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ABSTRACT

This report examines protective factors and the process of resilience as they apply to Black adolescents. The report reviews risk factors at the individual level and at the community level, and reviews the incidence of health- and life-compromising risk outcomes in Black adolescents. It then discusses protective factors and resilience and their roles in interventions. Individual-level risk factors include personality, sociodemographic factors, and problem behaviors. Community-level risk factors include neighborhood factors, school characteristics, and racial discrimination. Health- and life-compromising risk outcomes in Black adolescents include health, school completion and school-related problems, employability, police involvement, risky sexual behavior, alcohol and drug use, psychological symptoms and suicide. Studies of resilience in Black adolescents are rare, but some attempts have been made to identify protective factors related to delayed childbearing and coping after childbearing, success in academic settings, and development in community settings. Black adolescents have been participants in many major social- and health-oriented programs, and an examination of the content of the various interventions suggests that programs may be defined as means whereby protective mechanisms are provided or set in motion. The report suggests adjustments to interventions that are needed to sustain favorable outcomes. (One figure illustrates the discussion. Contains 106 references.)
 (Author)

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**Risk, Resilience, and Development:
The Multiple Ecologies of Black Adolescents**

Sandra Murray Nettles

Joseph H. Pleck

Report No. 44

July 1993

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**Risk, Resilience, and Development:
The Multiple Ecologies of Black Adolescents**

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The Center

The mission of the Center for Research on Effective Schooling for Disadvantaged Students (CDS) is to significantly improve the education of disadvantaged students at each level of schooling through new knowledge and practices produced by thorough scientific study and evaluation. The Center conducts its research in four program areas: The Early and Elementary Education Program, The Middle Grades and High Schools Program, the Language Minority Program, and the School, Family, and Community Connections Program.

The Early and Elementary Education Program

This program is working to develop, evaluate, and disseminate instructional programs capable of bringing disadvantaged students to high levels of achievement, particularly in the fundamental areas of reading, writing, and mathematics. The goal is to expand the range of effective alternatives which schools may use under Chapter 1 and other compensatory education funding and to study issues of direct relevance to federal, state, and local policy on education of disadvantaged students.

The Middle Grades and High Schools Program

This program is conducting research syntheses, survey analyses, and field studies in middle and high schools. The three types of projects move from basic research to useful practice. Syntheses compile and analyze existing knowledge about effective education of disadvantaged students. Survey analyses identify and describe current programs, practices, and trends in middle and high schools, and allow studies of their effects. Field studies are conducted in collaboration with school staffs to develop and evaluate effective programs and practices.

The Language Minority Program

This program represents a collaborative effort. The University of California at Santa Barbara and the University of Texas at El Paso are focusing on the education of Mexican-American students in California and Texas; studies of dropout among children of recent immigrants have been conducted in San Diego and Miami by Johns Hopkins, and evaluations of learning strategies in schools serving Navajo Indians have been conducted by the University of Northern Arizona. The goal of the program is to identify, develop, and evaluate effective programs for disadvantaged Hispanic, American Indian, Southeast Asian, and other language minority children.

The School, Family, and Community Connections Program

This program is focusing on the key connections between schools and families and between schools and communities to build better educational programs for disadvantaged children and youth. Initial work is seeking to provide a research base concerning the most effective ways for schools to interact with and assist parents of disadvantaged students and interact with the community to produce effective community involvement.

Abstract

This report examines protective factors and the process of resilience as they apply to Black adolescents. The report reviews risk factors at the individual level and at the community level, and reviews the incidence of health- and life-compromising risk outcomes in Black adolescents. It then discusses protective factors and resilience and their roles in interventions.

Individual-level risk factors include personality, sociodemographic factors, and problem behaviors. Community-level risk factors include neighborhood factors, school characteristics, and racial discrimination. Health- and life-compromising risk outcomes in Black adolescents include health, school completion and school-related problems, employability, police involvement, risky sexual behavior, alcohol and drug use, psychological symptoms and suicide.

Studies of resilience in Black adolescents are rare, but some attempts have been made to identify protective factors related to delayed childbearing and coping after childbearing, success in academic settings, and development in community settings. Black adolescents have been participants in many major social- and health-oriented programs, and an examination of the content of the various interventions suggests that programs may be defined as means whereby protective mechanisms are provided or set in motion. The report suggests adjustments to interventions that are needed to sustain favorable outcomes.

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Introduction

After decades of relying primarily on pathology/cultural deviance theories, research on Black adolescents is now turning to an exploration of the sources and mechanisms that underlie competent and healthy functioning (The Consortium for Research on Black Adolescence, 1990; Jones, 1989; McKenry, Everett, Ramseur, & Carter, 1989; Spencer, Brookins, & Allen, 1985). One motivation for the shift is the search for solutions to the problems of African-American youths. Another reason is the desire to broaden knowledge about this population across biological, psychosocial, and ecological domains (Bell-Scott & Taylor, 1989).

This report examines protective factors and the process of "resilience" (Rutter, 1987; Garmezy, 1985; Masten, Best, & Garmezy, 1990; Werner, 1990) as they apply to Black adolescents. Aside from the optimism implied by these concepts, researchers are exploring these factors because they suggest possibilities for designing interventions that have cost-effective and lasting effects (Nettles, 1991a; Winfield, 1991). We note, however, that some have expressed concern about the "politics" of the concept of resilience (Garmezy, 1987). That is, focusing on the small proportion of youths who surmount adverse circumstances leads

many in society to conclude that individual fortitude rather than social conditions determine success. This belief can undermine support needed for social interventions.

To put our discussion of resilience into perspective, we begin with an overview of risk factors at the individual level and at the community level, then turn to health- and life-compromising outcomes. A discussion of resilience and protection and their roles in intervention follows the overviews.

Unfortunately, there are few data available that permit systematic description of within-group variations in risk factors and outcomes in Black youths. Statistics drawn from studies in inner-city schools and programs disproportionately reflect the experience of poor Black youths. However, these data are often uncritically assumed to hold true for all Black youths, although the majority (55%) of African-American youths are not poor. While statistics from national representative samples reporting data for Blacks as an undifferentiated group do not have this problem, they do obscure the important distinction between low-income and other Black adolescents.

Individual-Level Risk Factors

This section considers three categories of individual-level characteristics which potentially act as risk factors for African-American adolescents, especially those from low-income backgrounds: personality, sociodemographic factors, and problem behaviors. Problem behaviors are considered here in their role as risk factors for the occurrence of other problem behaviors; information concerning levels of problem behaviors will be discussed in a later section on risk outcomes.

Our review does not address the possible role of biological or behavioral genetic factors.

One position held in recent debates about racial differences in intelligence and criminality -- that there are racial differences that are biologically rooted -- implies that a higher proportion of African-American adolescents than White adolescents carry as risk factors low intelligence or a disposition to criminality. We do not discuss this question, but refer the reader to Dembo (1988) for a discussion.

Self-Esteem and Sense of Efficacy

A major line of research in Black psychology concerns whether Blacks are self-hating or

have self-esteem lower than White Americans. At the same time, the idea is widespread that low self-esteem is an ultimate source of self-destructive behavior among adolescents. Thus, some might argue that low self-esteem or self-hatred must be an especially salient risk factor for African-American youths.

However, most empirical studies assessing self-concept find that Black adolescents have self-esteem comparable to White adolescents, and this holds true as well for Black adults and Black children (Blascovich & Tomaka, 1991; Gottfredson, Nettles, and McHugh, 1992; Ramseur, 1989, 1990; Taylor, 1976). Taylor (1976) and Gibbs (1985) found that the attitude of significant others (parents, peers, and teachers) toward the child was a source of Black children's self-esteem, and that the primary focus of social comparison among Blacks is within the Black social context. Other key findings in Ramseur's (1989) review of this literature are that the Black family and community can act as mediators or filters of negative racist images and messages for the Black child or youth, and that a "system-blame" explanation of failure is available to cushion blows to self-esteem.

Thus, the evidence does not suggest that low self-esteem is a risk factor of particular importance for African-American youths, in the sense of occurring more frequently among them than among other groups. Research has not investigated, however, whether low self-esteem might have more severe consequences in Black adolescents than in other groups. That is, it may be that because certain protective factors are relatively less available in the Black community, low self-esteem in Black youths puts them at greater risk. It is also possible that variations in self-esteem might have less impact on risk outcomes among Blacks than other groups, because other factors are of relatively greater importance. Thus, the role of low self-esteem as a risk factor for African American adolescents needs further study.

Sociodemographic Factors

High rates of two sociodemographic characteristics are considered particularly important risk factors for Black youths: poverty, and being raised in a single-parent family headed by a teenage female. Recent statistics confirm the high rate of poverty among Black children and adolescents. In 1990 data, 44.8% of all Blacks under age 18 lived in poverty, compared to 38.4% of Latino children and 15.9% of White children. Altogether, there were 4.5 million poor Black children (CDF Reports, 1991a). The poverty rate for Black families has risen in the last two decades, from 20% in 1969 to 30% in 1987 (Hill, 1990). It is noteworthy that the proportion of children lifted out of poverty by government transfers is actually lower among Blacks (8.6%) than among Whites (14.0%) (CDF Reports, 1991b).

A substantial minority of Black children and adolescents live in single-parent-headed families. More than half lived with only one parent in 1989, compared to less than a third of Hispanic children and about a fifth of White children (Lewin, 1990). The extent to which being raised in a single-parent family *per se* is a risk factor in child and adolescent development, and the mechanisms by which this risk operates, are matters of debate. There is consensus, however, that the poverty often associated with being raised in a single-parent family poses risks to development. This risk is greater for Black children. In 1987 data, 81% of young Black single-mother-headed households were impoverished (Wetzel, 1989). In a somewhat different comparison in older data, 66% of Black children in single-parent families are in poverty, compared to 42% of White children (Kamerman & Hayes, 1982).

There is also general agreement that being raised in a single-parent family resulting from a teen birth creates a risk of adverse developmental consequences for the child. However, no recent national data exist on the proportion of Black children in this specific

circumstance. In Hofferth and Hayes' (1987) review, the age of the mother at birth has an effect on intelligence and achievement test scores, and on other indicators of school performance. This effect holds true for Blacks as well as Whites, but the size of the effect is small. However, Hofferth and Hayes note that the mother's birth age has important indirect effects, through its consequences for family structure, maternal education, and family size.

Other Problem Behaviors

One argument within the "problem behavior syndrome" perspective is that the presence of one problem behavior is a risk factor for other problem behaviors (Jessor & Jessor, 1977). Engaging in one problem behavior reflects in part an underlying disposition toward unconventional behavior likely to be expressed as well in other problem behaviors. In addition, engaging in one behavior puts the individual in environments which potentiate the occurrence of other behaviors. A considerable volume of research has documented a relatively strong degree of covariation in various problem behaviors (Ketterlinus & Lamb, in press), but few studies have examined whether the degree of interrelationship might vary by race and ethnicity.

Mott and Haurin (1988) suggest that differential relationships among problem behaviors within racial groups may occur because groups vary in the extent to which a particular behavior is actually unconventional. As an example, they note

that Black youths use drugs less frequently than White youths, and hypothesize that compared to other youths, Black youths will thus show stronger links between drug use and other deviant activities. However, Mott and Haurin's argument also implies that sexual activity will be less related to other problem behaviors among Black youths, since their rates of sexual activity are higher.

Testing Mott and Haurin's theoretical notion requires analyses distinguishing the influence of substance use on sex from the influence of sex on substance use. Their own study, using data from the National Longitudinal Survey of Youth, was not able to disentangle these effects, but did examine in detail the descriptive association between problem behaviors in different racial-ethnic subgroups. They found that problem behaviors were less strongly interrelated among Blacks than others. For example, minority youths at any given age were more likely than White youths to have engaged only in sex or only in substance use, but not both. Other analyses showed that these problem behaviors were more independent in their age of onset among Black youths than among either White or Hispanic youths. Only 11% of Black male youths initiated sex and use of alcohol and marijuana within one year of each other, while 26% of White male youths did so. Among Black and White females, the parallel percentages were 26 and 13. Although the underlying theoretical mechanism is not made clear by these analyses, one problem behavior appears to be a risk factor for other problem behaviors less often among Blacks than among other youths.

Community-level Risk Factors

In this section, we consider the social and physical characteristics of communities that serve as risk factors for Black adolescents. Our discussion focuses on neighborhood factors, school characteristics, and racial discrimination. We note the potential importance of risks related to the physical environment and community culture, but information on these issues is limited.

We do not discuss the risk status of Black youths who live in suburban and rural locales. There is scant research on these adolescents, although they make up a substantial minority of the total Black adolescent population. Thirty percent of non-poor Black adolescents and 18% of poor Black adolescents live in the suburbs; in rural areas the percentages are 16 and 25 for

non-poor and poor adolescents, respectively. Fifty-seven percent of poor Black adolescents and 54% of non-poor Black adolescents live in neighborhoods in central cities (Dryfoos, 1990).

Neighborhood Demographics

It has been well documented that adolescents who live in Black or poor neighborhoods are more likely to commit or be victims of crimes, have children out of wedlock, be victims of racial discrimination, have problems with substance abuse, and have lower educational attainment and earnings than adolescents who live in affluent or White neighborhoods (Gottfredson, 1987). According to popular assumptions, negative neighborhood characteristics put youthful residents at risk of being victimized or engaging in self-destructive or illegal behaviors. Due to methodological difficulties, however, it has been difficult to determine the extent to which risk is attributable to the presence of poor neighbors (i.e., the social composition of the neighborhood) or to family characteristics that are not influenced by where the family lives.

The few studies that have examined neighborhood characteristics that put teenage girls at risk of getting pregnant suggest that growing up in poor neighborhoods exerts a large effect on sexual behavior (Jencks & Mayer, 1990). For example, Hogan and Kitagawa (1985) found that the risk of pregnancy was a third higher for teenagers living in low-status Chicago neighborhoods. Neighborhood quality was defined by a measure composed of poverty rates, median family income, juvenile delinquency among boys, and other indices.

Using the 1970 Public Use Microdata Sample, Crane (1991) indexed neighborhood quality by the percentage of workers who held managerial or professional jobs. Among Black females, aged 16 to 18, the chances of having a child were highest in the neighborhoods with the lowest proportion of high status workers: at 31.2%, the probability was .08; at 5.6%, .12; and at 3.5%, the probability was .16. Crane found

similar patterns for White females, but for girls in the worst neighborhoods, the chance of having a baby was .10.

Dramatic effects were also found at the lowest status levels for dropping out among Black and White males and females. Outside of urban ghettos, neighborhood effects on both dropping out and childbearing were smaller and the nonlinear increases were not significant.

Jencks and Mayer (1990) attempted to estimate neighborhood effects on educational attainment and crime. They found that growing up in a poor neighborhood reduced educational attainment of males, regardless of race, but neighborhood racial composition had different effects on Black and White males. White males attained more education if they had Black neighbors, and Black males got more schooling if they had White neighbors. With respect to crime, they concluded "despite the existence of many complex theories about the ways in which neighborhoods affect teenage crime, the evidence for such effects is thin and contradictory" (p. 175).

School Characteristics

Poor performance in school at an early age is a cardinal risk factor that signals the probability of problems in all major areas of development. Much attention to risk factors for school failure has focused on individual characteristics and behavior, such as lack of engagement in instructional activities, poor performance on tests and other classroom tasks, poor attendance, and family poverty and marital status (McCann & Austin, 1988; Natriello, McDill, & Pallas, 1990; Scott-Jones, 1991).

School characteristics, however, have come under increasing scrutiny as factors in school failure (Fine, 1988; McCann & Austin, 1988). For example, a high school's mean SES has an effect on Black students' cognitive growth (Jencks & Mayer, 1990) and on the probability of having a child before graduating (Mauer, 1990). Research has begun to examine Catholic schooling and its positive effects on the performance of Black

adolescents. Using samples drawn from the High School and Beyond study, Hoffer, Greely, and Coleman (1985) found that Catholic schooling had a positive impact on growth in mathematics and verbal achievement, that the size of the effect was greater among Black, Hispanic, and lower-income students, and that the effects were due to course requirements. In a recent analysis of data from the National Assessment for Educational Progress, Lee, Winfield, and Wilson (1991) found that 8th-grade African-American students in Catholic schools used their time more positively (reading, doing homework, not watching television) than their counterparts in public schools.

Physical Settings

The adequacy and arrangement of buildings and streets in the community, the layout and decoration of interior spaces, crowding, noise levels, and other aspects of the physical environment can affect development (Astin, 1968; Moos, 1979; Scott-Jones, 1984; Wohlwill & vanVliet, 1985). Research on environmental risks among Black student populations, however, has focused on young and elementary age children rather than adolescents.

Community Climate

We define community climate as the values, norms, and rules that serve to maintain community order and control, to promote extensive social interaction among community members, and to facilitate individual community members' growth and progress. Although reliable instruments have been used to study the social culture or climate (norms, rules, values) of classrooms, college campuses, work settings, treatment programs, and families, the community (or neighborhood) culture has been explored largely through ethnographic studies.

For example, Anderson (1991), drawing on two decades of ethnographic work in Black neighborhoods in Chicago and Philadelphia, described the street culture in very poor,

inner-city neighborhoods as a contributor to negative outcomes for youths:

This street culture is characterized by support for and encouragement of an alternative life style that appears highly attractive to many adolescents, regardless of family background. Its activities are centered on the "fast life," and may include early sexual activity and drug experimentation and other forms of delinquency. But while relatively advantaged youths with clear options may dabble in this culture, becoming hip enough for social approval and then moving on, those with fewer apparent options, a limited sense of the future, may more fully invest themselves in the culture, attempting to gain status according to its principles and norms. The relative prominence of this culture in the poorest inner-city neighborhoods brings about not only the prevalence of much antisocial behavior but the high incidence of teenage parenthood as well. (pp. 375-376)

Such conceptions as this passage illustrates may be useful starting points for defining elements of climate that may serve as risk factors and developing instruments that can be used in needs assessments, surveys and other forms of data gathering.

Racial Discrimination

Despite strides in alleviating racial discrimination in schools and other institutions that serve youths, Black adolescents face persisting racial inequality in employment, education, and other spheres. For example, Black teenage unemployment is disproportionately high, yet differences between the rates of Black and White populations are only partly attributable to education, age, and family income (Feldstein & Ellwood, 1982; Hollister, 1989; Taylor, 1990). Braddock and McPartland's (1987) analyses of data from a national sample of 4078 employees suggest that exclusionary barriers related to segregated social networks

and information sources may play a role in employment discrimination.

Considerable evidence supports the fact that Black youths are overrepresented at all stages of the juvenile justice process. According to Hawkins and Jones' (1989) review on Black adolescents in the criminal justice system,

There is substantial evidence of discrimination within the American criminal justice system during the past, especially prior to the Civil Rights Movement and the resulting legislation of the 1960s. Further, the current large scale overrepresentation of Blacks among those arrested and imprisoned suggests that we cannot rule out the possibility that racial bias still plays a significant part in the

processing of persons charged with crime today. (p. 410)

Racism in education is reflected in the high proportions of Black students who attend segregated schools as well as in the segregation of students within schools. According to the Quality Education for Minorities Project (1990), in 1980, 63.5% of Black students attended minority schools (compared to 77% in 1968) and 33.2% were in intensely segregated schools (compared to 64% in 1968). The figures for 1980 had not improved by 1986. Inside schools, Black students constituted 31% of corporal punishment cases, 25% of suspensions, and 35% of those labeled as educable mentally retarded, although Black students make up only 16% of the total school population.

Risk Outcomes

Past research suggests two conclusions about the incidence of health- and life-compromising risk outcomes in Black adolescents: (1) Black youths register higher rates of many risk outcomes in areas such as health, education, and sexual behavior; (2) at the same time, Black adolescents show prevalences of alcohol abuse, drug abuse, and depression at lower rates than White youths. We will briefly review each area, noting particular research or conceptual issues that have arisen in each area as they pertain to Black adolescents.

The point we made at the outset about the need to distinguish low-income from other Black adolescents is particularly relevant to reviewing rates of negative health outcomes. Statistics drawn from studies in inner-city schools and programs disproportionately reflect the experience of poor Black youths. Statistics from national representative samples reporting data for Blacks as an undifferentiated group obscure the important distinction between poor and non-poor Blacks. The statistics presented below are of the latter type. Readers should realize that the levels of these indicators are worse than these statistics would suggest for poor Black

youths, but better than these figures denote for Black youths living above poverty.

It should also be noted that because of special concern for African-American adolescent males, more data on most of the areas reviewed below exists for males than females. More research attention to African-American adolescent females is needed.

Health

The elevated rate of poverty among Black children leads to increased rates of a variety of health risk outcomes in childhood and adolescence such as malnutrition, anemia, lead poisoning, lack of immunization, and lack of dental care. These and other health risks produce higher rates of child and adolescent mortality (Jaynes & Williams, 1989, pp. 406-410).

Young African-American males report acute medical conditions at the same rate as young Hispanic males, both higher than among White males (National Center for Health Statistics, 1984). Black youths account for 36% of all AIDS cases reported among 13-19 year-olds, although Black youths are 15% of

this population (Miller, Turner, & Moses, 1990). African-American males die from AIDS in disproportionate numbers (U.S. Bureau of Census, 1990).

Young African-American males die from homicide at a rate almost eight times that of young White males. Rates are half as high for Latinos but still much greater than that for Whites (Committee on Ways and Means, 1990; Center for Health Statistics, 1991).

School Completion and School-Related Problems

Education is one area where African-American males do significantly better than Latino males, although they still lag behind White males: the percentages of each group who are high school graduates are 64, 52, and 78% (U.S. Bureau of Census, 1990). These data reflect in part that in recent years there was a significant reduction in the dropout rate among young Black men. Their estimated cumulative proportion of dropping out was reduced from 32% in 1973 to 20% in 1983 (Wetzel, 1989). The same pattern exists for the proportions two or more grades behind in school, among 15-year-olds: 10, 12, and 6% (Duany and Pittman, 1990).

Employability

Young African-American males have higher youth unemployment rates and lower labor force participation rates than young Latino males, although they do less well than White males. In 1988, 32% of Black youths were unemployed, compared to 13% for White youths and 22% for Hispanic youths (Wetzel, 1989). This disparity appears incongruent with the finding, just noted, that African-American males do better than Latino males on indicators of school completion and being in grade. It is also noteworthy that African-American male dropouts are much less likely to find employment than Latino male dropouts (Duany and Pittman, 1990). As another indicator of employability, young African-Americans are also less likely to marry than Latino males (Duany and Pittman, 1990; U.S. Bureau of Census, 1990).

Police Involvement

Arrest rates are much higher for Black male youths than for any other group. While Black youths make up 15% of the juvenile population, 23% of juveniles arrested in 1986 were Black, and 52% of those arrested for violent crimes committed by those under 18 were Black (Dryfoos, 1990). A recent report from the Sentencing Project found that 23% of young African-American males and 10% of young Latino males (compared to 6% of similar Whites) are either in prison, jail, on probation or on parole on any given day (Mauer, 1990). Black-White differences are not as striking in self-reported delinquent behavior as they are for arrest rates. For example, in 1976 data from the National Youth Survey, behaviors classifiable as index offenses were reported by 29% of Black youths aged 10-17 during the past year, but by 19% of White youths (Dryfoos, 1990). One major recent survey found that Black youths self-report delinquent behavior at a lower frequency than White youths (Bachman, Johnston, & O'Malley, 1988). Thus, the probability that delinquent behavior leads to police involvement is greater for Black than for White youths.

Risky Sexual Behavior

Because of the complexity and multiple implications of adolescent sexual behavior, we provide more detail here than for the areas already considered. Surveys conducted in 1988 provide the most recent national data on rates of sexual activity and contraceptive use in African-American adolescents. Black males show higher rates of sexual activity than other males between ages 15 and 19. Sixty-eight percent of Black males were sexually active at age 15, 90% at age 17, and 96% at age 19. Comparison with data from a 1979 national survey (limited to 17 to 21 year-olds in metropolitan areas) indicated substantial increases in rates of sexual activity for Black males aged 17-19, for example, from 60% in 1979 to 90% in 1988 among urban 17-year-olds (Sonenstein, Pleck, & Ku, 1989). Among Black adolescent females

in the 1988 National Survey of Family Growth (NSFG), 51% of 15-17 year-olds and 78% of 18-19 year-olds were sexually active in 1988. The proportion of sexually active Black adolescent females rose relatively little in recent years. Among 15-17 year-olds, the 1988 rate of 51% compared to a 1982 rate of 44%, and among 17-19 year-olds, rates in the two years were almost identical (Forrest & Singh, 1990).

Sonenstein, Pleck, and Ku (1991) analyzed in greater depth other indicators of sexual activity among Black and other males. At every age, Black adolescent males report more lifetime sexual partners, and more sexual partners in the last 12 months and in the last four weeks, than do White and Hispanic males. However, when the number of years since first intercourse is controlled, differences on these indicators of activity between Black and White males disappear. That is, the greater frequency of recent sexual partners among Black males is a function of their starting sexual activity earlier.

Regarding contraceptive use, in data from Black males in 1988, 66% reported using a condom, either alone or with another method, at last intercourse, a higher proportion than among White males (54%) (Sonenstein, Pleck, & Ku, 1989). Black adolescent males' higher rate of condom use at last intercourse was also evident in multivariate analyses of consistency of condom use (Pleck, Sonenstein, & Ku, 1991) and in analyses of earlier 1979 national data (Pleck, 1989). Further, 80% of Black males in the 1988 data reported that some effective method of contraception had been used at last intercourse (Sonenstein, Pleck, & Ku, 1989). In the 17-19 year old urban subgroup who could be compared with 1979 data, rates of condom use and effective contraception use rose markedly since that earlier survey; in 1979, 50% reported use of an effective method, rising to 81% in 1988. Data on contraceptive use for Black adolescent females in the 1988 NSFG have not yet been reported (Forrest & Singh, 1990; Mosher, 1990).

Black teens have substantially higher birth rates than White teens. In 1985 data for

women aged 15-19, the non-White rate was 89.7 per 1000, about double the White rate. The rate among non-Whites declined about 10% between 1977 and 1985 (Henshaw & Van Vort, 1989) but has risen somewhat since then (Facts at a Glance, 1991). The likelihood of pregnancy over the course of the teen years among Black females has been estimated as 41% before age 18, and 63% before age 20 (Hofferth and Hayes, 1987, p. A-68). Most research concludes that becoming a mother significantly reduces teen females' life chances (Hofferth & Hayes, 1987; Scott-Jones & Turner, 1990). However, there are some indications that the negative consequences of teen motherhood may be less severe for Black than for White females (Rudd, McKenry, & Nah, 1990). The Rudd et al. analysis also demonstrated racial differences in the pathways by which early parenthood influenced outcomes.

Recent research on adolescent sexuality is focusing increasingly on behavior which puts the individual at risk for AIDS. Studies have documented high rates of risky sexual behavior in samples including high proportions of low-income Black youths (Cargill, 1991). Mays and Cochran (1990) trenchantly analyze a variety of methodological issues in the assessment and prediction of AIDS risk-related behaviors in African-Americans.

Alcohol and Drug Use

Substance use is one of two areas in which African-American youths register lower levels of risk outcomes than White youths, although this result has some qualifications. Surveys consistently indicate that African-American youths use alcohol and "soft" drugs less often than White youths (Jaynes and Williams, 1989; McKenry, 1990a; National Institute on Drug Abuse, 1991b). In the 1990 National Household Survey on Drug Use, 10.8% of 12-17 year-old Black males used marijuana in the last year, compared to 12.2% of White males; among Black and White females, the figures were 7.8 and 11.8. Among Black males aged 12-17, 16.1% used alcohol in the past month, compared to 28.7% among Whites: for females, the rates were 14.6% and 27.3%.

The suggestion is commonly made that Blacks underreport alcohol and drug use. In support of this possibility, Mensh and Kandell (1988) found higher rates of discrepancies in reports of drug use in successive waves of the National Longitudinal Survey of Youth among minorities, even after controlling for frequency of use (previous analyses had shown that light or experimental users most underreported use in a later interview compared to their response about the same period they made in an earlier interview). For example, 14% of Black males and 22% of Black females who reported marijuana use in 1980 reported in 1984 that they had "never" used drugs, compared to 7% of White males and 10% of White females.

Even if the current NIDA estimates are adjusted for the degree of underreporting suggested by Mensh and Kandell's data, Black youths would still be using drugs less frequently. Further, it is puzzling why an underreporting bias would depress African-American adolescents' responses regarding alcohol and drugs below Whites' levels, but not have the same effect on their reports of sexual activity, reviewed in the preceding section. To explain the latter, it is possible that Black youths are underreporting sexual activity to a greater degree than do White youths, but Blacks' reported level is still higher than the Whites' level because their actual level of sexual activity is so much higher. Even if this interpretation is accepted, it is still evident that the disparity between Black and White youths' rates of substance use is much less than their disparity in sexual behavior.

A further important trend in survey data on alcohol and soft drug use is that although African-Americans show lower use than Whites during adolescence, in adulthood African-Americans' rates of use equal or exceed Whites (National Institute on Drug Abuse, 1991a). This "crossover" in Black-White rates of alcohol and drug use suggests that the transition from adolescence to adulthood is a period of special risk for African-American youths. African American youths experience more severe negative consequences from substance use than do

other youths. For example, Gibbs (1988) notes that a higher proportion of Black than White males are diagnosed with alcohol-related disorders. Black youths use the hardest drugs more, and suffer disproportionately from the consequences of serious drug use. Young African-American males are as likely as young White males to experience a cocaine-related emergency room episode, although there are 80% fewer young African-American males (National Center for Health Statistics, 1991). Young Latino males had significantly fewer episodes (National Institute on Drug Abuse, 1987).

Some observers of trends in substance use suggest that drug use patterns have become socially bifurcated: use of both soft and hard drugs is declining among middle-class and/or suburban youths (reflected in NIDA's national high school and household surveys), while use of hard drugs is increasing among low-income urban adolescents. If this observation is correct, it suggests a parallel bifurcation among Black youths: non-poor Black adolescents are using alcohol and drugs less, while among poor Black youths the severity of these problems is not improving and may be getting worse.

Psychological Symptoms and Suicide

Although some studies find that Black youths report more symptoms of depression than White youths (Langner et al., 1974; Schoenbach et al., 1980), more studies do not (Comstock & Helsing, 1978; Roberts et al., 1981; McKenry et al., 1990). The McKenry et al. study is particularly valuable in investigating levels of both depressive symptoms and clinical diagnosis of depression in a sample at high risk: adolescent mothers at the time of birth, and one year postpartum. Its results mirror the relatively weak differences found in other studies. With levels of stressors and resources controlled, Black teen mothers were higher on depression only on one measure at one time period. Dornbush et al.'s (1991) investigation in a general adolescent sample examined a broader range of psychological symptoms, finding that both

Black males and females registered lower symptomatology than Whites, and that this differential persisted even when the level of stressful life events was controlled.

As reviewed by McKenry (1989), in past years, suicide was relatively rare in the Black community. However, the rate of completed and attempted suicides among Black adolescents has increased markedly in the last three decades, especially for males. Blacks' rate of suicide is still lower than Whites' among adolescents, though in the 20-34 age group for males it approaches that of Whites. It is also noteworthy that the Black suicide rate peaks in young adulthood, while the White rate peaks after age 65 (Freedberg, 1986). Rates of Black youths' suicidal behaviors would probably be higher if more accurate reporting procedures and treatment

facilities were available in the Black community. The dynamics of suicidal behavior have been studied far less in Black female than male adolescents.

McKenry (1990b) observes that one major explanation for the increase in the Black adolescent suicide rate is that it parallels increases in unemployment and (until recently) drug use, in signifying an overall decrease in well-being and greater sense of estrangement from society and anomie. As McKenry (1990b) notes, "much of the research has supported a frustration-aggression hypothesis and concluded that suicidal behaviors among Black youths are related to an increasing sense of disappointment and despair at continuing discrimination as Blacks progress closer to mainstream society" (p. 58).

Resilient Outcomes and Protective Factors

We now turn from the consideration of adverse outcomes to issues concerning risk-resilient outcomes and the related notion of protection against risk. We discuss concepts first and then address findings on resilience.

Concepts of Resilience and Protection

Resilience and protective factors are conceptualized in various ways. Masten, Best and Garnezy (1990) defined three kinds of resilience. The first, "overcoming the odds," captures the popular notion of resilience as a quality of particular personal strength within an individual. Risk factors are defined as correlates of negative or poor outcomes. The second concept of resilience is coping, or sustained, competent functioning in the presence of chronic or acute major life stressors (such as divorce). The third refers to recovery from trauma.

Regardless of the way in which resilience is understood, formal research generally operationalizes resilience as the result of specific protective factors, which may be external to the individual (for example, in the

family or wider community), or may be internalized qualities (such as sense of personal efficacy) that can be influenced by external conditions. One conception of protective factors [illustrated, for example, in Dubow and Luster's (1990) work on the adjustment of children born to teen mothers] views them as simply the opposite ends of the dimension defining risk factors.

Rutter (1987) formulated an alternative conception which defines factors or processes as protective if they exert a moderating (or interactive) effect on the influence of a risk factor. Empirical studies suggest four types of processes: 1) reduction of risk impact, including processes that alter the risk or the person's exposure to the risk; 2) reduction of negative chain reactions that follow exposure to the threatening effect and contribute to long-term effects of exposure; 3) self-esteem and self-efficacy, developed through personal relationships, new experiences, and task accomplishment; and 4) opening up of opportunity, processes that permit the individual to gain access to resources or to complete important life transitions.

Studies of resilience are more numerous in populations of young children than adolescents (Werner, 1990), and studies of Black adolescents are rare. Nevertheless, some attempts have been made to identify protective factors related to delayed childbearing and coping after childbearing, success in academic settings, and development in community settings.

Resilience and Adolescent Parenthood

Bearing a child in adolescence is a stressful event because it triggers many changes in the physical, emotional, and social life of the teenager. Among the well-documented consequences are leaving school, caring for a child who may have serious health and development problems, poverty, and depression (McKenry et al., 1990; Dryfoos, 1990; but see Geronimus, 1991). Many of the consequences have a negative impact on the teenager as well as the child. Hence, researchers and program developers have sought to understand the factors that serve to protect against delayed sexual activity and childbearing and the factors that promote resilient outcomes among teenagers who do bear children.

Educational opportunity is a critical protective mechanism. Scott-Jones and White (1990) found that young Black teenaged girls (ages 13 and 14) who had high educational expectations were less likely to become sexually active than girls who had low expectations, and Scott-Jones and Turner (1990) found that educational attainment mediated the impact of teenage pregnancy on income. Staying in school despite pregnancy or childbirth is important. In Polit and Kahn's (1987) study, extremely poor teenaged mothers who were enrolled in school when baseline data were collected had completed or were enrolled in an educational program two years later. In contrast, only 28% of girls who had dropped out at baseline were in an educational program.

Danziger and Farber (1990) identified protective factors that served to keep Black teenaged mothers in school. Compared to

teenaged mothers out of school, those who remained had a strong sense of personal motivation, family support for achievement, and support for schooling from caring adults in the community. In Polit and Kahn's (1987) study, girls who had received educational counseling during the second year of data collection were more likely than other girls to have completed or be enrolled in an educational program. Social support also serves to facilitate adjustment to teenage parenthood (McKenry et al., 1990). In McKenry and associates' (1990) study, social support of the teenager's mother predicted depression at the birth of adolescent's child, but not one year later. General social support (as defined by contacts with friends and relatives, religious activities, group memberships, and telephone contacts), however, mediated depression at birth and one year postpartum.

An important recent analysis of data from the National Survey of Children found that children of teen births (43% of whom were Black) score one standard deviation below the population mean on measures of intellectual functioning, and one standard deviation above the mean on total behavior problems and on antisocial behavior. They performed within the average range across academic achievement tests, however. Further analyses indicated that within this group, poverty status, urban residence, and mother's low self-esteem acted as risk factors for academic and behavioral adjustment. Child intelligence and self-esteem and quality of home environment functioned as protective factors (Dubow & Luster, 1990). Thus, various conditions and circumstances influence the outcomes shown by children of teen parents. However, research has not investigated similarities and differences in the risk and protective factors most influential in different racial-ethnic groups.

Resilience in Academic Settings

M. Clark (1991) reviewed research on friendship patterns, social identity, and school support to identify protective factors in academic achievement. The following factors emerged as ones that fostered

resilience: close friendships, particularly with friends who value education; exposure to mainstream culture; bicultural or raceless social identity; perceptions of school as supportive; and active parental support for achievement. In contrast, an oppositional social identity, which is characterized by angry and rebellious responses to racism, is a source of vulnerability in school settings.

In reviewing the research on social identity, Clark noted that African-American adolescents who are resilient in school settings may be at risk of poor social development:

Commitment to a raceless persona may result in alienation from other African-American students at school and in the community. Alienation from same-race peers may be problematic, especially for African-American adolescents who live in Black communities and attend majority-Black schools. Their peer support system is lacking at a stage when peers should play an important role in their development. (p. 43)

R. Clark's (1983) study of family contributions to Black adolescent school achievement highlights the importance of protective factors within the family. In this study, Clark used extensive interview, participant observation, and questionnaire data to identify patterns of home experience among ten high- and low-achieving high school seniors. All families lived in low-income neighborhoods and had total family incomes below the government-defined poverty level.

In contrast to parents of low achievers, parents of high achievers were nurturing and supportive, and they established clear role boundaries, monitored their children's activities inside the home and in the community, consistently enforced rules, and frequently engaged children in learning activities (including home maintenance, informational, and recreational activities). The parents of high achievers described their upbringing in home environments that were

organized to support social and academic learning.

High-achieving students in these families had qualities associated with individual resilience (see Werner, 1990 for a review). They had (1) a positive sense of self, which was reflected in positive self-talk, a sense of academic competence, and appropriate attribution of failure, and (2) a sense of responsibility and the determination to overcome obstacles. These students also had a positive racial identity and could recall at least one teacher who provided time, attention, and nurturance during the elementary or intermediate grades.

Resilience in Community Settings

Although available studies have focused on protective factors that promote resilience in academic settings, some theoretical and empirical work has considered mechanisms that are important in different community environments. For example, Ogbu's (1985) cultural-ecological model of inner-city childrearing and development specifies competencies that African Americans in the inner-city expect children to acquire and the cultural factors that shape the type and content of such competencies.

One such competency is mutual exchange, which is based on the well-documented norm of reciprocity that exists in poor, urban neighborhoods. Other competencies that Ogbu defined include conventional employment, clientship, hustling, pimping, entertainment, and collective struggle. Ogbu asserts that all of these competencies are necessary for survival in neighborhoods whose economy embraces conventional and "street" or "underground" forces. Thus a given individual may be employed in a conventional job and yet occasionally engage in hustling. Protection against the risks associated with the street culture may hinge on the range of competencies at the individual's command and the skill with which they are applied.

In rural communities, Black adolescents face many of the risks associated with poverty

(see Lee, 1989; and Okwumabua et al., 1989). Successful development in this context is facilitated by strong family support and social networks of peers and respected elders (Lee, 1984, 1989). Indeed, a form of protection for urban youths may be "time out" in a rural setting. In this regard, Lee comments: "It is interesting to note that often when family situations in urban centers become chaotic, Black parents will send their children for a period of time to live with extended family members in the rural South. It is anticipated that in a southern rural family environment, young people will experience order, stability and a sense of tradition" (Lee, 1989, p. 85).

Participation in a church community and belief in a higher power were particularly important in the lives of rural youths, although religion has been identified as a protective factor for African-American youths

Interventions as Protective Mechanisms

Poor Black youths are disproportionately represented in the ranks of adolescents at risk of educational failure, police involvement, and problems associated with sexual behavior; hence Black adolescents have been participants in many of the major social and health-oriented programs that have been implemented during the past 25 years. Typically, such programs are based on program rationales, that is, theories of intervention or action based on knowledge about the causal pathways to risky behavior. In complex programs, some combination of individual-level intervention (for example, social skills training, counseling, and tutoring) and community or environmental-level intervention (e.g., information campaigns, changes in the social organization of the school) is common. This mix corresponds to individual and social levels of analysis in the program theory, as shown in the illustrative representation (Figure 1) for one drug prevention program currently underway in a large Southern city.

An examination of the content of various interventions suggests that programs may be

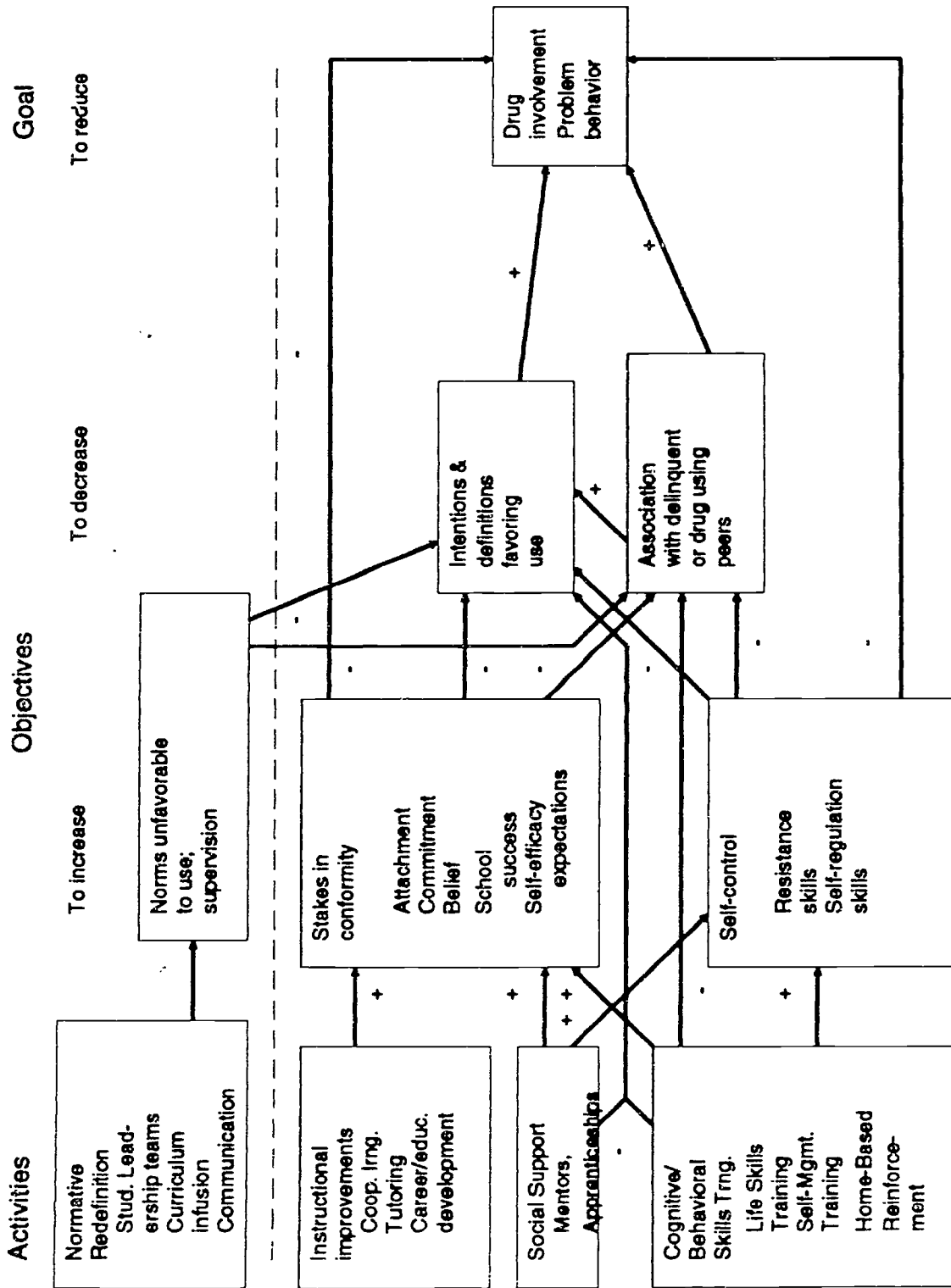
in diverse settings. Reviewing the function of religion as a protective factor, Brown & Gary (1991) and Masten, Best, & Garmezy (1991) report that religion is associated with competence and educational attainment. Anderson (1991), however, speculates that, among very poor girls, fundamentalist religious beliefs about the power of fate may render them indifferent to the possibilities of pregnancy.

As in research with other populations, studies of Black adolescents indicate that protective factors fall into three categories identified in Garmezy's (1985) work: aspects of the child's disposition, family cohesion, and supportive persons in the environment. Below we examine intervention studies that bear on the alternate conception of protection as processes or mechanisms, rather than specific factors (Rutter, 1987).

defined as means whereby protective mechanisms are provided or set in motion (Nettles, 1991). For example, school-based clinics offer a vehicle to stimulate youths to invest in behaviors that alter their exposure to health-related risk situations. Black adolescents constitute the majority (59%) of users of these clinics (Kirby, Waszak, & Ziegler, 1989), which provide services such as contraceptive counseling, nutrition education, referrals, laboratory tests, and first aid.

As a protective mechanism, school-based clinics are illustrative of mechanisms to reduce the impact of risk. There is some evidence that the presence of these clinics does encourage students to approach sexual behavior in a responsible manner. According to an evaluation of six clinics (Kirby, Waszak, & Ziegler, 1989), at two of the sites significantly greater proportions of students in clinic than nonclinic or preclinic schools reported using contraceptives at last intercourse. In the sites that made contraceptives available by voucher or by directly dispensing them, students who used

Figure 1. Program Activities, Objectives, and Goal



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Source: Gottfredson, G. D. (1990). Proposal for the multi-model school-centered prevention demonstration. Baltimore: Johns Hopkins University Center for Social Organization of Schools.

the clinics to obtain contraceptives were more likely to have used contraceptives at last intercourse than students who did not use contraceptive services.

Numerous programs use the protective mechanism of opening up opportunities. Opportunity can be in the form of participation in extracurricular and voluntary community activities. The Meharry Medical College, for example, is implementing I Have a Future, a project to prevent pregnancy among Black adolescents living in two Nashville public housing sites (Meharry Medical College Adolescent Pregnancy Prevention Project, n.d.). In addition to comprehensive health services, the program provides activities designed to be appropriate to the interests of students in three age groups: pre-adolescents (aged 10-12), early adolescents (aged 12-16), and mid-adolescents (aged 17 and 18).

Employment opportunities are particularly important for youths who face multiple impediments to success in school and the labor market. Programs that assist participants in locating job openings, learning interview skills and appropriate on-the-job behavior, and managing their earnings not only affect the opportunity dimension, but also afford the protection associated with success on valued tasks and the enhanced sense of efficacy that accompanies positive outcomes. Examples of programs that provide employment opportunities are The Boston Compact and the Summer Training and Education Program (STEP). Evaluations of these programs have reported improvements in indicators of school achievement and employment, but dropout rates show slight or no reduction (see Dryfoos, 1990, for a review).

Reduction of the negative chain reactions that accompany outcomes such as childbearing, school failure, and incarceration is often sought through programmatic components that provide social support to the adolescent. For example, the Peer Tutoring and Mentoring Project (Turkel & Abramson, 1986) provided 9th grade potential dropouts with college students who served as mentors.

The mentors and students met during or after school and discussed social and personal concerns of the student, or the mentor provided tutoring. Project RAISE in Baltimore is an example of a large scale mentoring and advocacy program for low-income students. Its two-year evaluation (McPartland & Nettles, 1991) found that participants had better English grades and attendance than non-RAISE students in the same schools.

Unger and Wandersman (1985) conducted an action research project that provided resource mothers to pregnant, low-income adolescent mothers. The resource mothers, paraprofessionals and experienced mothers who came from similar ethnic and economic backgrounds as the young women in the program, visited participants monthly throughout the pregnancy and the baby's first year. The evaluation showed that at eight months postpartum, a higher proportion of visited mothers than comparisons remained in school and had babies with higher birth weights.

Overall, findings from well-designed program evaluations, though sparse, indicate that programs can be effective in preventing or delaying the high risk behavior or ameliorating the short-term impact of exposure to risk (see Dryfoos, 1990; Nettles, 1991b; Schor, 1988; and W. T. Grant Foundation, 1988, for reviews). From longitudinal studies, however, we have learned that effects vanish when the intervention ends.

The findings from the evaluation of Project Redirection (Polit & Kahn, 1985) are illustrative. This project served teenaged mothers, providing social and employment services, peer group activities, and mentoring by women in four cities. Measures of subsequent pregnancy, employment status, school enrollment, and school completion were taken at 12 months, when the average participant was ending the program, and at 24 months. Desired effects were sustained for the most disadvantaged participants, but for others, differences between participant and comparison groups at 12 months had disappeared by 24 months.

The limited effectiveness of interventions raises the question, what adjustments are needed to sustain favorable outcomes? Our reading of the literature suggests three possibilities.

First, program designs can incorporate needs assessments that not only evaluate risk, but identify existing sources of protection (such as a relationship with a caring adult, or participation in enriching activities) in the adolescent's life. Such environmental or personal resources can be used in selecting or adjusting the type, timing, and intensity of programmatic "treatments" for a given individual or group. Moreover, efforts can be directed at either strengthening naturally occurring sources of protection or designing protective structures that will continue in the adolescent's life after the intervention or participation in the intervention ends. Such adjustments could be formally assessed in terms of their effectiveness in sustaining program inputs over the long run.

Second, interventions need to be designed with knowledge of Africa-American culture if they are to be effective with African-American youths. As an example, Mays and Cochran (1990) point out that many risk reduction messages for the practice of safe sex promote these activities in the context of "fun," such as posters saying "Play It Safe"

or "Plan Safe." Mays and Cochran argue that the view of sex as play or leisure activity implicit in this message conflicts with fundamental religious teachings about sex which are prevalent in Black communities. Further, this message "paints a vacation-like framework for viewing sexual activity," presuming individuals have the time and privacy to enjoy their sexuality fully.

Finally, program designs must incorporate developmental processes. As presumed in Levitt and associates' (1991) developmental conceptual model of risk-taking behavior, resilience is fostered through the synchronous development of three psychosocial components: knowledge, management skills, and personal meaning. According to the investigators, "The questions of prevention shift, then, from how do we promote specific risk-resistant behavior (e.g., smoking cessation) to how do we promote higher levels of knowledge, management skills, and personal meaning?" (p. 371). Issues raised by this model might have a particular application in programs for Black adolescents. For example, variation in the types and development of social identity, as noted in the preceding section, may be important considerations in designing contexts that have personal meaning for individuals in this population.

Conclusions

Using the risk-resilience model, we explored selected developmental outcomes among Black adolescents. Clearly the model is a useful one for understanding why some youths, despite impediments associated with social and economic disadvantage, prevail and sometimes flourish against the odds. Studies indicate that individual, familial, and community resources contribute to the resilience of Black youths, and that social identity and type of community may determine which factors are important for different subgroups of Black youths.

However, applying this model to Black youths in one common and apparently plausible way -- to predict levels of risk

outcomes at the aggregate level among Black youths, solely from knowing aggregate levels of risk factors among Black youths -- does not work. Although Black youths have higher rates of poverty than White youths, Black adolescents register levels of self-esteem equivalent to those in Whites, and also report lower rates of certain risk outcomes: alcohol use, soft drug use, and depression. There is some evidence, however, that in the early adult years, these risk outcomes become relatively more frequent among Blacks, especially males, suggesting that the transition from adolescence to young adulthood is a period of special vulnerability for African-American youths.

Although the model identifies environmental factors as stressors, we found little evidence that community-level characteristics affect Black adolescents in ways that popular assumptions imply. In the few studies that addressed environmental factors, the effects on individuals were not large. However, growing up in extremely poor neighborhoods puts Black youths at risk of dropping out of school and, among girls, at risk of pregnancy and early childbearing.

Several directions for future study are evident. We emphasize first the need to distinguish in research poor and non-poor Black youths as well as youths who reside in urban, suburban, and rural communities. In

exploring the contribution of community factors as stressors and sources of protection, attention must be given to how social properties are conceptualized and measured.

Another pressing need is for studies of Black adolescent females, who have been overlooked in recent discourse about the problems of poverty and discrimination. Finally, intervention research can make important contributions to our understanding of resilience and protective mechanisms. The design of interventions that address critical transitional periods is a priority, as is the continued search for ways to enhance and sustain the effects of programs to foster favorable outcomes.

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