OVERVIEW

There are many studies and books on troubled youth; this is an amazing longitudinal study of resilient children—kids who made it out of high-risk situations. A team of academics, clinicians, and public welfare and social workers systematically observed a group of same-age, high-risk, multi-racial children of Oriental and Polynesian descent from pre-birth into their mid-twenties.

The following excerpts highlight their study:

The (698) children whose lives we followed from their prenatal period to young adulthood live on the island of Kauai, the ‘Garden Island,’ at the northwest end of the main islands of the Hawaiian chain. They were born in 1955, when Hawaii was still a territory, and came of age when the islands had become the 50th state of the Union.

The population of this island is a kaleidoscope of ethnic groups: Japanese, Filipino, part- and full-Hawaiians, Portuguese, Puerto Ricans, Chinese, Koreans, and a small group of Anglo-Caucasians. They are, for the most part, descendants of immigrants from Southeast Asia and Europe who came to Hawaii to work for the sugar and pineapple plantations. More than half of the children of this cohort grew up in families whose fathers were semi- or unskilled laborers, and whose mothers did not graduate from high school.

Our study began with an assessment of the reproductive histories and the physical and emotional condition of the mothers in each trimester of pregnancy from the fourth week of gestation to delivery. It continued with an evaluation of the cumulative effects of perinatal stress and the quality of caretaking environment on the physical, cognitive, and social development of their offspring in infancy, childhood, and adolescence.

In our first book, about The Children of Kauai (Werner, Bierman & French, 1971) we presented a perspective on the magnitude of fetal and perinatal casualties in this community....Our main focus was on youngsters who suffered developmental disabilities...
In our second book, *Kauai’s Children Come of Age* (Werner & Smith, 1977), we examined the mental health problems and antisocial behavior in childhood and adolescence, and the likelihood of their persistence into young adulthood. We documented the biological and temperamental underpinnings of these problems, the relationship between social class and vulnerability, the pervasive effects of caretaker-child interaction, and cultural differences in socialization.

Throughout our follow-up studies, we focused on a combination of biological, social, and psychological factors that were predictive of serious coping problems...

In this cohort of 698,...204 children developed serious behavior or learning problems at some time during the first two decades of their lives. Some were exposed to major biological insults that prevented adequate development; many more lived in chronic poverty, or in a persistently disorganized family environment that prevented normal integration...

Yet there were others, also vulnerable—exposed to poverty, biological risks, and family instability, and reared by parents with little education or serious mental health problems—who remained invincible and developed into competent and autonomous young adults who ‘worked well, played well, loved well and expected well’ (Garmezy, 1976). This report is an account of our search for the roots of their resilience, for the sources of their strength.

The authors came to see the causes of success or failures among these youth in terms of a delicate balance between the risk factors (within the child, the family, and surrounding culture) and the protective factors (within self, family, and culture). This balance between stress and protective factors changes throughout the various developmental stages of the individual and is different for children of different sex and different places of a family’s birth order. The role of the social worker or youth leader may thus be seen as attempting to decrease risks and increase protective factors.

The researchers continue:

...these children were at high risk, since they were born and reared in chronic poverty, exposed to higher than average rates of prematurity and perinatal stress, and reared by mothers with little formal education. A combination of such social and biological variables correctly identified the majority of youth in this birth
cohort who developed serious learning and behavior problems in childhood or adolescence.

Yet those in our index group (approximately one of ten in the cohort) managed to develop into competent and autonomous young adults who ‘worked well, played well, loved well, and expected well.’

We contrasted their behavior characteristics and the features of their caregiving environment,...with other high-risk children of the same age and sex who developed serious coping problems in the first and second decades of life. (p. 153)

SEX DIFFERENCES IN VULNERABILITY AND RESILIENCY

At birth and in the first decade of life, boys suffered more ill effects from the conditions described above. These boys were affected in their physical development, learning, and behavior:

The physical immaturity of the boys, the more stringent expectations for male sex-role behavior in childhood, and the predominant feminine environment to which the boys were exposed, appeared to contribute both separately and in concert to a higher proportion of disordered behavior among males than females.

Trends reversed in the second decade of life: the total numbers of boys with serious learning problems dropped, while the number of girls with serious behavior disorders rose. Boys seemed now more prepared for the demands of school and work, although they were still more often involved in antisocial and delinquent behavior. Girls were now confronted with social pressures and sex-role expectations that produced a higher rate of mental health problems in late adolescence and serious coping problems associated with teenage pregnancies and marriages.

While control of aggression appeared to be one of the major problems for boys in childhood, dependency became a major problem for the girls in adolescence...

Related to this trend was the cumulative number of stressful life events reported by each sex. Boys with serious coping problems experienced more adversities than girls in childhood; girls with serious coping problems reported more stressful life events in adolescence. In spite of the biological and social pressures, which
in this culture appear to make each sex more vulnerable at different times, more high-risk girls than high-risk boys grew into resilient young adults. (pp. 153-154)

COPING PATTERNS AND SOURCES OF SUPPORT AMONG RESILIENT YOUTH

Resilient youth, in contrast to the more vulnerable youth at risk, appeared to

- have less serious illness.
- be "very active" and "socially responsible."
- possess advanced developmental skills in the second year.
- display both "masculine" and "feminine" interests and skills throughout.
- have, in late adolescence, more "internal locus of control, a more positive self-concept, and a more nurturant, responsible, and achievement-oriented attitude toward life than peers who had developed serious coping problems."

Furthermore, resilient

- males tended to have younger mothers and resilient females tended to have older fathers.
- children tended to have four or less siblings with at least two years before next sibling was born.
- children were given more special care especially in the first year of life.
- youth were raised in a family with some cohesiveness and consistent structure.
- youth experienced adolescence with a multigenerational network of kin and friends.
- youth suffered less stressful events in childhood and adolescence.

MORE VULNERABLE TROUBLED YOUTH

The research report the following findings on vulnerable youth:

During childhood and adolescence, these youngsters were sick more often, more seriously, and more repeatedly than the resilient children, and they moved and changed schools more often as well. During the same period, they were exposed to more family discord and paternal absence (which took a greater toll among boys), and to episodes of maternal mental illness (which took a greater toll among the girls).

By age 18 most of these youth had an external locus-of-control orientation and a low estimate of themselves. They felt that events happened to them as a result of luck, fate, or other factors beyond
their control. Professional assistance sought from community agencies was considered of ‘little help’ to them. (p. 157)

QUESTIONS FOR REFLECTION AND DISCUSSION

1. When did you last read the report of a study on those youth who have overcome adversity?
2. What most impressed you about this study? Do you have questions or reservations about this long-term study?
3. What can be learned from this study and applied to your work?

IMPLICATIONS

The researchers offer these implications of their study:

...as we watched these children grow from babyhood to adulthood, we could not help but respect the self-righting tendencies within them that produced normal development under all but the most persistently adverse circumstances.

Maybe cooperation with nature’s design, rather than wholesale intervention and control, would be the wisest policy in the face of our present ignorance about the long-term effects of many of our ambitious social policies and programs, and a humble recognition that some 3 million years of evolution have shaped our social behavior and set some constraints...

(Still, the authors continue) we do need to identify more systematically the positive effect of these variables in contributing to ‘resiliency’ and ‘invulnerability’ provide some additional support to vulnerable individuals where these resources are lacking, and also recognize that sometimes social policies and social programs create unintended consequences.

As noted above, the role of the social worker or youth leader may be to attempt to decrease risks and increase protective factors as they as they enter the world of and relate personally to these young people.

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