The International Resilience Project:
A mixed methods approach to the study of resilience across cultures

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Typically, studies of resilience have employed designs that integrate established test instruments with demonstrated reliability and validity from studies of mental and social functioning. Few of these instruments, and the studies that use them, account sufficiently for their Eurocentric bias when working in high-risk environments. Furthermore, researchers have made only limited attempts to understand the contextual variability of health resources such as family structure, financial security, or even exposure to violence. Combined, social and cultural factors shape the meaning a child attaches to his or her experience of risk factors. It is with these concerns in mind, that the International Resilience Project (IRP) was developed. This multinational project seeks to effectively deal with long standing problems in resilience research and resolve the apparent contradictions between the demands for contextual specificity and construct validity across settings. Findings from the research are intended to demonstrate that culturally sensitive methods can generate helpful information on children's resilience that informs policies and direct interventions across the diverse settingcontexts in which children grow.

TSpecifically, this chapter will describe how the IRPis study was developedsigned and implemented across 14 different cultures and contexts, highlighting the problems and concerns that have arisen, and how these were dealt with. It is an exploration of the seldom discussed aspects of children's mental health research: the daily details of making multi-site mixed methods research work in real world practice settings.

Two frequently noted shortcomings that plague much of the resilience research are addressed in the research design of the IRP: the arbitrariness in the selection of outcome variables and the challenge of accounting for the social and cultural context in which resilience occurs. It is our belief that this research design successfully addresses these shortcomings and produces a unique research protocol and set of instruments that are useful internationally. The eleven-phase process that guides the International Resilience Project includes design components that integrate qualitative and quantitative research methods, fostering a convergence between research paradigms (Ungar, Lee, Callaghan & Boothroyd, in press). In this regard, thisour work is an attempt to address some of the shortcomings in resilience research that Barton identifies in his chapter in this volume. Methodological diversity that is built into the IRP has ensured that the research we are doing is contextually relevant, while also being adaptable enough to accommodate differences across each research site. In this regard, we have reached consensus as an international team regarding what we hold in common as well as the methods required to explore our differences.

Cultural and cContextual sSensitivity in rResilience rResearch

Decontextualized findings that are generalized across populations are unlikely to demonstrate construct validity for participants from different cultures. We are unable to know for certain if what we think we are measuring as researchers is what participants mean for us to learn when the tools of research are used without a lengthy process of matching them to the cultural nuances of those being studied. For example, it has been shown that Latino children are best protected from multiple stressors, even school violence, by the use of disciplinary measures that keep children in school (??Morrison, Robertson, Laurie & Kelly, 2002). For this population, suspensions exacerbate the risks they face as they put the highest risk children in unstructured settings and convey to them the message they don't belong at school. An argument against disciplining Latino children with unstructured forms of punishment may have much to do with related findings that less, rather than more, parental supervision than commonly found among non-

Latino White samples has been associated with positive outcomes in Latino youth (Morrison, Robertson, Laurie & Kelly, 2002). Arguably, without understanding the context and culture in which behavior occurs there can be little authoritative comment made on findings related to resilience and the structures that help to create health (Newton, Litrownik & Landsverk, 2000??; Pollard, Hawkins & Arthur, 1999).

We are learning that even when we account for cultural differences, we can blind ourselves to the real factors at play in children's lives, their culture being only one small part of a matrix of environmental conditions. Take for example Magnus, Cowen, Wyman, Fagen & Work's (1999) study of the correlates of resilience found among highly stressed African American and White urban children. Based on data collected for the Rochester Child Resilience Project, findings were analyzed for 4th -6th grade urban children. Magnus et al. hypothesized that different factors among the African American children and the White children would identify those who were either resistant to stress or affected negatively by stress. It was thought that social problem -solving, coping skills, perceived competence and self-esteem would differentiate stress resistant (SR) and stress affected (SA) African-American children much more than Whites. For White children it was thought that locus of control, realistic control and self-rated adjustment would be the discriminating variables. Of the final sample of 125 children it was found that in fact racial differences *could not account for differences* between SR and SA children. There were simply more similarities than differences among these *urban* children of both races.

These results are instructive. We become just as blinded by ideology when as researchers we assume cultural uniqueness as when we assume sameness. It is just as likely that at-risk populations share characteristics because of common experiences related to class, colonialism, and other forms of oppression. Similarly, resilience is complex as it reflects There is also the complexity of how each culture negotiates with and integrates aspects of the dominant culture, in most cases a Western capitalist socially democratic tradition. We see exactly this tension in Al-Krenawi and Slonim-Nevo's discussion of the traditional polygamous family structures and theirits negative impact on children's mental health among Bedouin-Arabs of the Negev who in recent

years have settled in urban environments (see cChapter ?? this volume). As Rapoport (1997) has discussed, we know little why some families or individuals reconcile their traditional practices with those of the dominant culture. There can be a wide spectrum of possible responses which can and frequently do include "enthusiastic acceptance of what they perceive as modern and advantageous" (p. 75). Research works best when participants are able to educate researchers, help them become aware of how research contributes to or resists cultural hegemony.

A growing awareness of the need to diversify our research is leading to innovation in design and research questions that are more relevant to understanding the dynamics of people in environments. Guerra (1998) notes that, "It is . . . important to study further how risk and protective factors together with accompanying developmental processes vary as a function of other key characteristics such as gender, culture, and social class. This requires a more sophisticated operationalization of 'sociocultural context' that goes beyond a checklist of ethnicity, a 5-point social class rating index, or a simple contrast of males versus females" (pp. 399-400). As a prolific scholar concerned with the measurement of risk, Guerra's admonishment for greater methodological diversity cannot be taken lightly.

By making use of mixed methods, the IRP has been specifically designed to account for contextual and cultural issues in the study of resilience. A mixed method design addresses the need for greater specificity in how we link protective factors with the risks they mitigate (Guerra, 1998; Luthar, Cicchetti & Becker, 2000). Our work reflects that of others who have noted the same shortcomings in this field ofhealth-related research. Cooke and Michie (2002), for example, note that the relevance of questionnaires and interview guides that are designed outside the culture they are to be used in often makes them of little use. After all, "There may be variations in the relevance, significance or psychological meaning of behaviors across cultures. Cultural factors may influence the significance of responses even to a deceptively simple set of questions" (p???.212). Add to these problems the issues surrounding the cultural norms regarding self-disclosure and the appropriateness of Western models of research, confounded further by translation problems of key constructs (like resilience), and one is in murky waters indeed with regard to theory generation.

An aArgument for mMixed mMethods

Various Qquantitative designs are plagued by issues that compromise their findings. Prospective longitudinal studies that are concerned with person, environment and time may be best to account for all three dimensions, though are logistically challenging, expensive and tend to focus on samples that share too much in common. Variable-centered studies, according to Barton (20021999), are not much better, susceptible as they are to the "ecological fallacy in aggregate analyses" (p. 103). The cumulative profile of risk and resilience is hidden in whatever model the researcher chooses to help understand the data. As Barton warns, "All quantitative designs face the issue of model specificity. That is, to what extent is error variance due to incomplete specification? Since resilience is often inferred from the error variance of multivariate risk-prediction models, it is impossible to determine if the error really reflects resilience or if a better-specified model would have explained more of the variance" (p. 103).

There are any number of such drawbacks to resilience research that relies solely on one method or another. We would agree with Banks and Pandiani (2001) who argue that "Today, data are everywhere" (p. 204) but that we lack efficient means to mine it, in particular to aggregate data across service delivery systems to reflect children's experiences of health and social interventions. The result is that while we might be able to find what we need to understand children's lives as they are lived in different contexts, there are many barriers to accessing this data, and the data we do find is seldom sufficiently robust to answer all our questions quantitatively. Researchers rely mostly on sophisticated analyses of data that are often beyond the capacity of most researchers to employ (Zaslow & Takanishi, 1993). Similarly, other statistical tools available such as Accelerated Longitudinal designs and General Growth Mixture Modeling, used to capture the complexity of children's lives in different contexts, are able to discern relationships between variables to such an extent that the complexity of the findings that can be generated by computer analyses are beyond our capacity to understand or apply them. Although these statistical methods may allow us to

investigate chaos as it is lived, proponents of these approaches such as Foster (2003), argue that we are missing the theory to explain what we can only describe numerically. There is literature would support Foster's contention, with a dire lack of well-understood theory upon which to base an analysis of potential findings. We may have placed the cart before the horse, with an abundance of statistically significant correlations, but little theory grounded in peoples' experiences with which to base our analysis. A mixed methods approach may provide a better balance between the quality and quantity of our findings.

Qualitative studies may help, but as Barton (12002999) asserts, by themselves they "cannot yield a complete picture of the complex relationships among risks, protective factors, and outcomes" (p. 104). Their value, though, lies in their contribution to our understanding of people's symbolic interactions, deepening our understanding of what is taking place between the sequential measurement of people's lives over time. Qualitative work animates people's narratives and their meaning that would otherwise remain invisible (Garland et al., 2001; Nelson, Laurendeau, Chamberland & Pierson, 2001; Swenson & Kolko, 2000). Unfortunately, there has been a tendency to dismiss the potential contribution from qualitative methods among risk and resilience researchers (Ungar, 20021, 2003). Non-qualitative users of mixed method designs have routinely promoted the perception that qualitative results must be treated as tentative until they are confirmed by quantitative research (Morgan, 1998; Morse, 1996). Arguably, this is largely a matter of perception. There is nothing about these designs that implies that qualitative research is inadequate or incomplete; instead, the argument should be that quantitative methods have a different set of strengths that can, in some cases and for some purposes, add to what is achieved through qualitative research alone.

Without a qualitative component however, there is a danger that many findings remain detached from the context in which they were generated. The definition, after all, of what is a good outcome for any child, is highly specific. Furthermore, definitions of resilience and the indicators of health associated with it are not static, but embedded in the discursive to-ing and fro-ing of knowledge elites whose ideas are challenged or supported when dialoguing with research

participants. For this reason there is, according to Gilgun (1999), a need to operationalize our definitions, to be specific about what we as researchers think are behaviors associated with the outcomes we nominate as 'good'.

No matter what their potential, the tools we use to gather data are only as good as the data with which we choose to work. When we are not overwhelming ourselves with data, we are likely to unduly limit the data we gather in order to answer manageable questions that may nevertheless be completely meaningless for the population under study.

A recent report from the US National Institute of Mental Health regarding Child and Adolescent Mental Health (2001), cites "discipline insularity" as a major threat to our "prospects for gaining a deeper understanding of the complexities of child and adolescent mental illnesses" (p.5). In combining the quantitative tradition in resilience research with a qualitative component, the IRP's investigation of the phenomenon of resilience is necessarily broad and multi-disciplinary. Employing a number of different methods has created a dovetailed design rather than a step-wise progression in which qualitative methods are exploratory, quantitative confirmatory. Within a relational context that is attentive to how different groups define their worlds and successful growth in it (more routinely the type of data qualitative methods generate), as well as the use of broader social indicators such as quality of neighborhood, types of community organizations operating therein, the role played by one's workplace in creating health, and family dynamics, among others, combine to weave a rich tapestry of detail that is more likely to capture a person's pattern of growth and survival. Arguably, an interdisciplinary, culturally diverse and mixed method approach is the one most likely to generate this tapestry of workable and authentic results.

There is evidence, for example, in research related to resilience, that each domain studied can produce varying degrees of healthy outcomes (Luthar, Cicchetti & Becker, 2000). Children's normal development does not proceed at an even pace, with advances in one life domain not necessarily congruent with growth in another. Thus the anomalous findings of high self-esteem among street youth and bullies who have low academic achievements, addictions or impulsivity are not as incongruous as they may seem at first (Massey, Cameron, Ouellette & Fine, 1998; ??Sutton,

Smith and Swettenham, 1999). Understanding resilience requires methods that can produce comprehensive theory that encompasses a broad ecology of health factors. The need for methodological diversity is more apparent when we look specifically at pathways through life rather than outcomes alone (Rogler & Cortes, 1993).

The IRP rResearch pProcess

Getting started

The IRP began with funding from the Social Sciences and Humanities Research Council of Canada with the purpose of demonstrating that it was possible to conduct multi-site mixed methods research across cultures in a contextually sensitive manner. Additional funding was later received from the Nova Scotia Health Research Foundation so as to extend the research in the Halifax, Nova Scotia site as well as to host a conference at which the project's findings could be reviewed beyond the expertise of the team members. In both cases, the novelty of the work and the opportunity to examine the research process closely was an important component of both successful funding applications.

Team members were brought together at the invitation of the Principal Investigator (PI) (Ungar) who invited colleagues who could bring methodological and cultural expertise to the study of resilience from around the world. Research sSites were chosen based on the criteria of maximizing variability: each had to be significantly different from the next. Sites for the IRP now include: Halifax, Canada; Winnipeg, Canada (with both Aboriginal and non-Aboriginal youth); Sheshatshiu, Labrador in northern Canada; Tampa, South Florida, USA; Medellín, Colombia; East Jerusalem, Palestinian Occupied Territories; Tel Aviv, Israel; Hong Kong, China; Moscow, Russia; Imphal, India; Serekunda, The Gambia; Moshi Tanzania; and Cape Town, South Africa. Evidently, our hypothesis was not to demonstrate what resilience means to every culture, but instead to develop the tools to conduct research sensitively across many different cultures

recognizing differences in how health among children is understood.

Sites were suggested by members of the research team, or through the authors'the PI's personal contacts. In many cases, it took several tries until an appropriate research site was found in a specific geographic or cultural setting. Given that some sites, such as those in Africa, were under-resourced to start with, there was much interest, but no surplus capacity to assist with a research project, even if it would bring useful information on children and their survival strategies. Ultimately, sites with some latent capacity, interest in the topic and desire to link with partners internationally were those most interested in joining the project. Those that were overwhelmed by day-to-day demands found it difficult to commit to participating. Only a nominal stipend, of about $3,000 Canadian dollars, was paid to each site for the data collection activities. One participant from each site was also provided two trips to Halifax as part of the research team. A listserv established through a free hosting service (Yahoo) and a website (www.resilienceproject.org) has kept the team in communication.

Working across cultures to conduct research is complicated. Add to this the limits of financial resources and one will see their ideals of good practice tested when/while managing the day-to-day exigencies of getting the work done. Accomplishing this is easier when researchers look to local communities as a source of research capacity. For example, researchers who examined child labor in Nepal (International Union of Anthropological and Ethnological Sciences, 2002) found that it was necessary to maintain strong relationships with the children's communities and include them, and the children themselves, as co-researchers. This approach placed value on the expertise of the study's outside researchers while still supporting Nepalese practitioners to conduct the study. Much the same approach was used in the IRP, with local researchers and front-line professional staff assuming responsibility for their portion of the work.

Getting together

In March 2003, team members from around the world met together in Halifax, Canada, to

finalize the research design. With the help of a professional facilitator, general consensus was reached on a pilot design for the research. The meeting was also an opportunity to create a sense of teamwork and increase understanding of each other's culture, the challenges youth face, and appropriate research methods.

With only two-and a half days together, the team maneuvered quickly through a three-stage process that emphasized dialogue and interaction within a flexible structure. During Phase One, *Sharing and Understanding*, team members got to know each other and the multiple contexts for the research. Phase Two, *Dialogue on Methods*, focused on five key topics that were the building blocks for the research design. These sessions were structured to provide a range of activities that would make dialogue less hierarchical, quieting western voices and offering space for non-western researchers to express their perspectives. Phase Three, *Research Design Development,* provided a structured process through which the group worked toward a consensus on the specifics of the research design. Although consensus was not reached on all details, a general framework for the IRP was established that was later finalized through electronic comment on a report summarizing this first meeting (Summary report: year one, which can be read on the IRP website).

Phase One: Sharing and understanding

The international research team devoted itself to a critical deconstruction of the ethnocentric barriers that confound the study of health. Racial and ethnic variation was sought as an essential part of the research in order to strengthen the construct validity/authenticity (depending on one's research paradigm) of the concept of resilience as it appears in different settings. To achieve this, a member of the team from each research site presented a fifteen-minute review on his or her cultural and research context. Each discussed the most significant challenges faced by youth in local agencies/settings/communities and some of the most common factors that help youth cope with the adversities they face. Presenters were asked to include some type of audiovisual component that allowed team members to see and/or hear from youth in each setting (some of which can be viewed

on the IRP website). Representatives brought photos and digital video clips that showed the rest of the team the settings in which youth around the world are growing up, while still others included cultural artifacts used by people in their communities. All provided statistical and phenomenological data on youth at risk. Presenters also attempted to define the construct of resilience from the perspective of those in their communities.

The value of contextualized understanding is emphasized by much of the cross-cultural research literature from the fields of social work, anthropology, critical psychology, medical anthropology, psychiatry and medicine (see for example, Johnson-Powell & Yamamoto, 1997; Sue & Sue, 2003; Tseng & Streltzer, 1997). This literature endorses consideration of cultural contexts in research design. As Dupree, Spencer and Bell (1997) explain, we have mistakenly tended to assume homogeneity both *among and between* members of dominant and marginalized populations. This assumption, as noted by Massey, Cameron, Ouellette and Fine (1998) in their discussion of adults who thrive despite adversity, contributes to a "disagreement between the values of researcher and those of the researched … valuing social competence and compliance over expressions of personal agency would bias who gets the label resilient toward those most likely to conform, overlooking those most likely to critique" (p.339). By embracing cultural variability, the team avoided the imposition of artificial dichotomies (i.e. 'ethical' vs. 'unethical'; 'resilient' vs. 'non-resilient') typical within a northern, or Eurocentric, health research discourse. Through these discussions team members not only became aware of the staggering challenges confronting youth around the world, but also that fundamentally, the ability to *cope* and to *hope* seem to form the basis of cross-cultural understandings of resilience.

Phase Two: Dialogue on methods

Five questions, negotiated through electronic discussions prior to the Halifax meeting, guided Phases Two and Three:
1.

Who do we study?
2.

Which domains (areas of people's lives) do we study that will be common to all sites? Which domains will be unique to different sites?

3.

What are the best qualitative and quantitative research practices appropriate to this study?
4.

What are the ethical challenges we will face (and possible solutions)?
5.

What will be returned to the participants and their communities who become involved in this research?

Topic One: Who do we study?

To decide who we would study, the team split into three small groups, each with a flip chart and marker. At the center of a piece of paper, a circle was drawn, representing a silo holding the sum of information we hoped to learn through this research. The group was then asked to draw stick figures, labeling the key informants who would hold the information we were looking for. These key informants were then positioned on the page with those who were thought most important placed closest to the silo. Each group reported back to the entire team who they thought were the three most important key informants. A large group discussion followed reflecting on the results, the interconnections between groups and implications for the study.

In these discussions, the need to consider the responsibilities and developmental crises that youth face, the transitions being made from one developmental stage to another, as well as the age at which these occur, was highlighted. Given the complexity of developmental trajectories across

cultures (for example, the timing at which children take responsibility for themselves, make a meaningful contribution to others, or become sexually active) team members ultimately felt it best to *allow each site to determine the age of the youth who were to be invited to participate in the study*. The specific age would be decided through discussions with elders and children at each site. Final selection of children globally included those aged 11-19, with each site limited in their selection to children spanning a three-year time frame (i.e. 11-13 or 14-176, etc.).

Although it was generally agreed that youth that are "doing well" and those that are "not doing well" should be sampled, and that both males and females should be studiedworked with, concern was voiced about determining who is a youth "at-risk". The issue of timing was also raised: is the determination of being "at-risk" an *a-priori* or *post-hoc* decision? Questions concerning whether we speak with youth who self-identify as being resilient or those who are struggling were also raised. One practical suggestion was to match those who are not doing well with controls in their communities that are doing well based on the advice of a local Advisory Committee (AC) established in each site to oversee the research. For example, youth in the Halifax site who awere in residential treatment facilities have beenwere matched with youth in community sports teams, while in Colombia we have sampled both children who are in school and those who leave school to join gangs. There was some concern among the team, though, that these categories were too rigid, as children may do well in one area of their lives and not others. In order to resolve all these issues, it was decided to emphasize variability along a continuum of risk exposure based on recommendations of each site's Advisory Committee.

Discussions also highlighted the need to include adults in the study. Many risk-taking behaviors are adult-defined rather than youth-defined, and it was evident that we would need to find ways of balancing the two definitions of what is and is not appropriate behavior for a young person. It was also believed that adults provided a valuable source of information about how to overcome challenges retrospectively. It was therefore decided to include adults in focus groups at each site. These adults would either be individuals who had been identified as being resilient themselves, or who work with youth in risky environments and may therefore have something

important to say about resilience based on their experiences.

Topic Two: What domains do we study?

To understand resilience we agreed prior to the first meeting that we would focus on a small number of common aspects found among youth, their families and communities that promote resilience (though each community has had the opportunity to study aspects of resilience unique to their setting). Several factors were identified via a pre-meeting survey completed by team members. Team members were asked to rank, in order of importance to this study, domains commonly found in the literature. External protective factors such as a good school, secure attachment to caregivers and meaningful participation, as well as internal resources such as self-efficacy, self-esteem, problem-solving, a future orientation, and good communication, were all suggested as possible domains to study in order to understand resilience. Those items ranked highest were brought to the March meeting for further discussion.

To gain greater clarity on the domains to be studied, the larger team once again split into three small groups (the composition of which was varied from the first exercise), each being given a set of colored index cards with the highest ranked domain titles typed on them. Cards were sorted by teams into three categories: Yes (the domain should be included in the study); Maybe; and No (the domain is not important to the study). Each group was asked to place no more than 12 cards in the Yes pile with the option to include three more topics of their own choosing written on blank cards. Groups had 30 minutes to reach consensus on the topics to be included. A large team discussion was then held to reflect on the results from each subgroup. During this discussion, domains were also gathered under four headings: individual, interpersonal, community and culture.

In discussing the many factors that could potentially affect resilience, two concerns were expressed. First, the group was troubled by how to combine factors while still ensuring that each factor was not so broad in scope that it failed to say anything meaningful about youth. Second, many of the cultural items did not translate well into English from non-English speaking sites.

InterestinglyMost notable in the final sort of items, was that among the items made available electronically (based on the literature) before the March meeting, the cultural factors component waswere all but invisible. Most notable in the final sort of items, however, was the number of itemsMany of the items that emerged through group discussions related to cultural considerations. The final sort of items, combined for redundancy and repetition, identified 32 items that were thought most important to the study of resilience. These items, listed by category, included:

Culture

1.

Affiliation with a religious organization
2.

Youth and their family are tolerant of each others' different ideologies, beliefs (such as gender roles)
3.

Cultural dislocation and a change (shift) in values are handled well
4.

Self-betterment (betterment of the person and community)
5.

Having a life philosophy
6.

Cultural/spiritual identification
7.

Being culturally grounded: knowing where you came from and being a part of a cultural tradition, which is expressed through daily activities

ɔmmunity

8.

Opportunities for age-appropriate work
9.

Exposure to violence is avoided in one's family, community, and with peers

10.

Government plays a role in providing for the child's safety, recreation, housing, jobs when older

11.

Meaningful rites of passage with an appropriate amount of risk are accessible

12.

Community is tolerant of high-risk and problem behaviors

13.

Safety and security needs are met

14.

Perceived social equity

15.

Access to school and education, information, learning resources

lationships

16.

Quality of parenting meets the child's needs: The family is emotionally expressive and parents monitor the child appropriately

17.

Social competence

18.

Having a positive mentor and role models

19.

Meaningful relationships with others at school, home, perceived social support, peer group acceptance

dividual

20.

Assertiveness

21.

Problem-solving ability
22.

Self-efficacy (a sense of control over one's world)
23.

Being able to live with uncertainty
24.

Self-awareness, insight
25.

Perceived social support
26.

A positive outlook, optimism
27.

Empathy for others and the capacity to understand others
28.

Having goals and aspirations
29.

Showing a balance between independence and dependence on others
30.

Appropriate use of or abstinence from substances like alcohol and drugs
31.

A sense of humor
32.

A sense of duty (to others or self)

Although there are an endless number of possible constructs that could be identified as contributing to resilience, the 32 domains that were agreed upon by the team were found to bethought relevant to each of the cultural contexts in which the research is taking place. Additionally, all carry with them, in one context or the other, theoretical support. For example, questions related to rites of passage as integral to children's healthy development (#11), finds support in a number of cultures. Schmidt (1999) for example, has shown that opportunities to

experience challenge are a component of resilience in western cultures. As Schmidt states: "Multivariate statistical techniques and qualitative analyses identified several moderators of adversity including opportunity for challenge, engagement in challenging activities, perceived success in challenging activities, and extracurricular involvement." Similarly, Swartz (1998) talks about the same importance of rites of passage among families in Southern Africa. And Markowitz (2000), in her study of Russian youth coming of age post-perestroika, found that many youth had lost opportunities to participate in youth groups that previously provided socially acceptable rites of passage. Findings such as these are sufficiently generic to hint at their applicability across cultures.

Topic Three: What are the best qualitative and quantitative methods for studying health phenomena?

The team next shared stories of best practices that might be integrated into the IRP. We were looking for examples of research methods that could work across disciplines, cultures, and be used collaboratively with researchers and community leaders from different theoretical orientations. Specifically, we sought approaches to research that could include elements of both qualitative and quantitative work.

In order to tap the expertise of those in the group with diverse methodological expertise, team members were divided into two groups, those with experience working qualitatively, and those with experience working quantitatively. Each person was asked to reflect on what they felt is the most promising research tool or methodology they have seen in the last few years which could be applicable to this particular study. Responses were recorded but, in the interest of time, there was no report back to the larger group.

Specifically, in order to conduct *quantitative* research, it was agreed that we would need to find ways to account for the voices of youth themselves in the design of the study's questionswould need to be included. In this regard, we followed the lead of Gilgun (1996) (a member of the IRP) and others who note the need to develop research protocols and measures that

better account for the implicit, though unintended, (cultural and contextual) bias of researchers and for the instruments they use (Blankenship, 1998; Hauser, 1999; Martineau, 1999). Therefore, rather than simply seeking consensus on the factors to be studied, the design preferred by the team opens for debate competing definitions of the construct of resilience each time it is studied. Qualitative methods are used to contextualize the quantitative instrument each time it is employed. Specifically, iIt was agreed that in the design of an instrument to measure resilience, we would need to begin by interviewing both youth and adults in each community so as to ascertain what questions should be asked in order to understand resilience (or a term that meant something similar) locally. As we would require a semi-structured interview tool to accomplish this, it was proposed that a conceptually driven interview skeleton be created and distributed to all the sites. This became an interview guide for field researchers. The sites could then conducted interviews, derivinged as many questions as possible from the interviews, and collectively, finalizedreturn these to the PI to create a final and a single unified instrument. The Child and Youth Resilience Measure (CYRM), as the instrument came to be known as, was then returned to each research site to be piloted.

Creating the CYRM from site-specific questions proved a challenging exercise in cross-cultural negotiation. Questions suggested by different sites were combined, then edited to simplify language, avoid redundancy and to ensure that they were framed positively. Some questions were split into two new questions when they addressed more than one issue or required clarification. For example, "Are you proud of your nationality?" is included in the CYRM though was felt to be too specific to stand alone. The question, "Are you proud of your ethnic background?" was therefore added.

In still other cases, issues raised by one site may have been culturally inappropriate for another. Questions relating to sexual identity and relationships came most from the two Canadian sites, with one recommended by focus group participants in Moscow. Questions included:

♣

Do you see yourself as physically attractive?

♣

Are you comfortable with your level of sexual activity?

♣

Are you comfortable with your sexual identity?

♣

Are you aware of your own sexual orientation?

♣

Do you feel you have to have sex to belong?

♣

Do you have to cope with sex?

♣

How does sex affect how you cope?

♣

How does your sexual orientation affect how you cope?

♣

Do your parents restrain your wishes regarding sexual relations?

From this group of questions, we decided to address two in the CYRM: "Are you aware of your own sexual orientation?" and "Do your parents restrain your wishes regarding sexual relations?" In order to make the questions make sense in a variety of cultures and languages they were re-worded to read, "Are you comfortable with how you express yourself sexually with others?" and "Do your parents respect your wishes regarding sexual relations?" After accepting that we very possibly had questions that would translate well, we were now faced with examining whether the questions

would move across cultures. How could we hope to make the CYRM acceptable, for example, in conservative Muslim and Christian communities with questions such as these? Discussions surrounding the wording of the questions resulted in variations ranging from "Are you comfortable with how you express yourself intimately with others?" to "Are you comfortable with how you express yourself in close relationships with others your own age?" Similarly, the question relating to parents went from "Do your parents respect how you express yourself intimately with boys and girls?" to "Do your parents respect how you express yourself intimately/sexually with boys and girls?" though this question made us want to ask "Do you express yourself sexually with other boys and girls in front of your parents *at all*?" Finally, after many consultations, the team decided to include on the CYRM "Are you comfortable with how you express yourself sexually?" and "Do your parents respect how you express yourself sexually?" Neither question carries a specifically heterosexist bias, nor does either question introduce ideas of sexual orientation that may be unfamiliar to many youth in non-western countries where discussion about sexual orientation is more common.

It was often very challenging to make the questions work and still express their original meaning. For example the word "camaraderie" was replaced with "you feel part of a group when you are with your friends" eliminating what could be misunderstood (we were told) as militant undertones. Similarly, the suggested phrase "express protest against" was felt to be too hostile and was replaced with "disagree."

Site-specific questions generated from these initial community consultations, but which were not included on the final version of the CYRM because of their specificity to one site or another, wouldcould be also be included in site-based administrations of the international instrument. Those intending to replicate this study or use the measures and protocols that were we have developed in the future would alsotherefore require this period of contextualization and would need to modify the research toolCYRM to fit each contextmmunity setting. Though this challenges the external validity and cross-site reliability of the research, our compromise position has resulted in uniquely tailored and more valid representations of health phenomena.

It was noted by members of the IRP that the quantitative methods we would be using would have to be merged with other aspects of the research to ensure that eache contexts in which the instrument isare administered areis fully appreciated. An iterative qualitative process to the research was therefore chosen to occur alongside the quantitative. It was decided by the IRP team that a variety of qualitative methods would work best and that each site could then choose specific qualitative 'tools' to gather their data. It was suggested that these techniques include itemstechniques such as exploring sociohistorical backgrounds, ethnographies, the use of culturally appropriate forms of disclosure such as sharing circles or story-telling, developing games to stimulate conversation, making use of images or short vignettes to elicit responses, the sharing of cultural artifacts and so on.

In order to effectively guide all these activities a core set of 'catalyst' questions were used in all sites which were devised to create consistency in the data collected and facilitate cross-site comparisons. These questions included:

1)

!

"What would I need to know to grow up well here?"
2)

!

"How do you describe people who grow up well here despite the many problems they face?"
3)

!

"What does it mean to you, to your family, and to your community, when bad things happen?"
4)

!

"What kinds of things are most challenging for you growing up here?"
5)

!

"What do you do when you face difficulties in your life?"
6)

!

"What does being healthy mean to you and others in your family and community?"
7)

!

"What do you do, and others you know do, to keep healthy, mentally, physically, emotionally and spiritually?"
8)

!

"Can you share with me a story about another child who grew up well in this community despite facing many challenges?"
9)

!

"Can you share a story about how you have managed to overcome challenges you face personally, in your family, or outside your home in your community?"

Field researchers were required at each of the sites to administer the instrument and conduct the qualitative aspects of the research. Similar studies such as that ofby Laverack and Brown (??2003) who studied workers in Fijian workshops, have demonstrated the success and value of inviting local people to act as researchers. Marshall et al?? (2002), in their discussion of community based research with Native American with disabilities, note that cultural considerations meant using peers as interviewers in order to make participants in some sites more comfortable during interviews. With regards to administering the quantitative instrument consistently, it was recognized that there would be problems with how to train field workers at each site. Techniques to accomplish this are, however, available (see Diaute & Fine, 2003). Laverack and Brown (??) for example, suggest that facilitators working across cultures must demonstrate flexibility and rapport with field workers in order to engage with others.

Topic Four: What are the ethical issues related to this research?

Team members were asked to consider the most important ethical challenges that would face researchers globally and offer suggestions to resolve them. Once again, the team split into small groups. Group members were asked to share case examples of important ethical issues they have faced in a research study relevant to this work and how they addressed each. Among the most common issues identified were confidentiality and safety, obtaining consent, coercion, substantial participation by youth and elders, ethics reviews locally and the benefits to each participating community.

Confidentiality and safety: Confidentiality and safety concerns need to be discussed at the local level if a study like this is to succeed. It became apparent to team members that western research contexts offer far different constraints on research than in the majority world. For example, soliciting more individual, personal stories, the team has had to pay attention to the dangers of personal disclosure. In instances where there is good reason for people to fear for their safety, as in instances of war, gang or tribal conflict, personal disclosure may compromise one's neutrality, or inadvertently make it seem one is colluding with outsiders to the community.

Obtaining consent: Numerous contextual variations with regards to obtaining consent were noted by the team. It was strongly felt that there needed to be the option of requiring only verbal consent in many sites. Furthermore, the inability to always obtain parental consent needed to be recognized despite Canadian standards in this regard. It also became challenging to ensure that enough information was shared with study participants to allow them to make an informed consent without overwhelming them with pages of ethically sound, but inaccessible, statements. The tendency of western institutions to demand lengthier and lengthier disclosures by researchers prior to consent was thought to be unworkable by many team members in all research settings.

Coercion: Concern was raised regarding the interview process involving younger children who often feel compelled to continue with an interview, even if they are told that they can stop at any time. In some cultures, children and youth would not see it as their right to refuse participation

even as they are making the transition to more adult-like status. The formality of the research process can create social expectations for compliance.

Substantial participation by youth and elders: Through participation on Advisory Committees (where appropriate), member checks, focus groups and community consultations, the IRP has sought to ensure the participation of youth and elders. It has, though, taken negotiation to ensure meaningful participation. The use of qualitative methods has added greatly to giving youth and elders a space to comment on the project and its methods, thereby influencing the analysis of the findings.

Review of the research locally by an ethics board: In many research sites, rigorous review by an ethics review board has not been possible. In several settings such structures do not exist. It was decided that at the very least, that Advisory Committees would discuss a dozenfour key topics with regard to ethics and document the community's response as a way of auditing the project ethically at the local level. These topics included:
1)

1) Can people be hurt in any way from taking part in this research?
2)

2) Have people agreed to the research?
3)

Do they fully understand what they are agreeing to do and what happens to the information that they provide?
4)

Do they understand who sees the information that they provide?
5)

Do they understand what the information will be used for?
6)

Do they understand that they can leave the study at any time? 3
7)

) Are there places where people can go if they feel uneasy or upset during the research?
8)

Who do they go to for support?
9)

Who can they talk to about how they were treated during the research?
10)

Is there a local person (most likely on the Advisory Committee) who can speak with them confidentially? 4)
11)

What will be given back to the community?
12)

and wWhat can people expect to be gained from taking part in the research?

Each community has provided answers to each of these questions whether through a formal or informal ethics review.

     Communities benefit from their participation: The need for participation to be experienced at the local level was emphasized by team members. Some partner communities have a history of being "researched to death" and therefore needed it made very clear how information was to be interpreted, how meaning was ascribed to data and who would have ownership of the research results. We have had to consider what we could give the participants for their time, not only monetarily but also what we could promise in the future in terms of tangible benefits to them and their communities. We also needed to consider what services we could offer, if any, after individual interviews and when the research is done. Several researchers expressed concern that the IRP would generate expectations in their communities that the project was going to offer programs to solve the problems youth face. Evidently, this iwas not possible, however results are to being returned to each community and shared in an appropriate form to helpwith decision makers address children's health issues. Ultimately, the extent of the impact of the research will vary from community to community.

      Topic Five: What are the constraints and opportunities we are likely to encounter during

As the final topic of discussion in preparation ofing our research design, we again divided into groups, this time representing each research site. Team members were asked to identify the site-specific obstacles and opportunities they anticipated encountering when attempting the research. Although much of this discussion revisited issues already identified, these smaller groups meetings did provided a forum to raise new questions that needed to be addressed by the entire team. For example, the issue of whether to sample different cultures in settings where there are more than one cultural group, was raised. It was decided that where possible, such plurality in sampling design would be beneficial. Response bias was also anticipated to be a problem in certain contexts where youth, unfamiliar with standardized questions, were likely to try and give the "correct" answer. In some contexts, the use of open-ended qualitative methods were thought inappropriate as youth would not feel comfortable disclosing personal information. Such fears have been addressed in the flexible design that was created allowing, for example, a large number of qualitative data collection techniques and ensuring researchers provide more detailed instructions to participants when completing the CYRM.

Phase Three: Research design development

After completing Phases One and Two, the group was ready to move towards making decisions regarding specific design features of the research. In groups of approximately ten, team members pulled together a comprehensive methodology that links qualitative and quantitative research paradigms, and the roles of various stakeholders. Each small group then presented to the larger group their research template. Similarities and differences were discussed and a tentative consensus reached on how to proceed.

Finalizing the research process: Perils and pitfalls

The fieldwork documents: Following the Halifax meeting, a research model was completed with final details being negotiated electronically. It was a struggle to ensure that the methodology was on one hand standardized, while on the other, flexible enough to accommodate the cultural diversity present in the study.

A manual to guide the research was developed. It was designed to be accessible to all site researchers, avoiding academic research jargon. Furthermore, as many site-specific researchers doo not speak English as a first language the document had to be easy to read and affordable to translate. The manual we developed is divided into two sections. The first gives an introduction to the project, outlining the goals, the people involved including participants, and provides contact details for the project leaders. The second section gives a detailed description of the 11 phases of the research process. Flow charts were created ofdetailing each phase as a quick overview of what would need to be done. Flow charts were accompanied by more detailedwritten explanations of each phase. Use was also made of icons throughout to indicate the various people involved, making it easier for various team members to easily identify and distinguish their roles from others on the team.

Accompanying the research manual is a toolbox of qualitative methods, providing layman's descriptions of various means of gathering data. Once again, the toolbox had to be written in a way that would make it accessible to team members whose first language was not English as well as less experienced site researchers. Descriptions of methods had to provide enough detail so that fieldwork would be carried out effectively, yet at the same time, we had to prevent descriptions from becoming too cluttered with detail. Neither did we want our suggestions to inhibit creativity. We emphasized that researchers at each site use methods that would generate data effectively given unique cultural contexts.

A fieldwork checklist was also created. This 2-page grid allowed site researchers to track their progress. This grid contained administrative details, such as submitting research agreements, invoices and ethics reviews to the Principle Investigator as well as relevant contact details. A

suggested time line was also included. Small details such as this surprised us with the amount of time they consumed for their development and the complexity involved ensuring every site completed *all* the steps involved in the research process.

Quantitative instrument development: Whilst the research manual, toolbox, fieldwork checklist and all other relevant documents were being set in place, site-specific questions were generated regarding each of the 32 domains identified to be studied. These questions were then pulled together to create one standardized instrument for the entire study. Some sites carried out this phase of the fieldwork soon after the March meeting and returned their translated questions quickly. Other sites informed us of delays. By the end of June sites whose questions had been received were thanked. Sites that had informed us of delays were reminded that we would provide them with all the assistance we could. Sites that did not respond to these emails were then telephoned. Even then, some sites had to be phoned several times.

All site-specific questions were merged into a single document. Questions were then edited to simplify language, avoid redundancy and to ensure that they were framed positively. For example, the question, "Do you think drugs and/or alcohol help you to find creative solutions to your problems?" was removed in preference for another site's question, "Do you think drugs and/or alcohol will help you when you have to deal with lots of problems?" Other questions were split into two new questions when they addressed more than one issue or required clarification. For example, "Are you proud of your nationality?" is included in the CYRM though was felt to be too specific to stand alone. The question, "Are you proud of your ethnic background?" was therefore added.

It was often very challenging to make the questions work and still express their original meaning. For example the word "camaraderie" was replaced with "you feel part of a group when you are with your friends" eliminating what could be misunderstood (we were told) as militant undertones. Similarly, the suggested phrase "express protest against" was felt to be too hostile and was replaced with "disagree." The instrument was then finalized and sent to each site along with the toolbox, manual and all necessary reporting and consent forms.

Ethics reviews: Even with a spirit of cooperation and sincere intent by the host Canadian institution's Research Ethics Board, the complexity of conducting this research, and the flexibility required to work with marginalized young people worldwide demanded a lengthy process of negotiation to pass the required ethics review. Five submissions were completed before approval was secured. Comments by the REB were helpful, though most difficult of all was getting permission to proceed without a guarantee that signed consent would be required in all sites. Instead, a compromise was found in which a witness would attest to the fact that the research had been explained to the youth and informed consent had been given verbally. Efforts were made to keep the consent forms simple, though western research bias still made the forms long and in places cumbersome with detail

Agreements: To maintain professional working relationships we drafted agreements between each site and the host Canadian institution, outlining how fieldwork would be funded and what was expected of researchers at each site. While we began with a straightforward document, legal requirements at the host institution created a highly technical, extremely complex document loaded with legal jargon. The demands made on the project by the university administration and our knowledge of the realities confronting each research site resulted in another lengthy process of negotiation and revision (very similar to that of obtaining ethics approval). It was eventually agreed that sites could submit invoices of their anticipated expenditures in order to advance them funds, that ethics reviews could be entered into a pre-established template by Advisory Committees, and that the agreement's language could be simplified and much of our original format be included in the final version. TheOur experience highlighteds the importance of clarifying university administration requirements in the early stages of project planning.

What we've learned

Though complex, the methodological challenges we confronted as a team designing the IRP have provided opportunities to examine the requirements for cross-cultural research with children.

In particular, we have come to understand better the challenges to methodological rigor and the difficulties ensuring children and their communities benefit from participation in multi-site research. We believe the dual emphasis on qualitative and quantitative data collection has addressed both the need for contextual variability across sites and provides opportunities for children and communities to have a greater voice in the research process, ensuring findings are . The IRP also provides a more inclusive way of gathering data that is both reliable and valid, authentic and trustworthy. Most importantly, our work, like that of Jones and Kafetsios (2002), among others, is demonstrating how to accommodate diverse perspectives on health phenomena. Jones and Kafetsios, for example, studied 337 children on both sides of the Bosnian conflict, examining their mental health as it relates to exposure to the war. Most significantly, they found that while the quantitative instruments that they used met the standards for internal consistency and discriminant validity, a large number of participants in their study were shown through clinical interviews and other qualitative assessments to not have the mental health problems testing identified. Furthermore, test instruments proved poor at distinguishing children who were doing well from those who were not doing well once lengthy interviews were conducted with the children in their homes and community settings using qualitative data gathering techniques.

Jones and Kafetsios (2002) speculate that it was the particular context in which their research took place, normative in terms of high levels of exposure to violence and resulting trauma that made it impossible to simply parachute in measures that were designed to evaluate non-war-affected children. As they explain: "High levels of symptoms do not necessarily equal psychiatric disability. They may reflect a norm for that population, or a temporary adjustment to the stresses of war" (p.1060). It was narrative discussions with the children that followed administration of the test instruments that proved so insightful, helping the researchers distinguish between those who were stress-affected and those who were stress-resistant.

Our design has also sought to address the increasingly vocal calls for greater benefits for children and their communities when they participate in research. A recent report from the Save the Children Task Group for the UN Special Study on Violence (Save the ChildrenLaws & Mann,

2003), co-authored by Laws and Mann by Mann, views children's active participation in research as fulfilling the goals of the UN Convention on the Rights of the Child. The Convention stipulates that children have a right to be heard and to participate in decisions that affect them. We believe the reciprocity and mixed methods of the IRP are in keeping with the spirit of the Convention.

Evidently, our experience tells us that there is a need for culturally sensitive mixed methods designs when working across multiple research sites. However, there is little to guide us as researchers in the specifics of how to conduct such work. This chapter has provided the kind of nitty-gritty detail often missing when we write about international collaborations. By elaborating on some of our challenges and solutions, we hope to have contributed to a much larger discussion of how to conduct this kind of research. However, we humbly concede we still find ourselves with more questions than answers.

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