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RESEARCH ARTICLE

LEVEL AND FACTORS OF RESILIENCE AMONG YOUNG PEOPLE WITH ACQUIRED HEARING DISABILITIES IN KINSHASA, DEMOCRATIC REPUBLIC OF CONGO

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ABSTRACT

This study aims to explore the resilience of young people with acquired hearing disabilities, measure their resilience levels, identify the moderating variables enhancing this resilience, and highlight the factors contributing to their capacity to recover after the trauma of hearing loss. A mixed-methods approach was employed, combining quantitative and qualitative analyses. The Child and Youth Resilience Measure (CYRM-12) by Ungar and Liebenberg was used to assess resilience in 52 young participants, supplemented by six semi-structured interviews. The findings reveal a high level of resilience among young people with acquired hearing disabilities from the VillagesBondeko Libanga, Ndakisa, Sœur Mwabila, and Institut Libanga communities. Environmental and familial factors emerged as the primary drivers of their enhanced resilience. Moreover, educational level was found to have a significant influence on the outcomes. These individuals underwent a grieving process and followed a path of resilience, supported by key resilience figures who played a crucial role in this journey.

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INTRODUCTION

In the Democratic Republic of Congo, approximately 13 million individuals live with disabilities (Handicap International, 2020). Since November 2020, the country has adopted legislation aimed at protecting and promoting the rights of people living with disabilities, in accordance with Articles 16 and 49 of the revised 2006 Constitution.The United Nations Convention on the Rights of Persons with Disabilities seeks to ensure full participation in society, especially for individuals with specific needs, including those with hearing impairments. This policy fosters a new approach to social participation based on the Disability Production Process (United Nations, 2006). In the third millennium, the world faces numerous challenges, among which hearing disabilities significantly affect verbal communication-a central element of interactions in our still-inclusive society. Issues related to the resilience of individuals with disabilities are of critical importance globally. Within this context, a new perception of disability is emerging, even for those who could be described as "newly disabled." This includes individuals with different needs, extending beyond the mere desire for assistance to aspirations for autonomy and freedom.

Disability, Trauma, and Life Stages: The announcement of a disability is always a traumatic ordeal, often causing psychological collapse for both the adolescent and their family, thereby disrupting the personal and familial environment of the young individual. The situation becomes even more painful when the disability, such as hearing loss, occurs at a time when the individual has already integrated into life as an "able-bodied" person, building plans and ambitions. Hearing impairment calls into question the resources of adolescents and young adults who are in the midst of developing their identity. It necessitates a reassessment of the ideals previously constructed around their juvenile personality, aspirations, and ambitions shared with their close circle through verbal communication. Young individuals often experience profound disturbances, with a significant transformation of their self-perception and how others perceive them. This resembles a grieving process, requiring the creation of a new path toward acceptance, resilience, and acquiring a new sign language to maintain interactions. Doubts, questions, suffering, and misunderstandings mark the journey toward this new life defined by the sudden onset of hearing impairment. The young individual must achieve acceptance after navigating through stages such as shock, denial, anger, bargaining, depression, and reconstruction. Lecomte (2002) posits that every person is potentially resilient and that no individual's potential should ever be fixed or predetermined. He describes resilience as a non-linear process that enables a person to lead a fulfilling life after trauma, integrating relapses and setbacks into their evolution.

Post-Linguistic Deafness and Its Experiences: Individuals with acquired deafness often show impatience with themselves and others during conversations, which can lead to moments of frustration where both parties must make efforts to understand one another (Barlow, 2007). Awareness of their difference, the gaze of others, and limited exchanges with their environment are frequent experiences among young individuals with hearing impairments (Oléron, 1972). The most common risk is isolation (Akra, 2008). Acquired deafness is often accompanied by particularly painful experiences, including severe depression and grave psychopathological disorders (Virole, 2000). Additionally, Gagne, Southall, and Jennings (2011) highlight that negative self-perception, associated with stigma, undermines individual identity, resulting in stress, shame, reduced self-esteem, and lower personal efficacy.

From Unpredictability to Rebounding: At every stage of life, challenges arise, creating tensions that individuals must navigate. Among these challenges, disability alters self-perception and how others view them. Developing resilience (Fougeyrollas, 2009) or fostering social participation among individuals with hearing impairments can be seen as the result of complex interactions among personal, environmental, and social factors. Traumaoften the catalyst for the resilience process (Cyrulnik, 2012)can be compared to the grieving process, comprising three phases: trauma, depression, and, finally, grief assimilation with the emergence of resilience. Cyrulnik (2001) describes resilience as the art of navigating through turbulent waters, requiring flexibility in the face of stressors.

Resilience, Its Factors, and Correlations: Trauma often precedes the emergence of resilience, with protective factors serving as mediators against risks (Anaut, 2005). The study of resilience highlights the multiplicity of factors - whether risk or protective - that need to be considered. It also encourages an integrative approach where subjective and intersubjective dimensions constantly interact. Manciaux (2001) emphasizes the multifactorial nature of resilience, asserting that it arises from the interaction between the individual, their environment, and influences from their past experiences as well as the political, economic, social, and human context. Environmental factors, such as social support, the presence of a resilience mentor, cultural or ethnic identity, and the socio-economic environment, provide support outside of family circles, religion, and group memberships (Fredrickson, 2004). Schools can be considered a resilience factor (Mucchielli, 2000). Youth find in schools a secure environment that provides essential learning opportunities to develop their potential.

For a long time, it has been observed that many young people thrive through investment in education. Schools are not associated with affective and emotional separation between students and their family network. Instead, a secure environment can promote personal growth (Anaut, 2002). Békaert, Masclet, and Caron (2011) argue that relational interactions between parents and children play a role in the resilience process, particularly for those with disabilities.

Based on these observations, we posed the following primary question: Are young individuals with acquired hearing impairments from Villages Bondeko Libanga, Ndakisa, Sœur Mwambila, and the Libanga Institute resilient? From this primary question, secondary questions arise:

- Are these youth resilient?
- Do they exhibit a high level of resilience?
- Is their level of resilience influenced by moderating variables such as age, gender, family type, educational attainment, religious affiliation, and social group membership?
- What individual, familial, and environmental factors favor resilience in the context of trauma associated with acquired hearing impairment?

We formulated a primary hypothesis that young individuals with acquired hearing impairments from Villages Bondeko Libanga, Ndakisa, Sœur Mwambila, and the Libanga Institute in Kinshasa are resilient in the face of this post-linguistic trauma, along with specific hypotheses that guided our study.

Objectives

This study aims to

- Demonstrate the resilience of young individuals with acquired hearing impairments from Villages Bondeko Libanga, Ndakisa, Sœur Mwambila, and the Libanga Institute in Kinshasa by measuring their resilience levels.
- Identify variables that foster their ability to recover following the trauma of acquired hearing impairment.
- Examine the individual, familial, and environmental factors linked to these youth's resilience.

METHODOLOGY

The population of this study comprised all the youth from Villages Bondeko Libanga, Ndakisa, Sœur Mwambila, and the Libanga Institute in Kinshasa, amounting to a total of 60 participants. From this finite population, a randomized sample of 52 participants was selected using the Krejcie and Morgan table. The 8 participants from the preliminary survey were excluded from the main study. Regarding the method, a mixed-method approach combining quantitative and qualitative angles was adopted. The Ungar and Liebenberg resilience scale (Child and Youth Resilience Measure - CYRM-12) was directly administered to the 52 participants (adolescents and young adults from Villages Bondeko Libanga, Ndakisa, Sœur Mwambila, and the Libanga Institute) for the quantitative aspect. Additionally, semi-structured interviews were conducted with 6 participants for the qualitative component. Data analysis was performed using SPSS 25 for quantitative data and grounded theory with thematic analysis for qualitative data. The main characteristics of the sample are presented in Table I. This table summarizes the distribution of key variables such as age, gender, family type, educational attainment, religious affiliation, and social group membership among the participants. Let me know if further elaboration or additional tables need to be processed.

RESULTS

We present the results obtained from this research, starting with the quantitative approach and concluding with the qualitative approach.

Quantitative Results: After analyzing the quantitative data, the results are presented globally, followed by analysis based on moderating variables, correlations, the normality of the distribution, and inferential analysis.

Global Presentation of Results: The statistical indices in Table II below include central tendency measures (mean, median, mode) and measures of dispersion (standard deviation and variance).

Table I. Presentation of Moderating Variables for Participants (N = 52)

Variables	*Frequency*	*Percentage*
Age		
15-17 years	18	34.6%
18-20 years	22	42.3%
21-24 years	12	23.1%
Total	52	100.0%
Gender		
Male	33	63.5%
Female	19	36.5%
Total	52	100.0%
Hearing family		
Yes	44	84.6%
No	8	15.4%
Total	52	100.0%
Education level		
Primary	13	25.0%
Basic education	17	32.7%
High school	19	36.5%
Vocational	3	5.8%
Total	52	100.0%
Religion		
Catholic	28	53.8%
Protestant	5	9.6%
Kimbanguist	2	3.8%
Jehovah's witness	3	5.8%
Revivalist	14	26.9%
Total	52	100.0%
Social group membership		
Yes	39	75.0%
No	13	25.0%
TOTAL	52	100.0%

Table II. Global Central Tendency and Dispersion Indices

Components	*Individual*	*Family*	*Environmental*	*Total*
N ***Valid***	52	52	52	52
Missing	0	0	0	0
Mean	3.8500	4.0577	4.1038	3.9904
Median	4.0000	4.0000	4.2000	4.0000
Mode	4.00	5.00	4.20	3.75 a
Std. Deviation	0.64459	0.77746	0.46440	0.44820
Variance	0.415	0.604	0.216	0.201
Skewness	-0.352	-0.330	-0.216	-0.200
Std. Error of Skewness	0.330	0.330	0.330	0.330
Minimum	2.20	2.50	2.80	2.92
Maximum	5.00	5.00	5.00	5.00
Sum	200.20	211.00	213.40	207.50

a. Presence of multiple modes. The smallest value is displayed.

Insights from Table II:

- The overall mean score (3.9904) of the subjects on the Ungar and Liebenberg resilience scale corresponds to a continuum associated with high resilience.
  - Environmental components (M = 4.1038, SD = 0.46440), including social support, a resilience tutor, cultural identity, and socio-economic environment, were the highest contributors.
  - Family components (M = 4.0577, SD = 0.77746) highlighted family dynamics, such as parents, siblings, and educational discipline.
  - Individual components (M = 3.8500, SD = 0.64459) included personality traits, social skills, relational aptitudes, positive emotions, and coping strategies.
- The minimum scores for individual, family, and environmental components were 2.20, 2.50, and 2.80, respectively.
- The maximum scores for all components were 5.00.
- Measures of central tendency (mean, median, and mode) for individual, family, and environmental factors were consistent with high resilience levels.
- Dispersion indices (standard deviation and variance) revealed slight variations across the components.
- Skewness values for all components were slightly negative, indicating a distribution leaning toward higher scores.

Presentation of Results by Moderating Variables: Considering the three factors of the resilience scale by Ungar and Liebenberg, the results are presented based on our sociodemographic variables: age, gender, family type (hearing or non-hearing), education level, religion, and social group affiliation.

Table III: Results by Age

Age (Years)	*Components*	*Individual*	*Family*	*Environmental*	*Total*
15–17	Mean	4.0333	4.1944	4.1222	4.0972
	N	18	18	18	18
	Std. Deviation	0.72680	0.64486	0.53198	0.42612
18–20	Mean	3.7545	4.1136	4.1636	3.9848
	N	22	22	22	22
	Std. Deviation	0.65591	0.82997	0.47664	0.51024
21–24	Mean	3.7500	3.7500	3.9667	3.8403
	N	12	12	12	12
	Std. Deviation	0.45227	0.83937	0.31718	0.33231
Total	Mean	3.8500	4.0577	4.1038	3.9904
	N	52	52	52	52
	Std. Deviation	0.64459	0.77746	0.46440	0.44820

The examination of Table III provides the following insights

- For individuals aged 15–17, family factors, environmental factors, and individual factors are predominant, with means of 4.1944, 4.1222, and 4.0333, respectively.
- Participants aged 18–20 have means of 4.1636 for environmental factors, 4.1136 for family factors, and 3.7545 for individual factors.
- For individuals aged 21–24, environmental factors dominate with a mean of 3.9667, followed by equal means of 3.7500 for individual and family factors.

Table IV. Results Based on the Variable Gender

Gender	***Components***	***Individual***	***Family***	***Environmental***	***Total***
Male	Mean	3.7273	3.9545	4.0303	3.8914
	N	33	33	33	33
	Std. Deviation	0.58698	0.79415	0.47990	0.40316
Female	Mean	4.0632	4.2368	4.2316	4.1623
	N	19	19	19	19
	Std. Deviation	0.69937	0.73349	0.41774	0.48070
Total	Mean	3.8500	4.0577	4.1038	3.9904
	N	52	52	52	52
	Std. Deviation	0.64459	0.77746	0.46440	0.44820

From Table IV, the following is observed:

- Male participants have means of 4.0303 for environmental factors, 3.9545 for family factors, and 3.7273 for individual factors.
- Female participants have means of 4.2368 for family factors, 4.2316 for environmental factors, and 4.0632 for individual factors.
- Regardless of sample size, the overall mean for male participants (3.8914; n=33) is lower than that for female participants (4.1623; n=19). Nevertheless, these averages indicate strong resilience.

Table V. Results Based on the Variable Family Type

Family Type	***Components***	***Individual***	***Family***	***Environmental***	***Total***
Hearing	Mean	3.8591	4.0682	4.1409	4.0114
	N	44	44	44	44
	Std. Deviation	0.68278	0.79673	0.44529	0.47604
Non-hearing	Mean	3.8000	4.0000	3.9000	3.8750
	N	8	8	8	8
	Std. Deviation	0.40000	0.70711	0.54511	0.23146
Total	Mean	3.8500	4.0577	4.1038	3.9904
	N	52	52	52	52
	Std. Deviation	0.64459	0.77746	0.46440	0.44820

Analysis of Table V indicates

- Participants from hearing families (families with only one individual with auditory disabilities) have means of 4.1409, 4.0682, and 3.8591 for environmental, family, and individual factors, respectively.
- Participants from non-hearing families (families with two or more individuals with auditory disabilities) have means of 4.0000 for family factors, 3.9000 for environmental factors, and 3.8000 for individual factors.

Table VI: Presentation of Results by Education Level Variable

Education Level	*Components*	*Individual*	*Family*	*Environmental*	*Total*
Primary	Average	4.4923	4.4231	4.2308	4.3718
	N	13	13	13	13
	Standard Deviation	0.38829	0.75955	0.42305	0.36263
Basic Education	Average	3.6706	4.2353	4.0353	3.9167

	N	17	17	17	17
	Standard Deviation	0.61213	0.75245	0.58410	0.43201
Humanities	Average	3.5158	3.6316	4.0105	3.7412
	N	19	19	19	19
	Standard Deviation	0.49583	0.62008	0.33648	0.33895
Professional	Average	4.2000	4.1667	4.5333	4.3333
	N	3	3	3	3
	Standard Deviation	0.52915	1.04083	0.41633	0.22048
Total	Average	3.8500	4.0577	4.1038	3.9904
	N	52	52	52	52
	Standard Deviation	0.64459	0.77746	0.46440	0.44820

Key Observations from Table VI:

- Primary-level participants have averages of 4.4923, 4.4231, and 4.2308 for individual, family, and environmental factors, respectively.
- Participants in basic education show averages of 4.2353, 4.0353, and 3.6706 for family, environmental, and individual factors, respectively.
- Participants at the humanities level show averages of 4.0105, 3.6316, and 3.5158 for environmental, family, and individual factors, respectively.
- Professional-level participants show averages of 4.5333, 4.2000, and 4.1667 for environmental, individual, and family factors, respectively.

Table VII. Presentation of Results by Religion Variable

Religion	***Components***	***Individual***	***Family***	***Environmental***	***Total***
Catholic	Average	3.7714	4.1429	4.1214	3.9792
	N	28	28	28	28
	Standard Deviation	0.63179	0.80343	0.47870	0.49567
Protestant	Average	3.6800	3.6000	3.9200	3.7667
	N	5	5	5	5
	Standard Deviation	0.46043	0.74162	0.22804	0.32489
Kimbanguist	Average	4.3000	4.5000	3.6000	4.0417
	N	2	2	2	2
	Standard Deviation	0.42426	0.00000	1.13137	0.29463
Jehovah's Witness	Average	4.2000	3.5000	3.8000	3.9167
	N	3	3	3	3
	Standard Deviation	0.52915	0.50000	0.20000	0.22048
Revivalist	Average	3.9286	4.1071	4.2714	4.1012
	N	14	14	14	14
	Standard Deviation	0.76704	0.78883	0.38115	0.44359
Total	Average	3.8500	4.0577	4.1038	3.9904
	N	52	52	52	52
	Standard Deviation	0.64459	0.77746	0.46440	0.44820

Key Observations from Table VII:

- Catholic participants have averages of 4.1429 for family factors, 4.1214 for environmental factors, and 3.7714 for individual factors.
- Protestant participants prioritize environmental (3.9200), individual (3.6800), and family (3.6000) factors.
- Kimbanguist participants have averages of 4.5000, 4.3000, and 3.6000 for family, individual, and environmental factors, respectively.
- Jehovah's Witness participants show averages of 4.2000, 3.8000, and 3.5000 for individual, environmental, and family factors, respectively.
- Revivalist participants prioritize environmental (4.2714), family (4.1071), and individual (3.9286) factors.

TableVIII. Presentation of Results by social group Variable

Social group	Components	Individual	Family	Environmental	Total
Yes	Average	3.7590	4.0256	4.0615	3.9295
	N	39	39	39	39
	Standard Deviation	.59148	.75174	.44758	.39065
No	Average	4.1231	4.1538	4.2308	4.1731
	N	13	13	13	13
	Standard Deviation	.74179	.87523	.50890	.56771
Total	Average	3.8500	4.0577	4.1038	3.9904
	N	52	52	52	52
	Standard Deviation	.64459	.77746	.46440	.44820

An analysis of Table 08 reveals the following:

- Participants who belong to a social group reported mean scores of 3.7590, 4.0256, and 4.0615 for individual, family, and environmental factors, respectively.
- In contrast, participants who do not belong to a social group reported higher mean scores of 4.1231, 4.1538, and 4.2308 for the same factors.
- Despite their larger number (39), individuals who belong to a social group showed lower average scores across all factors compared to those who do not belong to a social group (13).

Bivariable correlation: The Bivariable-Pearson correlation coefficient (*r*) is employed to analyze and determine the relationships among the three dimensions of the resilience scale proposed by Ungar and Liebenberg: individual resources, family resources, and environmental resources. Table VIII presents the correlation coefficients for the studied dimensions alongside their statistical significance.

Table IX. Correlation Coefficients Across Studied Dimensions

Components	*Individual*	*Family*	*Environmental*	*Total*
Individual	Pearson's r	1	.401**	.302*
	Sig. (bilateral)		.003	.030
	N	52	52	52
Family	Pearson's r	.401**	1	.303*
	Sig. (bilateral)	.003		.029
	N	52	52	52
Environmental	Pearson's r	.302*	.303*	1
	Sig. (bilateral)	.030	.029	
	N	52	52	52
Total	Pearson's r	.846**	.660**	.700**
	Sig. (bilateral)	.000	.000	.000
	N	52	52	52

**Significant correlation at the 0.01 level (bilateral).
*Significant correlation at the 0.05 level (bilateral).

The data in Table IX reveal the following key findings: A statistically highly significant correlation with practical relevance (0.35) exists between individual and family factors ($r = .401$; $p < .01$), accounting for 16.08% of the variance in resilience. Two statistically significant correlations, though with limited practical relevance, are noted. The first is between individual and environmental factors ($r = .302$; $p < .05$), explaining 9.12% of the variance. The second is between family and environmental factors ($r = .303$; $p < .05$), accounting for 9.18% of the variance.

Normality of Distribution: The specialized literature on statistical tests identifies several tests for verifying the research or operational hypothesis and the normality of a distribution in studies using an interval scale. These tests help select appropriate statistical methods for inferential or differential analysis of results. Among these tests, methods for verifying distribution normality include the chi-square test, skewness and kurtosis technique, Kolmogorov-Smirnov test, Shapiro-Wilk test, etc. For this study, we selected the Kolmogorov-Smirnov test due to its practical nature and ease of interpretation. The following table presents the statistical indices related to the normality study of the distribution of results in our study using the Kolmogorov-Smirnov test.

Table X. Study of Distribution Normality

	Total
N	52
Normal Parameters a, b	Mean
	Std. Dev.
Most Extreme Differences	Absolute
	Positive
	Negative
Test Statistics	0.086
Asymptotic Sig. (bilateral)	0.200c,d

The analysis of Table X above indicates that the distribution of results in our study satisfies the normality condition, as the Kolmogorov-Smirnov test value (0.086) and its asymptotic significance (0.200) exceed the critical probability threshold (0.05). Consequently, the null hypothesis, indicating no significant difference between the observed distribution and a theoretically normal distribution, is accepted. Thus, parametric tests are appropriate for assessing the influence of intermediate variables on the distribution of results in our study.

Differential Analysis: The differential analysis aims to examine the influence of our moderator variables (gender, age, family type, education level, religion, and social group affiliation) on the various dimensions of resilience among our subjects. We utilized simple linear regression analysis to test this influence, as it precisely estimates the impact of the independent variable on the dependent variable and establishes a causal relationship between them (Howell, 2017; Dancey & Reidy, 2016). This method was deemed more appropriate for our study compared to the Student's t-test or simple variance analysis. The results for each of the six variables examined are detailed in Tables XI–XVI.

Table XI: Influence of Gender on Study Results

Model		*Unstandardized Coefficients*		*Standardized Coefficients*	*t*	*Sig.*
		B	*Standard Error*	*Beta*		
1	*Constant*	.083	.649		.129	.898
	Individual	.142	.116	.188	1.224	.227
	Family	.037	.096	.060	.388	.699
	Environmental	.142	.155	.136	.917	.364

From Table XI, it is evident that gender does not influence any dimension of resilience, as all associated probabilities exceed the critical threshold (0.05). The individual, environmental, and family factors exert influences of 18.8%, 13.6%, and 6.0%, respectively.

Table XII. Influence of Age Group on Study Results

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Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	StandardError	Beta		
1	Constant	3.190	1.029		3.099	.003
	Individual	-.130	.184	-.111	-.707	.483
	Family	-.147	.153	-.151	-.964	.340
	Environmental	-.050	.246	-.031	-.205	.838

Table XII shows that age group does not influence resilience factors, as the associated probabilities exceed the critical threshold (0.05). In percentages, there are negative influences of 3.1%, 11.1%, and 15.1% for environmental, individual, and family factors, respectively.

Table XIII. Influence of Family Type on Study Results

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Standard Error	Beta		
1	Constant	1.720	.499		3.445	.001
	Individual	.011	.089	.019	.118	.906
	Family	.010	.074	.022	.137	.892
	Environmental	-.158	.119	-.201	-1.324	.192

Table XIII shows that family type does not influence resilience dimensions, as all probabilities exceed the critical threshold (0.05). Positive non-significant influences of 2.2% for family factors and 1.9% for individual factors, as well as a negative non-significant influence of -20.1% for environmental factors, are noted.

Table XIV. Influence of Education Level on Study Results

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Standard Error	Beta		
1	Constant	4200	1.098		3.825	.000
	Individual	-.524	.196	-.376	-2.667	.010
	Family	-.272	.163	-.235	-1.670	.101
	Environmental	.281	.262	.145	1.072	.289

Analysis of Table XIV shows that the education level negatively influences individual factors by 37.6%, as the associated probability (0.01) is below the critical threshold (0.05). However, it has no influence on family and environmental factors, as their probabilities exceed the critical threshold. In percentage terms, individual and family resources show negative influences of 37.6% and 23.5%, respectively, while environmental resources exhibit a positive influence of 14.5%.

Table XV: Influence of Religion on Study Results

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Standard Error	Beta		
1	Constant	.557	3.059		.182	.856
	Individual	.659	.547	.190	1.204	.235
	Family	-.364	.454	-.127	-.801	.427
	Environmental	.285	.730	.059	.390	.698

From Table XV, it is evident that religion does not influence any resilience factors, as the associated probabilities exceed the critical threshold (0.05). Non-significant positive influences of 19.0% for individual factors and 5.9% for environmental factors, as well as a non-significant negative influence of -12.7% for family factors, are observed.

Table XVI: Influence of Social Group Affiliation on Study Results

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Standard Error	Beta		
1	Constant	.352	.588		.598	.552
	Individual	.161	.105	.237	1.530	.133
	Family	-.031	.087	-.055	-.353	.726
	Environmental	.098	.140	.104	.699	.488

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Table XVI shows that social group affiliation does not influence any resilience dimensions, as the associated probabilities exceed the critical threshold (0.05). Estimated influence percentages (β\betaβ) reveal positive effects of 23.7% and 10.4% for individual and environmental factors, respectively, and a non-significant negative influence of -5.5% for family factors. The results of this differential analysis demonstrate that none of the moderator variables (gender, age group, family type, religion, or social group affiliation) significantly influenced the various dimensions of resilience under study. However, education level exhibited a statistically significant negative influence on individual factors. This observation highlights the necessity of exploring potential interactions between variables and their combined effects on resilience in future research.

QUALITATIVE RESULTS: This section presents the results of semi-structured interviews conducted with six young individuals with acquired hearing disabilities. A partial analysis is provided to elucidate the psychological interpretation of each case, identified by the initials of their names.

Case BL: A True Family Without Hearing

Originally from the Kongo Central province, BL is a 15-year-old cadet from a family of four deaf members, with a hearing mother and a brother who supported her after her father passed away when she was an infant. A Catholic, she acquired her hearing impairment at the age of 4 following a coma. She appeared cheerful during the interview but shared her struggles with progressively deteriorating friendships after losing her remaining speech, leaving her feeling sad. With two deaf sisters and a deaf brother, BL has learned to accept her condition and live a fulfilling life free of frustration. She has successfully integrated into a special school for the deaf, thriving with new friends and the use of sign language. Along with her siblings and friends, she participates in social activities at a deaf community center, including attending mass, discussions, and events. She feels loved and content within this signing community, harboring no regrets.

Case EB: The Identical Twin: EB, a 21-year-old twin, comes from a single-parent family of eight children after the recent passing of his father. Originally from Maï-Ndombe province, he is Catholic. He acquired his hearing disability at the age of 4 due to complications with implants and auditory devices following ear surgery. He can only hear high-pitched sounds. Tired of questioning his parents about the differences between him, his twin, and their six other siblings, EB grew increasingly sad, leading to deteriorating relationships within the family. His siblings often attempted to dominate him and his twin due to their hearing loss. His only solace was retaining some speech ability. Parental intervention, particularly his mother's, along with one sister learning sign language, reassured him. EB and his twin joined a basketball team, which strengthened their bonds with hearing individuals they previously disliked due to being called "baba." Integration into the deaf community helped EB accept himself and no longer view his hearing impairment as a potentially traumatic event.

Case JB: The Supportive Twin: JB, also 21, shares the same twin and family circumstances as EB. However, unlike EB, he lost his speech entirely after surgery and eventually lost his hearing by age 4. Outgoing yet frustrated and confused by his situation, JB experienced strained sibling relationships due to differences between him and his twin, who retained some speech ability. Overwhelmed with questions about these differences, JB found solace when his mother helped him join the deaf community and a basketball team. His relationships with hearing individuals improved through lip-reading. School and church brought him great joy and a sense of belonging.

Case KP: Hopelessness: A 20-year-old Protestant from Kongo Central province, KP is the third of eight children in a family that lives with their mother following their parents' divorce. KP is the only member with a hearing disability, acquired at age 10 after an illness requiring an infusion. During the interview, KP was anxious and rejected the term "deaf." His situation frustrates him, leaving him nervous. Having dropped out of school for eight years, KP and his family prayed fervently for the restoration of his hearing, believing only God knew the reason for his condition. Despite undergoing hearing exams, KP reluctantly joined a school for the deaf, hoping to regain his hearing but was left disappointed. Maintaining distance from other deaf individuals, KP befriended hearing peers and resisted using sign language. While he attends church with his family and follows the services without an interpreter, he remains in denial, grieving his hearing loss and hoping for a reversal of his condition.

Case LB: Joy Restored Through Her Mother: LB, a 19-year-old Catholic, is the youngest of five children and the only one with a hearing disability. She acquired her impairment at age 5 following meningitis and otitis. After her parents' divorce, she lives with her mother, who provides vital support. Originally from Kasaï-Central, LB has two maternal uncles who are deaf. Realizing that her life was no longer the same, especially with her hearing friends, LB felt sad and awkward during outings. She avoided social activities due to mockery, exclusion, and fights. Encouraged by one of her deaf uncles, she joined a deaf school where she began learning sign language and interacting with both deaf and hearing individuals. LB discovered a deaf social center and attended signed masses. With the support of her family, she found joy and integration within the deaf community, where she no longer feels oppressed.

Case IM: From Hearing Aids to Perfect Sign Language: IM, a 21-year-old Catholic from Kongo-Central province, is the eldest of four children. Living in a blended family with his mother, he acquired his hearing impairment at age 7 after surviving meningitis. His extended family includes eight maternal uncles and aunts who are deaf. IM's diagnosis contributed to his parents' separation, with both remarrying. His father's new union produced four deaf children—three born deaf and one with acquired hearing loss. Despite retaining some speech, IM experienced short-term hearing restoration through an ENT specialist, but his hearing aids eventually failed. The need to learn sign language initially left IM feeling sad, angry, and isolated due to a lack of understanding. However, upon joining a special school with the help of a cousin, IM found joy and acceptance within the deaf community. At 17, he fully accepted his deafness, thanks to the support of his school, church, cousin, and mother

Key Insights from Qualitative Results

- **High Resilience in Five Cases:** Five subjects demonstrated strong resilience, transcending the potentially traumatic event of acquired hearing loss with the help of their environment, family, and personal resources.
- **One Case in Denial:** One subject (KP) remained in the grieving process, specifically in the stage of denial, unable to accept the situation.
- **Family Dynamics and Trauma:** Many participants experienced family difficulties, including parental divorce due to the disability, exacerbating the trauma despite their young age.
- **Role of Religion:** Most participants practiced Catholicism and benefited from signed masses at a deaf center, which allowed them to socialize, thrive, and integrate into the community.

DISCUSSION

Youth with acquired hearing disabilities from Villages Bondeko Libanga, Sœur Mwambila, Ndakisa, and the Libanga Institute exhibit a high level of resilience, with an overall mean score of 3.9904. For several years, it has been observed that young people thrive through their commitment to education. Schools are not associated with emotional or affective separation from their familial networks but rather serve as secure environments where they can flourish (Anaut, 2002).

Regarding the components or factors in the Ungar and Liebenberg resilience scale, our findings indicate a hierarchical influence:

- Environmental factors: These include social support, the presence of a resilience tutor, cultural identity, and socio-economic conditions.
- Family factors: These encompass family dynamics, such as parental support, sibling relationships, and educational discipline.
- Individual factors: These include personality traits, social skills, relational aptitudes, positive emotions, and coping strategies.

These findings align with Fredrickson's (2004) conclusions on environmental factors, Manciaux's (2001) observations on the interaction between the individual's past experiences and their surroundings, and Békaert, Masclet, and Caron's (2011) emphasis on the role of relational interactions between parents and children in situations of disability.

Concretely, the study identified:

- Personal protective factors: These include an easy temperament, optimism, faith, humor, self-belief, and a sense of self-efficacy.
- Family protective factors: These comprise parental harmony, a warm family relationship, and supportive, comforting parents.
- Environmental protective factors: These involve social support networks and positive, warm relationships with peers and friends.

A statistically significant correlation was observed between individual and family factors ($r = 0.401$; $p < 0.01$), accounting for 16% of the variance in resilience. Weaker but still significant correlations were found between individual and environmental factors ($r = 0.302$; $p < 0.05$, 9% variance explained) and between family and environmental factors ($r = 0.303$; $p < 0.05$, 9% variance explained). Concerning the influence of socio-demographic variables (age, gender, family type, education level, religion, and social group membership) on resilience factors, the linear regression analysis revealed only one variable, education level, as having a negative impact on individual resources ($\beta = -0.376$; $p < 0.010$). All other variables showed no significant effect, with associated probabilities exceeding the critical threshold of 0.05. This finding supports Oléron's (1972) assertion that young individuals with hearing disabilities regularly face challenges such as awareness of their differences, societal perception, and limited exchanges with their environment.

The qualitative results from semi-structured interviews highlighted that young individuals with acquired hearing disabilities from these villages became resilient despite the difficult circumstances of divorce, interpersonal communication challenges, and self- and peer-rejection. The "Resilience Wheel" model supports these findings by identifying dimensions and elements of resilience based on protective factors, including strengthening bonds, setting clear limits, life skills, support and affection, realistic goal setting, and opportunities for participation (covering environmental, familial, and individual factors). Grounded theory aligns with the concept of family resilience in emphasizing collective family mobilization to restore psychological, functional, and emotional balance in the face of adversity (Black & Lobo, 2008). These results confirm that family resilience involves collective competencies that enhance individual abilities through an interactive process involving all directly or indirectly affected by the trauma (Delage, 2008).

CONCLUSION

This study on the levels and factors of resilience in youth with acquired hearing disabilities aimed to measure resilience, identify variables promoting it, and determine the relative importance of individual, family, and environmental factors. Using the Ungar and Liebenberg resilience scale, data were collected from 52 adolescents and young adults, supplemented by semi-structured interviews with six participants. Quantitative results showed a high resilience level, with an overall mean score of 3.9904, highlighting environmental, family, and individual factors in that order. Bivariate correlation analysis revealed a strong, consistent relationship between individual and family factors ($r = 0.40$), along with weaker but significant relationships between environmental factors and individual ($r = 0.30$) and family ($r = 0.30$) factors. With a normal distribution observed, linear regression analysis identified education level as the only variable negatively influencing individual resources ($\beta = -0.376$; $p < 0.010$), while other variables showed no significant effects. Qualitative results from six thematic interviews (Case BL: A True Family Without Hearing; Case EB: The Identical Twin; Case JB: The Supportive Twin; Case KP: Hopelessness; Case LB: Joy Restored Through Her Mother; Case IM: From Hearing Aids to Perfect Sign Language) revealed that these youth developed resilience following challenges such as divorce, interpersonal communication struggles, and self-acceptance issues.

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