

Entry

Resilience, Adversity, and Social Supports in Childhood and Adolescence

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Definition

More than 50 years ago, children were viewed as naturally resilient and often labeled invulnerable or invincible. Resilience is now understood to be the result of dynamic interactions between individual, familial, social, and environmental systems, decentralizing the focus from the individual to the global society. Experiences with adversity may emanate from the youth's family environment, their community, the school system, and larger structural challenges related to poverty, discrimination, health disparities, and educational inequities. Youth experiences with adversity, trauma, and tragedy have the potential to negatively impact youth well-being, with consequences manifesting across the lifespan. Children and adolescents generally hold limited power to change their circumstances and are often ill-equipped to resolve the adverse or traumatic experiences occurring within their ecosystem. The value of social supports in the young person's ability to be resilient has been affirmed. This understanding is particularly important for children growing up in poverty or in Low- and Middle-Income Countries (LMICs) where significant challenges occur as a result of economic and social disadvantage. Resilience at the individual level is unlikely to eliminate macrolevel issues. Developing and deploying strategies to enhance the ability of youth to rebound from adversity represents a positive step at the micro level, but the larger issues of economic and social disadvantage are unlikely to change without macro-level interventions. Glancing toward the future, traumatized youth may grow into traumatized adults without appropriate interventions and changes in social policies, programs, and protections.

Keywords: resilience; well-being; adversity; childhood trauma; social and economic disadvantage; coping and problem-solving skills



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1. Introduction

Children are generally dependent upon adults to address their basic needs of food, water, shelter, and clothing. As minors, they exist in a reality where they experience few opportunities to make life-altering decisions, such as engage in legally binding agreements, acquire independent housing, or obtain full-time jobs. Young people generally rely on their families for safety and support when they encounter experiences that threaten their well-being. How youth cope with adversity or challenges can result in positive or negative outcomes, resilience, or pathology. Family has often been acknowledged as a vital source of resilience for individuals, particularly children and adolescents [1–4]. Contrarily, family has also been identified as a source of adversity [5]. A glance toward the future global society highlights the importance of understanding how and why child and adolescent mental health (CAMH) functions as an essential component for global mental health [5,6].

CAMH is influenced by several factors, one of which is the child's ability to be resilient when encountering adversity, a valuable skill in adulthood [3]. When unresolved, a child or adolescent with mental health concerns may develop into an adult with mental health concerns. Similarly, resilient children are likely to grow into resilient adults, enhancing their ability to contribute positively to society.

The concept of resilience is rooted in child psychiatry and developmental psychology, offering an explanation of how some children were able to thrive after traumatic experiences while others were not [7]. Over several decades, resilience research evolved from examining childhood adversity to identifying protective factors and processes that enable individuals to thrive despite experiences of trauma and adversity. Once thought to be an inherent trait, extant research has enhanced understanding of resilience as a skill that can be learned or acquired. Currently in the fourth wave of resilience research, attention has moved beyond individual approaches to examinations at the societal and ecological levels.

This discourse will examine definitions, theories, types, and models of resilience to illuminate both the value of resilience and how resilience develops naturally or may be developed intentionally. Utilizing a critical lens, case examples involving developed and developing countries will be explored to further clarify how youth experiences with adversity may be buffered via social supports at the family, school, community, and societal levels. Additionally, race/ethnicity and socioeconomic status will be examined to highlight disparities in youth resilience as informed by geographical location (Global South vs. Global North) or status as an LMIC.

1.1. Understanding Adversity

Van Breda asserted that adversity could be categorized into two categories: acute and chronic [7]. Acute adversity has a definitive starting point, a short duration, and a limited impact on functioning. Chronic adversity may be subdivided into two groups: distal-onset and proximal-onset. Distal-onset adversity has no clear starting point, indefinite duration, and could include challenges such as poverty and family violence, with the challenges impacting birth through adulthood. For racial/ethnic groups, traumatic experiences associated with racism and discrimination reflect cultural aspects of distal-onset adversity [7]. Proximal-onset adversity has an identified starting point, continues for a significant period of time, and affects many areas of life; this could include natural disasters or war. Understanding the nature and duration of the adversity provides insight into the severity of the impact and how some children appear to recover faster from adversity than others.

Commencing in the 1970s amid growing concerns for the future, researchers have maintained a strong focus regarding the impact of natural disasters, war, climate change, pandemics, and poverty on the global mental health of children and how these adverse experiences impact human development over a lifetime [3,5,8,9]. The severity of adversity as well as the availability of resources to assist children in resolving challenges are time-dependent; specifically, whether or not the challenges occur during key developmental periods. For example, the toxic stress resulting from adverse childhood experiences (ACEs) alters gene expression, negatively impacting brain development and the development of self-regulation skills [3,5,8]. Under this scenario, one's ability to be resilient may be significantly impacted and ineffective in countering biological processes.

1.2. Resilience: Individual vs. Societal Responsibility

European views of resilience focus on the ability of individuals, communities, and societies to adapt to and recover from shocks and crises while undergoing challenging transitions. The primary criticism of this perspective is that it fails to consider context and culture: the historical impact of colonization, racial discrimination, and/or the intergenera-

tional transmission of trauma. Many decolonized countries, such as Haiti, South Africa, Pakistan, Malawi, and others, continue to experience challenges to societal well-being, suggesting the need for societal resilience [6]. The issue of individual responsibility vs. structural inequality appears to be a point of contention with regard to resilience [7,10–12]. Mavelli asserted that neoliberalist perspectives on resilience affirm individual responsibility for social and economic security, suggesting that income-insecure individuals should accept a lifetime exposure to adversity and adapt to unpredictable and potentially traumatic challenges [12]. How does the adaptation to a lifetime of adversity manifest to the public, and under what conditions could such an adaptation be utilized to reflect resilience? The success or failure of such an adaptation is questionable. Resigning oneself to a lifetime of depression, anxiety, and hopelessness is more likely to reflect pathology than resilience. Utilizing a critical lens, the neoliberalist perspective appears to legitimize the social divide between the haves and have-nots, dismissing the needs of disadvantaged communities. If the individual (e.g., child) is solely responsible for their respective well-being, then governments would hold no responsibility for harms incurred from macro-level concerns such as racism, poverty, homelessness, discrimination, crime, health disparities, and economic inequality [7,12,13].

An individual's ability to appear resilient does not negate the harmful impact of social forces beyond their control [11,13,14]. Children who survive a childhood plagued by adversity often grow into adults with mental and physical health concerns linked to their childhood adversity [5]. Economically disadvantaged Black/African Americans who experience trauma and adversity but appear resilient on the surface have been found to experience significant health concerns in adulthood as a result of their resilience [6]. Bottrell suggested that resilience wells may run dry after repeated risk exposures, leading to a follow-up question: "How much adversity should resilient individuals endure before social arrangements rather than individuals are targeted interventions?" [10] (p. 335). The literature abounds with research affirming the need for macro-level interventions to address macro-level problems affecting the development of youth globally [3,5,7,10,11].

1.3. What Is Resilience?

Resilience is a complex phenomenon nuanced by sociocultural and contextual factors, often identified as a protective or promotive factor for people who appear to recover fairly well from traumatic or adverse experiences [3,15]. Definitions of resilience vary depending upon the author and discipline. According to the American Psychological Association, resilience is "the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress" [16]. The National Child Traumatic Stress Network defines resilience as "the ability of a child to recover and show early and effective adaptation following a potentially traumatic event" [17]. Walsh described resilience as "the capacity to rebound from adversity strengthened and more resourceful" [18] (p. 4). Fraser et al. defined resilience as "an individual's ability to adapt to extraordinary circumstances and achieve positive and unexpected outcomes in the face of adversity" [19] (p. 136).

Socioecological perspectives on resilience, such as Ungar's [20] Socioecological Resilience Theory (SERT), highlight the importance of decentralizing focus from the individual to the broader social and cultural context in which resilience is nurtured. SERT focuses on the interdependence of social and ecological systems and their ability to adapt to disruption. This perspective highlights the importance of understanding the complex interaction between people, the ecosystems they depend on, and how changes in one component could affect the resilience of the entire system. From a developmental systems perspective, resilience is defined as the ability of a system to "adapt successfully to challenges that threaten the function, survival, or future development of the system" [3] (p. 2). This perspective is

scalable across systems: individuals, families, schools, communities, and other systems [3]. Despite more than four decades of research, a consensus definition of resilience remains elusive. In layman's terms, resilience may be viewed as the ability to "bounce back" after experiencing trauma, tragedy, or adversity. The absence of a consensus definition remains a concern, as does the ability to clearly articulate what constitutes successful adaptation or bouncing back. From a critical race perspective, successful adaptation to racism and discrimination may look different for communities of color.

1.4. Resilience: As a Process and an Outcome

Resilience may be viewed as both a process and an outcome. Resilience reflects a dynamic process rather than an immutable personal trait [20–24]. The process of resilience suggests the perception of having control over a specific situation [25]. As an outcome, resilience may be viewed as the "stable trajectory of healthy functioning after an adverse or traumatic event" [19] (p. 136). Research affirms that an individual's ability to be resilient is heavily influenced by risk dosage: cumulative risk exposures or exposure to one extremely traumatic event [3]. Children and adolescents may respond differently to adversity due to insufficient experiences with effective problem-solving and coping abilities. While resilience has been found effective in enhancing an individual's ability to "bounce back," exposure to multiple risks has been found to pose too much of a challenge for youth to overcome easily [4].

1.5. The Resilient Child

It has often been said that "Children are resilient." Are children inherently resilient because they physically survive trauma or abuse? Manion, an advocate for traumatized children, posed an important question: "Should children have to be resilient?" [26]. Early research on resilience in children portrayed them as invincible or invulnerable, but current research indicates that much of what was thought to promote resilience in children originates from outside the child [4,21,27]. The literature confirms that a child's ability to adapt successfully to adversity is facilitated by social supports that influence how well children navigate adversity or trauma [4,7,21]. Close attachment with a caregiver and effective parenting were reported to protect children in ways not located within the child [1,4]. Though children may learn to adapt to situations, this is not the same as resilience, a skill that develops over time through experiences and one's ability to learn from setbacks [4,17].

Independent of the various perspectives on resilience, important questions emerge: What happens between the traumatic experience and the youth's ability to "bounce back?" For historically disadvantaged groups consistently plagued by trauma and adversity, what does positive adaptation entail? Does resilience mean that a person is no longer affected by their traumatic experience or that the trauma remains, hidden in the background and unmentioned? Answers to these questions require an examination of resilience theories and models that clearly articulate resilience dynamics.

2. Resilience Theory and Models

Much of resilience theory represents a Western-centric worldview, focusing on positive youth development and providing a framework for understanding why some youth develop into healthy adults despite risk exposure [21]. Resilience is theorized to occur when individual, social, and environmental promotive/protective factors interrupt the path from risk to pathology. Promotive factors, also known as protective factors, include assets and resources. Assets reflect the strengths or traits within the individual: efficacy, identity, and a future orientation [4]. Resources are factors external to the individual: adult

mentors and opportunity structures. Extant research identifies a relationship with caring adults as an essential promotive resource for children and adolescents [4,27].

Resilience theory posits that it is not the nature of the adversity that is most important but how people respond to the adversity. Just as there are varied definitions of resilience, a number of resilience models are proffered to explain how resilience develops (e.g., organically) or how it could be developed. This discourse will focus on five models: compensatory, protective, challenge, Seligman's three Ps, and Ginsberg's seven Cs. These models offer different frameworks to understand and/or build resilience.

- The compensatory model focuses on how certain factors counteract risk factors, promoting favorable outcomes. In this model, promotive factors minimize the exposure to risk by providing a direct, oppositional, and neutralizing effect to the risk. Research has identified ethnic identity, adult support, and prosocial involvement as compensatory factors facilitating child resilience [4]. Prosocial activities involve participating in activities that support healthy development: school, church, and community functions that provide safety and opportunities for growth and learning. This model offers a positive approach, as it helps individuals identify readily available assets/resources that could directly buffer risk outcomes. Concerns for this model primarily rest with its focus on the individual and the lack of attention to environmental and cultural factors, rendering this model less useful for economically and socially disadvantaged populations. Participation in prosocial activities may contribute to positive feelings of well-being, but this is unlikely to neutralize the environmental challenges youth may experience on a day-to-day basis.
- The protective model emphasizes factors that buffer people from the negative effects of stress, strengthening coping skills and resilience. This model represents a process in which promotive factors moderate the negative effects of risks to predict negative outcomes. Research indicates that relationships with (natural) adult mentors moderate the negative influence of friends [4]. This model adopts a positive focus, as it works to identify and strengthen available assets and resources. Criticisms of the protective model revolve around the focus on individual characteristics, such as coping skills and self-esteem, rather than the influence of larger systemic and structural challenges that impact a person's ability to be resilient. The protective model is less likely to be applicable to historically discriminated individuals who continue to experience racism and discrimination.
- The challenge model positions adversity as an opportunity for growth, encouraging people to embrace challenges and develop effective coping mechanisms. Challenge functions as an inoculation via initial exposure to average levels of risk, later providing a foundation for subsequent risk exposure. The development of early coping strategies may strengthen a person's belief in their ability to handle new stressors. This gradual process of becoming resilient is logical, as it allows individuals to develop confidence in their ability (after initial exposure) to handle future challenges. This model appears more likely to apply to privileged individuals than individuals who experience challenges on a daily basis. The challenge model does not address the severity of adverse experiences or the cumulative effects of these experiences on mental health. For youth experiencing distal-onset chronic adversity rather than average risk exposures, the initial exposure to adversity may be a lifetime exposure to adversity. This could be the concern for LMIC youth and others residing in the Global South. The challenge model does not appear to address structural or systemic challenges.

2.1. Seligman's Three P's of Resilience

Emanating from the positive psychology movement, Martin Seligman conceived the three P's of resilience. The model is influenced by how people see and explain what is happening in the world, as a pessimist or optimist [28]. The three P's model is informed by learned optimism and predicated on various emotional reactions to adversity. Personalization, pervasiveness, and permanence represent three emotional reactions that people gravitate toward when confronted with adversity. By addressing these generally automatic responses or beliefs, people could develop resilience, enhance their ability to adapt, and learn more effective coping strategies.

- **Personalization:** This refers to the internalized belief that when something goes wrong in your life, you are responsible for it rather than external sources.
- **Permanence:** This represents the belief that negative events will persist and never go away. This negates the possibility of circumstances changing in the future, denying the likelihood that the situation will improve.
- **Pervasiveness:** This reflects the belief that if something goes wrong in one area of life, things will go wrong in other areas.

Seligman's three P's are useful to help individuals identify and modify negative thought patterns to more positive or self-affirming patterns. One criticism of the three P's model relates to its unbalanced focus on positive emotions and traits. This model appears to promote a neoliberal ideology that focuses on individualism while neglecting social, cultural, and structural influences on well-being. Youth from historically and currently marginalized groups may acknowledge the pervasiveness and permanence of adversity resulting from ongoing discrimination and racism.

2.2. Ginsberg's Seven C's of Resilience

Dr. Kenneth Ginsberg, American pediatrician and child and teen advocate, identified seven essential components that build resilience in children: competence, confidence, connection, character, contribution, coping, and control [1]. Dr. Ginsberg postulated that resilience would develop under certain conditions:

1. **Competence:** Whereby children feel capable of responding to situations effectively;
2. **Confidence:** Whereby children believe in their ability and have faith in their capacity to succeed;
3. **Connection:** Whereby children have strong relationships with family, friends, other adults, and the community, facilitating a sense of belonging and support;
4. **Character:** Whereby young people have a clear sense of right and wrong and a commitment to integrity;
5. **Contribution:** Whereby children feel they make a positive difference in the world by volunteering, helping other people, or pursuing personal passions;
6. **Coping:** Whereby children develop effective strategies for managing stress and adversity, including social skills;
7. **Control:** Whereby children understand they have choices and can influence the outcomes of their actions, resulting in a sense of agency and empowerment.

Ginsberg's seven C's reflect individual traits and attributes that could enhance a person's ability to make a positive contribution to society. An important concern for Ginsberg's seven C's of resilience is the focus on the child or youth's ability to respond effectively to adversity. Akin to other models, the seven C's model overlooks the role of societal and systemic factors in the creation of adversity. Youth from socially and economically disadvantaged communities may not exhibit Western-centric versions of Ginsberg's requisite

traits: coping and control could manifest as resistance toward environmental challenges. In some cultures, resistance may not be viewed positively.

3. Types of Resilience

Beyond the varied definitions and models of resilience, different types of resilience have been delineated: psychological, physical, emotional, social, spiritual, and academic/educational. Psychological resilience suggests an adaptive quality in a person's psychological traits that allows them to return to a healthy mental state. Physical resilience involves the body's ability to adjust to physical challenges, maintain stamina, and recover quickly. Emotional resilience involves the ability to regulate emotions during periods of stress. Social resilience is the ability of communities or groups to support each other and recover from challenges such as natural disasters. Spiritual resilience is the ability to find meaning and purpose during difficult times and garner strength from spiritual beliefs or practices. Academic/Educational resilience refers to a student's ability to overcome adversities and challenges affecting their educational journey and continuing to achieve positive academic outcomes. An addition to this list is the concept of skin-deep resilience, a term coined in 2013 to describe observations of mental well-being accompanied by negative health outcomes.

Skin-Deep Resilience and Allostatic Load

Skin-deep resilience reflects a phenomenon where individuals appear to have “bounced back” after encountering adversity but also experienced health costs as a result of their resilience [29]. The outcome of skin-deep resilience represents a serious health burden for African American youth and adults, as documented by research. Brody et al. [11] followed 368 African American youth from the age of 11 to 27 years to examine the impact of youth determination to succeed despite living in poverty and experiencing racism. The researchers reported that the youth from lower-income families who exhibited strong self-determination and the ability to persist despite adversity exhibited lower levels of depression but were more likely to experience physical health concerns than the African American youth from higher-income families [11]. The participants' decision to persist despite experiencing ongoing challenges was found to result in allostatic load; the cumulative burden of chronic stress and adversity [11]. Allostatic load is associated with increased risk for chronic diseases such as diabetes, hypertension, and cardiovascular disease [13,14]. The concept of John Henryism was proposed by Dr. Sherman James to explain how the decision for African Americans to persist despite challenges and adversity allows stress to get into the brain, influencing health conditions such as hypertension and cardiometabolic diseases [30]. The literature appears to suggest that a person's ability to be resilient may not consistently result in positive benefits [13,14,29,31].

The families to which children are born, the neighborhoods in which they reside, and the opportunities they may or may not be afforded heighten their vulnerability to social and environmental stressors. Youth who grow up in disadvantaged communities plagued by poverty, violence, crime, racial discrimination, and family problems are most vulnerable [2,13,14]. Depending upon past opportunities to develop effective coping and problem-solving skills, experiences with adversity and trauma can hinder a child's ability to adapt successfully to challenges. Despite the absence of a consensus definition of resilience and the concerns identified in various resilience models, resilience in youth may be assessed via the use of psychometric instruments such as the Connor–Davidson Scale, Child and Youth Resilience Scale, or the Resilience Scale. The Connor–Davidson Scale measures personal competence, trust, acceptance of change, and spiritual influences. The Resilience Scale measures personal and social competence, family cohesion, and social resources.

For youth residing in perpetually challenging environments such as LMICs, the Child and Youth Resilience Scale may be the most relevant, as it explores individual, relational, communal, and cultural resources available to youth [32]. Notwithstanding more than 50 years of research, resilience science continues to focus on the outcomes of ACEs and other traumatic experiences impacting youth development and the identification of culturally informed intervention strategies.

4. Childhood and Experiences of Adversity

When considering one's ability to access strategies of resilience, attention must also span the dimensions of childhood adversity. Childhood adversity takes shape through a variety of factors; however, this discourse is reduced to three areas: (a) experiences of adversity, (b) social, familial, and cultural adversity, and (c) school adversity. Case examples involving different countries will be utilized to differentiate between types of adversity experienced and social supports available to address the needs of youth in developed and developing nations. Intervention strategies and resource allocation will be examined as an indicator of how countries invest in the future through their youth. We are advised to consider that the allocation of resources for youth development may not be reflective of the value countries place upon their youth. LMICs may struggle with economic instability and the after-effects of colonization.

4.1. ACEs and Health Outcomes

Adverse childhood experiences include potentially traumatic events that occur during childhood (0–17 years of age). ACEs include physical, sexual, and emotional abuse; neglect; household dysfunction; witnessing violence; and poverty. Adversity can begin in utero, with prenatal exposure such as trauma, stress, and anxiety opening pathways for epigenetic variation, altering gene expression and neurodevelopmental trajectories [33–35]. Research on adverse childhood experiences (ACEs) offers insight into the immediate and long-term effects of violence, abuse, neglect, and trauma [36]. In a meta-analysis spanning 206 studies across 22 countries, Madigan and colleagues [37] found the global prevalence of 1 or more ACEs at 60.2%. Populations facing a disproportionate prevalence of 4+ ACEs include low-income, racial/ethnic minoritized, and groups with previously diagnosed mental health conditions or substance use/addiction [37].

Some children may possess problem-solving skills sufficient to resolve a single risk exposure; however, cumulative exposures, as in the case of ACEs, have been found to require more resources, tools, and skills than children may have at their disposal [4]. The impact of ACEs may elevate cortisol, inflammation, and stress—collectively posing inhibitions on the body's coping mechanisms [38,39]. The elevated exposure to chronic, long-term stress can be understood through the cumulative effects of allostatic load, where homeostasis is altered and poorer health outcomes and disease become more likely [14].

4.2. Case Example: Gansu, China

China provides a rich example of geographic and cultural diversity, alongside the noticeable distinction between urban and rural development and the prevalence of economic disadvantage. In the Gansu province of China—one of the most socioeconomically disadvantaged regions—multidimensional forms of poverty manifest as economic, food, educational, health, and climate inequities [40]. Shen et al. [41] document the links between cumulative adversity and child behavior, noting how socioeconomic factors and regional development may offer protective factors that shape educational attainment, in part due to improved behavior. Further compounding challenges related to economic disadvantage is the absence of one or both parents. Parental absence is associated with an increased

prevalence of ACEs and elevated risk of depression; however, at times, resilience may arise in the face of trauma, consistent with findings reported by Bonanno and Wan et al. [42,43].

5. Social, Familial, and Cultural Adversity

Individual experiences of adversity may be altered by the environment, socioeconomic disadvantage, geographic concerns, climate change, war, corporate exploitation, and the lingering effects of colonization—all of which may amplify adversity while posing barriers to social support and potential mechanisms of resilience. As the cumulative effects of socioeconomic disadvantage mount, further adversity may develop in the home and community. While ACEs may offer a quantitative glimpse toward understanding some of the experiences that youth endure, what is less understood are the varied effects of parenting, the internalized nature of racism, colonization, and environmental injustice that is confounded by geographic variation [44,45].

Bunting et al. [46] remind the global society that qualitative research may provide an in-depth, nuanced, and family-driven perspective—a necessary extension of research examining the experiences of people facing multiple adversities. Understanding the prevalence of ACEs is often insufficient for recognizing what factors (e.g., individual or structural) contribute to these outcomes. For example, as families and children are faced with rising economic inequality, it may be that an experience of trauma that occurred in this context was a product of larger structural inequities.

Case Example: Saskatchewan, Canada

In Saskatchewan, Canada, 20% of children under 18 live in poverty and are food-insecure. These concerns disproportionately affect Indigenous populations, which make up 17% of the population, including First Nations and Métis peoples. Alongside the intertwined rates of child poverty and food insecurity, Saskatchewan has some of the highest rates of gender-based violence in Canada [47]. In this example, one can see how the prevalence of socioeconomic disadvantage poses an impact on gender-based violence, limits solution-oriented support mechanisms, such as housing support, adding barriers due to geographic isolation, economic impediments, and policies aimed at violence reduction [47,48]. Intimate partner violence that occurs in the home often follows individuals to their workplace, where the trauma endures and may lead to employment loss [48]. The links between systemic violence (e.g., colonialism), intimate partner violence, and youth dating violence are drawn, leaving youth with multiple marginalized identities more vulnerable to victimization, abuse, and violence, and in situations where resources may be insufficient to account for gender diversity and structural violence [49,50].

6. School Adversity

Attendance in public or private schools provides opportunities for youth to experience a number of school-related traumas: bullying, school shootings, suicides, discrimination, poor academic performance, and witnessing deaths of classmates. In response to these adverse events, children may experience nightmares, difficulty concentrating, the inability to regulate emotions, hypervigilance, and other symptoms of PTSD [51]. How children react to these adverse events may be misinterpreted as “bad behavior” rather than an indication of the child’s inability to resolve their trauma, providing another opportunity for the students to experience distress and further compounding their trauma. Enhancing educators’ ability to identify nuanced symptoms of child trauma could negate opportunities for misdiagnosis, disciplinary actions, and further harm [51].

Adversity continues in schools, with community disadvantage intricately related to educational inequities and where schools also (re)produce their own inequities [52]. Schools

are often historical sites of oppression. For example, in the US and Canada, Indigenous populations faced decades of exclusion, cultural oppression, and forced acculturation through residential boarding schools [53,54]. Many schools persist through inequities, including culturally biased curricula, one-size-fits-all pedagogies, where deviation from normality is met with disciplinary exclusion, special education referrals, at-risk labels, and pathological distinction by way of mental health diagnosis [55–57]. Academic rigidity is the unifying framework that links all educational systems, where the hyper-focus on achievement often overshadows crucial dimensions of youth development, imposing barriers on resilience [58]. Success is often measured by academic achievement, where youth may be perceived (i.e., ignored) as having their needs met due to good grades. As the increased prevalence of ACEs poses barriers to academic achievement, global efforts of high-stakes testing fail to address the innate challenges and experiences that youth endure and disconnect society from these considerations [59].

Over the last 20 years, a litany of mental health concerns has risen dramatically as technological and social media have been increasingly used and integrated into society [60,61]. Although many argued that the COVID-19 pandemic exacerbated mental health concerns, disproportionate attention was placed on narratives of “learning loss,” which reified an academic obsession and overshadowed asset-based discourse of learning that was occurring outside of schools [62]. Cultivating resilience and youth well-being cannot persist in environments where education and learning are privileged at the expense of understanding experiences, circumstances, and inequities [63]. Klees [64] underscores how the global education reform movement is oriented by neoliberalism, where corporations, deregulation, privatization, and data-based education are privileged. Steiner-Khamsi & Waldow [65] emphasize how global coalitions and partnerships—such as US entities (i.e., Organization for Economic Cooperation and Development), financial banks (e.g., World Bank), and corporate education firms (e.g., Pearson; Cambridge)—all benefit financially from a test-based culture and the marketization of comparative performance [66]. These expanding networks propel the hyper-focus on testing in over 80 nation-states through The Programme for International Student Assessment (PISA). By testing 15-year-olds every three years (e.g., creative thinking; math; reading; science), PISA overshadows culture, language, and diversity of curriculum through rigid accountability with test scores leveraged by sensationalized media reports to re-shape policy toward neoliberal orientations [67–70]. These ongoing neoliberal shifts aim to reorient schools toward data-driven metrics, reducing perceptions of learning to a metric, where privatization and reform are built on top of the sensationalized representations in the media, and youth are victims of an oppressive state [71].

The global trends related to the neoliberal homogenization of education have infiltrated their way into early childhood education; however, 175 million (50%) children are not enrolled in pre-primary programs [72]. In schools, the influx of quantitative standards has brought an academic, test-based focus into lower grades, while the opportunities for free play and recognition of its utility have diminished [73]. Concurrently, there has been a global re-orientation toward school readiness standards, testing to assess a subjective level of child preparedness before schooling begins [74]. Rather than schools being prepared for students, neoliberal orientations uphold quantitative metrics that assume all families and youth have equal opportunities to be “prepared” while utilizing deficit-based frameworks (e.g., “at-risk”) to define students with a perceived lack of preparedness [75]. These neoliberal tendencies subjugate and marginalize teachers and children [76], siphon childhood away, and open the door for further orientations toward pathologization [77] and educational exclusion [78].

Case Example: Denmark—Investing in Positive Youth Development

Denmark continues to be a leader in education through the recognition of children as active agents in the learning process, where free play is a right, and mutual respect orients the relationship between adults and children [68]. A prime example of this holistic orientation toward education and development takes place in forest schools, oriented around play-based learning, emersed in nature [69]. Denmark schools have emphasized that healthy, active learning must precede more rigorous forms of instruction, especially important as academic creep infiltrates its way into early childhood education [67]. Wi-borg [78] highlights how Denmark, Norway, and Sweden have been increasingly targeted for market-driven reform guided by the hands of neoliberalism [79]. As deregulation and privatization are increasingly pitched as cost-cutting mechanisms to improve educational outcomes, Denmark has largely resisted this movement through its rich orientation to youth-centered support. As educational parameters constrain youth development, play continues to offer an enriching form crucial for emotional development, cognitive growth, and resilience capabilities [68,72]. Denmark's focus on positive youth development reflects an investment in the future rather than a concern based solely on metrics.

Self-initiated free play has been identified as essential for the growth and development of all children [80]. Article 31 of the United Nations' Convention on the Rights of the Child states, "Parties recognize the right of the child to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts" [81]. The American Academy of Pediatrics [82] acknowledges play as a significant contributor to children's emotional, social, and cognitive well-being. Parrot and Cohen [83] affirmed that free play helps children focus, build friendships, improve their mood, work together, and handle conflicts. Further, free play allows children to encounter unexpected situations and problem-solve—a skill helpful in developing resilience. These positive orientations begin with deep investments in education and are buttressed by high respect and value placed on educators.

7. Childhood Social Supports and Their Impact on Development

Understanding how social supports influence youth development is essential for fostering resilience. Research indicates that access to strong social, educational, and environmental support early in life buffers children from stressors and promotes long-term well-being [84–86]. Case examples are utilized to illustrate how various social supports foster resilience in youth across the globe.

7.1. Case Example: The Global North—Structural Supports in Child Well-Being

Countries such as Finland, Norway, Sweden, Denmark, the Netherlands, Japan, and Canada consistently rank among the highest in child well-being, education, and health outcomes [86]. These nations invest in robust social support systems, including universal healthcare, paid parental leave, public childcare, nutrition programs, and equitable access to education, which contribute to low child mortality rates and high wellness indicators.

According to UNICEF [86], countries like Finland, Norway, and Sweden report child mortality rates as low as 2–3 deaths per 1000 live births, compared to a global average of 37 per 1000. Additionally, Denmark and the Netherlands maintain over 95% early childhood education enrollment rates, supporting high levels of literacy and numeracy. These structural supports foster resilience by reducing early life stress and promoting cognitive, emotional, and physical development [84].

7.2. Community Cultural Wealth and Academic Resilience

Community cultural wealth, as introduced by Yosso [87], refers to the array of knowledge, skills, and abilities possessed by marginalized communities: familial, linguistic, navigational, and social capital. These forms of capital empower children to navigate inequitable systems and serve as protective factors that support academic resilience. Family social capital refers to the norms, social networks, and relationships between adults and children that are important for children as they navigate childhood [21]. Families and communities help youth develop the knowledge and skills needed to function in society. For instance, children raised in bilingual households benefit from linguistic capital, which enhances cognitive flexibility and executive functioning—traits linked to stronger academic performance [88]. Bilingualism has also been associated with increased problem-solving skills and adaptive functioning, both of which are indicators of resilience. Countries like Finland and Estonia, which promote multilingual education, consistently perform well in international assessments [88]. According to the OECD [84], multilingual education is associated with a 15% increase in cognitive test scores among young learners.

7.3. Cultural Norms and Psychological Resilience

Cultural norms shape parenting styles, emotional expression, and educational priorities, playing a key role in a child's psychological development. Cultures with collectivist values, such as those in Japan and Norway, emphasize community support and emotional closeness, which build emotional resilience in children [89]. Japan's structured approach to early education and emphasis on routine contribute to a literacy rate near 100% [86]. Norway's emphasis on social-emotional learning (SEL) promotes emotional regulation and interpersonal skills, which correlate with higher levels of life satisfaction and lower mental health risks. These culturally informed practices encourage children to develop secure attachments and emotion-regulation strategies—essential components of resilience.

7.4. Neighborhood and Community Resources: Social Resilience

Access to neighborhood resources such as libraries, parks, safe playgrounds, extracurricular programs, healthcare facilities, and community centers is essential for fostering individual and social resilience, which is the ability to thrive through social connectedness and supportive environments [4,87]. Research indicates that children living in resource-rich communities experience better academic performance, healthier lifestyles, and enhanced social skills compared to those in underprivileged areas [89]. According to the OECD [84], nations that invest over 6% of their GDP in social services report a 20% reduction in childhood poverty and a 30% increase in school readiness. Resource-rich environments help children build social networks, practice cooperation, and develop a sense of belonging—protective factors closely tied to resilience.

8. Passive and Active Coping as Foundations of Resilience

Children develop coping strategies to manage stress and adversity, skills that significantly affect their ability to become or remain resilient. Active coping strategies (e.g., seeking help and problem-solving) are associated with better emotional regulation, mental health, and academic performance [90]. In contrast, passive strategies (e.g., avoidance) may lead to increased anxiety and disengagement. Countries like Finland and Canada implement SEL programs to teach children active coping techniques. In Finland, such programs were associated with a 25% increase in resilience rates and significantly lower levels of anxiety [84]. These findings underscore the importance of equipping children with healthy coping mechanisms to support their psychological well-being and adaptability. Globally, nations that implement early intervention trauma-informed care programs see

a 40% decrease in PTSD symptoms among affected children [91]. Trauma-informed care in schools and community programs is essential in addressing childhood adversity and promoting resilience.

Unlike youth in the Global North, youth growing up in LMICs experience many challenges as a result of economic and social disadvantage, exacerbating the need to address their ability to be resilient. In situations of chronic adversity or poverty, where concerns are not easily addressed via individual problem-solving, avoidance strategies may be more likely. As a result of living in under-resourced nations, LMIC youth are more likely to experience distal-onset chronic adversity associated with living in poverty and/or internal conflict: challenges that have the potential to impact development over a lifespan [7,14]. The literature suggests that efforts to enhance resilience among marginalized youth must consider context as well as culture [3,15,20].

Case Example: The Global South—Resilience and Coping in LMIC Youth

Acknowledging that culture and context could impact the way youth experience trauma and adversity, and that current strategies of resilience may not address the unique needs of youth residing in LMICs. Vostanis et al. [15] embarked upon a study to examine how LMIC youth conceptualized resilience and navigated adversity across different socioecological levels. The researchers interviewed 274 youths aged 10–17 years from four LMICs—Kenya, Turkey, Brazil, and Pakistan. These youths were asked to identify resilience strategies in response to adversity scenarios across intrapersonal, family, school, and community domains. Across all groups in the study, participants reported employing active yet maladaptive strategies in response to conflict and aggression, including verbal, physical, and internalized behaviors [15]. With regard to parental conflict, responses included shouting, direct involvement, threats of reciprocal violence, running away, and even physical retaliation. Turkish participants uniquely reported self-harm as a coping mechanism. Most maladaptive strategies were directed at peers involved in bullying, ranging from verbal insults and teasing to physical aggression and acts intended to embarrass the aggressor. Responses to community violence elicited particularly aggressive responses in Brazil and Pakistan, including threats of physical harm to perceived perpetrators and, in Pakistan specifically, the suggestion of (legal) weapon ownership [15]. Turkish youth displayed a notable tendency toward both externalizing (e.g., physical retaliation) and internalizing (e.g., self-harm) reactions, especially in familial and bullying scenarios, distinguishing them from their counterparts from other countries.

Many of the youth participating in the Vostanis study exhibited resilience as proactive agents who sought to transform their environments [15]. In Brazil, youth exhibited what Libório and Ungar [92] termed a “pattern of protagonism,” characterized by community involvement, improved interpersonal behavior, and participation in cultural and artistic activities. Similarly, the youth interviewed from Kenya displayed this by sharing that they would directly seek support from entities such as the government, media, or political leaders. These findings affirm that youth resilience may be enacted through participatory roles within their immediate environments—roles that foster both self-worth and social cohesion while also providing them a sense of control. The prosocial behaviors offered by youth from Kenya and Brazil represent clear indicators of resilience, as described in the compensatory model of resilience and Ginsberg’s essential component: contribution [1].

Vostanis et al. reported that study findings reinforced the importance of culture in defining and shaping resilience. For instance, Pakistani youth prioritized familial communication and shared problem-solving, aligning with collectivist values [15,93]. When dealing with community stressors, youth in Kenya not only reported seeking parental support but also assistance from community elders, neighbors, friends, and community experts

(referred to as “rainmakers”). Pakistani and Kenyan youth identified a mix of familial and community resources to support their ability to be resilient. Meanwhile, Brazilian youth emphasized humor and artistic expression, illustrating culturally situated coping mechanisms. Brazilian youth appeared to acknowledge the value of community cultural wealth as a contributor to their ability to be resilient. These cross-cultural differences support Panter-Brick’s [94] argument that resilience must be understood as culturally relative, with different practices and meanings attached to similar adversities.

Vostanis and colleagues [15] concluded that rather than merely identifying needs or vulnerabilities, study participants offered concrete strategies such as peer support, prayer, distraction, and confrontation, suggesting that they possessed both insight and capability in navigating adversity. Intrapersonal resources such as self-management (e.g., listening to music and exercising), emotional regulation (e.g., crying and deep breathing), and cognitive reappraisal (e.g., reframing problems or invoking positive memories) were reported across all contexts [15]. These strategies appeared to reflect not only coping mechanisms but also a degree of introspective maturity and personal agency of the youth. Younger participants also demonstrated a nuanced understanding of how to process and regulate emotional distress, affirming Masten and Wright’s [95] conceptualization of adaptive systems such as self-regulation and cognitive competence. Study findings suggest that resilience among youth in LMICs is not merely about surviving hardship, but about actively transforming adversity through individual strengths, cultural assets, and community engagement. In this context, youth were not only resilient—they were agents of change within their socioecological systems.

9. Culturally Informed Interventions with LMIC Youth

More than 700 million people worldwide live in global poverty according to the World Bank Group [96], effectively positioning a large number of people, including children, to experience distal-onset chronic adversity and a host of mental health concerns as a result. For LMICs, a lack of financial and human resources contributes to limitations on the provision of mental health services and the availability of trained specialists to assist LMIC youth in successfully navigating adversity [21]. To address these constraints, Basu et al. [21] examined existing research and identified resilience-enhancing factors that could be used with this population: 13 individual factors, 6 family factors, and 1 community factor. The researchers developed a hybrid intervention for use with children, their families, and their communities, acknowledging that existing interventions were geared toward privileged individuals in higher-income countries rather than youth residing in precarious conditions. Borrowing from existing community resources, Basu and colleagues developed an intervention strategy using trained community volunteers to engage with families and the community and an existing family systems-based approach to enhance family resilience. The use of the school-based Life Skills Education (LSE) modules recommended by the World Health Organization was also incorporated into the model to enhance youth resilience. The model was tested with 10–17-year-olds living in Kenya and India with positive results. Basu et al. [21] concluded that in the case of children, resilience is best understood as an interaction between various ecological systems. Many of the conditions specific to the family’s ability to be resilient are influenced by ecosystems beyond the child or family’s control. While enhancing youth and family resilience is important, attention to macro-level factors, such as poverty, discrimination, homelessness, food insecurity, health disparities, and educational inequities, continues to be necessary and must be addressed by the state.

10. Conclusions

Across familial, cultural, structural, and psychological domains, the development of resilience in youth is influenced by the quality, quantity, and accessibility of their social and environmental supports. Although hardships impact each person differently, studies show that some youth have the ability to transform adversity into resilience through community engagement, cultural assets, and individual strengths, regardless of their geographic location. Several tools exist to measure resilience in children and youth (i.e., the Connor–Davidson Resilience Scale, the Resilience Scale for Children, and the Child and Youth Resilience Scale). Several of these scales reflect a Western-centric worldview and appear more appropriate for privileged youth. Considering issues of culture and context, The Child and Youth Resilience Scale is likely to be the most useful in exploring resources that support resilience in socially or economically disadvantaged youth. The identification of these supports enhances young people's ability to formulate active strategies to navigate the circumstances they endure, making youth not only resilient but also change agents in their lives and community.

The global society must be cognizant of the neoliberal potential for resilience to be individualized or applied in a way that overshadows attention to structural inequities. Even amid the substantial capacity for positive resilience trajectories to emerge, corollary work must continue that aims to dismantle injustices and build in new mechanisms of multi-level support. Nations that prioritize social equity, emotional education, community investment, and cultural assets cultivate environments where all children can thrive. Resilience is not simply a personal trait, but a socially and culturally supported skillset—one that can be nurtured through thoughtful policy, inclusive education, and intentional care.

As a result of socioeconomic and development status, children living in the Global North have a greater likelihood of experiencing acute adversity and proximal-onset chronic adversity related to natural disasters. In comparison, children living in the Global South are more likely to experience distal-onset chronic adversity due to poverty and internal conflict and proximal-onset chronic adversity due to war and natural disasters. As noted in the literature, intervention strategies for children experiencing structural challenges must be culturally informed rather than operating from positions of privilege.

Moreover, the Global South often lacks the institutional safety nets that protect children from long-term developmental harm caused by adversity. In such environments, resilience is frequently sustained through cultural coping mechanisms, familial bonds, and informal community-based support systems. These grassroots strategies emphasize the importance of developing context-specific resilience programs that reflect cultural values and lived experiences. Collaborative international frameworks can play a critical role in transferring effective resilience practices across borders. Without strategic and equitable global investments, the developmental gaps between children in high-resource and low-resource contexts will likely continue to widen.

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