Chapter 1

The Nature of Risk and Resilience in Adolescence

John Coleman
Senior Research Fellow, University of Oxford

Ann Hagell
Programme Director Adolescent Mental Health, Nuffield Foundation; Editor, Journal of Adolescence

Introduction
Adolescence as a stage of development
Risk factors
Risk or risky behaviour
Young people at risk, and the role of protective factors
Resilience
Conclusion

Learning Objectives

Once you have read this chapter you should be able to:
1 Understand the vulnerabilities that apply to the adolescent stage of development.
2 Be aware of the different ways that the concept of risk is applied to young people.
3 Understand resilience and the role of protective factors in adolescence.
4 Have some knowledge of strategies for the promotion of resilience.
Adolescence is often portrayed as an age of particular risk, in other words a potentially problematic age. However, the concept of risk has many definitions and can be used to mean different things about young people, not all of them negative. It is also a concept that has overlap with other ideas which are applied to children and young people, such as social exclusion, adversity, stress and vulnerability, as well as coping and resilience. It will be our intention in this book to explore the concept of risk and to outline the different ways in which it is used in the context of adolescence.

Because the term ‘risk’ has a predominantly negative connotation, we have chosen a title that gives a more balanced picture. The topics we have included represent some of the major challenges that more vulnerable young people are likely to face. We have given this book the subtitle ‘Against the odds’ because we want to highlight and discuss the nature of these challenges. In addition, however, we also want to recognize that many young people overcome the challenges and go on to make a positive adjustment in adulthood.

It may be helpful at this stage to state briefly some of the ways in which the concept of risk can be applied to young people. We will note four possible uses of the term.

- **Risk factors**: the term that usually refers to the factors that might contribute to poor outcomes for young people, such as poverty, deprivation, illness or dysfunctional family background.
- **Risk behaviour, or risky behaviour**: this term applies to potentially harmful behaviour that young people might engage in, such as having unsafe sex, abusing substances such as alcohol or illegal drugs, or taking part in anti-social activities.
- **Young people at risk**: this term is used to refer to those who are potentially vulnerable, such as those who are socially excluded, those who are subject to abuse or neglect, and those who are in custody or in care.
- **Young people who pose a risk to society**: this concept is used to apply to those who engage in anti-social behaviour or who in other ways pose a threat to their communities.

In later sections of this chapter we will be exploring these terms in greater detail, and showing how some elements of risk behaviour can be reframed and cast in a more positive light. We will also show how society’s notions of risk contribute to the negative stereotype of young people that is both pervasive and unhelpful. As we have said, we want this book to present a balanced view of young people, and it is for that reason, as well as exploring risk, that we also want to highlight the concept of resilience. In the words of Luthar (2003), resilience “refers to patterns of positive adjustment in the context of significant risk or adversity” (p. 4). Luthar makes the point that for resilience to apply two fundamental judgements have to be made. First, that the individual is coping adequately, or in everyday language is ‘doing okay’. Second, that there is now, or has been, significant risk or adversity to overcome.

It will be obvious from a cursory glance at the title page of this book that the themes covered here constitute significant adversity. We will be looking at families and the risks they pose for young people, at mental ill-health, at offending behaviour, at sexual risk, at disability, at being looked after, and at social exclusion. It is our intention to show how these adversities affect young people, and to look at how it is possible in the face of such circumstances to develop resilience. The focus of the book is on how to better understand the challenges that
face those adolescents who are most ‘at risk’, and to assess the protective factors that can facilitate positive adjustment.

**Adolescence as a Stage of Development**

As part of the introduction to this book it will be as well to say something about the particular stage of development involved here. Throughout history the period of life which starts with puberty, and continues through the teenage years, has been seen by many as problematic. Textbooks like to quote Plato or Shakespeare who, centuries ago, saw youth as a difficult stage. More recently the notion of ‘storm and stress’ has had wide currency, and many of the early scientific studies of adolescence, particularly those which took place in the 1960s and 1970s, tried to establish whether this phenomenon was a fact or a fiction (e.g., Douvan and Adelson, 1966; Rutter et al., 1976).

By and large, the empirical research has concluded that most adolescents navigate this stage of life with relatively little major trauma. Yes, there are struggles and challenges to overcome, and relationships with parents are not always sweetness and light, but on the whole the majority manage to cope relatively well (Coleman and Hendry, 1999; Jackson and Goossens, 2006). There is of course a group who do experience serious difficulty, but these young people are in the minority, rather than being the general rule where adolescence is concerned.

For all individuals, however, adolescence is a stage that requires considerable adjustment, and we should not underestimate the degree of change experienced during these years. One of the most helpful ways of understanding adolescence is to think about it as one of life’s major transitions. Here are some of the characteristics of transitions:

- A feeling of anticipation for what is ahead.
- A sense of regret for the stage that has been lost.
- Anxiety about the future.
- A major psychological readjustment.
- A degree of ambiguity of status during the transition.

All of these characteristics are strikingly true of adolescence. Adulthood beckons, with its associated freedoms and opportunities, all of which appear very attractive at the age of 15 or 16. On the other hand, there is sadness about one’s disappearing childhood and the loss of dependence and safety associated with it. One of the reasons that adolescents seem so contradictory in their behaviour is that inside every teenage individual is both a child and an adult. Young people do worry about the future, perhaps more so today than ever before. Exams, long periods of economic dependence and the uncertainty of the job market all contribute to this anxiety.

In addition to all this, no one disputes that a series of major psychological adjustments have to be negotiated during adolescence, and these include shifts in relationships with family, friends, the peer group and the wider world. Lastly, the adolescent period carries with it a sense of uncertainty about status and role. The teenage question ‘When am I grown up?’ is one that any parent will find difficult to answer. With longer and longer periods of education and training, and yet with mature social and sexual behaviours being manifested at younger and younger ages, how can we provide clarity about the dilemma of the adolescent’s status in society? What are the rights and responsibilities of someone who is 16, or 17? Parents,
teach-ers, lawyers, doctors, the police, politicians – all might give slightly different answers, thus increas-ing the confusion over the status of young people in our society.

We referred briefly above to the uncertainties of the job market. Over the last 20 years there have been a number of major social changes that have had a particular impact on adolescents. Here we pick out two such changes – the transformation of the employment situation and alterations in family structure. Taking employment first, since the mid-1980s there has been a dramatic shift in the way young people experience entry into the labour market. Now hardly any 16-year-olds go into a full-time job, yet this was the most common option at the beginning of the 1980s.

Today almost everyone spends the years between 16 and 18 in some form of education or training, and only a minority find stable work at the end of this period. Roughly 45% of young Britons now go on to university, compared with 15% in 1980. The labour market for the 18- to 25-year age group has shrunk, so that there are fewer jobs available and entry into full-time employment takes substantially longer than it did for previous generations. It is perhaps worth noting that such changes have the greatest impact on those who are most vulnerable. Not surprisingly, where jobs become scarcer it is the individuals with the greatest number of adversities who are most affected by social change of this sort (see Figure 1.1).

The second social change that has had a serious impact on children and young people has been the alteration in family structure which has taken place over roughly the same historical period. During the 1960s and 1970s the rate of divorce in the UK increased substantially, leading to a period when new family types were being seen, especially those involving step-parents and non-residential parents. The divorce rate has become more stable since the mid-1980s, but equally important, the number of families headed by a lone parent has shown a significant increase. As can be seen in Figure 1.2, the number of such families has risen from 13% of all families with dependent children in 1981, to 26% of such families in 2002. The implication of this social change cannot be overemphasized, not least because families headed by a lone parent are three times more likely to be in poverty than couple families.

---

**Figure 1.1** Number of young adults aged 16–24, in the UK labour force, 1986–2004
*Source: Coleman, J. and Schofield, J., Key data on Adolescence, 2005. Trust for the study of Adolescence*
There will be more discussion of the changing nature of the family in Chapter 2, but for the present we think it right to identify the increase in lone parents as one of the major social changes that has affected children and young people in Britain today.

As we can see, therefore, the adolescent stage carries with it a series of developmental tasks, as well as a variety of potential challenges. The empirical evidence tells us that within the general population the majority manage to cope with these tasks and challenges relatively well. However, there are, of course, a group who find this stage more difficult, and we will turn now to a consideration of this minority. How can we identify this minority?

One way to do so is to select particular groups that are vulnerable, such as those with a disability, those in custody, or those in care. Many of these groups will be the subject of various chapters in this book. Another way to consider the minority who are most vulnerable is to use a measure, such as one that relates to mental ill-health, and determine the proportion of the adolescent population experiencing such difficulty. If we were to do this, we might note that one of the most recent studies (Green et al., 2005) showed that approximately 10% of young people in England and Wales have a psychiatric disorder.

Other studies, however, particularly those looking at stress or depression, do show higher rates of difficulty. In a study by West and Sweeting (2003), investigating young people in Scotland, it was reported that 33% of 15-year-old girls in 1999 were experiencing anxiety or depression. Interestingly this figure had increased substantially since the 1980s, as can be seen in Figure 1.3. There are two striking things about the results from this study. First, there are substantial gender differences in levels of anxiety and depression but second, there appears to have been a marked increase for girls in this measure over a 12-year period. Is this another important social change that is affecting adolescents today? (See Discussion Question 1 at the end of this chapter.)

Of course, using a measure of mental health is not the only way of identifying those who find the adolescent period a difficult one. There are many different ways in which the
experience of difficulty is expressed, as, for example, through poor educational attainment, engaging in risky sexual behaviour, excessive use of substances and so on. In the same way, there are many reasons why young people struggle during this stage of their lives. The topics covered by the authors of this book will enable us to look at some of the most pervasive adversities experienced by adolescents, and to understand the factors that contribute to resilience in the face of such adversity. It is now time to turn to a more detailed examination of the notion of risk in adolescent development.

**Risk Factors**

As we have already indicated, there are a wide range of possible risk factors that may impinge on an individual’s development, some of which we will be considering in this book. Landmark studies of risk and resilience have considered the impact of poverty, war, natural disasters, long-term family disadvantage, health problems of all types, abuse and maltreatment, and so on. These experiences represent some but not all of the established risk factors which are known to predict negative outcomes for children and young people. Early studies of risk factors tended to focus on one factor only, such as poverty for example, but later studies have recognized that risk factors tend to cluster or co-occur. Thus parents living in poverty are likely to have higher rates of depression and other mental disorders, as well as being less effective in their parenting behaviour. In such circumstances adult depression, parenting behaviour and financial hardship all impact on the child or young person in a cumulative fashion.

In this way the impact of risk can multiply, and later studies have tended to look at what is known as cumulative risk, where risk indicators have been aggregated together (Masten and Powell, 2003). All writers in this field agree that, in general, the more risks the individual is exposed to, or the greater the risk gradient, the greater the likelihood of a poor outcome (Appleyard et al., 2005).
It is also important to distinguish between what may be called independent and non-independent risk factors. Thus events outside the control of the individual are known as independent events, and may include the death of a parent, a natural disaster and so on. On the other hand, non-independent events are those related to an individual's own behaviour, and may include relationship difficulties, taking health risks and other similar behaviours. The incidence of non-independent stressful events increases with age (Gest et al., 1999), and this is perhaps not surprising in that adolescents have a greater degree of freedom as they move through the teenage years.

Another approach to the understanding of risk factors is to consider them in terms of whether they are within the individual, the family or the community. Of course not all factors can be identified in this way, but some of the following are useful examples.

- **Individual factors**: anxious temperament, low intelligence, poor health, hyperactivity, limited attention span, low frustration tolerance.
- **Family factors**: parental ill-health, parental conflict, parental involvement in crime, harsh or inconsistent discipline, loss of a parent due to death or divorce, disruptive siblings.
- **Community factors**: economic disadvantage, poor housing, quality of schooling and other services, crime rate, level of substance misuse, lack of community role models.

An alternative approach to the understanding of risk factors is that which originates from the clinical literature, particularly that dealing with the study of stress. The term ‘stressor’ deals with variables that are very similar to those described by other writers as risk factors. One important contributor to this literature is Bruce Compas (Compas et al., 1993; Compas, 1995). He notes that stress will vary along a number of dimensions, including whether it is normative or atypical, large or small in magnitude, and chronic or acute in nature. Compas goes on to distinguish three broad categories of stressor, the categories being generic or normative stress, acute stress and chronic stress. As can be imagined, all young people experience some degree of stress as they move through adolescence. Such things will include changes of school, the loss of friends, daily hassles with adults, and so on. This is what is known as normative stress.

Compas, however, points out that some young people will experience more serious stressors, including such things as injury or accident, the death of a parent, and so on (acute stress). Alternatively, an adolescent may grow up in poverty, or will experience racism, parental conflict, bullying or other long-standing difficulty (chronic stress). These distinctions are helpful, and yet there are other factors needing to be taken into account as well if we are to understand a young person’s adaptation to such adversities. Two key factors include the timing of events, and the number of stressors experienced by the young person at the same time.

Looking first at the number of stressors, it will be clear that the more difficulties any young person experiences, the more resources will be needed to deal with these. This is particularly true during adolescence, when there may be both normative and non-normative stressors to manage. Thus, for example, if an adolescent has to deal with moving school, going through puberty, losing friends, as well as having an acute problem to deal with at home (for example, parental illness), then this is going to be very different from someone who only has one stressor to deal with. This notion is similar to that of a risk gradient,
Risk or Risky Behaviour

(Note: To the adult ear the term ‘risky’ sounds somewhat more dangerous than the word ‘risk’, but we will use the latter term in this chapter, recognizing that there is little difference between the two.) Up to this point we have been considering risk factors but, as we have noted above, this concept differs in many respects from the idea of risk behaviour. While risk factors are the variables that may contribute to poor outcomes, risk behaviour concerns those activities, engaged in by the majority of adolescents, that are potentially harmful. Included here are such things as drinking, smoking, substance use, various types of anti-social behaviour and
what might be called risky sexual behaviour. A challenging question arises when we consider these behaviours:

- Is the engagement in risk behaviour a normative feature of adolescence? Do adolescents need to take risks in order to grow and develop, or is risk behaviour a threat to health and to social order?

To take a more concrete example, is ‘Just say NO to drugs’ the right message to use with young people? Alternatively, should parents and teachers be emphasizing the ‘harm minimization’ or ‘harm reduction’ approach, thus recognizing that exploration and experimentation is probable, although not of course inevitable, in this age group?

There is no easy answer to this question. For some commentators a degree of risk behaviour is commonplace, and indeed beneficial, for young people. In this model adolescents, for example, have to learn how to drink alcohol without exposing themselves to serious danger. As for drugs, research shows that somewhere between 30% and 40% of those aged 16 have experimented with cannabis, so that it makes little sense to describe cannabis use as seriously harmful behaviour. On the other hand, there has to be a degree of moderation. While we might encourage young people to learn how to handle alcohol, and develop strategies to keep themselves safe, no sensible adult is going to endorse binge drinking or drinking in unsafe environments.

One of the particular problems with the concept of risk behaviour is that it gives currency to a negative stereotype of young people. Thus we can see that, if adolescents are perceived as sexually promiscuous, drug-taking and engaging in other ‘unsafe’ behaviours, then this allows adults to feel critical – even threatened – by this age group. This is a serious concern, and gets to the heart of the mutual misunderstanding that can be a feature of inter-generational attitudes and opinions. It is very important to underline two facts:

- Not all adolescents engage in risk behaviours.
- Many of those who do engage in such behaviours only do so at a minimal, non-harmful level.

It is also essential to be clear about the differences between risk factors and risk behaviour. There may be some situations where they overlap, so, for example, those in custody or in care may be more likely to have problems with substance misuse than those in the general population. However, those who do engage in risk behaviours will not necessarily be those who have experienced a high number of risk factors in their development. Many examples of risk behaviour can be seen in the population as a whole, and indeed those who have risk factors in their background do not necessarily engage in risk behaviour. It is important to recognize that the two notions of risk are conceptually distinct.

Another interesting question regarding risk behaviour is how young people understand the concept of risk. In a recent study, Rodham et al. (2006) asked adolescents how they defined risk, and how they made decisions about engaging in risk behaviours. First, how do young people see risk?

*I think it is something you do, hoping that the outcome will be beneficial to you, but also knowing that it could have negative effects, so it's kind of taking a chance. (Male, 17)*
I see risk as something you can’t control the outcome of. It could be bad, but when you do it you’re not sure what the outcome will be. (Male, 17)

A risk is something that if you don’t do well, then it will harm you in some way. (Female, 18)

(Rodham et al., 2006, p. 266)

It can be seen from these statements that, for young people, risk either involves a degree of chance, or it involves potential harm if precautions are not taken. The main theme which emerges from the responses to questions about engagement in risk behaviour is that of personal responsibility.

If you don’t, if you kind of don’t want to do it, you don’t, and there is nothing that is going to make you… (Male, 17)

There’s so much, and the sex education as well… It’s all drummed into you from an early age. And then I think it is just up to them. No-one can blame not knowing that drugs can damage you and stuff. It’s just whether you want to take the risk or not. I think people do know. I think they can’t not know, if you know what I mean. (Female, 17)

(Rodham et al., 2006, p. 268)

There is a strong argument for a change of terminology in relation to risk behaviour, as Michaud (2006) believes. In his view, it would be best if terms such as ‘exploratory’ or ‘experimental’ were used to describe behaviours that are common in adolescence, but which do not necessarily lead to harm or danger. Examples of such behaviours would include moderate alcohol use, moderate smoking, protected sex with a known and trusted partner, and so on. However, there still remain many uncertainties and issues for debate. Would it be right to include substance use in this category? And if so, how would you define what is experimental and what is harmful? We have to recognize that, where adolescent risk behaviour is concerned, adults struggle with issues of protection, the need to keep young people safe from harm, and uncertainty about the long-term consequences of many risk behaviours. (Further questions for discussion can be found at the end of this chapter.)

Young People at Risk, and the Role of Protective Factors

We turn now to a different use of the term ‘risk’ – that is, those young people who may be said to be ‘at risk’. By and large these young people are likely to be those who have a high number of risk factors in their background.

Studies show that such young people are significantly more likely than others to have poorer outcomes and restricted life chances. However, it is not always the case that those with a high number of risk factors in their background do badly. The major studies of risk and resilience (e.g., Werner and Smith, 1992; Fergusson and Horwood, 2003) point out that there are some who, despite being exposed to major adversity, appear to cope well and to show remarkable resilience in the face of huge odds. Why should this be so?

The key lies in the presence of protective factors. As John Bynner puts it:

Protective factors work on the more malleable components of development, reflecting the different kinds of resources that may help the child to resist adversity. They comprise the emotional,
educational, social and economic influences on the child’s life, operating singly, or more usually, in interaction with each other.

(Bynner, 2001, p. 286)

What are these protective factors? Many writers believe that it is helpful to draw the distinction, as we have already done with risk factors, between those which are individual attributes, those which originate from within the family, and those that depend on resources in the neighbourhood or community. This distinction was first described by two of the major writers in this field, Michael Rutter and Norman Garmezy (Garmezy and Rutter, 1983). In this paradigm, the following are some of the most common attributes described.

- **Individual attributes**: good intellectual skills, positive temperament, positive views of the self.
- **Family attributes**: high warmth, cohesion, high expectations, parental involvement.
- **Community attributes**: good schools, neighbourhood resources, strong social networks.

Readers will be aware that these categories are the same as those we have used to describe risk factors, and the relationship between risk and protective factors is one that inspires continuing debate. Two key questions arise (see Luthar and Zelazo, 2003). Firstly, do the factors that contribute to protection, and those that contribute to risk and vulnerability, essentially lie on the same continuum, or are they qualitatively different? The second question is one of the most hotly debated in all the literature. This is whether protective factors are factors that contribute to competence in general, so that they will help everyone (both those who have and those who have not experienced serious adversity), or whether there are specific protective factors that are directly relevant to adversity only? We will consider these questions in turn.

In relation to the first question, we can certainly suggest variables that are protective at one extreme yet create vulnerability at the other. Luthar (2003) argues that intelligence provides just such an example, being a protective factor at one end of the scale and engendering vulnerability at the other end. However, not all variables which are modifiers of risk fall into this pattern. Poverty is certainly a factor that leads to increased vulnerability, yet extreme wealth may not necessarily lead to a positive outcome either. Rutter (1985) has proposed the notion that some variables are most effective in modifying risk when they are at the mid-point along the continuum. He suggests that closeness to parents is one such factor. A lack of closeness to parents is obviously potentially damaging, but then being too close, and experiencing over-protection, is also an unhealthy circumstance. The same argument might be applied to attachment, which is normally thought of as a positive benefit. However, a too secure attachment may not allow the child or young person to develop skills to deal with the inevitable disappointments that are part of any relationship.

As for the second question, there are many writers in this field who believe that protective factors do need to be differentiated between those that enhance competence for all, and those that are specific to particular risk experiences. Thus reasonable economic advantage, parental warmth (as long as it is not taken to an extreme degree), above average intelligence and high self-esteem are all generally considered to be protective factors that will benefit everyone, not only those suffering adversity. However, we can also suggest protective factors that have a particular role in certain circumstances. Parental strictness is often given as one such example. By and large strictness, or an authoritarian parenting style, is considered to be detrimental for children and young people. Nonetheless, some studies have shown that
strictness can be beneficial for inner-city children growing up in disadvantaged environments (Cauce et al., 2003).

Let us return now to the major studies of risk and resilience mentioned earlier. One of the most interesting challenges for social scientists working in this field has been to try to understand how it is that, even in situations where there is a high level of adversity, some children and young people manage to cope well, and to overcome the extreme risks to which they are exposed. Two landmark studies are often quoted when considering this question. The first is one carried out in Hawaii during the 1980s by Werner and colleagues (Werner and Smith, 1982, 1992). In this study the researchers managed to track down over 500 individuals at age 30 who had been studied as part of a large cohort when they were children. They found that, out of the sample who had experienced major risk factors (chronic poverty, parents lacking education, troubled family environment), two-thirds had developed serious problems by the age of 18. However, approximately one-third appeared to have survived well, and to be functioning effectively as adults.

This group was distinguished by high levels of achievement orientation, as well as by having alternative care-takers during middle childhood. Other factors that were prominent included sociability, good communication skills, a supportive neighbourhood and good peer relationships. Of considerable importance also was the presence of additional stress factors experienced later on, especially in adolescence. Thus those who were exposed to a high number of risk factors in childhood, and who also experienced further stress as teenagers, did worst of all. Thus, as we noted earlier, when the risk gradient becomes steeper, the individual is at the greatest level of disadvantage.

The second study is that known as the Christchurch Health and Development Study, carried out in New Zealand over the last 25 years. The lead researcher on this study is David Fergusson, although many other individuals have worked with him and contributed to the scientific excellence of the research. In essence this is a longitudinal study of an unselected sample of 1200 children born in 1977. The cohort was studied at a number of points between birth and 21 years, and a particular focus of the research was to identify those children exposed to major risk factors, such as parental ill-health, substance misuse, placement in custody, chronic family conflict and so on. The study shows that, as with the Hawaii research, some who experience such risk environments do survive and overcome adversity. Fergusson and others (Fergusson and Lynskey, 1996; Fergusson and Horwood, 2003) report that, with increasing exposure to childhood adversities, there were marked increases in mental health problems in adolescence. Yet not all individuals developed such disorders. Some showed a capacity to overcome the risk environment, and most of the protective factors we have already mentioned were present in those individuals who could be described as resilient.

In recent discussions of the interplay between risk and protective factors (e.g., Olsson et al., 2003; Rutter, 2003, 2006a) there is a strong emphasis on the importance of considering dynamic processes, rather than considering a catalogue of static factors acting in a summative fashion. Rutter is particularly keen to emphasize the role of gene–environment interactions, as well as the importance of biological factors such as the neuroendocrine system and brain structures. He argues that the psychological variables such as personal agency, coping mechanisms and so on interact with the genetic and physiological characteristics of an individual, and that all these variables contribute to an ongoing dynamic process of adaptation to adverse environmental circumstances.
One final point while we are considering questions of risk. This is to do with the pre-eminence of early childhood experiences in determining outcomes for vulnerable young people. Are risk factors in childhood more powerful than those that occur at later ages? Is it the case that, as Bynner (2001) puts it, “The earlier the disadvantage occurred, and the longer it has persisted, the lower the likelihood that these factors (protective factors) would counter it”? This is an assumption that is generally accepted by social scientists and policy makers, and many of the results of the longitudinal studies on resilience mentioned above do appear to support this conclusion.

However, the evidence is not entirely clear-cut, and it may be that there are some exceptions to the rule that the earlier the exposure to risk factors, the more difficult it is to alter the course of development. It would appear that, even for those who have suffered high levels of adversity at an early age, there are some protective factors that operate in adolescence and early adulthood. Studies of young offenders, as well as of those who have been brought up in care, have shown that changes in relationships in adulthood, especially marriage to a stable partner, can act as a powerful protective factor (Sampson and Laub, 1993; Rutter et al., 1997b). There is also evidence that, during the adolescent years, involvement with positive peer groups, as well as the impact of a caring and supportive adult, can act to counter early exposure to risk factors (Luthar, 2003). One of our favourite articles in the scientific literature on this subject is entitled: “I met this wife of mine, and things got on a better track” (Ronka et al., 2002).

Up to this point we have been considering the nature of risk, and the role played by protective factors in modifying experiences of adversity. We have explored various questions to do with risk and protective factors, including whether they lie along the same continuum, or are qualitatively different. We have considered whether protective factors are beneficial for all, or whether there are some factors which impact in specific risk circumstances. We have looked at the results of major studies of resilience, and seen that some young people do overcome serious adversity in their early development. Finally, we have asked whether there are protective factors that can be effective in adolescence and in early adulthood, despite early disadvantage. During the course of the chapter we have mentioned resilience at various times, and it is now appropriate to turn to a closer examination of this concept.

Resilience

As we noted at the beginning of the chapter, two things have to be in place for the concept of resilience to apply. One is that the individual is experiencing, or has experienced, major adversity, and the second is that the individual is now functioning well, that ‘things are okay’. In an important paper by Olsson et al. (2003), the authors make a distinction between resilience as an outcome and resilience as a process. Where outcomes are concerned, researchers are likely to emphasize the effective functioning of young people who have been exposed to risk. Studies that take this perspective focus on variables such as self-esteem, good mental health and social competence. From this standpoint a young person could be showing a degree of emotion or stress as a result of negative experiences, but may still be showing resilience in the management of everyday tasks and responsibilities. On the other hand, studies looking at resilience as a process are more interested in the mechanisms that act to modify the impact of risk. Understanding the process of adaptation to risk
adolescence, risk and resilience
involves taking account of both the individual’s reaction to adversity, as well as the protective
factors that may mitigate the impact of risk. Many of these processes will be explored in the
chapters that make up this book, and we will return to a more detailed consideration of
resilience in the concluding chapter.

For the present it is important to note here some of the things we have not yet covered.

- There is strong evidence from longitudinal studies that, where protective factors are present,
  most children and young people do recover from short-term adversity. In this sense we can
  say that the majority of children and young people have the capacity for resilience so long
  as the risk factors are limited, and protective factors are in place.
- Where risk factors are continuous and severe, only a minority manage to cope. The more
  serious the adversity, the stronger the protective factors need to be. Thus, under conditions
  of major risk, resilience is only apparent among a minority who can draw on the strengths
  gained from protective factors.
- The major risk factors for children tend to lie within chronic and transitional events,
  rather than in the acute risks. Thus children show greater resilience when faced with acute
  adversities such as bereavement, or short-term illness, and less resilience when exposed to
  chronic risks such as continuing family conflict, long-term poverty, and multiple changes
  of home and school.
- Resilience can only develop through exposure to risk or to stress. Resilience develops
  through gradual exposure to difficulties at a manageable level of intensity, and at points
  in the lifecycle where protective factors can operate. Rutter (1985) calls these “steeling
  experiences”.

To conclude this exploration of risk and resilience we draw on the work of Newman and
his colleagues (Newman et al., 2004), who suggest a number of strategies for promoting
resilience in children and young people. The first strategy is to reduce the child’s exposure to
risk. This sounds obvious, but is often difficult to achieve. One example given by Newman
concerns the role of the school environment in combating poor nutrition, by providing school
meals, and in offering homework clubs and after-school activities to those who would other-
wise have nowhere to study and would be playing on the streets.

A second strategy is to find ways of interrupting the chain reaction of negative events. As
we have noted, the presence of one risk factor increases the likelihood that others will be
present. As a result, if one risk factor can be diminished or reduced, then it may follow that
other positive consequences will follow. The provision of safe places for children to meet with
their non-residential parent following divorce or separation is one good example here. Many
non-residential parents find it hard to keep up regular contact with children if they live at a
distance, or if there is nowhere for them to come together with their sons or daughters.
Innovative schemes which provide meeting places make it possible for relationships to flourish
despite adversity, and thus may act to reduce the accumulation of negative experiences
following parental separation.

The third strategy of note is to offer the child or young person positive experiences in order
to enhance the strength of potential protective factors. Finding ways for young people to
discover their strengths, to enhance self-esteem or to develop positive relationships with
significant adults can all contribute to the individual’s capacity to overcome adversity. Looking
again at the issue of divorce, we can envisage situations where the absence of a parent can
offer adolescents opportunities to take on new roles, or to carry out tasks that would normally be done by adults. Research indicates that such experiences, as long as they are not too onerous, can give young people confidence and assist them to develop new skills, thus bolstering protective factors.

Conclusion

In this chapter we have explored the ways in which the concepts of risk and resilience can be applied to adolescents in today’s society. We have looked at different meanings of the term ‘risk’, and noted that there are at least four ways in which this term is used in discussions about youth. We have considered adolescent development and seen how the social changes of the last two decades have had the potential to create increased risk for adolescents. We have noted the views of some commentators who believe that the use of terms such as risk or risky behaviour as applied to adolescence has the unwanted effect of increasing negative stereotypes of the young. Such commentators would prefer the use of words like ‘experimental’ when applied to such things as smoking or drinking.

We have reviewed the major studies of risk and resilience, and seen how risk and protective factors can work together to enhance resilience. Studies of those who have experienced major adversity show that there are some who, despite being exposed to a range of risk factors, still manage to survive and do well as adolescents or adults. ‘Vulnerable but invincible’ was the title of one of the landmark studies in this field. We have considered two ways in which resilience can be studied, and we have ended the chapter by looking at suggestions for the promotion of resilience among vulnerable children and adolescents. It is our intention that
this discussion of risk and resilience will form a background for a better understanding of the chapters that follow.

**Further Reading**


**Discussion Questions**

1. From your own experience, do you see evidence that there has been an increase in psychological distress among young people over the past 20 years or so?
2. Do adolescents understand the nature of risk differently from the way adults understand risk?
3. Do you agree that some experiment with risk behaviour is essential for positive adolescent development?
4. What do you think of the suggestions by Newman *et al.* (2004) for the promotion of resilience? Do you have other suggestions?