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ABSTRACT

By understanding at-risk youth, resilient youth, and the characteristics and behaviors of each, teachers and school personnel can create effective school connectedness and positive learning environments. This document focuses on resiliency factors in adolescence and how gender differences affect adolescent resiliency. Current research on environmental, behavioral and individual factors that may limit healthy adolescent development is discussed. Adolescent risk and protective factors are addressed by the following categories: (1) individual-related; (2) family-related; (3) peer-related; (4) school-related; and (5) community-related. Recommendations for schools related to adolescent risk and resiliency factors are provided. They include: assess the real problems; personalize schools; pay attention to girls' troubles; ensure extra-curricular activities; enhance academic achievement; expect students to do well; emphasize service learning programs; model respect and concern; increase parental involvement; and develop community collaborations. A portion of the document explores future research needs in adolescent development and concludes that more research is needed on the risk factor of academic failure as it related to gender, and how gender needs are addressed in the school setting. Contains 30 references. (SR)

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# Equity Issues

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## Risk and Resiliency in Adolescence

*The Current Status of Research on Gender Differences*

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### Current Perspectives

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P. CLARK

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

Imagine three dolls laying side by side. One doll is made of china, another is made of metal, and the third doll is made of rubber. A person strikes a hammer against each doll. The china doll shatters into a million pieces, never to be fully repaired. The metal doll is dented, but doesn't break. The rubber doll barely shows any marks and bounces back to its original shape.

So it is with adolescents. Many adolescents are shattered by the environmental, behavioral, and individual characteristics that are part of their lives. Other adolescents seem vulnerable to life experiences and often exhibit troublesome behavior. Then, there are those adolescents who seem to cope with their life experiences, exhibit positive behaviors, and grow into healthy, responsible adults.

How is it that we have such a variety of adolescents in our schools? What factors make some youth more at risk than others? Does risk and resiliency differ by gender? What risk behaviors might be gender-oriented? Much research focuses on vulnerable and resilient youth. However, little research has been conducted that systematically looks at gender differences in risk and resilient factors.

Although knowledge of gender differences is helpful, it does not preclude the research findings on risk and resilience from being useful to teachers and school personnel. By understanding at-risk youth, resilient youth, and the characteristics and behaviors of each, teachers and school personnel can create effective school connectedness and positive learning environments. By knowing the risk and protective factors of young people, teachers and school personnel can empower adolescents to become more resilient. It is the purpose of this paper to focus on the factors and their implications for schools and teachers.

Youth-at-risk can be defined as "...those whose environments, behaviors, and individual characteristics may prevent them from reaching their full potential and becoming nurturing, contributing members of their families and of society" (Vail, 1992, p. 17). The focus is not on the youth themselves, but on the ecological context in which they exist. This includes their individual and behavioral characteristics as well as their family, friends, school, church, and community.



"Risk factors are individual or environmental hazards that increase youngsters' vulnerability to negative developmental outcomes."

Adolescent girls tend to deal with their problems by turning inward; adolescent boys tend to direct their behavior towards others.

At-risk youth are often discussed in terms of the problem behaviors or risk behaviors they are exhibiting and/or the factors that increase their vulnerability to problems. "Risk factors are individual or environmental hazards that increase youngsters' vulnerability to negative developmental outcomes. The presence of risk factors does not guarantee a negative developmental outcome, but rather increases the likelihood that problem behaviors will occur" (Werner, 1990 as cited in Bogenschneider, Small, & Riley, 1992, p. 2). As the number of risk factors increase, the probability of problem behaviors increase (Rutter, 1979).

The Search Institute (1991) surveyed over 47,000 youth in grades 6-12 to identify behaviors that potentially limit psychological, physical, or economic well-being during adolescence or adulthood. The behaviors included involvement in alcohol, tobacco, illicit drugs, sexuality, depression/suicide, anti-social behaviors, school attendance and desire to drop out, vehicle safety, and bulimia. "These do not include single incidences of adventure or experimentation, but are persistent patterns of health-compromising and future-jeopardizing behaviors" (Search Institute, 1991, p. 6).

Another survey analyzed data according to gender. The Minnesota Adolescent Health Survey (Minnesota Women's Fund, 1992) analyzed data from over 36,000 public school students in grades 7-12. They found that adolescent girls tend to have "quietly disturbed" problems.

More girls than boys say that they are subjected to sexual and physical abuse, that they are under emotional stress, that they have poor body images and self-images, that they have symptoms of disordered eating, and that they have attempted to commit suicide.

Adolescent boys, on the other hand, tend to "act out" their problems. More boys than girls say that they have committed delinquent acts, have taken physical risks, have engaged in frequent and unprotected sex, and have consumed large quantities of alcohol and other drugs (Minnesota Women's Fund, 1992, p. 10).

These behaviors are not gender exclusive. There is a cross-over by gender, particularly among girls. In the Minnesota Adolescent Health Survey (Minnesota Women's Fund, 1992), over 80 percent of girls were at high risk for at least one "acting out" behavior when they exhibited two or more "quietly disturbed" behaviors.

When adolescents exhibit more than one risk behavior, there are often patterns of co-occurrence (Minnesota Women's Fund, 1992; Search Institute, 1991). An adolescent who is at risk in one area is also at risk in other areas. Using the Search Institute's definitions of

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"One in four 10-17 year-olds are at risk for multiple problem behaviors."

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risk behaviors, they estimate that 86 percent of 11th graders have one or more of the risk behaviors and half of 12th graders report four or more risk behaviors. Forty percent of 12th graders indicate five or more risk behaviors.

Dryfoos (1990) estimates that one in four 10-17 year-olds--over seven million adolescents--are at high risk of multiple problem behaviors. They are delinquent, use illegal substances excessively, have early unprotected sex that often leads to pregnancy, and are far behind in school or have already dropped out. They tend to "do it all" and need intensive care and assistance. Another seven million, or 25 percent, get involved in these behaviors but not to the same extent or with the same consequences. They may sometimes be truant, experiment with drugs, have unprotected sex, and have difficulty in school. They, too, need attention, services, and assistance. The other 50 percent are doing well, but still need an effective educational system, quality family life, and/or healthy community in which to succeed.

Another way of preventing risk behaviors is to identify factors that protect against that problem and support or enhance those factors. Protective factors are individual or environmental safeguards that enhance adolescents' abilities to resist stressful life events while adapting to the situation and developing competence in dealing with it (Garmezy, 1983; Werner, 1990). "Protective factors are sometimes merely the opposite of risk factors. One major difference, however, is that risk factors lead directly to disorder while protective factors operate only when a risk is present" (Rutter, 1987 as cited in Bogenschneider, Small, & Riley, 1992, p. 2). Protective factors include such factors as self-esteem, a close relationship with a parent or other adult, and educational aspirations. One way to think of protective factors is to view them as vehicular air bags. Vehicular air bags are always available, but only used in crash and impact situations. Like air bags, protective factors need to be in place prior to their need, and then when needed, are called upon.

Risk factors and protective factors are important to consider as educators explore effective strategies to work with at-risk youth. Both sets of factors are identified in this article. However, only key ones are actually discussed due to space limitations.

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## ***Risk Factors***

### ***Individual-Related Risk Factors***

*Early initiation*  
*Anti-social behavior, acting out*  
*Rebelliousness*  
*Social isolation*  
*Hyperactivity*  
*Hedonistic values*  
*TV overexposure*  
*Stress*  
*Nonconformist, defy tradition*

### ***Family-Related Risk Factors***

*Poor parental monitoring*  
*Distant, uninvolved, inconsistent parenting*  
*Insufficient bonding*  
*Unclear family rules, expectations, rewards*  
*Parental addictions*  
*At home alone*  
*Low religiosity*  
*Lack of cultural enrichment*  
*Abusive behavior among family members and others*

There are many risk factors inhibiting healthy adolescent development. Some studies on specific risk behaviors have analyzed risk factors according to gender. While these studies have found relationships between behaviors and risk factors, one cannot predict risk behaviors simply by the presence of certain risk factors. The compilation of risk factors given below are from various studies including Bogenschneider, Small, and Riley (1992), Dryfoos (1990), Resnick (1993), and Search Institute (1991). The list is by no means comprehensive. Since children and adolescents grow up in an ever-widening environment, the risk factors are organized according to the settings in which they live—themselves as individuals, family, peers, school, and community.

Within individuals, the early initiation and occurrence of any behavior as well as favorable attitudes toward the behavior predict heavy involvement in the behavior and more negative consequences (Dryfoos, 1990; Higgins, 1988a; Robins & Przybeck, 1987). The younger the adolescents, the less likely they will have the physical, cognitive, and psychosocial maturity to avoid negative consequences (Dryfoos, 1990; Bogenschneider, Small, & Riley, 1992). Another potent predictor of problem behavior is early anti-social behavior, especially in combination with isolation, withdrawal or hyperactivity (Hawkins, Lishner, & Catalano, 1987a). Concerning values, the Search Institute (1991) survey indicates that 48 percent of youth placed high importance on hedonistic (self-serving) values. In addition, 40 percent of youth watched TV three hours or more per day. Stress is a key factor among adolescents. Close to twice as many girls as boys appear to be under more stress (Minnesota Women's Fund, 1992). Boys and girls both respond negatively to stress, but girls invest more in external relationships outside the family system than boys and, therefore, may experience slightly higher levels of stress (Gore, 1993). As mentioned previously, girls tend to deal with the problems they face by turning inward, becoming "quietly disturbed." On the other hand, boys tend to "act out" their problems, directing their behavior towards others instead of themselves (Minnesota Women's Fund, 1992).

Within the family, poor parental monitoring is one of the most powerful predictors of adolescent problem behaviors (Patterson & Stouthamer-Loeber, 1984). Parenting styles also impact behavior. Authoritative parenting is associated with lower rates of problem behaviors than autocratic, permissive, or uninvolved parenting. In one recent general population study that has not yet been published, boys and girls are equally exposed to conflict in the family. However, mother-daughter conflicts are more pronounced than conflicts with any other parent-child combination (Colton & Gore, 1991). If parents participate in the problem behavior themselves, it is more likely that the adolescents will also engage in similar behaviors. Adolescents with unsupervised after-school time are more susceptible to engage

### **Peer-Related Risk Factors**

*Association with peers engaged in similar behavior*  
*Negative peer pressure*  
*Low resistance to peers*  
*More motivated by peers than family or teachers*

### **School-Related Risk Factors**

*Academic failure*  
*Low expectations*  
*Behind in grade level*  
*Low commitment to school*  
*Absenteeism*  
*School transition*  
*Desire to drop out*

in problem behaviors (Richardson et al. 1989; Carnegie Corporation of New York, 1992). According to the Search Institute (1991), 58 percent of youth in grades 6-12 spend two hours or more per day at home without an adult. Infrequent church attendance is related to unstable family patterns and is predictive of most problem behaviors (Dryfoos, 1990). The availability of culture enrichment in the home (e.g., encyclopedias, magazines, home computers) decreases the likelihood of problem behaviors (Dryfoos, 1990).

Adolescents who associate with peers engaged in the same behavior tend to also do that behavior. In early adolescence before a strong sense of identity is formed, crowd membership is one way that adolescents define themselves. Giving up a problem behavior that is part of the crowd may mean giving up part of one's identity (Bogenschneider, Small, & Riley, 1992). That is difficult to do at best. Having low resistance to peer influences and being more motivated by peers than family members or teachers is common to most problem behaviors. High-risk adolescents tend to follow their peers, but they are also more likely to be nonconformists and willing to defy tradition (Dryfoos, 1990).

Doing poorly in school and expecting to do poorly in school are associated with all of the risk behaviors. Being behind in an expected grade level is a strong predictor of all risk behaviors. As indicated on national achievement tests, girls' overall academic performance surpasses boys in early years and then declines in relationship to boys throughout their school years. "Girls begin school ahead and end up behind" (Sadker & Sadker, 1989). However, boys tend to receive lower report card grades and by middle school are far more likely to be grade repeaters and dropouts (Sadker & Sadker, 1994). Absenteeism tends to increase as adolescents get older (Dryfoos, 1990; Brooks-Gunn & Furstenberg, 1989; Hawkins et al, 1987; Minnesota Women's Fund, 1992). Those adolescents who have failed academically often have a low degree of commitment to school. Girls who live in low-income households with multiple siblings, who have mothers who are high school dropouts, and who have fathers who work in low-wage positions are most at risk for dropping out of school (Earle, Roach, & Fraser, 1987). Boys have more difficulty adjusting to school but according to Simmons (1987), the transition to junior high school is particularly difficult for girls. It requires a transition to a larger, impersonal school that requires more changing for classes that, in turn, disorients girls. Then once they have created a new circle of friends and found their social niche, they face another transition to high school. Girls deal with this transition to junior high in the midst of puberty, creating an increase in stress, whereas boys reach puberty after the shift to junior high. "Students most susceptible to the negative effects of school transitions include marginal students, those who lose friends during the transition, or those experiencing other problems" (Bogenschneider, Small, & Riley, 1992, p. 7).



### **Community-Related Risk Factors**

*Low socio-economic status*  
*High density urban community*  
*Complacent/permissive laws and norms*  
*Low neighborhood attachment, community disorganization, high mobility*  
*Media influences*

### **Protective Factors**

#### **Individual-Related Protective Factors**

*Problem-solving skills*  
*Intellectual ability*  
*Self-esteem, self-efficacy*  
*Personal responsibility*  
*Social/interpersonal skills*  
*Time at home*  
*Value of helping people*  
*Religious commitment*  
*Strong ability to use faith*  
*Concern for poor*  
*Value of sexual restraint*  
*High degree of optimism*  
*Coping skills*  
*Perceptions that experiences are constructive*  
*Ability to gain other people's positive attention*

There is much research on gender differences related to school risk factors. However, space limits the discussion here. Further information on this topic can be reviewed by reading research completed by Sadker and Sadker (1994).

Living in a poverty area either in extreme social and economic deprivation or in an urban, high-density community is predictive of numerous problem behaviors (Dryfoos, 1990). "Adolescents are also apt to engage in problem behaviors in the context of permissive, complacent or inconsistent laws, school and work place policies, and community norms" (Bogenschneider, Small, & Riley, 1992, p. 9). Low neighborhood attachment also increases the risk of youth involvement in problem behaviors. "The residents in these communities have little connection to others in the neighborhood, parents don't talk to each other, and few community norms exist regarding curfew, drinking, and age of first dating. Children are not viewed as a community responsibility" (Bogenschneider, Small, & Riley, 1992), p. 9).

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Preventing risk behaviors and reducing risk factors is not enough. Just because adolescents have few, if any, risk factors does not mean they are prepared to become healthy responsible adults. Developing protective factors in adolescents is necessary and needs to be monitored as carefully as risk factors. More attention is being given to research that focuses on resiliency and protective factors in the lives of young people. The following compilation of protective factors can be found in the research conducted by Bogenschneider, Small, & Riley (1992), Dryfoos (1990), Resnick (1993), Search Institute (1991), Stinnett (1994), and Werner (1990).

Important protective factors for individuals include having and using well-developed problem-solving skills and coping skills (Stinnett, 1994; Werner, 1982). It is also critical to have a high self-esteem together with self-efficacy (Rutter, 1987). There is evidence that children who have temperaments that elicit positive responses from other people increase their capacity to attract and keep supportive relationships around them (Werner, 1990). Teaching social skills and how to recognize and resist social influences can impact behavior. Religious beliefs protect children from involvement in drug abuse, delinquency, and teenage pregnancy (Dryfoos, 1990; Hawkins et al, 1987b; Higgins, 1988a; Higgins, 1988b). "Faith appears to give resilient children and their caregivers a sense of coherence and stability, a belief that their lives have meaning, and the confidence that things will work out despite hard times. Religious beliefs can also teach compassion, allowing children to love despite hate" (Werner, 1990 as cited in Bogenschneider, Small, & Riley, p. 4). Helping others is another protective factor. Adolescents who engage in helping behavior on a weekly basis are less likely than nonhelpers to report risky behaviors (Search Institute, 1991).

*Cares about other's feelings*  
*Assertiveness skills*  
*Decision-making skills*  
*Friendship-making skills*  
*Positive view of personal future*

### **Family-Related Protective Factors**

*Close relationship with at least one person*  
*Family support*  
*Parental standards*  
*Parental discipline*  
*Parental monitoring*  
*Parental communication*  
*Parent as social resource*

### **Peer-Related Protective Factors**

*Has a close friend*  
*Positive peer influences*

### **School-Related Protective Factors**

*Achievement motivation*  
*Educational aspirations*  
*School performance*  
*Homework*  
*Parent involvement*  
*Positive climate*  
*Involved in school extra-curricular activities*  
*Involved in music*

### **Community-Related Protective Factors**

*Belongs to a supportive community*  
*Bonding to family, school, and other social institutions*  
*Other adult resources and communication*  
*Involved in community organizations*  
*Involved in church/religious institutions*

The most powerful protective factor in family relationships is its connectedness. This means there is a sense of belonging and closeness to family (Resnick, 1993). "There needs to be a close bond with at least one person who accepts them regardless of their temperament, attractiveness or intelligence" (Werner, 1990 as cited in Bogenschneider, Small, & Riley, p. 5). "Youth who perceive their parents to be caring and supportive do develop the kinds of socially supportive connections that protect them from distress" (Avison, 1992, p. 79). Consistent and clear parental standards, discipline, and monitoring aid in keeping parents involved. "Parents need to permit their adolescents greater autonomy in the context of closeness and continuing involvement in their lives" (Carnegie, 1989 as cited in Bogenschneider, Small, & Riley, 1992, p. 5).

Resilient children are more likely to have one or more close friends than children who do not adapt as successfully (Werner, 1990). They also keep their friends for long periods of time and rely on them for emotional support. These friendships are most effective if they occur in combination with a close and stable relationship with at least one family member (Werner, 1990). Adolescents with fewer risk factors are less likely to associate with other adolescents in the school who participate in various risky behaviors.

School connectedness is the most salient protective factor against "acting out" behaviors. Positive school experiences provide a source of strength amidst a potential chaotic environment. Achievement motivation and educational aspirations aid adolescents in the feelings of self-esteem and self-efficacy mentioned earlier. Involvement in school extra-curricular activities are effective drop-out prevention.

Resilient adolescents are able to rely on a greater number of sources of social support than vulnerable youth. Adolescents "...who feel emotional ties to their family, school, or community are more apt to accept societal-approved values and expectations for behavior" (Bogenschneider, Small, & Riley, 1992, p. 10).



## ***Recommendations for Schools Related to Adolescent Risk and Resiliency***

Assess the real problems.

Personalize schools.

Pay attention to girls' troubles.

Ensure extra-curricular activities.

Enhance academic achievement.

Expect students to do well.

Emphasize service learning programs.

Model respect and concern.

Increase parental involvement.

Develop community collaborations.

School is a major part of adolescents' lives. The impact school can have on adolescents is positive or negative, depending on whether it promotes the development of risk factors or protective factors.

"Schools can and do play a vital role in reducing the likelihood of health-jeopardizing behaviors among girls and boys by providing a sense of belonging that may not also be provided by other sources such as family or peers" (Resnick, 1993, pp. 86-87). Academic performance is but one component of this sense of connectedness. Caring relationships with particular teachers and school personnel are critical, especially for girls. A general feeling of belonging within the overall school environment is necessary. It is important that schools "...provide vehicles that promote a sense of belonging, by providing opportunities to develop and demonstrate other forms of competency, including work-study, technical skills, and involvement in visual, musical and dramatic arts" (Resnick, 1993, p. 87). School administrators, teachers, and other personnel need to consider implementing the following recommendations:

1. Assess the real problems or issues facing local youth.
2. Personalize schools so that each and every adolescent feels cared for, supported, and important.
3. Pay attention to girls' troubles. Girls often don't get the attention they need because they don't "act out" their troubles.
4. Ensure a wide range of extra-curricular activities. For students who attend vocational school that serve various local schools, the involvement in vocational student organizations is critical. However, other activities also need to be offered within the vocational school, and access to local school activities needs to be developed.
5. Enhance academic achievement by focusing attention on the relevancy of classroom content and homework to life situations and issues. Use grading as an opportunity to affirm adolescents.
6. Expect students to do well and encourage parents to expect the same. Regularly assign homework and review basic study skills.
7. Emphasize service learning programs, seeking to provide all students with helping opportunities and personal reflection on the meaning of helping.
8. Model respect and concern for every individual in the school and teach conflict resolution.
9. Increase parental involvement, creating more opportunities to involve parents throughout the school day. Teach parents about appropriate standards, discipline, monitoring, and communication with their adolescents.

"Schools must foster the development of protective factors that create confidence, commitment, caring, character, and connection."

### *Future Research Needs*

Integrate the information that is already known

10. Develop community collaborations to target multiple risk factors within the family, school, community agencies, church and religious sectors, and community at large. Involve local people in the planning of programs and consider how the implementation of a particular program might affect other programs and institutions in the community.

School serves both as a potential risk factor and a protective factor, strengthening the argument of educator, health officials, and youth advocates that there must be closer collaboration between the health and education sectors in order to promote both the well-being and educability of young people. Academic skills are not enough. Young people must be engaged in the development of a full range of competencies. Focusing on academic competence alone skews resource allocations and teaching methodologies. Schools must assist in reducing or eliminating risk factors and their manifested behaviors. Adolescents with risk behaviors should make up the primary target population for intervention programs. Adolescents with two or more risk factors should make up the primary target population for prevention programs. Most importantly, schools must foster the development of protective factors that create confidence, commitment, caring, character, and connection. Reducing risk factors and enhancing protective factors are essential to the development of healthy adolescents who grow into caring, responsible adults.

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What is known about risk and protective factors in adolescents is tremendously helpful for teachers, parents, and youth advocates. However, there is still additional information that is needed.

One of the primary needs is integrating the information that is already known. Most studies have identified risk and protective factors according to a specific outcome behavior. Since one cannot predict risk behaviors simply by the presence of certain risk factors these behaviors and their respective factors need to be correlated to determine the impact of the various risk factors. Protective factors need to be addressed in the same manner. Possibly with integrated research information across areas of risk behaviors, one can determine the most critical risk and protective factors.

As researchers continue to study risk and resiliency in adolescents, they need to also determine gender differences within the risk and protective factors. Much research exists about gender differences in the risk behaviors, but very little is available regarding the risk and protective factors. Yet, it is these factors that determine whether or not an adolescent becomes involved in various risk behaviors. The research on the risk factor of academic failure as it relates to gender is most helpful. This type of research is needed for every risk and protective factor within its respective ecological context.

Determine gender differences within the risk and protective factors.

Describe how gender needs are addressed in the school setting.

Finally, research is needed on how gender needs are addressed in the school setting so school personnel, youth advocates, and policymakers can implement needed strategies and recommendations. As a case in point, the Goals 2000: Educate America Act does not address this need for both genders. Goal 7 states that "by the year 2000, every school in America will be free of drugs, alcohol, and violence and will offer a disciplined environment conducive to learning" (Council of Chief State School Officers, 1994, p. 2). Even though this goal addresses the behaviors that might be controlled through policies, intervention, and prevention in schools and the success of reaching the goal can be easily documented due to its behavioral emphasis, it focuses on the "acting out" behaviors of boys and does not adequately address the "quietly disturbed" behaviors of girls. Once again, this puts girls at a disadvantage in receiving the support and encouragement they need to become caring responsible adults. Increased cognizance of girls' needs in school settings is necessary. Both boys and girls experience much distress throughout adolescence and both need assistance. Once this research is documented, then policymakers that set national goals would more likely address the needs of boys and girls as well as the school setting.

These research needs are critical to the positive development of all adolescents. Unless teachers, parents, and other youth advocates begin to address the risk and protective factors as they relate specifically to girls and boys, adolescents will continue to manifest risk behaviors that hinder them from developing into responsible adults. By reducing risk factors and enhancing protective factors, adolescents will become more caring and responsible and all of society will benefit today and in future generations.

## References

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- Avison, W.R., & Mcalpine, D.D. (1992). Gender differences in symptoms of depression among adolescents. *Journal of Health and Social Behavior*, 33, 77-96.
- Bogensneider, K., Small, S. & Riley, D. (1992). *An ecological, risk-focused approach for addressing youth-at-risk issues*. Chevy Chase, MD: National 4-H Center.
- Brooks-Gunn, J., & Furstenberg, F.F. (1989). Adolescent sexual behavior. *American Psychologist*, 44, 249-257.
- Carnegie Council on Adolescent Development. (1989). *Turning points: Preparing American youth for the 21st century*. New York: Carnegie Corporation.
- Carnegie Council on Adolescent Development. (1992). *A matter of time: Risk and opportunity in the nonschool hours*. New York: Carnegie Corporation.
- Colton, M.E., & Gore, S. (1991). *Adolescent stress: Causes and consequences*. Hawthorne, NY: Aldine de Gruyter.

- Council of Chief State School Officers. (1994). *Goals 2000: Educate America Act. Summary of the act*. Washington, D.C.
- Dryfoos, J.G. (1990). *Adolescents at risk*. New York, NY: Oxford University Press.
- Earle, J., Roach, V., & Fraser, K. (1987). *Female dropouts: A new perspective*. Alexandria, VA: National Association of State Boards of Education.
- Garnezy, N. (1983). Stressors of childhood. In N. Garnezy & R. Rutter (Eds.), *Stress, coping, and development in children* (pp. 43-84). New York, NY: McGraw-Hill Book Company
- Gore, S., Asetine, R.H., & Colten, M.E. (1993). Gender, social-relational involvement, and depression. *Journal of Research on Adolescents*, 3(2), 101-125.
- Hawkins, J.D., Lishner, D.M., & Catalano, R.F. (1987a). Childhood predictors and the prevention of adolescent substance abuse. *National Institute on Drug Abuse Monograph 56* (pp. 75-126). DHHS Pub (ADM) 87-1335. Washington, D. C.: USGPO.
- Hawkins, J.D., Lishner, D.M., Jenson, J.M., & Catalano, R.F. (1987b). Delinquents and drugs: What the evidence suggests about prevention and treatment programming. *National Institute on Drug Abuse*. DDHS Pub. (ADM) 87-1537. Washington, D.C.: USGPO.
- Higgins, P.S. (1988a). *Teenage pregnancy: An intractable problem? A literature review*. St. Paul, MN: Amherst H. Wilder Foundation.
- Higgins, P.S. (1988b). *The prevention of drug abuse among teenagers: A literature review*. St. Paul, MN: Amherst H. Wilder Foundation.
- Minnesota Women's Fund. (1992). *Reflections of risk: Growing up female in Minnesota*. Minneapolis, MN: Chippewa Graphics, Inc.
- Patterson, G.R., & Stouthamer-Loeber, M. (1984). The correlation of family management practices and delinquency. *Child Development*, 55, 1299-1307
- Resnick, M.D., Harris, L.J., Blum, R.W. (1993). The impact of caring and connectedness on adolescent health and well-being. *Journal of Pediatrics and Child Health*, 29(1), 83-89.
- Richardson, J.L., Dwyer, K., McGugan, K., Hansen, W.B., Dent, D., Johnson, C.A., Sussman, S.Y., Brannon, B., & Phil, B.F. (1989). Substance use among eighth grade students who take care of themselves after school. *Pediatrics*, 84, 556-566.
- Robins, L.N., & Przybeck, T.R. (1987). Age of onset of drug use as a factor in drug and other disorders. *National Institute on Drug Abuse Monograph 56*, (pp 178-192). DHHS Pub (ADM) 87-1335. Washington, D.C.: USGPO
- Rutter, M. (1979). Protective factors in children's responses to stress and disadvantage. In M.W. Kent & J.E. Roll (Eds.), *Primary prevention of psychopathology: Social competence in children*, 3, 49-74. Hanover, NH: University Press of New England
- Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57, 316-331

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Sadker, D. & Sadker, M. (1989). *The report card number 1: The cost of sex bias in schools and society*. Washington, D.C.: The Mid-Atlantic Center.

Sadker, D. & Sadker, M. (1994). *Failing at fairness*. NY: Charles Scribner's Sons, McMillan Publishing Co.

Search Institute. (1991). *The troubled journey: A profile of American youth*. Minneapolis, MN: Lutheran Brotherhood.

Simmons, R.G. (1987). *Moving into adolescence*. Hawthorne, NY: Aldine de Gruyter.

Stinnett, N. (1994, April). *Secrets of Strong Families*. Presentation at the Ohio Home Economics Association Annual Meeting, Columbus, OH.

Vail, A. (1992). Youth at risk: Doing our part. *Journal of Home Economics*, 84(3), 17-21.

Werner, E.E., & Smith, R.S. (1990). Protective factors and individual resilience. In S.J. Meisels & J.P. Shonkoff (Eds.), *Handbook of early childhood intervention* (pp. 97-116). Cambridge, England: Cambridge University Press.

Werner, E.E., & Smith, R.S. (1982). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York, NY: McGraw-Hill Book Company.



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