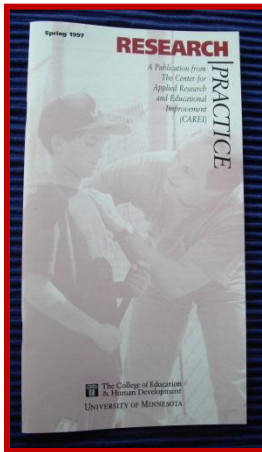


## Resilience in Children at-Risk



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How do children and adolescents "make it" when their development is threatened by poverty, neglect, maltreatment, war, parents disabled by physical or mental illness, or natural disasters? The scientific study of resilience - children succeeding in spite of serious challenges to development - emerged about 25 years ago, when a group of pioneering researchers kept bumping into examples of successful development in their studies of children at-risk (Masten, Best, & Garmezy, 1990). These investigators realized that we did not understand how good outcomes are achieved, and that this information was vital for improving the odds of these high-risk children for productive lives.



During the first generation of research on resilience in development, this phenomenon has been studied in a variety of situations throughout the world (Masten, 1994). Many lessons have been learned and results have yielded both striking consistencies and questions for the future. For a time, researchers explored single risk factors, such as premature birth,

divorce or abuse, but it soon became evident that risks like these rarely come in single packages. Negotiating such challenges is an extended process, not a single event. Children are more typically at-risk due to multiple adversities extending over time, sometimes very long periods of their lives. Divorce, for example, is not a single adversity but often a lengthy process of multiple stressors and changes occurring before, during, and after the divorce itself.

Investigators have learned that outcomes generally worsen as risk factors pile up in children's lives, and concomitantly, resilience becomes less common (Egeland, Carlson, & Sroufe, 1993; Garmezy & Masten, 1995; Masten & Wright, 1997). At catastrophic levels of trauma, no child is expected to be resilient until a safe and more normative environment for development is restored. Thus, in cases of massive trauma due to war or chronic child abuse, resilience refers to good recovery after trauma has ended. Moreover, it is possible for a child to be resilient and still suffer from residual effects of trauma. Resilience does not mean "invulnerable" or "unscathed!"

Research shows that children have different vulnerabilities and protective systems at different points in development. Infants, because of their total dependence on caregivers, are highly vulnerable to the consequences of lost or damaged parents or mistreatment by caregivers. Yet infants are protected from experiencing the atrocities of war or the significance of major disasters by their lack of understanding of what is happening. Adolescents have much more advanced capabilities for adaptation in the world on their own. However, they are vulnerable to loss or devastation concerning friends, faith, schools and governments. They understand what these mean for their future, a realization well beyond the understanding of young children.

Longitudinal studies provide the most important information about resilience in development. A landmark study now spanning four decades has followed the development of children born on the Hawaiian Island of Kauai in 1955. It has provided a wealth of data on protective factors for good development in children with high cumulative risk (Werner, 1993). In this study, the risk group (about 1/3 of the children) was defined by having four or more early risk factors that included poverty, perinatal stress, family conflict, and low parental education. About 1/3 of these high risk children developed well in terms of getting along with parents and peers, doing fine in school, avoiding serious trouble, and having a good mental health. The resilient group had more resources and fewer adversities from an early age. They had good parenting, more time before the next child in the family came along, more appealing temperaments as babies, better intellectual skills, more connections with prosocial adults, fewer separations from caregivers, better physical health, etc. They also were more responsible, self-confident and motivated to achieve. They took advantage of opportunities such as military service or community education to shape their lives in positive ways.

As the resilient group has grown up, their competence has endured and continued to flower in adult form. Yet there have been some signs of strain that may reflect long-term consequences of severe adversity in early childhood: Resilient adults from troubled families appear to be more cautious about marriage and intimacy, and also report health problems that could be stress related.

The possibility that resilient individuals may not escape adversity unscathed has been examined in a study of competent inner city adolescents by Luthar (1991). She found that most competent youth, struggling daily with the burdens of poverty and often racism, had signs of internal distress. This suggests that youth pay a toll in the struggle to overcome adversity, exacted from either the level of adversity itself or the strain of rising above it. Studies of Cambodian youth who survived the holocaust in their country to immigrate to Minnesota also suggest there may be long term consequences of severe adversity. Years after their war experiences many of these

youth still have symptoms of trauma and emotional disturbance, including nightmares, difficulty concentrating, horrifying memories, jumpiness, or times of great sadness (Hubbard et al. 1995). At the same time, these young survivors are getting on with their lives, going to college, making friends, and building constructive lives as they adapt to life in Minnesota. Their lives are a testimony to the astonishing human capacity for resilience.

Our longitudinal study of resilience in 205 Minnesota children, though quite different than the Kauai study, paints a strikingly similar portrait of what makes a difference for development under adversity. In Project Competence, we have followed a group of Minneapolis school children from elementary school to the brink of adulthood, gathering extensive information on multiple domains of competence, including "work" (academic versus prosocial rule-abiding behavior), and "peer social competence" (acceptance and friendships with peers and later romantic relationships). We gathered extensive information about the stressful experiences these children faced in their lifetimes. This has made it possible to compare competent children growing up with little adversity to resilient children growing up with very high levels of adversity to maladaptive children, who have not successfully overcome adversity.

We have learned that resilient children and adolescents have much in common with other competent children in spite of the differences in life experiences. Both groups of successful children have a history of more resources than maladaptive children. In particular, average or better intellectual skills and good parenting appear to be crucial for good outcomes in more than one competence area. Children who floundered had few individual or family resources that appear to protect human development. They also appeared to be more vulnerable to stress in childhood, already showing signs of being easily upset and having worse attention skills than their competent peers. As they grew older, they began to contribute to the stress in their own lives through their own behavior or choices.

In Project Competence, resilient youth do not show internal signs of distress. Their self-worth and emotional health during adolescence and early adulthood was the same or better than other competent youth who did not have to overcome adversity. The more competent resilient group had positive self-images and felt better as if success in the world also had internal rewards. Other studies have found the same positive "inside" story on resilience. We do not know why some resilient youth, as in these studies, show good emotional health while other resilient youth suffer more distress. This is an important question for future research.

## **Research Identifies Protective Factors**

Results from these and many other studies of resilient children and youth point to a small set of crucial protective factors for human development (Masten, 1994; Masten et al. 1990). The most important protective resource for development is no surprise, it is a strong relationship with a competent, caring, prosocial adult. The most important individual quality is probably normal cognitive development, which has emerged as a key factor in many forms in the literature including average or better IQ scores, good attention skills, and "street smarts." Research shows that catastrophic stressors can threaten the integrity of a child's ability to think and solve

problems; but if good parenting (by parent or others) and good cognitive development are sustained, human development is robust even in the face of adversity.

The "short list" of human protective factors, repeatedly found across diverse studies and samples, include connections to positive role models, feelings of self-worth and self-efficacy, feelings of hope and meaningfulness of life, attractiveness to others (in personality or appearance), talents valued by self and others, faith and religious affiliations, socioeconomic advantages, good schools, and other opportunities to learn or qualify for advancement in society. Good fortune has not been systematically investigated but undoubtedly plays a role in surviving some adversities and finding mentors outside the family. Also, difficult to study but clearly a protective factor, is the knack resilient individuals have to seek out people and environments that are good for their development, a kind of "niche seeking."

### **Implications For Action**

What do the models of risk and resilience emerging from the first generation of research imply for intervention, education, and policy?

First, given the high likelihood of multiple risks within a child's life, prevention programs will need to target multiple risks. "Cumulative protection" strategies are being developed for prevention (Coie et al, 1993; Masten & Wright, 1997; Yoshikawa, 1994). Second, adding resources in a child's life may effectively counterbalance high risk. The Search Institute programs for asset-building in communities provide an example of this strategy on a large scale (Benson, Galbraith, & Espenland, 1995). Third, intervention must tap into protective factors for development. Child/mentor relationships or more personal school environments that encourage closer child/teacher bonds are examples of fostering protective relationships. Giving children opportunities to learn about their talents and to experience mastery in learning taps the self-efficacy/learned hopefulness systems that motivate human adaptation.

The study of resilience makes it clear that we cannot overlook the positive assets of children in our assessments. An assessment must include the building blocks of resilience and recovery as well as the risks, symptoms and problems in a child's life. In doing so, we need to remember that children live multifaceted lives within multiple contexts - in families, schools, peer groups, baseball teams, religious organizations, and many other groups. Each context is a potential source of protective factors as well as risks. Remember, too, that development itself is a context and that the nature of risk, vulnerability, and protective processes change and shift as development unfolds. We need different strategies to promote resilience in four-year-olds versus 14 year-olds!

Resilience research illuminates the lives of successful high-risk children in a time of growing concern about the effects of poverty, homelessness, maltreatment, and violence on development and the consequences of youth problems, including teenage pregnancy, school failure and crime for youth and for society. We have learned that children are protected not only by the self-righting nature of development, but also by their own actions and the actions of adults. Adult

behavior plays a central role in a child's risks, resources, opportunities, and hence, his or her resilience.

The study of resilience offers both hope and guidance to those who seek to improve the odds of favorable child development. At the same time, there is growing respect for the complexity of the process that influence the course of human development and the difficulty of implementing change in dynamic systems in which children develop. The challenge faced by the next generation of researchers is to successfully apply the lessons learned from naturally occurring resilience to change the course of development among children who have little chance for resilience without intervention.

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