

Fostering Resilience in Adolescent Females

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Abstract

The health of adolescent females can be compromised by new social morbidities resulting from high-risk behaviors. The presence of various risk factors will increase the chances of their becoming involved in these behaviors and decrease their ability to reach the milestones of this developmental age. Protective factors will moderate these risks. Physicians and other health care providers can help foster resilience in the face of adversity by developing a better understanding of these factors and using a multidisciplinary approach to care.

Key Words: Adolescent females, adolescents, risk factors, protective factors, resilience.

DURING ADOLESCENCE, the morbidity and mortality from infectious and communicable diseases declines, only to be replaced by new social morbidities stemming from high-risk behaviors such as eating disorders, sexuality, substance use and violence. In a survey on the health of adolescent girls, the Commonwealth Fund found that one in four girls exhibited depressive symptoms and that self-confidence and health ratings declined in high school for girls but not for boys (1). Thoughts of suicide among adolescent girls were reported to be alarmingly common.

Adolescent High-Risk Behaviors

While the average weight for women is on the increase, the ideal physique of the dominant culture tends to be slender. This contributes to various eating disorders among teenagers, such as increased dieting, especially by females. Inadequate intake of calories, protein, minerals and vitamins can have detrimental short- and long-term effects (2). Examples include a

slower growth rate, delayed sexual maturation and a decrease in bone mineralization. And eating disorders may be associated with other risky behaviors, such as the use of cigarettes to control appetite and weight in the pursuit of thinness (3).

Unplanned and unprotected sexual activity results in about one million teenagers becoming pregnant every year (4). This high pregnancy rate mirrors the sexual activity rate in this population. While 22% of adolescent females are sexually active at age 15, 76% are having intercourse by the age of 19 (5). Other high-risk behavior such as drug use is associated with sexual activity, culminating in sexual intercourse; almost one in five sexually active teens report using alcohol and other drugs (6).

Alcohol is the addictive substance most widely used by adolescent females. In 1995, half of all adolescent students reported having consumed at least one drink during the previous month (6). Just under one third (28.6% of females) reported binge drinking (5 or more drinks on at least one occasion during the past 30 days) (6). The growth of tobacco advertising targeted toward young women, together with changing women's roles, has resulted in increasing rates of smoking among women (7). According to a 1997 report, the highest rates of smoking "in the past 30 days" were among white females and the lowest were among African-American females, with Hispanics somewhere

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in between. (1). Both genders reported similar personal and environmental reasons for smoking. However, there are gender differences in the personalities of adolescent smokers. Girls who are self-confident, outgoing, rebellious and socially skilled are more likely to be smokers, in contrast to adolescent male smokers, who tend to be more socially insecure (8).

During the past decade youthful violence, such as the recent school shootings by students, has received tremendous national attention. National surveys show that in 1995, 8% of females had carried a weapon in the past month and 5% had done so on school property. One out of three young women had been in a fight during the previous year (6). And homicides involving teens had increased 67% since 1978, and suicides 17% (6). The vast majority of the increase for both was due to gun violence.

More than one in five high school girls reported sexual or physical abuse in the 1997 survey (1). Most abuse occurred at home and occurred more than once, and the abuser was usually a family member. One in four girls had wanted to leave home because of violence. Abused girls often did not tell anyone about the abuse (48%) and talked to doctors about it only rarely (1). Nearly one in ten older girls reported abuse by dates or boyfriends.

Adolescent “Milestones”

As the fastest growing segment of the U.S. population comprises the minority ethnic and racial groups, those providing care to adolescents need to recognize how their health can be impacted by age and cultural values in addition to gender. Whatever their ethnic or cultural identity, however, adolescents tend to have common expectations, goals and values regarding the transition from childhood to adulthood. Adaptation during adolescence can be assessed by the achievement of the following milestones: (a) adjustment to pubertal changes, (b) some degree of separation from one's family, (c) achievement of economic independence, and (d) development of a stable self-identity and sexual identity. In the process of meeting these goals, individual differences in psychosocial health will influence their ability to overcome normal developmental hurdles and adversity. Psychosocial health implies both inner psychological well-being and “normal” external adaptation and adjustment.

Previously, the term “invulnerable” was used to describe a child who seemed to succeed de-

spite the odds, in a particular situation. We now understand that this is a misconception (9). Everyone is at risk, although some individuals may be hardier than others. The individual's susceptibility will vary depending on the developmental phase she is in, the nature of the risk factor(s), the mechanisms by which the risk(s) operate, and the resources both within the individual and in the environment at that point in time.

Developmental Hurdles of Adolescent Females

The outcome of puberty is the achievement of adult physical stature and sexual dimorphism, and the development of secondary sexual characteristics and reproductive capabilities. Girls who mature early achieve physical maturity long before cognitive development is complete. The resultant pressure to act more mature than their age puts them at risk for engaging in various high-risk behaviors, and they may suffer the consequences. They often exhibit more dissatisfaction with their physical appearance, have lower self-esteem and show a greater degree of general unhappiness (10). It has been noted that in each successive decade over the last century, the age of onset of puberty and menstruation has been falling (11). Girls who mature late, on the other hand, appear to enjoy a possibly protective and psychological advantage from the immediate and extended environment, with familial support and a social network of peers of the same age or younger, and are less likely to engage in high-risk behavior (12).

For the adolescent, being different from his or her peers in any way is often interpreted as being abnormal. Concerns with pubertal changes of height, breast size and weight or the presence of acne can have a significant impact on self-esteem for any adolescent. In addition, various subcultures have their own concepts of beauty, and these may conflict with the dominant culture's view of beauty and attractiveness, and be protective or increase one's risk for problem behavior. For example, African-American females have a higher prevalence of obesity and show less discrepancy between their actual and ideal weights (13, 14).

A normal part of adolescent development is the experience of self-doubt and the need to test one's limits. Adolescence is a time of experimentation and exploring, to find a place for oneself in society. In the process of separating from one's family, the teenager moves into a peer group and may be influenced by their be-

havior. Qualitative changes in cognitive ability combined with the social expectations of women will also influence the adolescent female's decision making. While boys may separate easily from their mothers as they move through childhood and adolescence and learn to value autonomy, girls cherish intimacy and usually strive to remain in a relationship with their mothers (15).

Considerations in choosing to be financially independent are also influenced by social and cultural expectations. Our culture has historically devalued women and the qualities that it expects of them, such as nurturing, cooperation and intuition (15). Women who don't raise their children and men who don't support their families financially are often considered less than adequate. The expectation for women has been that fulfillment should come from taking care of the needs of others. The message is often given early in life with academic expectations. Girls may not be expected to do as well as their brothers or achieve as much, or they may be considered too competitive. Gender bias in the classroom has encouraged more assertive behavior in boys, who have also received more attention than do girls. Thus, only certain careers may be considered appropriate for her by her family, such as being a teacher or a social worker.

The contributions and experiences of girls and women are still sometimes considered marginal or are ignored in many of the textbooks used in schools (16). The curricula in schools often have lower expectations for girls in science and math, and give them the message that these should not be part of their future. Even girls who are highly competent in math and science are much less likely to pursue scientific or technological careers than are their male classmates (17).

Despite changing roles and greater equality of women in recent decades, girls today often fall into traditional patterns of low self-image, self-doubt, and self-censorship of their creative and intellectual potential. They emerge from adolescence with reduced expectations of themselves and have less confidence in their abilities than do boys. Without faith in their ability, physical desirability becomes central to self-image, which leaves girls vulnerable to sexual manipulation and other high-risk behavior (18).

Risk and Protective Factors That Influence Achievement of Milestones in the Face of Adversity

Resilience implies both good internal adaptation despite developmental risks and good ex-

ternal adaptation over time despite acute stressors or chronic adversities (9). Risk factors may be divided into two broad categories. The first is risks in the individual and his or her immediate environment. The second is risks in the social environment.

Individual risk factors or internal factors are related to physical and mental health. Physical health, genetic and prenatal influences, nutritional status and acute or chronic illnesses may all serve as risk factors. For emotional health, one's behavior and temperament, activity level and adaptability are areas of vulnerability. In their immediate environment adolescents have spheres of influence acting upon them, including the family, school and peer group. Factors in any of these areas may increase their vulnerability. For example, in the family sphere, discord and violence, lack of nurturing and communication, unclear expectations and poor monitoring of behavior, few and inconsistent rewards for positive behavior, parental emotional illness and/or substance use may all increase the adolescent's risk for problem behavior. School failure, lack of social skills and association with peers involved in high-risk behavior are other risk factors in their immediate environment.

The social environment includes the ethnic and cultural milieu in which the teenager grows up and the social expectations, norms and laws of the dominant society. For minority children, the interaction of social class, culture and race play a key role in determining patterns of socialization and developmental outcomes. For example, poor African-American children grow up in unique environments, and the problems and tasks which they need to gain mastery of can lead to the development of accommodations in cognition and behavior (19). Some of these behaviors, which are adaptive for survival on the street, will not serve them well when interacting with mainstream society. Also, success in meeting social expectations of behavior may exact an emotional toll, and it may be useful to differentiate between adaptive behavior and emotional health when looking at stress-resistant youth (20).

There are known risk factors in the individual, family and social environments, but there is no single factor or group of factors that will definitely predict one's risk. An imbalance between the demands on the person and the protective factors, which facilitate coping with challenges, may lead to poor functioning and stress. Not all risk factors can be eliminated or

changed. The goal then is to moderate the effects of those risks which cannot be eliminated. The presence of protective factors will help reduce the impact of these risks.

Protective Factors

Mastering the developmental tasks of adolescence may be credited to individual factors such as self-regulation skills and cognitive functioning and also to effective parenting (21). Parenting styles that are sensitive, warm and consistently caring, but firm, have been associated with the development of self-control and compliance with social rules, whereas power-assertive methods of controlling a child’s behavior (especially with hostile affect) generally have been associated with less compliance and less internalization of standards in children (22).

Some of the qualities of effective parenting are listed in Table 1. Providing opportunities for competence and confidence-building experiences will increase the chances that adolescents will successfully negotiate developmental hurdles (23). For those teens who do not have parental support, developing connections with competent adults other than their parents to build a supportive social network will also be protective. On the other hand, children and adolescents who are estranged from adults as resources and social references may lose valuable opportunities and sources of information (24).

Individual assets, in addition to cognitive skills and self-regulation, include having areas of talent or accomplishment valued by oneself and others; self-efficacy, self-worth and hopefulness; religious faith or affiliations and spirituality; socioeconomic advantages; adequate food and lack of anemia; physical fitness, endurance and vigor; and access to health care, decent schools and safe communities. Adolescents with these assets are more likely to resist negative peer pressure and be resilient in the face of adversity (23, 24).

Using retrospective clinical data (see Table 2), Wolin and Wolin identified seven areas of

TABLE 1
Effective Parenting Skills

Modeling competent behavior
Providing information and access to knowledge
Providing guidance and constructive feedback
Steering children away from wasteful or dangerous abilities
Supporting the taking on of new challenges
Functioning as advocates

TABLE 2
Individual Factors Contributing to Resilience

Insight (knowing)	The capacity to understand oneself with the development of empathy.
Independence (disengaging)	Distancing oneself at times of turmoil.
Relationships (recruiting)	Developing close and fulfilling ties to others.
Initiative (working)	Having goal-directed behavior.
Creativity (shaping)	This allows for self-expression and an outlet for pain.
Humor (shaping)	This lessens the impact of the trauma. One sees the comic in the tragic.
Morality (valuing)	The child surrounded by badness is imbued with a sense of goodness.

Reprinted with permission from Wolin SJ, Wolin S. *The resilient self. How survivors of troubled families rise above adversity.* New York: Villard Books; 1993 (25).

strength or resilience that develop as children respond to troubles in their families, such as neglect, criticism, abuse or marital turmoil (25). These include developing insight or the capacity to understand oneself and others, with the development of empathy. This protects them, as it prevents them from internalizing the problems and generating guilt. Next is distancing themselves at times of turmoil, as they are developing independence. By doing so, they will be able to live apart as adults and relate to their families on their own terms. In addition, those who develop close and fulfilling ties to others who then serve as parent surrogates and friendship networks (i.e., relationships), tend to do better. Having goal-directed behavior helps them tackle problems later (initiative). Creativity allows for self-expression and an outlet for pain, and may lead to serious artistic endeavors. Humor lessens the impact of trauma; they see the comic in the tragic. Lastly, in developing moral values, the child surrounded by badness is imbued with a sense of goodness. This development of conscience leads ultimately to a sense of obligation to help or serve others.

There is interplay between individual and family factors. For example, children who are less adaptable or are hyperactive and impulsive

may experience less parental support and develop a repertoire of less effective coping strategies. When they enter adolescence and are faced with challenges in the academic or social arena, they may deal with situations less effectively. They may respond with anger or helplessness, turn to non-normative peers and use high-risk behaviors as a means of coping (26). Adolescents in whom there is an imbalance between risk and protective factors may engage in high-risk behaviors, which can impact on their physical and mental health. This in turn may ultimately interfere with their ability to achieve developmental milestones.

Fostering Resilience—Recommendations

Helping our adolescents successfully negotiate the path to adulthood is necessary for a healthy society. The need for regular visits to the pediatrician in the first five years is widely accepted. The need for health supervision after this time is less appreciated. In addition, access to health care during adolescence is limited by the lack of insurance coverage, high health care costs and girls' reluctance to seek care. They may be too embarrassed or afraid to discuss a problem with the health care provider or they may not get the opportunity to talk privately with the doctor (1).

Improved knowledge of normal growth and development during adolescence will help health care providers expand the scope of delivered services. Providing this information in a nonjudgmental fashion with reassurance and support when the adolescent needs it, is key. The availability of a caring professional who is willing to listen and help them prioritize their goals can be extremely helpful for girls if they are to develop self-worth and self-efficacy, and reduce stress.

Primary prevention, care that is given to prevent the onset of a condition, usually includes providing anticipatory guidance. An understanding of normal milestones leads to anticipation of normal physical and developmental changes, with anticipation of related problems. Physicians should engage in discussions of how one can avoid or handle these problems or can cope with inevitable changes, such as by discussing breast development and menses before they occur, in order to reduce anxiety. Similarly, discussions of stressors such as school transitions or going away to college, assist with adjustment. An extension of this anticipatory guidance is the need for health care providers to

foster resilience by determining their patients' possible risk and protective factors during adolescence, thereby helping them to decrease risk, enhance protective factors, recognize and enhance their strengths, and adopt the best coping strategies (27, 28). Table 3 presents the typical personality traits of resilient children.

Parental skills training should focus on helping parents nurture and guide their children's behavior, use appropriate limit setting for undesired behavior and consistently reward pro-social behavior. During adolescence, parents and other adults need to encourage young women to be individuals and not just followers in the crowd. Adolescents need to be taught life skills and thus develop self-efficacy and the ability to resist peer pressure (29). Parents should maintain high expectations for their daughter's schoolwork, extracurricular activities, athletic participation and other hobbies. The message should be clear that gender does not excuse them from the pursuit of excellence and that having goals helps young people stay on track.

The role of extracurricular activities in the development of competence and self-esteem needs further investigation. The hope is that more such involvement will help teenagers develop self-esteem and the ability to resist gangs, drugs and other violent activities. Boredom, lack of supervision and the lack of availability of adults for discussions of concerns all contribute to experimentation with high-risk behavior. One of the keys to successfully overcoming these challenges and feeling good about oneself is the ability to get reliable information from a trusted adult. Parents and teachers need to be reminded that their adolescent females' views and feelings need to be validated as much as those of their adolescent males.

The fact that physical and mental health are linked is often not communicated to our adolescents. They should be taught that a balanced diet with adequate calories, adequate sleep and regular exercise improve endurance and help

TABLE 3
Personality Traits of Resilient Children

Well-developed sense of self
Positive orientation to one's surroundings
Internal locus of control
High self-esteem
Superior social skills
Sensitivity
Adaptability and flexibility

reduce feelings of stress. Adolescence is a challenging time for both males and females. However, young women report one-third more emotional distress than do young men. The mixed emotional signals they receive from their environment may contribute to this.

It is better for adults to demonstrate safe behavior than for them to preach it. The need for the use of seat belts and bicycle helmets, wearing protective gear during sports, drinking in moderation, and not drinking and driving are some examples. If there are guns in the house, the need to store the guns and ammunition separately needs to be actively practiced and enforced (30).

Girls whose parents are willing to discuss sex, set firm rules, clearly communicate their beliefs and values, and provide accurate information are more likely to avoid sexual activity, pregnancy, and sexually transmitted diseases (31, 32). Parents often fear that talking about sex will promote sexual activity, or they may be uncomfortable with their lack of knowledge in some areas. Parents should be reassured on both counts. They can be encouraged to search for information together. Girls need to know that their curiosity is normal, and asking questions should be encouraged.

Independent of parents' own abstinence from drugs, the message should be clear that the use of drugs is life threatening. Experimentation can lead to continued use and abuse, and chronic drug use is a disease that is difficult to cure. Prevention of substance use entails more than discussion of short- and long-term side effects. Promoting individual social competence, in addition to specific skills for resisting the social and environmental pressures to initiate substance use, is needed (e.g., decision making, self-image improvement, communication skills, and assertiveness) (29).

A multidisciplinary approach to health care delivery is optimal. Health educators have the time and expertise to provide adolescents with knowledge and information on the consequences of high-risk behavior, and to guide them to avoid involvement or reduce the risks, with behavior modification. Mental health professionals can provide individual and family therapy, which will help the adolescent deal better with problems and improve coping skills. For those with chronic illnesses or specific mental health problems (e.g., victims of incest), group therapy can be a very effective model for intervention and support. More in-depth therapy or psychiatric intervention can be provided

as needed. Helping teens gain access to housing, food, transportation, or school enrollment, as needed, will also reduce their level of stress. For the adolescent who could benefit from a mentoring relationship, a caring and supportive one should be developed.

Finally, physicians should be willing to use their standing in the community to advocate for better schools, safer playgrounds and neighborhoods, more after-school activities, improved health care and insurance coverage, and greater access to care.

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