interviews were re-examined in relation to the additional codes. Coding was broad and extensive with coding around all questions or prompts in the interview, and also around patterned responses across questions. Any given segment of text could be tagged in Atlas.ti with multiple codes. Atlas.ti allowed for segments of text to easily be collated into documents with all segments relevant to any given code in one report.

After all the interviews were coded, coding was reviewed for reliability by the principal researcher. The total number of code comparisons for each interview was counted, along with the number of codes missed, and the number of code disagreements. When a code was missed in a transcript or when codes were not in agreement, the principal researcher and research assistant reviewed the codes to reach a consensus. Percent agreement was calculated by dividing the number of times codes were in agreement by the total number of code comparisons within each interview transcript. On average, the inter-coder agreement was 88% (range 82% to 94%), with an agreement rate of 80% or higher being considered acceptable (Guest et al., 2012).

### ***Phase Three: Searching for Themes***

In phase three, the principal researcher specified that the data set for analysis would include all information related to the topic of analytic interest, with an emphasis on information gathered from questions asked about academic progress, future goals, obstacles, and support. Relevant

segments of coded text were assigned to these four categories in order to facilitate organization and thematic development. Following this categorization, the principal researcher identified themes and subthemes. Themes were initially defined flexibly as an identified pattern that captured something important in relation to the topic of interest. Subthemes were defined as a particular aspect of a theme identified within the data. Segments of text reflecting themes and subthemes within the interviews were grouped together in columns on an excel spreadsheet. To ensure that all relevant text segments were included a key word search was then used to search all of the interviews for the following terms: school, university, college, education, academics, class, program, career, job, co-op, opportunity, plan(s), goal(s), and aspiration(s). Theme identification was first approached semantically emphasizing attention to the experiences as directly reported by the participants themselves. The text segments were organized to show patterns in the content of what the participants actually said. Next, the principal researcher searched for latent themes within and across semantic themes. Latent themes were developed through examining the underlying ideas or conceptualization that shapes the semantic content of what the girls were saying. Themes and subthemes were given working titles. Further interpretation of the patterns occurred at later stages.

#### ***Phase Four: Reviewing Themes***

The principal researcher reviewed the themes independently; refining, separating, and combining themes while checking back to ensure the coded segments of text represent the themes. An important goal at this stage was to apply methodological rigor, in terms of ensuring coherence among coded segments of text within a theme and distinction between themes. To assist with this process the principal researcher presented the data set to an academic lab with eight active members. Over the course of five lab meetings, totaling 16 hours, lab members

reviewed the data set with all relevant segments of text presented within the categories of academic progress, future goals, obstacles, and support. Without knowledge of the principal researchers' codes, preliminary themes, and subthemes, each of the lab members independently identified and made notes on patterns that were salient to them. The patterns were then discussed in a group format. The potential themes and subthemes generated by the group were compared with the themes and subthemes generated by the principal researcher. Themes were revised and new themes were added. A coherent thematic map was created by the principal researcher incorporating a meta-theme, themes, and subthemes. This thematic map was also reviewed by the group. Further reviews included re-reading the entire data set to ensure that the coded text fit with the themes and subthemes and that the overall thematic map reflects the data set as a whole.

#### ***Phase Five: Defining and Naming Themes***

Precise definitions for the themes and subthemes were determined by the principal researcher. The approach was to consider the essence of each theme and to consider the story each theme tells and how it fit with a broader overall story. As themes were initially identified at the semantic level, a directly quoted word or phrase from the youth was selected to best represent each theme and sub theme identified. Next, the principal researcher reviewed the themes and subthemes at the latent level and labels capturing the essence of these themes were also generated. Input from the lab group and a qualitative methods consultant was obtained to ensure coherence between definitions, representative quotes, and labels for themes and subthemes.

#### ***Phase Six: Reporting Data***

In the report of the analysis (below), vivid extracts were selected to exemplify the themes and subthemes. The themes and subthemes were also interpreted in the context of the principal researcher's research questions and theoretical framework. The analysis was guided by

considering the questions: a) what does this theme mean? b) what conditions are likely to have given rise to this theme? and, c) what are the implications of this theme?

### **Content Analysis**

A directed content analysis (Hsieh & Shannon, 2005) was conducted to further explore information about self-perceptions, interpersonal connections, and academic resilience within the interview data. Content analysis is a qualitative method of analysis where text can be classified into categories with similar meanings. The goal of this directed content analysis was to use the theoretical framework to ask additional research questions following the thematic analysis. Questions of interest included: 1) how do the participants describe their ethnic identity? 2) who do the participants identify as their primary caregiver? 3) who do participants state that they rely on for support with their academic progress? and 4) which subthemes from the thematic analysis best represent each participant? Variables arising from these questions were operationally defined (e.g., primary caregiver was defined as a caregiver who presently provides the highest degree of both emotional and instrumental support, etc.). Classification began with predetermined codes for these four questions (e.g., I rely on my foster parents, I rely on my teachers; etc.) and subcategories were added based on participants' actual accounts (e.g., I rely on my best friends' mother). This analysis easily lends itself to quantitative analysis and the categories identified through this approach were later converted into quantitative data, (Hsieh & Shannon, 2005), as described in the following section.

### **Minimizing Missing Data, Data Supplementation, and Data Transformation**

#### ***Minimizing Missing Data***

Data from participants' self-report surveys and caseworker surveys was entered into SPSS. Data from established scales (e.g., the self-esteem scale), was examined for missing

values. An expectation maximization estimation technique was used to replace missing values with predicted values. This analysis was completed at the level of scales or subscales where possible. Items within subscales are more closely correlated than items from different subscales, thus completing the analysis on subscales increases the accuracy of the predicted values. The analysis was only completed when less than 10% of the data was missing from a participant's answers on a scale or subscale and when the data was found to be missing at random, which was determined using Little's MCAR test.

### ***Data Supplementation***

To further minimize missing data and ensure that the full sample ( $n = 44$ ) was available for analysis, interview data was used to supplement information obtained through surveys. First, missing data from participant's and caseworker's questionnaires was cross checked with the girls' interview data. For example, if a participant or caseworker left "placement setting" blank on the questionnaire but the participant shared where she currently lived within her interview, the setting stated in the interview was included in the "placement setting" quantitative variable. Using this approach, interview data was used to supplement the questionnaire data missing on the following variables: placement setting, number of settings in the last three years, reasons for being in care, and enrollment history. On a few occasions, discrepancies were found between information shared by the caseworkers and information shared by the participants. Missing or discrepant data typically occurred when caseworkers were only recently assigned to a participant and were not yet familiar with their full history, or when participants had experienced a change since their last meeting with a case worker (e.g. recently dropped out of school). In such cases, the participant's accounts took primacy.

### ***Data Transformation***

In order to convert data from the thematic and content analyses into categorical and frequency variables, a series of binary codes (1, 0) were assigned to themes and categories. Data from the thematic analysis was re-examined in order to classify participants into independent groups aligned with the subthemes identified. If participants' accounts spanned across multiple subthemes, their classifications were based on which theme best represented their current or most recent experiences. Binary codes were also assigned to data from the content analysis, in order to create categorical and frequency variables representing data on ethnicity, primary caregivers, and the number and type of supportive relationships. Categorical and frequency variables were reviewed for reliability by the principal researcher and a research assistant. The total number of code comparisons and code disagreements for each interview were counted. There were no missed codes given that a code was required for each of the forty-four participants on each variable. Percent agreement was calculated by dividing the number of times codes were in agreement by the total number of code comparisons within each interview transcript. On average, the inter-coder agreement was 99% (range 97% to 100%). This high agreement rate reflected the relatively objective nature of the data being coded (e.g., who the participants stated their primary caregiver is, the number of supportive relationships they listed, and the ethnic identity they described). Only a few disagreements were noted in coding which subtheme best represented each participant, as some participants shared accounts that were consistent with multiple subthemes at various points in their lives. When codes were not in agreement, the principal researcher and research assistant reviewed the codes and the participant's accounts to reach a consensus emphasizing which subtheme best represented each participant at the time of the interview. Transformed data are described and integrated within the qualitative and quantitative results (Hsieh & Shannon, 2005).

## **Approach to Statistical Analyses**

Variable distributions were examined for normality and variability. Given that the outcome variables did not meet the normality assumptions underlying parametric tests and that most outcome variables were measured on an ordinal scale, non-parametric tests were selected for analyses. Spearman's correlations were used to examine statistically significant relationships between interval and ordinal variables, where independent observations could be assumed. Spearman correlations determined the strength and direction of the monotonic relationship between two variables, indicating whether increases in the value of one variable lead to increases in the value of another variable. Scatter plots of the data were visually inspected to check for non-monotonic relationships, outliers, and subgroups (Aggarwal & Ranganathan, 2016).

Mann-Whitney U tests were conducted to determine statistically significant differences between two independent groups on ordinal scale outcome variables. Kruskal Wallis H tests were used to determine statistically significant differences between three or more independent groups on ordinal scale outcome variables. When global test statistics were significant, mean rank scores of outcome variables for each group were examined for pairwise comparisons. Mann-Whitney U tests and Kruskal Wallis H tests are non-parametric tests which may be thought of as a t-tests and one-way ANOVAs on ranks, respectively (Lowry, 2021). These methods test whether samples originate from the same distribution, with the null hypothesis being that medians from all groups are equal and the alternative hypothesis being that one group average is different from at least one other group's average. However, these tests do not assume a normal distribution of the residuals or equal variances, but only taken into account the average of ranks. Thus, they are appropriate for data where the population is not normally distributed, where the samples do not have equal variances, and where the samples may be of different sizes

so long as they are independent (Lowry, 2021).

## **Results**

### **Qualitative Results**

A thematic analysis was conducted integrating both inductive and deductive approaches to data coding. Reoccurring patterns in the participant's own insights and reflections about their educational experiences were identified and integrated with patterns identified in their responses to theoretically driven questions, rooted in an understanding of resilience and developmental psychology. One meta-theme, two themes, and nine subthemes were identified through this thematic analysis.

#### ***Meta-Theme: When it comes to finding my path in life, who can I rely on?***

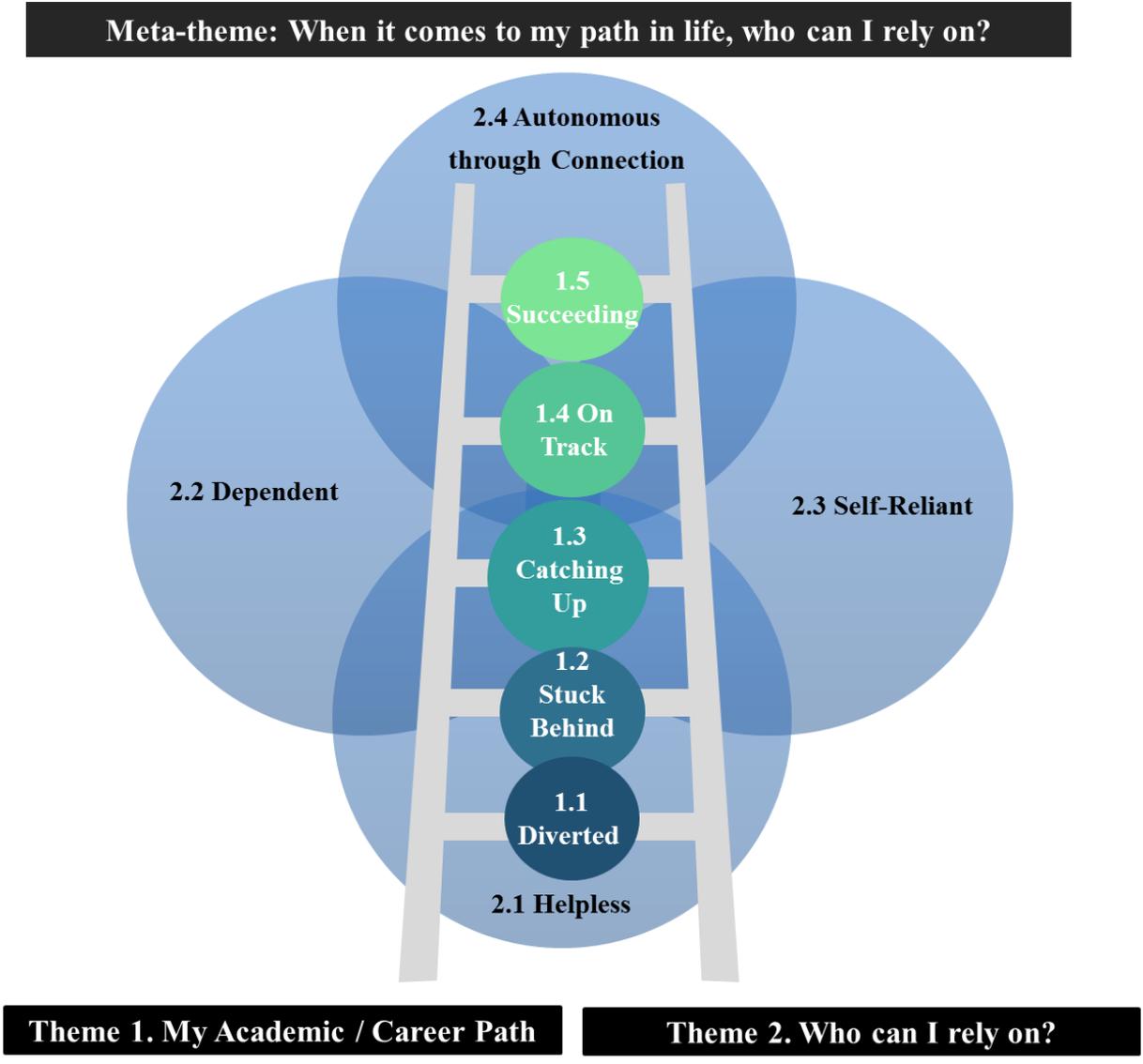
In response to broad interview prompts about goals, it was found that participants were oriented towards speaking about experiences related to school and work. This was true for every participant, highlighting that their conceptualization of 'goals' reflected ideas about progressing on an academic / career path. With further prompts about academic progress, each participant described her present circumstances within the educational context, while also incorporating accounts of the past, plans for the future, or both. Importantly, discussions about goals were also found to be intertwined with elaborations on whether the participants felt they could count on themselves and count on others for guidance, decision-making, and taking action. This is reflected in the meta-theme: 'When it comes to finding my path in life, who can I rely on?'

The meta-theme encompasses two main themes: "My Academic / Career Path" and "Who Can I Rely On?" The theme "My Academic / Career Path" represents participants' accounts of their school and work experiences. This theme included five subthemes, highlighting a spectrum of functioning: "Diverted," "Stuck Behind," "Catching Up," "On Track," and "Succeeding."

The theme “Who Can I Rely On?” was reflective of what participants shared about the role other people play in supporting their path as well as their own role in navigating their academic and career goals. This theme encompassed four subthemes: “Helpless,” “Dependent,” “Self-Reliant,” and “Autonomous through Connection.” The meta-theme, themes, and subthemes are depicted in Figure 1 and described below.

**Figure 1**

*Thematic Map: Academic Resilience, Self-Perception, and Interpersonal Connections*



***Theme 1: My Academic / Career Path.***

In response to an interview prompt about goals, participants' responses reflected a wide range of short- and long-term goals across different age- salient domains. These goals included learning to drive, making healthier food choices, and spending more time with friends. However, one goal domain was dominant and universal; each and every participant remarked on goals related to how they are making their way in life in terms of school and work. The centrality of this goal domain among all participants existed despite a context of widely varying individual experiences. Some participants were in elementary school, some in high school, some were in post-secondary, and some were not in school at all. Some expressed that they enjoyed school, some disliked school, and some had mixed feelings towards school. Some were excelling academically, and many were not. However, all participants referred to where they are in their education as an anchoring point to discuss their present functioning, their past experiences, and their future goals.

A view of academic resilience as multi-dimensional guided the exploration of participants' accounts of their experiences. Interpretations about their functioning incorporated participants' descriptions of academic accomplishments and failures, comments about their participation in their school communities, and accounts of their own academic abilities, interests, and plans for the future. Across cases, these descriptions were organized along a spectrum of academic functioning, ranging from less to more resilient. From there, five subthemes were identified. Each subtheme was delineated by the participants' expressed approach to, and success with, navigating the developmental task of achieving competence in the academic domain. The subthemes represent distinct categories and the experiences of each participant were best represented by one of the subthemes at the time of the interview. Four participants shared

accounts consistent with the theme “Diverted,” nine described being “Stuck Behind,” fourteen described the attempts they’ve made at “Catching Up,” eleven shared experiences consistent with the theme “On Track,” and six described accomplishments and expectations consistent with the theme “Succeeding.”

**1.1 Diverted.** Four participants recalled academic / career goals they once had but were no longer pursuing. They shared that their prior aspirations and goals were out of reach and they lamented on how far removed they were from the life they had hoped for. One participant (P43, age 20) shared that she had experienced significant physical violence and sexual exploitation. As a result, she was pregnant at the time of the interview and shared, “All I wanted to do was go to school and have a job and travel. I wanted to get my bachelor of science [...] and I can’t do that now, with a baby or a kid, I can’t do that at all.” These four participants were entrenched in adversity and their efforts were directed away from developmentally normative goals as they attempted to navigate challenges most individuals in Western cultures do not face until adulthood, such as raising children (P43) and securing housing for themselves (P29, P37, and P38). They described their prior goals as incompatible with their current circumstances, with another participant (P37, age 17) sharing “If I go straight into [post-secondary] school, I could start getting money every month [from the agency], but that wouldn’t be enough for rent here, so it’s not really an option.” These participants also expressed dejection and anger, sharing “I never wanted to be a mom” (P43, age 20), “I know everything I want to do, but I can’t do it, because that’s my life, and there’s nothing I can do” (P37, age 17), and “I just cry of frustration” (P29, age 17). Another participant (P29, age 17) expressed “I was going to go [to school], I was supposed be going, I got registered, and then I literally haven’t gone at all [...] Now, I don’t really have any goals to achieve.” Among these participants there was a unifying stance that their

present circumstances were prohibitive, and their options forward were limited.

**1.2 Stuck Behind.** Nine participants shared accounts consistent with the theme ‘stuck behind.’ They had missed or failed classes, semesters, or even years of school, which they attributed to their circumstances, their abilities, or both. One participant (P8, age 15) explained “I’m still in grade nine courses because last year a lot of stuff happened so I barely went to school.” However, these participants hadn’t fully lost sight of their goals, as they continued to put one foot in front of the other. They expressed awareness of where they were in their path and accepted that they were behind their peers, but they had not abandoned the track. As another participant, who was also a young mother (P17, age 19) explained, “High school was a bad time. I missed a lot of school. I missed like grade nine, ten, eleven, like everything, but then I went to the Rose of Sharon [support services for young mothers] and I’m going to try to go to college next year.” Another participant (P4, age 19) had been admitted to a post-secondary program but found that the challenges were overwhelming once she got there. She explained “I didn’t finish because I went for three months and I didn’t like it, I couldn’t pass two courses, and I was just having difficulty.” However, she had not given up, explaining, “I’m going to try something else next September” (P4, age 19). Their accounts reflected that despite significant hardship, they continued to subscribe to normative socio-cultural expectations for adolescents, such as finishing their high school education, applying to college, and completing a post-secondary diploma or degree. For some, pursuing these normative goals meant adjusting more than their timelines, as they were working with accommodations or towards meeting modified requirements. As one participant (P2, age 18) shared, “I went for grade twelve last year and I started it again this year and I couldn’t do it, so now I’m just trying to get my GED.” Another participant (P25, age 19), explained, “I’m still doing high school because I dropped out. So, I just want to get my high

school diploma and then figure out what I really want to do after that.” These participants maintained hope for arriving at important academic milestones with an emphasis on taking one step at a time. They had plans to complete the most immediate goal or requirement in front of them, but with uncertainty about what might come after and about how or if they would succeed.

**1.3 Catching Up.** Fourteen participants recognized that they had not been on track with their academic / career path but they were focused on catching up to their peers. While the steps required to ‘catch up’ academically differed across early, middle, and late adolescence, these participants possessed a general idea of where they would like to get to and more specific ideas about what they would need to do in order to get there. As one young participant (P42, age 12) explained, “[it was hard] before grade two, I wasn’t really going to school or doing schoolwork because I kept moving around and everything, but now I always try to do my homework.” An older adolescent (P19, age 18) shared a similar sentiment, “I was missing a lot of credits, so I did some stuff to like get more, I went to that thing where you go to Seneca [college] and you get a dual credit.” These participants had clear ideas about their short-term goals and explained what they were doing in order to get back up to speed. They were also starting to think about longer-term goals, and they had internalized the idea that academic success was important for success later in life. As one participant (P31, age 15), explained “I want to bring my marks up because I want to go to university [...] I’m really pulling my socks up.” Another participant (p26, age 17), echoed this, sharing, “you pretty much need high school in order to get a job anywhere so like it's very important to have.” These participants were prioritizing their education as they were aware that their present actions might have long term repercussions, explaining “I need to focus on school more than anything” (P11, age 17). While they had faced hardships and their ideas about their future potential were vague, they expressed a belief that hard work and effort on their

part was going to at least be a piece of what was required in order to get them to wherever they may want to go.

**1.4 On Track.** Eleven participants shared accounts detailing their plans for the future as well as the specific steps they were taking to achieve their goals. Passing a class or getting an ‘A’ were important given where these achievements might take them, and they had clear outcomes in mind. One 14-year-old participant (P12) explained, “The reason I’m taking academic French [is because] there’s this exchange thing, like someone from France comes over and lives here with you for three months and then you get to go over to France!” Another participant (P20, age 17) explained, “I want to make honour roll so I can get into a good university or college like Ryerson or Sheridan [...] for graphic design.” These participants were also thinking about how they might organize their academic efforts or volunteer work to explore potential career pathways. As one participant (P22, age 18) elaborated “I’m taking that [hair styling] in my cosmetology class, and I’m doing co-op, like work experience, every Friday [...] And there’s this program that I went to an interview for and if they pick me, I’m going to be working in a hair salon!” Finding a good fit between abilities and interests was emphasized as these participants were considering different opportunities and experiences. The importance of making a plan for oneself was also highlighted by another participant (P23 age 16), explaining “Well, I planned my entire future, because being a foster kid you kinda gotta know what’s going to happen at your next step. My goal is to finish high school and go to Humber College for social work for either two or four years, depending on the program I get into.” These participants expressed clear long-term goals and had realistic ideas about how they plan to achieve those goals.

**1.5 Succeeding.** A subset of six participants demonstrated highly competent functioning in terms of their academic / career path. They were successfully setting, pursuing, and already

attaining goals in line with their individual capabilities, interests, and values. They were proud of their accomplishments and excited for the future. One participant (P36, age 17) shared “I did this summer mentorship through the medical science program at U of T [University of Toronto] and I got to shadow a dentist and do a whole bunch of crazy stuff, it was amazing!” Another participant (P9, age 19) conveyed similar enthusiasm about her path, explaining “I started student council at this school, and I went to Peru to teach, and I started guest speaking, and now I’m doing event planning at Humber [college] because it lets me travel and continue to speak.” These participants were high achievers, which they demonstrated in many ways, including their grades and their school engagement. These participants were also actively engaged in their communities, participating in youth leadership opportunities (P16, age 15; P9, age 19), and were already involved in experiences that fit with their career aspirations. For example, one participant who was interested in becoming a veterinarian, was volunteering her time at animal sanctuaries (P24, age 14), and another participant interested in becoming a police officer spoke of her volunteer work with women in shelters who had experienced abuse (P16, age 15). These participants all alluded to a desire to help and inspire others through their chosen academic/career paths, with one participant (P9, age 19) expressing “I’ll try and reach out to as many kids as I possibly can about what happened to me in my life and how I changed my path.”

### ***Theme 2: Who Can I Rely On?***

The theme refers to what participants shared about their own role in navigating their academic and career goals as well as their views about the part other people play in supporting their path. Within this theme four subthemes were identified: “Helpless,” “Dependent,” “Self-Reliant,” and “Autonomous through Connection.” Participants shared accounts consistent with feeling abandoned or supported in navigating the academic / career domain while also describing

their own role as either passive or active in terms of determining their goals and taking action. Across cases, these descriptions were organized as a matrix. Six participants shared that they could not rely on anyone else, nor did they feel that they could do anything to help themselves; these participants were represented by the subtheme of “Helpless.” Twenty-two participants provided accounts consistent with being able to rely on others but not on themselves and were classified as “Dependent.” Five participants were labeled “Self-Reliant” as they expressed that they relied only on themselves and not at all on others, even rejecting outside support. Finally, eleven participants had accounts consistent with “Autonomous through Connection” as they had an integrated view of knowing how and when to effectively obtain help from others while also counting on themselves to achieve their goals.

**2.1 Helpless.** Six participants described being unable to find help from others while facing immense adversity in their lives. These participants discussed not only historical but recent experiences of violence, homelessness, drug abuse, mental health crises, sex trafficking, and teen pregnancy while reflecting on where they were in their academic / career paths. All of these participants conveyed challenges in their capacity to support themselves and also experienced or perceived a lack of support from others. One participant (P37, age 17), shared that she had multiple school failures, was desperate to get her driver’s license, and was struggling to find a part-time job but that the adults in her life did not provide guidance or support with any of her goals. She exclaimed that the people in her life “haven’t helped me with shit, I don’t even think I remember the last time I actually got help.”

While some participants conveyed anger, others expressed sadness about the lack of support in their lives. One participant (P19, age 18) shared that when she sought help, her caseworker told her “This is part of the job, you need to accept that I’m not here for you all the time and I

have other kids on my caseload.” This participant went on to explain that at times interactions with service providers left her feeling alone and unimportant. These participants struggled to access support or make use of available supports within the systems in which they were embedded and expressed wanting more support than they received or perhaps more than service providers could have realistically given. Their developmentally appropriate needs for support and guidance were left unmet and they were neither able to support themselves or find the level of support they hoped for in others.

**2.2 Dependent.** Twenty-two participants, representing half the sample, expressed that along the way, they had found others to count on. These participants emphasized that significant others, such as foster parents, service providers, teachers, or friends, were responsible for the progression of their academic / career path. Among many of these participants, the importance of external support was recognized, while the role of the self was minimized. These participants shared that others were responsible for “nudging” or “pushing” them (P38, age 19) to “stay in school” (P13, age 16), to get “organized” (P31, age 15), to “set goals” (P38, age 19), to “do my work properly” (P41, age 14), and to “get off drugs and do productive things” (P29, age 17). These participants received both emotional support and guidance with decision-making. For instance, one participant (P13, age 16) shared that her best friend keeps her in school. She explained, “she’s always telling me that I need to stay in school, she comforts me with it and she talks me through it, and she gives me lectures on it and how important it [school] is.” Another participant (P30, age 20) explained, “I feel like if my foster parents weren't there I wouldn't have gone to college, I probably wouldn't have finished high school, I would probably still be the bad, rebellious kid I was when I was living with my [biological] parents.” Several participants also highlighted that they received practical and instrumental support from others who helped them

with their homework (P7, age 15), advocated for them to re-enter high school (P27, age 18 ), drove them to job interviews (P19, age 18), and provided direction with college applications (P17, age 19; P19, age 18).

These accounts illuminated both the crucial role of others in their progress but also that they viewed their own role in determining their academic / career path as passive rather than active. Some participants even explained how others contributed to keeping them in a passive role. For example, one participant (P8, age 15), explained that when she struggled with her homework, others simply did it for her, stating “he would be like ‘just give it to me’ and would finish it.” On the other hand, other participants knew that others wanted them to take a more active role but shared that they struggled with this. One participant (P26, age 17), elaborated on her challenges with decision-making sharing, “they [foster parents] want me to succeed at whatever I wish to do but it's just very hard to you know take a step back and really think about it.”

**2.3 Self-reliant.** Five participants saw their academic / career path as being in their own hands. These participants took ownership of their goals and did not attribute their failures or successes to the actions of others. Importantly, these participants were not simply asserting their independence, but were also sharing how their words and actions were aligned. Despite significant adversity, they were showing up, planning for the future, and doing the work necessary to achieve their goals. One participant (P44, age 20) had already successfully finished her second year of university with a strong academic record and was happily living on residence with her friends. She shared “I’ve never had to ask someone for help. I’m a very independent person, [...] always just focusing on school and work.” These participants also expressed value in being able to count on themselves, rather than others and they conveyed confidence in their

abilities. As another participant explained,

You know what, I really started to grow up when I started at York [university], because not only did I start university, but I also got big into life-guarding and swim instructing. I became like a valuable person, like an independent and valuable person [...] I'm working full weekends now because I kind of wanted to have a sense that even if [the agency] became obsolete, then I'd still be able to continue living the way I am. (P6, age 20).

For some participants there was an element of defiance in their independence, with one participant (P25, age 19) stating, "I basically rely on myself, especially for school because I know if I'm being pushed to do it, I won't do it. I'm very against being pushed to do something, I have to do it on my own otherwise I won't do it at all." Another participant (P15, age 15) echoed this sentiment explaining that she does well at school on her own and that she has "never asked for help." She elaborated, "[my goal] is to not be the stereotypical foster kid. Because so many people label foster kids like they are given up, they are taken away, they must be so messed up, failures and all that. So, I just want to prove everyone wrong." Whether their aim was to prove something to others or to themselves, these participants conveyed that they possessed a sense of control over their own lives. They did not turn to others for decision-making or even guidance. Instead, they relied on themselves and had found varying degrees of success through taking independent action.

**2.4 Autonomous through Connection.** Eleven participants expressed an integrated understanding of their role and the role of others in their academic / career path. They shared that the support of others was necessary to bring them to a place where they could do things for themselves. One participant (P36, age 17) explained how she was able to take necessary steps to progress with her goals when others illuminated the steps for her and helped make the process

less overwhelming. She shared:

It gets really confusing, I remember being there and trying to figure out which courses to take and which schools want which prerequisites [...] and my guidance counsellor, she kind of helps me get to where I need to be, so with university, she explained, ‘this is what you need to do to get there and I’ll do whatever I can to help you get to that stage.’ (P36, age 17).

Another participant (P16, age 15) shared how she discussed her career interests with her caseworker who helped match her with a volunteer opportunity matching her career aspirations in police work, explaining “Well, my worker she told me about it. And so, I went and did the interview and wrote two essays about empathy and teamwork and I got accepted!” These participants relied on others, made use of support available to them, and simultaneously took an active role, relying on themselves to achieve goals in line with their academic / career path.

While several participants pointed to concrete examples of direct support, others explained that having emotional support and people to talk to made all the difference. Emotional support created an environment where they could focus on their goals and their progress. One participant elaborated on how and why she felt as though she was thriving in an alternative school, sharing:

We have two child and youth workers on site, we have a psychologist, we have a behaviour resource worker. There were three teachers, a co-resource teacher, and our principal [...] So it was a lot easier for us to work on things and not be worried about what was going on or like have distractions. And our child and youth workers, they were always there if we needed to talk or needed a break and they worked with us and they found alternatives [...] to make it the best fit so that we were successful. (P9, age 18).

These participants explained how they were better able to take the steps necessary to progress with their goals and make adaptive choices for themselves when others cared for them, loved

them, and believed in them. For instance, one participant (P21, age 16) explained how the support of her foster mother was a catalyst for stopping her drug use and subsequently going back to school, “She [foster mom] always encouraged me like you know, ‘Never give up,’ and she tells me ‘things aren’t as hard as they seem’ [...] and I trusted her and took her advice so I was like ‘OK, I won’t do this [drugs] anymore’ because how are you going to get a diploma if your brain is clogged?” Another participant explained how being in a stable home allowed her to succeed, sharing:

It wasn’t good when I didn’t have support. There wouldn’t be a lot of love in my life or support and my grades started to drop. Now, I’m able to focus more, not trying to making this sound selfish, but more on myself, just being able to feel calm and being able to feel like I can just do things and not have to worry [about my biological family]. (P11, age 17).

These participants engaged in appropriate help-seeking, they accepted help when it was offered, and they also did what they needed to do in order to help themselves.

**Content Analysis.** Following the thematic analysis, a directed content analysis (Hsieh & Shannon, 2005) was conducted to explore the following questions: 1) how do the participants describe their ethnic identity? 2) who do the participants identify as their primary caregiver? 3) who do participants state that they rely on for support with their academic progress? and 4) which subthemes from the thematic analysis best represent each participant? Classification began with predetermined response categories for these four questions (e.g., I rely on my foster parents, I rely on my teachers; etc.) and further subcategories were added based on participants’ actual accounts (e.g., I only rely only on myself; I rely on my therapist). A series of binary codes (1, 0) were assigned to themes and categories, which allowed for the creation of both categorical and frequency variables (e.g., identifying which participants shared that they could rely on a foster

parent vs. those who did not, and how many participants listed a foster parent as someone they could rely on for academic support). Overall, both categorical and frequency variables were created to organize data addressing the four above mentioned questions, providing information regarding: ethnicity, primary caregivers, the number and type of supportive relationships, and the prevalence of each subtheme from the thematic analysis. The transformed data is integrated into the quantitative results below.

### **Quantitative Results**

Participants were classified into independent groups for all categorical variables arising from the questionnaire data and the content analysis. Group numbers accompany categorical labels in the tables below in the following format: Category Label (Number).

As determined through the content analysis, girls' accounts of their own experiences placed them on a spectrum of academic resilience in terms of their progress on their academic/ career path. An examination of the distribution of the participants' accounts revealed that academic resilience was broadly normally distributed. The minority of participants were on either end of the spectrum with four girls falling into the "Diverted" group and six girls in the "Succeeding" group. About 20% were "Stuck Behind," 25% were "On Track," and 32% were in the "Catching Up" group.

**Table 1**

*Academic / Career Path*

Academic / Career Path	Frequency	Percent
Diverted (1)	4	9.09
Stuck Behind (2)	9	20.45
Catching Up (3)	14	31.81
On Track (4)	11	25.00
Succeeding (5)	6	13.63

When asked about their grades on their last report cards the majority of girls (66%) reported receiving mainly A's, mainly B's or mainly A's and B's (see Table 2). Ten participants (23%) reported receiving mostly B's and C's or C's and lower, and five participants (11%) had failed or dropped out. The majority (82%) reported that they aimed for A's or A's and B's, while eight participants (18%) were aiming to pass (Table 3).

**Table 2**

*Grades Achieved*

Grades Achieved	Frequency	Percent
Dropped Out or Failed (1)	5	11.36
Mostly C's or lower (2)	3	6.82
Mostly B's and C's (3)	7	15.91
Mostly B's (4)	9	20.45
Mostly A's and B's (5)	14	31.82
Mostly A's (6)	6	13.63

**Table 3**

*Grades Aimed For*

Grades Aimed For	Frequency	Percent
Mostly A's (1)	13	29.55
Mostly A's and B's (2)	23	52.27
Pass (3)	8	18.18

Overall, the participants reported high attendance. The majority of participants (61%) reported that they had not skipped any days in the last month (see Table 4). A majority (73%) also reported that they were in school and had never dropped out or been held back a full grade. However, twelve participants (27%) had dropped out of school at one point. Seven of these participants had returned to school at the time of the interview, while another five had yet to go back (see Table 5). Interview data indicated that of those five who were not in school, each

participant was considering taking online courses, taking a graduate educational development (G.E.D) test, or re-enrolling in the future.

**Table 4**

*Attendance*

Attendance in the past month	Frequency	Percent
No days skipped (1)	27	61.36
Skipped one-three days (2)	7	15.91
Skipped four or more days (3)	4	9.09
Not in school (4)	6	13.63

**Table 5**

*Enrollment History*

Enrollment History	Frequency	Percent
Stayed in school (1)	32	72.72
Dropped Out	12	27.27
Past (2)	7	15.91
Current (3)	5	11.36

The majority of students (64%) were receiving the standard provincial curriculum, while 11 participants (25%) had an individualized education plan (IEP) which granted them accommodations to help them access the curriculum or modifications which alter the expectations of the curriculum (see Table 6).

**Table 6**

*Educational Supports*

Educational Supports	Frequency	Percent
None (1)	28	63.64
Individualized Education Plan (2)	11	25.00
Alternative Program/School (3)	5	11.36

Participants also responded to a questionnaire (Goodenow, 1993) investigating academic engagement and sense of belonging at school. Overall, academic engagement was moderate, though highly variable (see Table 7).

**Table 7**

*Academic Engagement*

	N	Mean	Median	Mode	Standard Deviation	Range
Academic Engagement	43	35.16	37.00	10, 37	11.57	10 - 49

**Relationships Among Academic Variables**

A correlation analysis was conducted among all outcome variables. As shown in Table 8, results highlight a convergence between interview and survey data. Thematic data regarding participant's perceptions of their own academic functioning was quantified through a content analysis such that diverted = 1, stuck behind = 2, catching up = 3, on track = 4, and succeeding = 5. This academic functioning variable was then compared with other markers of academic progress, and several moderate correlations were found. Specifically, academic / career path was significantly correlated with grades achieved ( $r_s(42) = .42, p = .01$ ), grades aimed for ( $r_s(42) = .31, p = .04$ ), enrollment history, ( $r_s(42) = -.58, p = <.001$ ), and academic engagement ( $r_s(41) = .44, p = <.01$ ). Increases in how well girls perceived themselves to be functioning corresponded to higher grades achieved, higher grades aimed for, a more consistent enrollment history, and higher academic engagement. Furthermore, results indicated significant correlations between

several of the outcome variables measured. Specifically, grades achieved was also significantly correlated with grades aimed for ( $r_s(42) = .51$   $p < .001$ ), attendance, ( $r_s(42) = -.38$   $p = .01$ ), enrollment history ( $r_s(42) = -.50$   $p < .01$ ), and engagement ( $r_s(41) = .55$   $p < .001$ ). Finally, attendance and enrollment were also significantly correlated ( $r_s(41) = .64$ ,  $p < .001$ ). With the exception of educational support, which was not significantly related to any other academic measure, the moderate positive correlations between outcome variables speak to the construct validity of academic resilience as a construct.

**Table 8***Correlations among academic variables*

Measure	1.	2.	3.	4.	5.	6.
1. Academic/ Career Path	-					
2. Grades Achieved	<b>.42**</b>	-				
3. Grades Aimed For	<b>.31*</b>	<b>.51**</b>	-			
4. Attendance	-.25	<b>-.38*</b>	-.18	-		
5. Enrollment	<b>-.58**</b>	<b>-.50**</b>	-.29	<b>.64**</b>	-	
6. Engagement	<b>.44*</b>	<b>.55**</b>	.12	-.27	.01	-
7. Educational Supports	-.28	-.20	-.07	.16	.01	.03

\*p <.05, \*\* p<.01

### Age

Age was significantly related to attendance ( $r_s(42) = .40, p = .01$ ) and enrollment history ( $r_s(42) = .49, p = <.01$ ) such that girls who were older, skipped more days and had less consistent enrollment history. Age was not significantly related to grades achieved, grades aimed for, educational support, academic engagement, or academic / career path.

**Table 9**

### Age

Measure	Grades Achieved	Grades Aimed	Attend.	Enroll.	Ed. Supp.	Engage.	Path
Age	-.21	-.08	<b>.40**</b>	<b>.49**</b>	.11	-.14	-.09

\*p <.05, \*\* p<.01

### Primary Caregiver, Current Setting, and Setting Stability

The majority of participants (64%) identified a foster parent as their primary caregiver, with 18% identifying a relative such as a grandparent, aunt, uncle, or cousin as their primary caregiver. Five participants (11%) considered the agency or their children's services worker to be their primary caregiver. Only three participants (7%) identified a biological parent as their primary caregiver and (see Table 10).

**Table 10**

### Primary Caregiver

Primary Caregiver	Frequency	Percent
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Foster Parent(s) (1)	28	63.63
Extended Family (2)	8	18.18
Agency / Worker (3)	5	11.36
Biological Parent(s) (4)	3	6.82

Just over half of the participants (55%) were currently living in a foster home, 16% were living with extended family in a kinship home, and 7% were living in a group home. Ten of the participants (23%) were living independently, either on their own, with a partner, or in student housing (see Table 11). Twenty participants had lived in one setting in the last three years and another twenty had lived in two or three settings in the last three years, with a smaller group of four participants (9%), having lived in four or more settings (see Table 12).

**Table 11**

*Current Placement Setting*

Setting	Frequency	Percent
Extended family home (1)	7	15.91
Foster home (2)	24	54.55
Group home (3)	3	6.82
Independent living (4)	10	22.72

**Table 12**

*Number of Settings in the Last Three Years*

Setting	Frequency	Percent
1 setting (1)	20	45.45

2-3 settings (2)	20	45.45
4+ settings (3)	4	9.09

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Setting	Frequency
1 setting (1)	20
2-3 settings (2)	20
4+ settings (3)	4

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A Kruskal Wallis H Test was conducted to examine difference in academic outcomes based on who participants identified as their primary caregiver. There was a statistically significant difference in enrollment between groups,  $X^2(3) = 8.17$ ,  $p = .04$ , with a mean rank enrollment score of 19.20 for foster parents ( $n = 28$ ), a mean rank of 27.31 for relatives ( $n = 8$ ), a mean rank of 27.40 for caseworkers ( $n = 5$ ), and a mean rank of 32.33 for biological parents ( $n = 3$ ). Pairwise comparisons reveal that girls who identify their foster parents as primary caregivers have more consistent school enrollment compared to girls who continue to identify their biological parents as their primary caregivers,  $X^2 = 14.00$ ,  $p = .02$ . No significant differences were found among the groups for grades achieved, grades aimed for, attendance, educational support, engagement, or academic / career path.

A Kruskal Wallis H test was conducted to examine differences in academic outcomes according to the participant's current placement setting. There was a statistically significant difference between groups in terms of their attendance,  $X^2(3) = 10.98$ ,  $p = .01$ . Participants in

group homes ( $n = 3$ ) had a mean rank attendance score of 14.00, participants in foster homes ( $n = 24$ ) had a mean rank attendance score of 18.71, participants living independently ( $n = 10$ ) had a mean rank attendance score of 28.45, and participants living in kinship homes with relatives ( $n = 7$ ) had a mean rank attendance score of 30.64. Pairwise comparisons reveal that girls living in group and foster homes had fewer days skipped compared to girls living independently ( $X^2 = 14.45$ ,  $p = .05$ ;  $X^2 = -2.31$ ,  $p = .02$ ) or in kinship homes ( $X^2 = 16.64$ ,  $p = .03$ ;  $X^2 = 11.94$ ,  $p = .01$ ). There was also a statistically significant difference between groups in enrollment history,  $X^2(3) = 15.10$ ,  $p < .001$ . Participants living in group homes ( $n = 3$ ) had mean rank enrollment scores of 16.50, participants in foster homes ( $n = 24$ ) had a mean rank enrollment score of 18.13, participants living in kinship homes with relatives ( $n = 7$ ) had a mean rank enrollment score of 27.43, and participants living independently ( $n = 10$ ) had a mean rank enrollment score of 31.35. Pairwise comparisons reveal that girls living in group homes had a more consistent enrollment history than girls living independently ( $X^2 = -14.85$ ,  $p = .03$ ), while girls living in foster homes had a more consistent enrollment history than girls living independently ( $X^2 = -13.23$ ,  $p < .001$ ), or in kinship homes ( $X^2 = 9.30$ ,  $p = .03$ ). No significant differences were found between type of current residence and grades achieved, grades aimed for, educational support, engagement, or academic / career path.

A Mann-Whitney U test was conducted to examine differences in academic outcomes based on whether participants had been in one or multiple settings in the last three years. Significant differences were found in enrollment ( $U = 315.00$ ,  $p = .02$ ), educational supports ( $U = 322.00 = p$

= .02), and academic / career path ( $U = 161.00 = p = .05$ ). Participants who had lived in one setting ( $n = 20$ ) had an enrollment mean rank of 18.75 compared to 25.63 for those who had been in two or more settings ( $n = 24$ ), demonstrating a more consistent enrollment history for those who had not moved in the last three years. In terms of educational supports, participants who had been living in one setting ( $n = 20$ ) had a mean rank of 18.40 compared to 25.92 for those who had been in two or more settings ( $n = 24$ ), indicating that those who had lived in one setting required less educational support. Finally, participants who had been living in one setting ( $n = 20$ ) had an academic / career path mean rank of 26.45 compared to an academic / career path mean rank of 19.21 for those who had been in two or more settings ( $n = 24$ ), indicating that those with more placement stability provided accounts consistent with more academic resilience. No significant differences were found between number of settings in the last three years with grades achieved, grades aimed for, attendance, or engagement (See Appendix I)

### **Reasons for Being in Care**

There were several possible reasons for which girls would enter care. These reasons included physical abuse, emotional abuse, sexual abuse, witnessing domestic violence, parental death, and neglect. The neglect composite also encompassed abandonment, limited caregiver capacity, and parent-child conflict. Aside from parental death, all other reasons for being in care are considered forms of maltreatment.

The majority of girls in care (84%) had experienced neglect. This represents 37 of the 44 girls in total. Fifteen girls had experienced physical abuse, nine girls had experience emotional

abuse, and three had experienced sexual abuse. Eight girls had witnessed domestic violence and four girls were in care due to the loss of their parent(s) (see Table 13).

**Table 13**

*Reasons for Being in Care*

Reasons	Frequency	Percent
Neglect	37	84.09
Physical Abuse	16	36.36
Emotional Abuse	8	18.18
Sexual Abuse	3	6.82
Domestic Violence	8	18.18
Loss of parent(s)	4	9.09

Mann-Whitney U tests were conducted to compare participants who had experienced each reason for being in care and those who had not experienced that reason for each academic outcome: grades achieved, grades aimed for, attendance, enrollment, educational support, engagement, and academic / career path. There were no significant differences found between those who experienced neglect or not, physical abuse or not, sexual abuse or not, emotional abuse or not, parental death or not, and witnessing domestic violence or not on any academic outcome. Further between group analyses were limited given that the majority of participants had multiple co-occurring reasons for being in care and thus the groups were not independent.

Less than half of the participants (45%) were in care for one reason, while 36% were in care for two reasons, and 18% were in care for three or more reasons (see Table 14). Eighteen girls had experienced neglect on its own, and two girls had experienced physical abuse on its own; however, for the rest of the girls, different forms of maltreatment tended to co-occur. No participants were in care for solely experiencing emotional abuse, solely witnessing domestic violence, or solely losing a parent. These three reasons always co-occurred with at least one

other reason. Furthermore, physical abuse tended to co-occur with sexual abuse, emotional abuse, witnessing domestic violence, and neglect, with the exception of the two girls who were in care for solely experiencing physical abuse. Sexual abuse always co-occurred with either physical abuse, physical and emotional abuse, or neglect.

**Table 14**

*Number of Reasons for Being in Care*

Reasons	Frequency	Percent
One Reason (1)	20	45.45
Two Reasons (2)	16	36.36
Three or more Reasons (3)	8	18.18

Spearman's correlations were run to determine the relationship between the number of reasons for being in care and academic outcomes (Table 15). Number of reasons for being in care was significantly related to attendance ( $r_s(42) = .49, p < .001$ ) and enrollment ( $r_s(42) = .30, p = .04$ ). These results represent moderate, positive monotonic correlations, where girls who experienced more reasons, also skipped more days and had a less consistent enrollment history. Number of reasons for being in care was not related to grades achieved, grades aimed for, educational support, academic engagement or academic / career path.

**Table 15**

*Number of Reasons for Being in Care and Academic Outcomes*

Measure	Grades Achieved	Grades Aimed	Attend.	Enroll.	Ed. Supp.	Engage.	Path
Number of Reasons for Being in Care	.04	-.20	<b>.49**</b>	<b>.30*</b>	.04	.07	-.06

\* $p < .05$ , \*\*  $p < .01$

## Self-perceptions

Overall, the participants reported moderately low self-esteem. While the average self-esteem for the group was within the normative range (Mean = 28.41), the most frequent score (Mode = 25.00) signifies a standard cut off, whereby those with scores below this cutoff are considered to present with problematically low self-esteem (see Table 16). Over 40% of the sample (eighteen participants) had self-esteem scores which placed them at the 15<sup>th</sup> percentile or below when considering normative samples (Corwyn, 2000; Sinclair et al, 2010).

**Table 16**

### *Self Esteem*

Self Esteem	N	Mean	Median	Mode	Standard Deviation	Range
	44	28.41	27.00	25.00	6.76	12-40

*Note* : Maximum possible score = 40

Through the content analysis, the theme ‘Who can I rely on?’ captured girls’ accounts of their own experiences of being able to count on others and themselves and placed them on a spectrum of autonomy (Table 17).

**Table 17**

### *Autonomy*

Autonomy	Frequency	Percent
Helpless (1)	6	13.64
Dependent (2)	22	50.00
Self-reliant (3)	5	11.36
Autonomous through connection (4)	11	25.00

Spearman’s correlations were run to determine the relationship between self-perceptions

(e.g., self-esteem and autonomy) and academic outcomes (see Table 18). Self-esteem is significantly related to grades achieved ( $r_s(42) = .29, p = .05$ ) and academic engagement ( $r_s(41) = .51, p < .001$ ), although the relationship between self-esteem and grades is only approaching statistical significance. These results represent moderate, positive monotonic correlations, where higher self-esteem is associated with higher grades and higher engagement. Self-esteem was not related to grades aimed for, attendance, enrollment, educational support, or academic / career path. Autonomy is significantly related to grades achieved ( $r_s(42) = .42, p = .01$ ), enrollment ( $r_s(42) = -.49, p < .01$ ), academic engagement ( $r_s(43) = .41, p = .01$ ), and academic/career path ( $r_s(42) = .78, p < .01$ ). Autonomy was not related to grades aimed for, attendance, or educational support.

**Table 18**

*Self-perceptions and Academic Outcomes*

Measure	Grades Achieved	Grades Aimed	Attend.	Enroll.	Ed. Supp.	Engage.	Path
Self-Esteem	<b>0.29*</b>	0.16	-0.247	-0.27	0.05	<b>0.51**</b>	.20
Autonomy	<b>.42**</b>	.23	-.16	<b>-.49**</b>	-.18	<b>.41**</b>	<b>.78**</b>

\* $p < .05$ , \*\*  $p < .01$

**Interpersonal Relationships**

Participant's relational styles were measured using the caregiver, friend, and romantic partner versions of the Behavioural Systems Questionnaire. The BSQ assesses attachment, affiliation, and caregiving using 36 items. Items are then organized along three scales that represent secure, dismissing, or preoccupied styles (see Table 19).

**Table 19**

*Relational Styles by Scale*

Relationship	Relational Style Scales	N	Mean	Standard Deviation	Range (potential)	Range (min, max)
Caregiver	Secure	43	3.41	.97	1.00, 5.00	1.00, 4.67
	Dismissing	43	2.59	.94	1.00, 5.00	1.11, 5.00
	Preoccupied	43	2.09	.71	1.00, 5.00	1.00, 3.56
Friend	Secure	43	4.09	.60	1.00, 5.00	2.89, 5.00
	Dismissing	43	1.98	.66	1.00, 5.00	1.00, 4.11
	Preoccupied	43	2.27	.64	1.00, 5.00	1.00, 3.67
Partner	Secure	38	3.90	.67	1.00, 5.00	2.00, 5.00
	Dismissing	38	2.06	.54	1.00, 5.00	1.00, 3.00
	Preoccupied	38	2.41	.79	1.00, 5.00	1.00, 4.17

Previous research has determined that these three styles fall along two dimensions: an avoidant dimension where all dismissing items load positively, and secure items load negatively. As well as an anxious dimension, equal to the preoccupied scale (Jones & Furman, 2011; Young, et al., 2012). The avoidant dimension was calculated by reverse scoring the secure score and averaging it with the dismissing score (Furman & Collibee, 2018) (see Table 20).

Overall, the participants had the most avoidant relational styles with their caregivers ( $M = 2.59$ ), they had less avoidant styles with their partners ( $M = 2.06$ ), and they had the least avoidant styles with their friends ( $M = 1.95$ ). Conversely, participants had the most anxious relational styles with their partners ( $M = 2.42$ ), less anxious with their friends ( $M = 2.27$ ), and they had the least anxious relational styles with their caregivers ( $M = 2.09$ ).

**Table 20***Relational Styles by Dimension*

Relationship	Relational Styles	N	Mean	Standard Deviation	Range (potential)	Range (min, max)
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Caregiver	Avoidant	43	2.59	0.92	1.00, 5.00	1.32, 4.96
	Anxious	43	2.09	0.71	1.00, 5.00	1.00, 3.56
Friend	Avoidant	43	1.95	0.59	1.00, 5.00	1.00, 3.61
	Anxious	43	2.27	0.64	1.00, 5.00	1.00, 3.67
Partner	Avoidant	38	2.06	0.54	1.00, 5.00	1.00, 3.00
	Anxious	38	2.42	0.79	1.00, 5.00	1.00, 4.17

Spearman's correlations were run to determine the associations between relational styles and academic outcomes (see Table 21). With caregivers, a more anxious style was related to aiming for lower grades ( $r_s(41) = -.30, p = .05$ ). With friends, a more avoidant style was related to lower grades ( $r_s(41) = .30, p = .05$ ). These results are approaching statistical significance. A more avoidant style with friends was also related to lower academic engagement ( $r_s(41) = .38, p = .01$ ). With romantic partners, a more anxious style was related to lower academic engagement ( $r_s(36) = .34, p = .04$ ).

**Table 21**

*Relational Styles and Academic Outcomes*

Measure	Grades Achieved	Grades Aimed	Attend.	Enroll.	Ed. Supp.	Engage.	Path
CG Avoidance	.06 .69	-.10 .54	-.06 .69	-.14 .36	-.04 .81	-.18 .26	-.01 .95
BF Avoidance	<b>-.30*</b> <b>.05</b>	-.09 .58	.21 .19	.25 .11	.17 .29	<b>-.38*</b> <b>.01</b>	-.21 .17
RP Avoidance	-.18 .03	-.08 .63	.02 .92	-.06 .74	-.24 .15	-.13 .44	-.02 .90

CG Anxiety	-.27 .08	<b>-.30*</b> <b>.05</b>	.19 0.22	.010 .54	0.15 0.34	.04 .80	-.15 .34
BF Anxiety	-.14 .38	-.28 .07	.02 .92	-.13 .39	.19 .22	-.05 .74	.02 .90
RP Anxiety	-0.23 0.17	-0.29 0.08	0.13 0.46	0.17 0.30	-0.13 0.45	<b>-0.34*</b> <b>0.04</b>	-0.16 0.35

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\*p <.05, \*\* p<.01

### Identified Helping Relationships

Through the interview process participants identified groups of individuals they rely on and turn to for support with their academic/ career path. Most participants identified adults and peers who support them, however, five participants (11%) shared that no one supports them. Nearly half of the participants (47.27%) identified their foster parents as individuals who supported them with their academic / career path and more than a third (36.36%) identified their caseworkers. Twelve participants (27.27%) identified friends as supporting them at school while ten participants (22.72%) shared that they turn to a sibling or cousin for support in this domain. Ten participants also identified school staff members such as a coach or child and youth worker as an important support person and nine participants (20.45%) identified a teacher. Smaller numbers had identified aunts, uncles, grandparents, boyfriends, biological parents, the parents of their friends or boyfriends, and mental health service providers as sources of support with their academic / career path (see Table 22).

### Table 22

#### *Supportive Relationships*

Supportive Relationships	Frequency	Percent
Foster Parent(s)	21	47.27
Case Worker / Social Worker	16	36.36
Friend	12	27.27
School Staff (Principal, CYW, Coach)	10	22.72
Sibling/Cousin	10	22.72
Teacher(s)	9	20.45
Boyfriend	6	13.63
Aunts/Uncles	5	11.36
Grandparent(s)	5	11.36
Biological Parent(s)	4	9.09
Mental Health Services	3	6.81
Boyfriend/Friends' Parent	3	6.81

Half of the participants (50%) only identified one or two supportive individuals. About 16% identified three supportive individuals, four participants identified four helping individuals, another four identified five helping individuals, and two participants identified six or more supportive individuals in their lives (see Table 23).

**Table 23**

*Number of Supportive Relationship Types*

Number of Supportive Relationship Types	Frequency	Percent
0 (1)	5	11.36
1 (2)	10	22.72
2 (3)	12	27.27
3 (4)	7	15.91
4 (5)	4	9.09
5 or more (6)	6	13.64

The number of supportive relationship types identified was significantly associated with academic / career path ( $r_s(42) = .41, p = <.01$ ), with increases in the size of the participant's academic support network related to improved functioning as captured by their own perceptions and accounts of their academic / career path (see Table 24).

**Table 24**

*Number of Supportive Relationship Types and Academic Outcomes*

Measure	Grades Achieved	Grades Aimed	Attend.	Enroll.	Ed. Supp.	Engage.	Path
Supportive Relationships	.05, .76	.10, .93	.00, .98	- .11, .48	- .19, .22	.08, .61	<b>.41**</b> <b>.01</b>

Mann-Whitney U tests were conducted to examine differences in academic outcomes based on whether participants had identified a type of relationship (e.g., foster parent, teacher, friend, etc.) as a source of academic / career support or not.

A significant difference in enrollment history was found between participants who identified a foster parent as an academic support ( $n = 21$ ) compared to those who did not ( $n = 23$ ), ( $U = 174, p = .042$ ), with participants who identified a foster parent having significantly lower ranks on drop out history (Mean rank = 19.29), indicating more consistent enrollment, compared to those who did not identify a foster parent (Mean rank = 25.13).

There was a significant difference between participants who identified teachers being

academically supportive ( $n = 9$ ) compared to those who did not identify teachers as academic supports ( $n = 35$ ) in terms of their academic engagement ( $U = 222, p = .039$ ) as well as their academic / career path ( $U = 244.00, p = .011$ ). Participants who identified teachers, ranked significantly higher in terms of their engagement (Mean rank = 29.67) compared to those who did not (Mean rank = 19.97) and they also ranked significantly higher in terms of their academic / career path (Mean rank = 32.11) compared to those who did not (Mean rank = 20.03).

There was a significant difference between participants who identified friends as academically supportive ( $n = 12$ ) compared to those who did not identify friends ( $n = 32$ ) in terms of their mean rank academic / career path ( $U = 299.00, p = .004$ ). Participants who identified friends ranked significantly higher in terms of their academic / career path (Mean rank = 31.42), compared to those who did not (Mean rank = 19.16).

A significant difference was also found in grades aimed for between participants who identified a boyfriend as a support person ( $n = 6$ ) and those who did not ( $n = 38$ ), ( $U = 55.00, p = .43$ ), such that participants who identified a boyfriend as their support aimed lower (Mean rank = 12.67) compared to those who did not identify a boyfriend as their academic support (Mean rank = 24.05).

There were no significant differences found between those who identified receiving support from school staff or not, children's services worker or not, mental health services or not, siblings/cousins or not, grandparents or not, aunts/uncles or not, a boyfriends/friends' parent or not, or biological parents or not on any academic outcome.

## Discussion

The overarching aim of the present study was to advance the understanding of resilience among girls in the care of child protective services. A developmental framework was used to guide the exploration of resilience with this vulnerable group, and a mixed methods design allowed for the integration of existing theory with new insights based on ideas and reflections shared by the participants themselves. Central findings from this study highlight that academic resilience exists on a spectrum and that the girls' own conceptualizations of where they fall on this spectrum are closely intertwined with whether they experienced others as secure and supportive, and also whether they believed they could count on themselves to make decisions and take action in alignment with their individual academic and career goals.

While existing research has highlighted that girls in care face significant obstacles interfering with their development and academic success (Krier et al., 2018; O'Higgins et al., 2017; McGuire & Jackson 2018a; McGuire & Jackson 2018b; Romano et al., 2015; Scherr, 2007; Trout et al., 2008), the results of the present study provide a nuanced portrait of these experiences, contextualized within a resilience framework. Academic resilience was explored as a multidimensional construct, with girls and their caseworkers providing information about the grades the girls achieve and aimed for, their engagement, their attendance, their enrolment history, and their use of special education services. Each participant also elaborated on their accomplishments and failures, the ways in which they navigated setbacks, their views about their own abilities, their goals for the future, and the steps they were planning to take or had already taken to realize these goals. Accounts of academic progress ranged from maladaptive to adaptive functioning, and were conceptualized thematically in terms of where each individual girl was on her current academic / career path. As expected, many girls shared that they were far behind

their peers, and that their future was uncertain, with several girls expressing that the goals they once had, now felt out of reach. However, many others shared that they were determined to catch up or to remain on track, and clearly outlined the short-term goals they were working towards, albeit with varying levels of success. While most girls fell within these latter categories, there were also several girls who shared accounts of outstanding competence when their success was defined as the active pursuit of an academic or career path reflective of a good fit between their individual capabilities, interests, values, and the path they were pursuing.

Participants' views of their own academic progress were linked to several external markers of educational success, including grades aimed for and achieved, a more consistent enrolment history, and higher academic engagement. However, these correlations were moderate, highlighting that components of resilience may not be fully captured when using standard external markers of competence (e.g. grades). Further exploration of the participants' accounts revealed that the level of competence they were demonstrating in the academic domain varied along two other important dimensions; namely how they viewed the role of others in their academic progress and how they understood their own role in shaping their experiences.

Interpersonal relationships are known to be challenging for girls in care. They are less likely to experience secure relationships, and relational insecurity is predictive of psychopathology and maladaptive functioning in multiple domains across the lifespan. Girls in care face disruptions in their early caregiver relationships, and these disruptions, along with experiences of maltreatment, are known to direct their development down more challenging pathways (Milan & Pinderhughes, 2000; Milan et al., 2013). However, decades of resilience research have also supported the idea that resilience among vulnerable youth is best supported through a strong bond with an adult who is both competent and caring, even if this adult is not a

biological parent (Masten, 2011). For this reason, it was predicted that a strong connection to a supportive adult would be directly related to resilience in the academic domain. In line with this, many of the girls' accounts emphasized the importance of being able to turn to a caring adult for their own academic progress. However, girls varied in how they viewed the role of supportive others. The majority of girls described relationships where they were dependent on other individuals, heavily relying on extensive support in order to meet their goals. These girls described being passive in decision making and daily tasks, taking the lead of trusted others as they worked to accomplish the goals set out for them, and they experienced varying levels of success doing so. Importantly, a subset of girls who displayed the greatest levels of resilience, described others as both emotional and instrumental resources. They stated that they could turn to others for guidance in their decision making, engaged in help-seeking when needed, and eagerly sought after and took opportunities that were presented to them in their social networks. These girls described collaborative efforts with the individuals in their lives. They also described others as providing calm, peaceful, and loving environments that allowed them the space to focus on their goals. Unsurprisingly, many of those who shared they had no one to turn to, were the ones struggling the most. However, several girls also expressed actively rejecting the help of others and were managing to persevere with some of their goals despite the difficulty they experienced navigating setbacks on their own.

Of the girls who shared that they could turn to others, most listed foster parents as sources of support. However, they also listed aunts, uncles, grandparents, the parents of their friends, their neighbours, coaches, teachers, social workers, therapists, cousins, siblings, and friends as people they turn to for support with their academic and career goals. Results highlighted that both the size of their support networks and the quality of their relationships

mattered. Girls' accounts of where they currently were along their own academic / career path were most closely tied to the extensiveness of their support network. When considering the impact of specific relationships on various markers of resilience, some variations were found; however, the overall findings highlighted that supportive relationships with others, whether foster parents, teachers, or friends, were all linked to aspects of resilience.

Within these support networks, the quality of relationships also mattered as girls who expressed higher levels of security in their relational styles with close others had higher grades, higher engagement, and higher aspirations for themselves. Furthermore, placement stability, placement in a foster home compared to other placements, and the identification of foster parents as primary caregivers rather than biological parents or other relatives also appeared to play an important role in supporting greater levels of resilience in the academic domain.

Interestingly, the impact of a more extensive maltreatment history was only found in a less consistent enrolment history and poorer attendance, but did not appear linked to current functioning in terms of achievement, aspirations, engagement, or current path. A possible explanation for this may be that each of the girls had already been in care for at least one year and the majority had been living in safer, stable, and more secure homes for several years at the time of the interview. Additionally, maltreatment was not reported on by the girls themselves but rather by the children's services team who shared from the best of their knowledge what the reasons for entering care were for each girl. Thus, the present measure examined the impact of the number of types of abuse experienced but not necessarily the frequency or the severity of the abuse. Furthermore, it is important to consider that each girl had experienced maltreatment warranting being removed from her home of origin. Thus, it may be reasonable to assume that within this sample the frequency and severity of abuse would have surpassed a certain threshold

to necessitate out-of-home placements. This lack of variability may further explain the limited power of the maltreatment variable to detect difference in the academic outcome variables.

Another key finding from this study highlights that while sharing a close bond with a supportive other may be necessary it might not be sufficient for optimizing the conditions that support resilience. Based on existing theory and knowledge it was predicted that adaptive perceptions of one's self would also play an important role. Cognitive appraisals of one's own worth begin to solidify in adolescence and are largely influenced by experiences of success or failure in developmental tasks as well as by the ways in which feedback from others is evaluated and interpreted. Self-esteem emerges from these evaluative processes, and it is known that girls in care have had experiences which are likely to interfere with the development of high self-esteem as maltreatment experiences create a context for young people to internalize both direct and indirect messages undermining their self-worth (Faulkner et al., 2014; Taussig, 2002). Accordingly, close to half of the girls in this study endorsed responses consistent with significantly low levels of self-esteem on a self-report measure. Those who reported comparatively higher self-esteem were more likely to report higher grades and higher engagement.

However, when discussing their academic experiences, girls rarely shared insights or reflections related to their self-esteem. Instead, themes regarding the self were centered upon the construct of autonomy. Autonomy is related though distinct from self-esteem. Where self-esteem is an evaluation regarding an inherent sense of worth, autonomy is an evaluation about one's own ability to think and act independently, to evaluate possible choices, to make decisions, and to act on those decisions. Like self-esteem, autonomy also becomes particularly salient during adolescence (Azmitia, 2015; Kroger, 2000). Under normative conditions, cultural, social, and

family environments support the growth of autonomy and youth come to see themselves as capable decision makers in their own lives. Girls in care, however, face obstacles to viewing themselves as autonomous. Experiences of neglect and abuse can leave girls in care feeling powerless and unable to effect change in their own lives (Gomez et al., 2015; Tausig, 2002). When youth are removed from unsafe environments, many continue to have limited opportunities to make decisions about defining features of their lives, such as where they live and whether they have contact with their biological parents, siblings, friends, or romantic partners.

Accordingly, the topic of autonomy, or lack thereof, was emphasized by the girls as they shared their past experiences and future goals. Some girls expressed frustration with their lack of independence; however, many also expressed doubt in their abilities to make choices, fears about the future, and uncertainty about which goals to prioritize. In the present study, the theme of 'dependent' represented half of the girls in the sample. These girls shared accounts suggesting that they were entirely reliant on others for directing their academic and career path both in terms of their big picture life goals as well as their short-term goals, how they structure their time on a day to day basis, or even which extracurricular activities they thought would be worthwhile to engage in. They shared the belief that they could not rely on themselves and that without the extensive support of others they would be incapable of taking any steps forward. This finding is consistent with past research which has highlighted that youth aging out of care, report that their lives chronically involve situations where events are out of their control, where their actions or responses do not impact future outcomes, and where many struggle to meet developmentally appropriate expectations in terms of their academic / career path if they do not receive extensive support (Gomez et al., 2015; Montgomery et al., 2006).

For several important reasons, the power to make many life decisions both large and small, including how time is spent and who it may be spent with, is largely in the hands of the agencies responsible for protecting the safety of these youth. In order to protect youth in care, systems that care for these youth often require documented, formalized approval for activities outside of their home or school, such as sleeping over at a friend's house to study before a test, or interviewing for a part-time job. Unfortunately, the precautions which are quite unique to this population may be interpreted as obstacles, limitations, or unfair restrictions and may inhibit girls in care from seeing themselves as capable of making decisions in their day to day lives. Chronically facing situations and experiences that undermine autonomy may prime girls in care for learned helplessness, a core feature of several mental health conditions, often coupled with low motivation and poor developmental outcomes. When girls in care learn to believe that their actions do not have consequences, they are more likely to engage in more maladaptive or risk-taking behaviours and to struggle with initiative and motivation when it comes to their academic / career path (Taussig, 2002; Gomez et al., 2015).

Girls who expressed a belief in the idea that their actions do matter, demonstrated higher levels of academic resilience in terms of their grades, their engagement, the consistency in their enrolment, and their overall views of where they were in their academic and career path. The strong relationship between autonomy and academic outcomes was over and above that of self-esteem. However, self-esteem and autonomy typically reinforce one another, as positive perceptions of self-worth, perceived competence, positive appraisals, and perceived power interact to promote positive experiences and success. Overall, girls who perceived themselves as capable decision makers, were motivated to take action, and were resourceful when navigating challenges. However, self-reliance on its own was not associated with the greatest levels of

resilience. Those who valued independence while minimizing the role that others could have in supporting them faced significant challenges in the academic domain despite their determination. Without guidance, mentorship, and emotional support, tasks such as figuring out when or if to take or drop a course, applying to college, or interviewing for a job often became overwhelming. Girls in care with the greatest levels of success valued both autonomy and connectedness. They saw themselves as having an active role in determining their academic and career path but acknowledged the essential and developmentally appropriate role that others could play in providing the necessary safe, secure, and supportive environment that allowed them to seek and take advantage of potential opportunities in line with their goals.

Taken together the results suggest that the development of a positive and cohesive view of oneself as worthy, capable, and independent is best supported in a context of safe and secure relationships with others. Developmentally, the needs for competence, autonomy, and connection are intertwined and a strong sense of self does not include being separate or detached from others as intra- and inter- personal needs are complementary (Deci & Ryan, 2000). Based on the results of this study resilience among girls in care is optimized when the need to feel worthy and autonomous functions in harmony with the need to be connected to others who are both instrumentally and emotionally supportive. Overall, the conditions supporting resilience are advanced with complementary positive views of self and others within the social world.

### **Theoretical Implications**

This study contributes to resilience research by exploring the experiences of girls in care, across multiple interrelated domains. This approach informs efforts aimed at capitalizing upon existing strengths youth may possess in order to promote positive outcomes in the domains where they are most vulnerable (Masten, 2011; Yates & Grey, 2012). Girls in care are known to

face significant disadvantages when it comes to achieving markers of academic competence by the time they are exiting care. From a developmental perspective, these negative outcomes are the result of developmental cascades, characterized by histories of educational neglect embedded within other adverse experiences. A problematic cascade may begin with caregivers neglecting to promote early reading skills (Krier et al., 2018) and with children failing to achieve grade level expectations as they progress through school (Piescher, et al., 2014). With multiple home and school placement changes, these children may fall further and further behind, not reaching expected milestones in adolescence such as high school graduation (Tessier et al., 2018), and placing them at risk for lives of hardship characterized by unemployment, poverty, incarceration, and homelessness (Mersky & Janczewski, 2013; Montgomery et al., 2006).

Importantly, the core assumptions within developmental task theory regarding cumulative and transactional influences also leave space for the idea that directional effects can be altered. Just as adversity may prevent, halt or even reverse a positive developmental cascade, problematic developmental cascades can also be shifted or interrupted by protective factors (McCormick et al., 2011). Protective factors promote resilience through their influence on developmental trajectories in the presence of adversity. These protective factors are extensions of basic human adaptation systems found at the level of the individuals, relationships, and larger community or social systems (Flynn et al., 2004; Masten & Reed, 2002).

It is possible that the developmental trajectories of intra- and inter- personal beliefs and behaviours are inherently more amenable to change in comparison to academic trajectories, where problematic developmental cascades are partially driven by larger and thus less flexible systems. The potential for girls in care to form adaptive self-perceptions and develop supportive

interpersonal connections where they feel as though they matter to others is promising for furthering our understanding of protective factors within this vulnerable group.

For instance, functioning within caregiver relationships and exceptions to the typical pathway towards attachment concordance may be particularly relevant. While maltreatment inhibits the formation of secure relational styles, these youth are also more likely to have experienced marked variability across multiple caregiver relationships, making their relational styles within and across relationship categories, less fixed (Furman & Simon, 2004; Young et al., 2012). This extended period of flexibility may be highly adaptive for individuals who experienced maltreatment in the context of their early relationships. The challenges they faced in forming secure styles, particularly inconsistency or instability between caregivers, may have also left their relational styles more amenable to change. Thus, despite early adversity, an accumulation of positive experiences may challenge negative behavioural patterns and expectations and allow for the formation of more secure relational styles later on.

Furthermore, the challenges girls in care face with self-esteem and autonomy are consistent with research highlighting that the early adversity girls in care face prime them for low self-worth and learned helplessness (Gomez et al., 2015; Tausig, 2002). The direct and indirect negative messages about self-worth inherent in maltreatment experiences and the real or perceived lack of control girls in care have over their own lives both before and after entering care undoubtedly undermine the formation of cohesive and adaptive self-perceptions.

However, adolescents also have the growing cognitive capacity not just to re-act to experiences but to also to make sense of experiences. Self-esteem is not solely based on external messages received about self-worth, but also internal sources related more to values rather than evaluations. Internal self-esteem represents a sense of feeling worthy and satisfied with one's

own choices, decisions, and commitments (Campbell et al., 2010). The cognitive capacity to evaluate one's own internal messages and to reflect upon and interpret experiences and external messages means that under certain conditions, girls in care may still develop self-perceptions that are more optimistic. With support, girls in care may develop the viewpoint that abusers are responsible for their actions rather than internalizing blame. They may also come to view maltreatment experiences as a consequence of negative circumstances rather than resulting from an inherent lack of self-worth. Indeed, some research has found that many youth in care have relatively positive views of themselves and sense of pride in who they are (Flynn, 2004; Taussig, 2002). The cognitive capacities developing in adolescence may also allow youth to recognize that while they may have limited control of external conditions, their individual behaviours can still have an impact on their experiences. Perhaps most importantly, youth may come to realize that they can exert control over their internal world; choosing how they make meaning of their current situations, planning for action in the future, if not now, and taking pride in what they have overcome (Flynn et al., 2004; Masten & Reed, 2002). The development of a positive view of oneself as worthy and autonomous following experiences of significant adversity may in fact be possible when positive internal appraisals are supported in the context of nurturing and safe relationships.

Furthermore, a possible lens for understanding the ways in which interpersonal relationships and self-perceptions interact and impact resilience may be in consideration of the conditions that allow for youth in care to feel as though they matter. Experiences of neglect and abuse in childhood are associated with a sense of not mattering to others, (Flett et al., 2016) and this belief may be an important factor in understanding negative developmental cascades. Recent research has highlighted that for young people, not mattering to others is linked to multiple facets

of psychosocial maladjustment, including depression, anxiety, self-criticism, self-hate, avoidance of others, and perceived stigmatization for help-seeking (Flett et al., 2021; Shannon et al., 2020). This may have important implications for understanding how to support resilience among youth in care. In the present study, placement in a safe and stable foster home, identification of foster parents as primary caregivers, more secure relationships, and larger support networks, may represent conditions which counteract early adverse experiences and set the stage for youth in care to believe they matter. In turn, youth who believe they matter may be more likely to make adaptive choices for themselves and turn to others for support when they need help. In the present study, mattering to oneself and mattering to others may represent preconditions to valuing both autonomy and connection. It will be important for future research to examine the ways in which a belief that one does or does not matter impacts pathways towards resilience.

Lastly, a challenge within the field of resilience research thus far has been moving from the theoretical understanding of resilience as a multidimensional construct to the measurement of resilience as a multidimensional construct. The importance of understanding resilience as being comprised of dynamic internal and external processes has long been acknowledged, (Masten et al., 1995) however, existing research has been dominated by a focus on easily observable markers of competence. Within an educational context, this has meant relying on grades or test scores as primary outcomes measures (Flynn et al., 2004; Taussig, 2002). This study built upon existing research by using quantitative and qualitative methods to collect data relevant to multiple markers of academic functioning, beyond academic achievement. This multidimensional conceptualization of resilience encompassed the presence of adaptive functioning, the absence of maladaptive functioning, and was explored through internal perceptions of functioning (e.g., girls' accounts of their own academic progress, expectations,

and aspirations), as well as through multiple external markers of competent behaviour (e.g. achievement, engagement, attendance, academic progress through the standard curriculum, and enrolment history). The moderate correlations between all but one academic outcome variable found within this study speak to the validity of academic resilience as a multidimensional construct.

### **Policy Implications**

Education is widely considered as a basic human right; however ensuring equal access to education for all children and youth is challenging given the complex barriers many families and communities face. Importantly, it is not always clear where the responsibility for remediation lies when vulnerable youth are not having their educational needs met. Within Canada, educational neglect is not universally considered a child protection issue. While Quebec, New Brunswick, and Newfoundland have specific legislation outlining that the state may intervene to remedy concerns related to youth being deprived of education, most other provinces do not explicitly define educational neglect as a form of maltreatment (Harris, 2020). This is particularly concerning in light of what is known about the impact of educational neglect on development and later outcomes. Among youth in care, it is clear that families who are unable to provide a safe environment and meet basic needs also struggle to support youth in terms of their education (Blackmon & Cain, 2015; Larson et al., 2011; Van Wert et al., 2018).

To alter the poor academic trajectories that lead to unemployment, poverty, criminality, and homeless among youth in care (Mersky & Janczewski, 2013; Montgomery et al., 2006), the capacity for developmental task attainment in earlier developmental stages must be enhanced. Some of the most negative outcomes occur when educational neglect takes place during the pre-school years. For instance, failing to introduce a child to letters, words, verbal interactions, and

age-appropriate books can drastically impact their language development. Language development is absolutely critical for reading, writing, and social competence. Early language delays resulting from neglect predict long-lasting difficulties, not just in academics but across other domains of development as well (Krier et al., 2018). There may also be severe consequences for older children, who are not enrolled in school, who are expected to work rather than attend school, or whose caregivers avoid involvement when they are having difficulty with attendance or achievement (Chapple & Vaske, 2010; Van Wert et al., 2018).

In line with Canada recognizing education as a universal human right, explicitly recognizing educational neglect as a child protection issue may aid with mobilizing resources to assist or intervene with families where children are experiencing educational neglect at any stage of development. Both early and continued interventions are crucial. To address these goals the cooperation of multiple systems at many levels is required, with collaboration between child welfare and education sectors (Harris, 2020).

When considering state intervention for educational neglect, the goal is to assist families in building capacity to adequately meet the needs of the child on their own and to meet mandatory requirements for adequate care. Programs that focus on engaging families in voluntary services are available and often target parent education on supervision, effective behaviour management, appropriate discipline, expectations for school attendance, support with access to transportation, and other related services. In recent years, efforts to develop, implement, and expand these family support programs have been increased across Canada (Trocmé et al., 2013).

However, for some families, parents or other caregivers are unable to provide a safe environment for a child even with support. Placement in out of home care is considered when it

does not appear that there are other ways to support a child's healthy development.

Unfortunately, for some youth, the challenges surrounding entry into care are exacerbated by continued upheavals after entering care (James et al., 2004). While child protective services aim to provide stable placements in support of developmental tasks attainment across domains, this goal is not always met. Therefore, educational neglect may still occur even after youth are placed in care. For instance, while it is common for youth in care to be identified as needing special education support, formal diagnosis and implementation of appropriate individualized programming requires consistency over time and continued home and school transitions interrupt all of these processes (Tessier et al., 2018). Thus, many youth in care who have been identified as requiring services face obstacles in actually obtaining supports and services. For this and many other reasons, when being removed from a family home is required, continuity within other parts of a child's social and academic world should be prioritized in order to support resilience (Fong et al., 2006).

Results from this study highlight the important role that new caregivers may have in shifting negative developmental cascades among youth who have experienced early adversity and threats to their educational needs. Many challenges exist for foster families aiming to establish secure relationships with children who have been placed in their homes experiencing maltreatment and other adversities. Often, these children and adolescents present with significant emotional and behavioural challenges, and caregivers require support in navigating how to best provide support. A review of treatment / training programs offered to foster parents found that many common interventions and programs that rely on behavioural or cognitive behavioural paradigms are not effective for youth in care (Turner et al., 2007). However, there has been growing evidence for attachment-based interventions for young children. Applying

similar principles for older children and adolescents, Kelly and Salmon (2014) have developed a promising intervention model: “the relational learning framework.” This model aims to support new caregivers in considering how the past experiences of the children and youth placed in their homes may shape and influence children’s ideas about themselves and caregivers, and also provides a new way to understand and respond to avoidant, explosive, rejecting, or otherwise difficult behaviours. The value of such programs should not be underestimated, and adequate funding resources are crucial.

Beyond caregivers, the results of this study also highlighted the important role of a supportive social network including social workers, counsellors, teachers, coaches, and friends when it comes to academic resilience. At school, staff can organize small tutoring programs and facilitate supportive groups that focus on relationship building with other students as well as school staff (Flynn & Tessier, 2011; Harper & Schmidt, 2012). Among youth in care, extracurricular activities are often overlooked given the many other challenges these youth may present with, however, encouraging involvement in activities may present important opportunities for the development of social skills, emotional-regulation skills, and connections to peers and other caring adults. (Fong et al., 2006).

For many youth in care, ongoing challenges with their health also present obstacles in their ability to benefit from supports at home and school. For this reason, it is also essential that other health services and supports are available. The present study represented a subset of data from a larger project where the majority of girls in the sample alluded to significant challenges with mental health and / or substance misuse as well as sexual health complications ranging from sexually transmitted infections to pregnancies. Often, they shared the many ways in which health challenges impeded their ability to attend school and pursue academic or career goals.

Comprehensive health care, including mental and sexual health are crucial for supporting healthy development among girls in care. Mental health services aimed at enhancing closeness in safe relationships may be particularly salient for these vulnerable girls. Interventions emphasizing mattering both to self and others (Flett et al., 2021; Shannon et al., 2020), may also be beneficial in counteracting pathways leading towards learned helplessness through promoting self-worth, autonomy, and empowerment. In terms of sexual health, the historical focus on standard sexual education, whether abstinence or contraception focused, has clear limitations with this population of youth. Among girls in care, some perceive having a child as a way to re-write their family stories. In one study, more than a third of girls exiting care between the ages of 17 and 19 expressed definitely or probably wanting to get pregnant (Dworsky & Courtney, 2010). Sexual health services that acknowledge and address these complex motivations are necessary to support positive outcomes for these youth.

Furthermore, it is important to note that in Canada, many youth exit care as early as age 16. In Ontario, for instance, the age at which youth exit care has only recently been changed from 16 to 18 (Leslie, 2016). For many youth, the years immediately prior to aging out of care are very difficult as they struggle with fear and uncertainty about what comes next for them. At a time where most adolescents continue to receive economic and social support from their families, these youth are propelled forward into independent living, often without the necessary skills and supports needed to succeed on their own (Montgomery, Donkoh, & Underhill, 2006). In recognition of these challenges, voluntary extended care and maintenance programs are expanding to support young people after their 18th birthdays (Flynn & Tessier, 2011). In a review of independent living programs aimed at supporting youth exiting care, it was found that youth who participated in these programs had significantly higher rates of completing high

school, attending post-secondary school, and obtaining employment. These programs are varied but generally include instruction on a broad range of life-skills including decision-making, effective communication, anger management, securing housing, managing household tasks, budgeting, learning how to access community resources, and obtaining legal assistance (Montgomery et al., 2006). Unfortunately, many of these programs are voluntary, and most do not ensure support for all youth exiting care. Thus, some of the most vulnerable youth may be the ones left out. For this reason, it is crucial that developmentally appropriate services are universally available for all vulnerable youth in care as well as those entering young adulthood. In Canada, the Child Welfare Political Action Committee (PAC) is one organization which has been successfully pushing for significant change in this realm at the level of policy making, emphasizing the importance of more comprehensive programming, health care, and waived postsecondary tuition fees for youth exiting care (Child Welfare PAC, 2021).

Lastly, it is important to highlight that in comparison to the general population of the region in which the study was conducted, ethnic minority girls were vastly over-represented in this sample, and they are consistently over-represented among youth in care overall. It is important to recognize that the Canadian social and political landscape is known to influence decisions regarding out of home placements which have a disproportionately negatively impacted various ethnicity and cultural groups. Specifically, a convergence of research has demonstrated that parental behaviours are more likely to be interpreted as maltreatment in a context of cultural differences or biases (Blackstock et al., 2004; MacMillan et al., 2013; Trocmé et al., 2004; Trocmé et al., 2013). Furthermore, in Canada, Indigenous communities are faced with systemic challenges whereby federal funding favours placement of youth in out of home care relative to other possible options; this has led to out of home placement for Indigenous

youth being drastically overused (Blackstock et al., 2004; Sinha et al., 2013; Trocmé et al., 2004; Trocmé et al., 2013). This research is aligned with previous research which has identified a significant need to shift resources and strategies towards the development of less disruptive support services for ethnic minority and indigenous youth and the communities in which they reside (Blackstock et al., 2004; Sinha et al., 2013; Trocmé et al., 2004; Trocmé et al., 2013). It is essential that governments allocate the funding and resources necessary so that Indigenous families and youth have access to a full spectrum of child protection services along with the other educational, wrap around, and support services that are offered to other communities (First Nations Child and Family Caring Society of Canada, 2015).

### **Strengths, Limitations, and Future Directions**

The present research project had a number of key strengths, including the use of a mixed methods design, an emphasis on the unique experiences of girls, and a sensitive approach to inquiring about ethnicity in this special population. To continue to build on the contributions of this study, limitations and future directions are discussed along with strengths.

Firstly, this study was unique in using multi methods and multi-informant approach to provide rich descriptions of participants' experiences, extending the limited knowledge base of how both interpersonal connections and self-perceptions play a role in resilience. A challenge commonly encountered in conducting research with youth in care involves gaining access to vulnerable samples of participants who, for good reason, are protected, as well as collecting comprehensive data from caseworkers who are often limited in the resources they can allocate to facilitating and participating in research studies. To address this challenge, the current study implemented a mixed methods concurrent, triangulation design. Data from multiple sources and multiple informants was integrated at both the analysis and the interpretation stages (Creswell &

Plano Clark, 2007; Teddlie & Tashakkori, 2009). This triangulation design allowed for the convergence of data, the comparison of data, and for making use of data supplementation to fill in gaps in missing data. For example, information was frequently cross-checked to obtain a fuller picture when either caseworkers or participants were unsure of details.

While the present study provided incredibly rich data, it would be important to replicate similar research with a larger and more generalizable sample. The sample size of the present study did not easily lend itself to correlational and between group analyses, especially given unequal group sizes, unequal variances, and non-normal distributions. To address this, non-parametric tests were used. When reviewing Spearman's Rho correlations, scatter plots of the data were visually inspected to check for non-monotonic relationships, outliers, and subgroups (Aggarwal & Ranganathan, 2016) and interpretation of the results was contextualized in light of previous literature as well the results from the qualitative accounts of this study.

With Mann Whitney U and Kruskal Wallis H tests, appropriate comparisons between test statistics and critical values, are generally thought to require group sizes of at least five. When one or more groups had as few as three participants, the sampling distribution used was a fairly close approximation of the test statistic distribution with these tests; however, groups with such few cases are less than ideal (Lowry, 2021). In this study several between group comparisons involved groups with as few as three participants; thus, it is important that the results from these tests also be interpreted with caution. This is particularly relevant to the significant finding that participants who considered their biological parents to be their primary caregivers had lower enrollment, and the finding that participants who were living in groups homes had better attendance and higher enrollment. While these analyses were limited by only three participants representing these groups, it is important to consider that the findings were in line with

qualitative accounts. Participants spoke to greater challenges with enrollment when they were living with their biological parents and also shared that attendance and enrollment in school are in fact mandatory for youth in group homes. Taken together, these results may indeed highlight important findings but further studies with larger samples and greater statistical power are needed.

The present study recruited participants from a single agency, and while every attempt was made to obtain a generalizable sample, 26 of the 70 eligible girls in out-of-home care at the time of the study did not participate. In line with efforts to protect this vulnerable group, the first step of recruitment for research participation was not completed by researchers, but by caseworkers who were familiar with the girls and who shared information about the study with the girls on their caseload. Through this process several girls were deemed ineligible for the study by caseworkers who had concerns about whether the girls possessed the cognitive or emotional capacity to participate in a study examining their current and past experiences in education and views of themselves and others. Additionally, given that access to participation was dependent on contact with caseworkers, those who were less connected to formal support systems or who had prematurely exited care were not reflected in this sample. For these reasons it is possible that some of the most vulnerable girls were not represented in this study. However, on the other hand, several of the girls who declined to participate, shared that they did so because they were doing well, moving forward, and not interested in looking back at their past. In either case it is possible that the girls who declined to participate, could not be reached, or whose workers did not attempt to recruit them were somehow different than the participants who did complete the study.

Importantly, this study solely examined the experiences of girls in care. While both boys and

girls in care face significant academic challenges, they also face unique risk factors in terms of what may interfere with their educational progress as well as what may best support their success. Boys are indeed less likely to face sexual abuse, dating violence victimization, sexual exploitation or trafficking, and are less likely, to face the social, emotional, and physical repercussions of teen pregnancy and parenthood. However, boys are more likely to experience challenges with disruptive behaviours, aggression, conduct, and eventually involvement with the youth justice systems. Within the school setting, teachers report feeling unprepared for managing disruptive behaviours and boys are more likely to face suspensions and expulsions (James, 2004; Zetlin et al., 2012). Similarly, boys are also less likely than girls to stay in an initial placement (Esposito et al., 2014), with boys experiencing greater instability in both school and home placements (Esposito et al., 2014; Tessier et al., 2018).

It is clear that many of the factors which interfere with the ability of youth in care to stay in school and to succeed differ between girls and boys; furthermore, there is evidence that the potential pathways for strategically promoting educational success may also differ between boys and girls. While this study highlighted the importance of supporting adaptive self-perceptions and dependable interpersonal connections for girls in care, the ways in which these domains may function to influence the development of academic resilience among boys may be different. For instance, there is some evidence that boys may be less responsive than girls to the impact of a new caregivers' aspirations for them (Tessier et al., 2018). Indeed, this does suggest that there may be different aspects of caregiver relationships specifically, or interpersonal relationships more generally, that would be crucial to emphasize to support the resilience of vulnerable boys. Thus, in order to best inform the approach taken to supporting youth in care, it is essential for future research to be gender sensitive.

The present study took into account that commonly asked survey questions are not necessarily appropriate for special populations. Specifically, while ethnic identity is typically queried on surveys, the present research used an interview prompt to allow participants to explain how they view their identity. This approach illuminated that for participants who had been removed from their homes of origin at an early age, or who had become immersed in the new ethno-cultural identities of their foster families, the topic of ethnic identity was quite complex. Indeed, several participants shared they were unsure of their identity and provided a best guess, some expressed confusion and stated an assumed vaguely “European” background, and five participants were adamant that they do not subscribe to any cultural ethnic identity, commenting on the irrelevance of the question for them. This complexity would be lost using a single-method, survey approach. It will be important for future research in this area to further explore how the unique experiences surrounding placement in out of home care shape the processes related to ethnic and cultural identify formation.

## **Conclusions**

While each girl in this study had experienced significant adversity, negative academic outcomes were not ubiquitous. Academic resilience among girls in care exists on a spectrum and competence in the academic domain is interlinked with functioning in other age-salient domains, including the development of adaptive self-perceptions and the formation of secure interpersonal connections. Key findings from the present study indicated that academic resilience may be best optimized when the need to feel worthy and autonomous functions in harmony with the need to be connected to others who are supportive and safe. Furthermore, the results provide actionable recommendations for systems to address the poor outcomes many girls in care face and to halt or

even reverse problematic developmental cascades propagated by the early and often on-going adversity they may experience.

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## Appendix A

### Consent to Contact Form



# Teen

# Relationships

Relationships of all kinds are important for teens and can have a big impact on their everyday lives. Researchers at York University want to know more about teen relationships and how they affect things like identity, school and well-being.

As part of this study, you would be asked to answer questions on a computer and you would receive a \$50 dollar gift card to thank you for your participation.

Would you like to learn more about this study?

**Yes, I am interested in learning more about this study!**

My name is: \_\_\_\_\_

The best way to contact me is:

email: \_\_\_\_\_

cell phone: \_\_\_\_\_

home phone: \_\_\_\_\_

## Appendix B

### Consent Forms

#### CONSENT FORM FOR PARTICIPANTS

Please read this form carefully, and feel free to ask the researcher any questions you might have. This study has been reviewed and approved for compliance to research ethics protocols by the Human Participants Review Subcommittee of York University.

**Researcher(s):**

Katherine Wincentak, M.A., Graduate Student, Psychology, [kwincen@yorku.ca](mailto:kwincen@yorku.ca), 647-992-7370

Dr. Jennifer Connolly, Supervisor, Psychology, [connolly@yorku.ca](mailto:connolly@yorku.ca), 416-736-5647.

**Other Contact Information:**

Psychology Graduate Program Office: (416) 736-5290.

Manager of Research Ethics for York University: (416) 736-5055.

**Purpose and Procedure:**

The purpose of this study is to shed light on the role of relationships in promoting resilience in teens who have received care through [Agency Name Redacted]. We believe that helping young people to develop healthy relationships is important because the quality of relationships can have a positive effect on teen's development. We would like to explore the ways in which relationships with caregivers, friends and romantic partners are linked to sense of self, school engagement, behaviour and well-being. Further knowledge in this area of research will help parents, researchers, educators, and social service providers to better understand teens' development of relationships and how these relationships can lead to positive outcomes.

This study will take about one to two hours to complete, and you will be asked questions about the quality of your relationships, sense of self, school involvement, emotional well-being as well as behaviours and attitudes regarding bullying, dating violence, and sexuality. You will also be asked about information like age and gender. This meeting will be audio-recorded, and audio-recordings will be destroyed after the data is collected and coded.

**Potential Benefits:**

The results of this study will contribute to an understanding of the role of relationships in promoting resilience and positive outcomes for teens who have received care through [Agency Name Redacted]. This study will also help service providers at [Agency Name Redacted] develop educational programs aimed at promoting healthy relationships for teens in care. Lastly, you will also receive a gift card to thank you for your participation.

**Potential Risks:**

There are no known risks associated with taking part in this study. However, asking teens about relationships might stir strong feelings. For this reason, all youth will be provided with information regarding counseling and other local support services within their community.

**Confidentiality:**

Confidentiality will be provided to the fullest extent possible by law. Any data collected from your participation in this study will have identifying information removed. Although the data from this research project will be published and presented at conferences, the data will be reported in aggregate form, so that it will not be possible to identify individuals.

All data will be stored in locked files in a locked research office at York University. Data access will be limited to researchers involved in this study. All study materials will be retained for seven years after data collection is completed. At that time all paper documents will be securely shredded.

**Right to Withdraw:**

Your participation is voluntary, and you can choose to answer only those questions that you are comfortable with. Feel free to ask questions or share concerns about anything related to the study at any point during this meeting. The information that is shared will be held in strict confidence and discussed only with the research team. If you prefer not to participate, that is fine and there will be no consequences for you as a result of not participating. Participants who choose to withdraw from the study after their data has been collected will still be fully compensated. For participants who withdraw from the study, all associated data collected will be immediately destroyed wherever possible.

**Results of the Study:**

You can ask us for a copy of the report when the study is finished.

**How can I ask questions about the study?**

If you have any questions concerning the research project, please feel free to contact us at any point at the phone numbers or e-mails provided. If you have any questions about the ethics review process or about your rights as a participant in the study, please contact the Senior Manager & Policy Advisor for the Office of Research Ethics, 5<sup>th</sup> Floor, Kaneff Tower, York University, Phone: 416-736-5914 or Email: [acollins@yorku.ca](mailto:acollins@yorku.ca).

**Consent to Participate:**

- I have read and understood the description provided. I consent to participate in the research project, understanding that I may withdraw my consent at any time.
- I consent to the session being audio-recorded, understanding that the recording will be destroyed following data collection and coding.

_____	_____	_____
Participant's Name	Signature	Date
_____	_____	_____
Researcher's Name	Signature	Date

## CONSENT FORM FOR CAREGIVERS

Please read this form carefully, and feel free to ask the researcher any questions you might have. This study has been reviewed and approved for compliance to research ethics protocols by the Human Participants Review Subcommittee of York University.

### **Researcher(s):**

Katherine Wincentak, M.A., Graduate Student, Psychology, [kwincen@yorku.ca](mailto:kwincen@yorku.ca), 647-992-7370  
Dr. Jennifer Connolly, Supervisor, Psychology, [connolly@yorku.ca](mailto:connolly@yorku.ca), 416-736-5647.

### **Other Contact Information:**

Psychology Graduate Program Office: (416) 736-5290.  
Manager of Research Ethics for York University: (416) 736-5055.

### **Purpose and Procedure:**

The purpose of this study is to shed light on the role of relationships in promoting resilience in teens who have received care through [Agency Name Redacted]. We believe that helping young people to develop healthy relationships is important because the quality of relationships can have a positive effect on teen's development. We would like to explore the ways in which relationships with caregivers, friends and romantic partners are linked to sense of self, school engagement, behaviour and well-being. Further knowledge in this area of research will help parents, researchers, educators, and social service providers to better understand teens' development of relationships and how these relationships can lead to positive outcomes.

This study will take about one to two hours to complete and your teen will be asked questions about the quality of their relationships, sense of self, school involvement, emotional well-being as well as behaviours and attitudes regarding bullying, dating violence, and sexuality. The meeting with your teen will be audio-recorded and audio-recordings will be destroyed after the data is collected and coded.

### **Potential Benefits:**

The results of this study will contribute to an understanding of the role of relationships in promoting resilience and positive outcomes for teens who have received care through [Agency Name Redacted]. This study will also help service providers at [Agency Name Redacted] develop educational programs aimed at promoting healthy relationships for teens in care. Lastly, your teen will also receive a gift card to thank them for their participation.

### **Potential Risks:**

There are no known risks associated with taking part in this study. However, asking teens about relationships might stir strong feelings. For this reason, all youth will be provided with information regarding counseling and other local support services within their community.

### **Confidentiality:**

Confidentiality will be provided to the fullest extent possible by law. Any data collected from your teen's participation in this study will have identifying information removed. Although the data from this research project will be published and presented at conferences, the data will be reported in aggregate form, so that

it will not be possible to identify individuals. All data will be stored in locked files in a locked research office at York University. Data access will be limited to researchers involved in this study. All study materials will be retained for seven years after data collection is completed. At that time all paper documents will be securely shredded.

**Right to Withdraw:**

Your teen's participation is voluntary, and they can choose to answer only those questions that they are comfortable with. Your teen will be free to ask questions or share concerns about anything related to the study at any point during the meeting. The information that is shared will be held in strict confidence and discussed only with the research team. If your teen prefers not to participate, that is fine and there will be no consequences as a result of not participating. Participants who choose to withdraw from the study after their data has been collected will still be fully compensated. For participants who withdraw from the study, all associated data collected will be immediately destroyed wherever possible

**Results of the Study:**

You or your teen can ask us for a copy of the report when the study is finished.

**How can I ask questions about the study?**

If you have any questions concerning the research project, please feel free to contact us at any point at the phone numbers or e-mails provided. If you have any questions about the ethics review process or about your teen's rights as a participant in the study, please contact the Senior Manager & Policy Advisor for the Office of Research Ethics, 5<sup>th</sup> Floor, Kaneff Tower, York University, Phone: 416-736-5914 or Email: [acollins@yorku.ca](mailto:acollins@yorku.ca).

**Consent to Participate:**

- I have read and understood the description provided. I consent to having my teen participate in the research project, understanding that I may withdraw my consent at any time.
- I consent to the session being audio-recorded, understanding that the recording will be destroyed following data collection and coding.

\_\_\_\_\_  
Caregiver's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**ASSENT FORM FOR PARTICIPANTS**

Please read this form carefully, and feel free to ask the researcher any questions you might have. This study has been reviewed and approved for compliance to research ethics protocols by the Human Participants Review Subcommittee of York University.

**Researcher(s):**

Katherine Wincentak, M.A., Graduate Student, Psychology, [kwincent@yorku.ca](mailto:kwincent@yorku.ca), 647-992-7370  
Dr. Jennifer Connolly, Supervisor, Psychology, [connolly@yorku.ca](mailto:connolly@yorku.ca), 416-736-5647.

**Other Contact Information:**

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The purpose of this study is to shed light on the role of relationships in promoting resilience in teens who have received care through [Agency Name Redacted]. We believe that helping young people to develop healthy relationships is important because the quality of relationships can have a positive effect on teen's development. We would like to explore the ways in which relationships with caregivers, friends and romantic partners are linked to sense of self, school engagement, behaviour and well-being. Further knowledge in this area of research will help parents, researchers, educators, and social service providers to better understand teens' development of relationships and how these relationships can lead to positive outcomes.

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**Potential Benefits:**

The results of this study will contribute to an understanding of the role of relationships in promoting resilience and positive outcomes for teens who have received care through [Agency Name Redacted]. This study will also help service providers at [Agency Name Redacted] develop educational programs aimed at promoting healthy relationships for teens in care. Lastly, you will also receive a gift card to thank you for your participation.

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**Confidentiality:**

Confidentiality will be provided to the fullest extent possible by law. Any data collected from your participation in this study will have identifying information removed. Although the data from this research

project will be published and presented at conferences, the data will be reported in aggregate form, so that it will not be possible to identify individuals.

All data will be stored in locked files in a locked research office at York University. Data access will be limited to researchers involved in this study. All study materials will be retained for seven years after data collection is completed. At that time all paper documents will be securely shredded.

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Your participation is voluntary, and you can choose to answer only those questions that you are comfortable with. Feel free to ask questions or share concerns related to the study at any point during this meeting. The information that is shared will be held in strict confidence and discussed only with the research team. If you prefer not to participate, that is fine and there will be no consequences for you as a result of not participating. Participants who choose to withdraw from the study after their data has been collected will still be fully compensated. For participants who withdraw from the study, all associated data collected will be immediately destroyed wherever possible.

### **Results of the Study:**

You can ask us for a copy of the report when the study is finished.

### **How can I ask questions about the study?**

If you have any questions concerning the research project, please feel free to contact us at any point at the phone numbers or e-mails provided. If you have any questions about the ethics review process or about your rights as a participant in the study, please contact the Senior Manager & Policy Advisor for the Office of Research Ethics, 5<sup>th</sup> Floor, Kaneff Tower, York University, Phone: 416-736-5914 or Email: [acollins@yorku.ca](mailto:acollins@yorku.ca).

### **Assent to Participate:**

- I have read and understood the description provided. I assent to participating in the research project, understanding that I may withdraw my assent at any time.
- I assent to the session being audio-recorded, understanding that the recording will be destroyed following data collection and coding

---

 Participant's Name

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 Signature

---

 Date

---

 Researcher's Name

---

 Signature

---

 Date

## Appendix C

### Relationships and Resilience Survey – Teen Questionnaire

Welcome to the Relationships and Resilience Survey – Teen Questionnaire. Thank you for taking the time to fill out this survey! Your responses will be kept confidential and you do not have to answer questions you are not comfortable answering. If you have any questions as you complete the survey, please feel free to ask along the way.

#### **SelfEsteem**

How much do you agree or disagree with the following statements about being at yourself?

1. On the whole, I am satisfied with myself	Strongly Agree	Agree	Disagree	Strongly Disagree
2. At times, I think I am no good at all	Strongly Agree	Agree	Disagree	Strongly Disagree
3. I feel that I have a number of good qualities	Strongly Agree	Agree	Disagree	Strongly Disagree
4. I am able to do things as well as most other people	Strongly Agree	Agree	Disagree	Strongly Disagree
5. I feel I do not have much to be proud of	Strongly Agree	Agree	Disagree	Strongly Disagree
6. I certainly feel useless at times	Strongly Agree	Agree	Disagree	Strongly Disagree
7. I feel that I'm a person of worth, at least on an equal plane with others	Strongly Agree	Agree	Disagree	Strongly Disagree
8. I wish I could have more	Strongly Agree	Agree	Disagree	Strongly Disagree

respect for myself

9. All in all, I am inclined to feel that I am a failure      Strongly Agree      Agree      Disagree      Strongly Disagree

10. I take a positive attitude toward myself      Strongly Agree      Agree      Disagree      Strongly Disagree

### **Academics**

How much do you agree or disagree with the following statements about being at your school?

#### **1. I feel proud of belonging.**

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

#### **2. I am treated with as much respect as other students.**

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

#### **3. I feel very different from most other students here.**

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

#### **4. The teachers here respect me.**

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

#### **5. There is at least one teacher or other adult in this school I can talk to if I have a problem.**

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

#### **6. In this school, I feel like I am successful.**

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

**7. I feel like I matter in this school.**

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

**8. In this school, I feel like I belong.**

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

**9. This school listens to and values students' ideas.**

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

**10. The teachers in this school treat students with respect.**

Strongly Agree      Agree      Neither      Disagree      Strongly Disagree

**11. During the last 4 weeks, how many whole days of school have you missed because you decided to skip, pretend to be sick, or just not go?**

- None
- 1
- 2
- 3
- 4-5
- 6-10
- 11 or more

**12. On your last report card, what grades did you receive?**

- Mostly F's
- Mostly D's and F's
- Mostly D's
- Mostly C's and D's
- Mostly C's
- Mostly B's and C's

- Mostly B's
- Mostly A's and B's
- Mostly A's

### 13. What grades do you aim for?

- Mostly F's
- Mostly D's and F's
- Mostly D's
- Mostly C's and D's
- Mostly C's
- Mostly B's and C's
- Mostly B's
- Mostly A's and B's
- Mostly A's

### My Friends

For this questionnaire we are interested in how you TYPICALLY feel and act in your relationships with your friends. We are not interested in a specific friend but how you usually act in your relationships with your friends. Therefore, we want you to consider both your past and present friends when answering this questionnaire. Of course, your answers may be more influenced by the relationships that are/were more important to you. Some of these questions may not apply to all of your relationships, but consider how they TYPICALLY apply.

Strongly Disagree      Disagree      Neither Disagree Nor Agree      Agree      Strongly Agree

1. I consistently turn to MY FRIENDS when upset or worried.

Strongly Disagree      Disagree      Neither Disagree Nor Agree      Agree      Strongly Agree

2. I seek out MY FRIENDS when something bad happens.

Strongly Disagree      Disagree      Neither Disagree Nor Agree      Agree      Strongly Agree

3. I do not often ask MY FRIENDS to comfort me.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

4. I feel that MY FRIENDS believe that I depend on them too often.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

5. I worry that MY FRIENDS think I need to be comforted too much.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

6. I rarely turn to MY FRIENDS when upset.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

7. I seek out MY FRIENDS for comfort and support.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

8. I do not like to turn to MY FRIENDS when I'm bothered about something.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

9. I am afraid that MY FRIENDS think I am too dependent.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

The following statements refer to caring for friends. Again, we are interested in what is typical of you.

1. I am not comfortable dealing with MY FRIENDS when they are worried or bothered about a problem.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

2. I enjoy being able to take care of MY FRIENDS.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

3. I get over-involved in MY FRIENDS problems.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

4. I do not like having to comfort or reassure MY FRIENDS.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

5. I find it easy to be understanding of MY FRIENDS and their needs.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

6. Sometimes I try to comfort MY FRIENDS more than the situation calls for.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

7. I do not like MY FRIENDS to depend on me for help.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

8. I create difficulties by taking on MY FRIENDS' problems as if they were mine.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

9. I am comfortable with the responsibilities of caring for MY FRIENDS.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

The following statements refer to other feelings in relationships with friends. Again, we are interested in what is typical of you.

1. Both MY FRIENDS and I make frequent efforts to see or talk with each other.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

2. Spending time together is more important to me than to MY FRIENDS.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

3. Truthfully, my relationships with MY FRIENDS are just not that important to me.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

4. I do not want to put much energy into my relationship with MY FRIENDS.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

5. I want to do more things with MY FRIENDS than they want to.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

6. MY FRIENDS and I both contribute a lot to our relationship.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

7. Our relationship is valued by both MY FRIENDS and me.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

8. I find that MY FRIENDS are reluctant to get as close as I would like.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

9. I am not that invested in my relationships with MY FRIENDS.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

## My Romantic Partners

Note: If you have never had a boyfriend/girlfriend, please skip to the next page.

For this questionnaire we are interested in how you TYPICALLY feel and act in your relationships with your romantic partners. We are not interested in a specific romantic partner but how you usually act in your relationships with your romantic partners. Therefore, we want you to consider both your past and present romantic partners when answering this questionnaire. Of course, your answers may be more influenced by the relationships that are/were more important to you. Some of these questions may not apply to all of your relationships, but consider how they TYPICALLY apply.

1. I consistently turn to MY ROMANTIC PARTNERS when upset or worried.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

2. I seek out MY ROMANTIC PARTNERS when something bad happens.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

3. I do not often ask MY ROMANTIC PARTNERS to comfort me.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

4. I feel that MY ROMANTIC PARTNERS believe that I depend on them too often.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

5. I worry that MY ROMANTIC PARTNERS think I need to be comforted too much.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

6. I rarely turn to MY ROMANTIC PARTNERS when upset.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

7. I seek out MY ROMANTIC PARTNERS for comfort and support.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

8. I do not like to turn to MY ROMANTIC PARTNERS when I'm bothered about something.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

9. I am afraid that MY ROMANTIC PARTNERS think I am too dependent.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

The following statements refer to caring for boy/girlfriends. Again, we are interested in what is typical of you. Please circle only one response for each statement.

1. I am not comfortable dealing with MY ROMANTIC PARTNERS when they are worried or bothered about a problem.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

2. I enjoy being able to take care of MY ROMANTIC PARTNERS.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

3. I get over-involved in MY ROMANTIC PARTNERS' problems.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

4. I do not like having to comfort or reassure MY ROMANTIC PARTNERS.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

5. I find it easy to be understanding of MY ROMANTIC PARTNERS and their needs.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

6. Sometimes I try to comfort MY ROMANTIC PARTNERS more than the situation calls for.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

7. I do not like MY ROMANTIC PARTNERS to depend on me for help.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

8. I create difficulties by taking on MY ROMANTIC PARTNERS' problems as if they were mine.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

9. I am comfortable with the responsibilities of caring for MY ROMANTIC PARTNERS.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

The following statements refer to other feelings in relationships with boy/girlfriends. Again, we are interested in what is typical of you. Please circle only one response for each statement.

1. Both MY ROMANTIC PARTNERS and I make frequent efforts to see or talk with each other.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

2. Spending time together is more important to me than to MY ROMANTIC PARTNERS.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

3. Truthfully, my relationships with MY ROMANTIC PARTNERS are just not that important to me.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

4. I do not want to put much energy into my relationship with MY ROMANTIC PARTNERS.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

5. I want to do more things with MY ROMANTIC PARTNERS than they want to.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

6. MY ROMANTIC PARTNERS and I both contribute a lot to our relationship.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

7. Our relationship is valued by both MY ROMANTIC PARTNERS and me.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

8. I find that MY ROMANTIC PARTNERS are reluctant to get as close as I would like.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

9. I am not that invested in my relationships with MY ROMANTIC PARTNERS.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

### **My Caregivers**

For this questionnaire we are interested in how you TYPICALLY feel and act in your relationships with your caregivers. By caregivers, we mean all the people you consider to be parental figures; these figures may include natural, adopted, stepparents, foster parents, grandparents, other relatives or group home staff whomever you consider to be parental figures. Of course, your answers may be more influenced by one caregiver or another that is/are more important to you. Some of these questions may not apply to all of your parental figures, but consider how they TYPICALLY apply.

1. I consistently turn to MY CAREGIVERS when upset or worried.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

2. I seek out MY CAREGIVERS when something bad happens.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

3. I do not often ask MY CAREGIVERS to comfort me.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

4. I feel that MY CAREGIVERS believe that I depend on them too often.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

5. I worry that MY CAREGIVERS think I need to be comforted too much.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

6. I rarely turn to MY CAREGIVERS when upset.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

7. I seek out MY CAREGIVERS for comfort and support.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

8. I do not like to turn to MY CAREGIVERS when I'm bothered about something.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

9. I am afraid that MY CAREGIVERS think I am too dependent.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

The following statements refer to caring for your caregivers. Again, we are interested in what is typical of you. Please circle only one response for each statement.

1. I am not comfortable dealing with MY CAREGIVERS when they are worried or bothered about a problem.

Strongly Disagree      Disagree      Neither Disagree Nor Agree      Agree      Strongly Agree

2. I enjoy being able to take care of MY CAREGIVERS.

Strongly Disagree      Disagree      Neither Disagree Nor Agree      Agree      Strongly Agree

3. I get over-involved in MY CAREGIVERS' problems.

Strongly Disagree      Disagree      Neither Disagree Nor Agree      Agree      Strongly Agree

4. I do not like having to comfort or reassure MY CAREGIVERS.

Strongly Disagree      Disagree      Neither Disagree Nor Agree      Agree      Strongly Agree

5. I find it easy to be understanding of MY CAREGIVERS and their needs.

Strongly Disagree      Disagree      Neither Disagree Nor Agree      Agree      Strongly Agree

6. Sometimes I try to comfort MY CAREGIVERS more than the situation calls for.

Strongly Disagree      Disagree      Neither Disagree Nor Agree      Agree      Strongly Agree

7. I do not like MY CAREGIVERS to depend on me for help.

Strongly Disagree      Disagree      Neither Disagree Nor Agree      Agree      Strongly Agree

8. I create difficulties by taking on MY CAREGIVERS' problems as if they were mine.

Strongly Disagree      Disagree      Neither Disagree Nor Agree      Agree      Strongly Agree

9. I am comfortable with the responsibilities of caring for MY CAREGIVERS.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

The following statements refer to other feelings in relationships with caregivers. Again, we are interested in what is typical of you. Please circle only one response for each statement.

1. Both MY CAREGIVERS and I make frequent efforts to see or talk with each other.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

2. Spending time together is more important to me than to MY CAREGIVERS.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

3. Truthfully, my relationships with MY CAREGIVERS are just not that important to me.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

4. I do not want to put much energy into my relationship with MY CAREGIVERS.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

5. I want to do more things with MY CAREGIVERS than they want to.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

6. MY CAREGIVERS and I both contribute a lot to our relationship.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

7. Our relationship is valued by both MY CAREGIVERS and me.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

8. I find that MY CAREGIVERS are reluctant to get as close as I would like.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

9. I am not that invested in my relationships with MY CAREGIVERS.

Strongly Disagree    Disagree    Neither Disagree Nor Agree    Agree    Strongly Agree

Thank you for completing this survey!

## Appendix D

### Semi-Structured Interview Questions

#### Demographics

1. How old are you, what is your birth date?
2. Where were you born?
3. How many years have you been in Canada?
4. How would you describe your racial/ethnic/cultural identity?
5. What grade are you in?
6. What school do you go to?
7. What school(s) did you go to previously?

#### Caregivers

8. Where do you live?
9. Who do you live with?
10. Where did you live previously?
11. Who did you live with previously?
12. How often do you spend time with your caregivers?
13. What types of activities do you and your caregivers enjoy together?

#### Friendships

14. Do you have a best friend?
15. Where did you meet them?
16. How long have you been friends with them?
17. What kinds of things do you do together?
18. How often do you spend time together?
19. Have you had other best friends?

20. Have you kept in touch with previous best friends?
21. How have you kept in contact?
22. Could you tell me about the last time you had a fight with your best friend?
23. In general, how important is it to you to have a best friend?

### **Romantic Relationships**

24. Do you currently have a boyfriend or girlfriend?
25. Where did you meet them?
26. How long have you been together?
27. What kinds of things do you do together?
28. How often do you spend time together?
29. Tell me about your partner? How would you describe them?
30. Tell me about the last time you had a fight with your boyfriend or girlfriend?
31. Have you had other boyfriends or girlfriends?
32. Where did you meet them?
33. How long have you been together?
34. What kinds of things do you do together?
35. How often do you spend time together?
36. Tell me about the last time you had a fight with each of them?
37. What are some good things about your current/last relationship?
38. What are some bad things about your current/last relationship?
39. How would you describe your ideal relationship?
40. In general, how important is it to you to be in a relationship or dating someone?

### **Impact of Relationships**

41. Who are the most important people in your life?

42. Why are they the most important people in your life?
43. How would your life be different if they weren't in your life?
44. Are there people in your life who keep you from taking unnecessary or dangerous risks?
45. Are there people in your life who help you with your problems?
46. Are there people who help you achieve your goals?

### Appendix E

#### School History Calendar

Topics	2014				2013			Years Continued...
	Fall	Summer	Spring	Winter	Fall	Summer	Spring	
Demographics								
Age	Currently: 15				14			
Where were you born?	City X							
What grade are you in?	10				9			
What schools have you gone to?	School X1		Left School X2		School X2			
Where have you lived?	Foster home		Left Kinship home		Kinship home			
Who have you live with?	Foster mom and dad, 2 other kids in care				Aunt and 4 cousins			
Interview Questions Continued....								

*Note:* Sample subset of the school history calendar. This visual tool was used during the semi-structured interview to aid participants as they aimed to recall details about difficult or confusing transitional experiences.

## Appendix F

### Relationships and Resilience Survey – Caseworker Questionnaire

Welcome to the Relationships and Resilience Survey - Caseworker Questionnaire. The purpose of this study is to shed light on resilience among teens who have received care through [Agency Name Redacted]. We appreciate your continued support throughout this project!

**1. File number** \_\_\_\_\_

**2. Age of youth** \_\_\_\_\_

**3. School status?**

Current grade (or last grade completed for those no longer in school) **Grade:** \_\_\_\_\_

- Currently in school
- Not currently in school
- Identified within the school system

**4. Number of schools attended in the last 3 years?**

- 1 school
- 2-3 schools
- 4-6 schools
- 7 or more schools

**5. Employed?**

- Does not work
- Works part time
- Works full time
- Don't know

**6. Number of years serviced by [Agency Name Redacted]?**

- less than 1 year
- 1-3 years
- 4-6 years
- 7 years or longer

**7. Current placement setting?**

- Foster home
- Group home
- AWOL (absent without authorized leave /unknown)
- Other If other, please specify\_\_\_\_\_

**8. Length of time in current placement?**

- 1-6 months
- 7-12 months
- 1-3 years
- 4-6 years
- 7 years or longer

**9. Number of placement settings in the last 3 years?**

- 1 setting
- 2-3 settings
- 4-6 settings
- 7 or more settings

**10. Reason for being in care? Check all that apply.**

- Neglect
- Witnessing parental violence
- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Parental Death
- Other If other, please specify \_\_\_\_\_
- Don't know

## Appendix G

### Local Support Services

1. **York Region Distress Line:** 905-310-2673 (310-COPE)
2. **North York Mobile Crisis Team: (24/7):** 416-498-004
3. **KIDS help phone** <http://www.kidshelpphone.ca/teens/home/splash.aspx> (1-800-668-6868)

## Appendix H

### Coding Manual

- Coding was completed in phase two of a conducting a thematic analysis. The following instructions were shared between the principal researcher and the senior research assistant engaged in the coding process.
- Review data set in full
- Create an initial code list, by generating ideas about potential codes based on familiarity with the data
- Define codes as the most basic segments of text that could be assessed in a meaningful way
- Review the first four interviews using a free-coding strategy, adding all potential codes to the list
- Coding is to be broad and extensive: code data relevant to all questions or prompts and around all patterned responses across questions
- Code inclusively to preserve relative context
- Principal researcher and research assistant to review, compare, and combine lists of codes generated from review of the first four interviews
- Principal researcher: refine specific code definitions
- Code remaining interviews independently
- Engage in discussion after every four interviews to determine if any further codes need to be added or if definitions needed to be refined
- If codes were added or if definitions were refined, re-examine previously coded interviews in relation to the additional codes