

Promoting Protective Factors for In-Risk Families and Youth: A Brief for Researchers



This brief reviews the importance of protective factors in working with the in-risk populations served by the Administration on Children, Youth and Families (ACYF). It was written by Development Services Group, Inc., for ACYF.

Why Focus on Protective Factors?

Protective factors are conditions or attributes of individuals, families, communities, or the larger society that, when present, promote well-being and reduce the risk for negative outcomes. A growing body of evidence suggests that protective factors “buffer” the effects of risk exposure and, importantly, may help individuals and families negotiate difficult circumstances and fare better in school, work, and life.

Positive long-term outcomes related to health, school success, and successful transitions to adulthood typically do not occur as the result of single interventions. Focusing on protective factors offers a way to track child and adolescent development by increasing resilience in the short term and contributing to the development of skills, personal characteristics, knowledge, relationships, and opportunities that offset risk exposure and contribute to improved well-being and positive outcomes in the long term. In this sense, protective factors can be used as interim results to monitor for progress over time towards the desired impacts that may not be realized for many years.

At Risk, In Risk, or Both?

ACYF serves five vulnerable populations:

- Homeless and runaway youth,
- Children exposed to domestic violence,
- Victims of child abuse and neglect,
- Youth in and aging out of the foster care system, and
- Pregnant and parenting teens.

Many of these children and youth grow up under conditions, such as chronic ill health or poverty, which expose them to risky and traumatic situations. As a result, these populations are clearly *at risk*

for negative outcomes. At the same time, many of the children and families served by ACYF are considered to be *in risk* because they have already experienced one or more negative outcomes: homelessness, running away, abuse and neglect, exposure to domestic violence, placement in out-of-home care, and teen pregnancy and parenting.

To address the broad spectrum of ACYF programs and populations, ACYF commissioned a literature review and expert consultation project to distill findings specifically relevant across the five populations served by ACYF. The findings presented here are based on a comprehensive review of current research linking protective factors to well-being in the five populations served by ACYF. The review included the following steps: identification of empirical studies via keyword search and input from a national expert panel; assessment, using a rating tool, of each study's strength of research design and evidence; aggregation of findings across studies by factor and population; and periodic presentations of the findings to a national expert panel and incorporation of panel comments. The final step resulted in an assessment of the level of influence a particular factor had for each specific population, as supported by the current literature.

The review was guided by the following questions:

- What is the nature of protective factors for children and youth served by ACYF-funded strategies?
- What is the strength of evidence pertaining to protective factors?
- Which protective factors are most likely to be amenable to change in the context of programs and policies offered by ACYF?

Lessons from the Research Literature

Findings provide a foundation for understanding protective factors among children and youth impacted by ACYF initiatives. The documentation of protective factors for in-risk children and youth is important because it offers an initial empirical foundation to develop, enhance, implement, and test interventions in the context of ACYF-funded programs and initiatives.

Protective factors for in-risk populations occur at the individual, relationship, and community levels of influence. Findings from the review confirm the importance of working to impact individual skills and knowledge, focusing on nurturing relationships, and increasing supports and opportunities available in the broader community. Table 1 shows protective factors by level of influence across ACYF populations.

Table 1. Protective Factors for ACYF Populations by Level of Influence

	Runaway/ Homeless Youth	Youth Exposed to Domestic Violence	Youth in or Transitioning Out of Foster Care	Victims of Child Abuse and Neglect	Pregnant and Parenting Teens
Individual Level					
<i>Characteristics</i>					
Positive self-image	*			*	**
Sense of purpose	*	*	*	***	**
Sense of optimism	*	*	*	**	***
Agency (self-efficacy)	*		*	***	***
Cognitive ability (intelligence)			**	**	***
<i>Skills and Developmental Tasks</i>					
Self-regulation skills	*	***	****	****	*
Relational skills	*	**	****	****	***
Problem-solving skills	*	***	**	****	***
Academic skills			***	*	***
Involvement in positive activities			**	***	****
Relationship Level					
Parenting competencies	*	****	****	****	****
Parent or caregiver well-being	*	***	**	****	*
Positive peers	**	*	*	****	****
Caring adult(s)	*		***	*	****
Living with family members			****		****
Community Level					
Positive school environment		***	***	***	****
Positive community environment	*		*	***	****
Stable living situation			***	****	
Economic opportunities	**		**	*	****

***Emerging Evidence:** Preponderance of findings generated by cross-sectional studies, case studies, or qualitative investigations with non-representative samples.

****Limited Evidence:** Preponderance of findings generated by a single longitudinal study (significant findings with small, medium, or large effect sizes).

*****Moderate Evidence:** Consistent findings that are generated by two or more longitudinal studies (significant finding with small, medium, or large effect sizes).

******Strong Evidence:** Findings generated from one or more experimental or well-conducted quasi-experimental studies that demonstrate a significant effect on a protective factor and an outcome (e.g., findings demonstrate that the experimental effect on an outcome is mediated by the effect of a protective factor).

Note: The absence of an asterisk (*) indicates an absence of studies and/or evidence for a particular protective factor and population.

Evidence of protective factors for in-risk populations is strongest for the developmental period of adolescence. While 10 protective factors could be identified based on the strength of the evidence, the scope and number of studies in this review did not provide sufficient evidence to draw conclusions about the salience of protective factors for all developmental stages. One exception to this trend, however, was for adolescent populations. A majority of studies examined protective factors among children and youth over the age of 12.

Still a growing body of literature suggests that developmental stage is an important consideration for which protective factors are most salient or most responsive. Recent evidence of neurological and cognitive factors is concentrated on infancy and early childhood. Many social and behavioral theories state that family protective factors are particularly important during early and middle childhood. Community-level factors reflected by the stability of children’s living situations are important during infancy and early childhood. The availability of economic resources and opportunities are most salient for adolescent and young adult populations. As addressed below, further research is needed in this area to fully understand the importance of specific protective factors across developmental stages.

Additional research is necessary to further understand the way in which protective factors affect the major outcomes of interest to ACYF. Among the challenges confronting the field:

- Definitions, applications, and measures of protective factors are inconsistent across studies. Variation in the use of these factors limits the ability to interpret and generalize evidence of protective factors across focus populations. Variation in the focus of studies aimed at understanding protective factors means that certain factors have been studied in far greater detail than others. For example, a considerable number of investigations have focused on individual and family protective factors, while relatively few studies have examined the effects of community-level protective factors on children and families served by ACYF. Findings from this review should be considered in this context.
- Most studies of protective factors among young people have been conducted with at-risk youth or have addressed the onset of individual problems such as delinquency or substance abuse. Comparatively few studies of protective factors have been conducted with samples of *in-risk* children and youth like those served by ACYF, for whom the issue is not prevention of a problem but coping with or transitioning through one or more extant problem situations. At the same time, the distinction between *at-risk* and *in-risk* youth is not always clear.
- Knowledge of the change mechanisms and mediating or moderating roles performed by protective factors is at an early stage. Evidence suggests that protective factors are cumulative in their effects. However, the mediating and moderating mechanisms of any given protective factor are not well understood.
- Current research on protective factors and resilience does not sufficiently account for cross-cultural and gender-specific factors, processes, or mechanisms.

Protective Factors with the Strongest Levels of Evidence Across In-Risk Populations

An analysis based on evidence and programmatic considerations resulted in the identification of a subset of protective factors with the most empirical support across populations served by ACYF. The following table presents these 10 protective factors with the strongest evidence.¹

Protective Factors with the Strongest Evidence		
<i>For homeless and runaway youth, children exposed to domestic violence, victims of child abuse and neglect, youth in and aging out of the foster care system, and pregnant and parenting youth</i>		
Individual Level	Relationship Level	Community Level
<i>Self-regulation skills</i>	<i>Parenting competencies</i>	<i>Positive community environment</i>
<i>Relational skills</i>	<i>Positive peers</i>	<i>Positive school environment</i>
<i>Problem-solving skills</i>	<i>Caring adults</i>	<i>Economic opportunities</i>
<i>Involvement in positive activities</i>		

Applying Knowledge of Protective Factors to ACYF Populations

WHICH INDIVIDUAL SKILLS AND CAPACITIES SHOULD WE AIM TO STRENGTHEN IN ORDER TO IMPROVE WELL-BEING?

At the individual level, evidence is strongest for the protective nature of self-regulation skills, relational skills, and problem-solving skills.

Self-regulation skills refer to a youth’s ability to manage or control emotions and behaviors, which can include anger management, character, long-term self-control, and emotional intelligence.

Relational skills refer to a youth’s ability to form positive bonds and connections (e.g., social competence, being caring, forming prosocial relationships) and a youth’s interpersonal skills (e.g., communication skills and conflict-resolution skills).

Problem-solving skills refer to a youth’s adaptive functioning skills and ability to solve problems.

Self-regulation skills, relational skills, and problem-solving skills are related to positive outcomes such as resiliency, having supportive friends, positive academic performance, improved cognitive functioning, and better social skills. They are also related to reductions in post-traumatic stress disorder, stress, anxiety, depression, and delinquency. Finally, these skills are related to more satisfaction with out-of-home placements and fewer placement disruptions for youth who have been removed from their homes.

¹Protective factors demonstrating evidence with general populations may also be protective for ACYF-specific populations. Omission of a factor does not mean it cannot be protective for these youth; it primarily means that there is no current evidence showing its protective nature for this particular population based on this literature review. A comprehensive table showing all protective factors by ACYF population is found in the full report.

Another protective factor with strong evidence at the individual level is *involvement in positive activities*, which refers to a child’s school connectedness, commitment, and engagement as well as older youth having a job or participating in job training opportunities. Involvement in positive activities is associated with lower levels of antisocial and general problem behavior, reductions in repeat pregnancies, higher socioeconomic status, and resiliency.

HOW CAN PARENTS, GUARDIANS, OTHER ADULTS, AND PEERS CONTRIBUTE TO THE CHILD’S WELL-BEING?

At the relationship level, parents, guardians, other adults, and peers can be important sources of protection for children and youth.

For youth of all ages, the *competencies of the parent or guardian* include parenting skills (e.g., establishing clear standards and limits, discipline, knowledge about child development, and proper care) and positive parent–child interactions (e.g., sensitive, supportive, or caring parenting and close relationships between parent and child). These competencies are related to numerous well-being outcomes such as increases in self-esteem, lower risk of antisocial behavior, lower likelihood of running away and teen pregnancy, reductions in child behavior problems, increases in social skills, better psychological adjustment, and reductions in internalizing behaviors. Also, for children in out-of-home placements, improvements in parenting competencies have been associated with being reunited with their parents.

The *presence of a caring adult* in the life of a young person is particularly important for teens and young adults. These caring adults are often program staff or home visitors but can also be caring adults in the community, mentors, advocates, teachers, or extended family members. The presence of a caring adult is related to numerous positive outcomes including greater resilience, lower stress, less likelihood of arrest, reductions in homelessness, higher levels of employment, less delinquent conduct, favorable health, less suicidal ideation, and reductions in rapid repeat pregnancies and better outcomes for the children or teen mothers.

Positive relationships with peers are another source of protection for in-risk populations and include both support from peers and positive peer norms (such as refraining from drinking or using illegal drugs and peer disapproval of these and other harmful behaviors). Having friendships and support from peers is related to reductions in depressive symptoms, more empathetic parenting attitudes (among teen mothers), and higher self-esteem. Positive peer norms is related to reductions in rapid repeat pregnancies, less alcohol, tobacco and other drug use, lower levels of sexual activity, less antisocial and delinquent behavior, more success in school, and more helping of others. Ensuring that our children and youth have positive peers can be achieved by building connections and interaction with groups that are engaged in positive activities.

Other protective factors at the relationship level, such as the well-being of parents/caregivers, show moderate or strong evidence for selected ACYF populations.

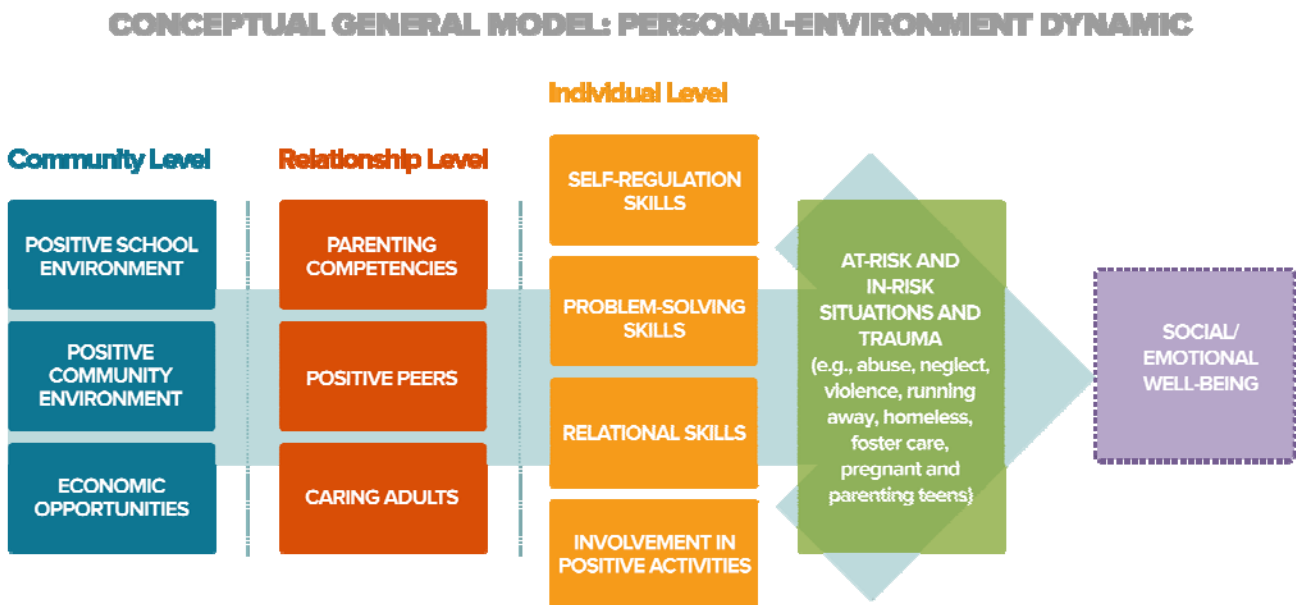
HOW CAN WE CREATE A COMMUNITY THAT PROMOTES THE WELL-BEING OF CHILDREN?

For the populations served by ACYF, three community-level factors are particularly important:

A **positive school environment** showed the most evidence at this level. A positive school environment is one with supportive teachers and staff as well as specialized school-based programming geared toward improving outcomes for these populations. This protective factor is related to reductions in traumatic stress disorder symptoms, depression, psychosocial dysfunction, and dating violence, as well as improvements in school performance and resilience. Two additional protective factors are a **positive community environment**, as defined by neighborhood quality and advantage, community safety, social cohesion, and social network support, and **economic opportunities**, as defined by higher socioeconomic status, employment, and financial support for higher education.

Protective Factors Across Multiple Levels of the Social Ecology

A general conceptual model for organizing and applying protective factors was developed as part of the research review. Findings from the literature are summarized into a diagram, below, that depicts the various levels of the social ecology in which protective factors with the strongest levels of evidence are arrayed.



Where to Go from Here?

Additional research is necessary to further understand the way in which protective factors affect the major outcomes of interest to practitioners and policymakers working to improve outcomes for in-risk populations. To meet these challenges, researchers can:

- **Increase basic research on protective factors among in-risk populations.** Studies of protective factors among children and youth have most often been conducted with at-risk

youth and have addressed the onset of individual problems such as delinquency or substance abuse. Comparatively few studies of protective factors have been conducted with samples of *in-risk* children and youth like those served by ACYF, where the issue is not prevention of a problem but coping with or transitioning through one or more extant problem situations. Further, the distinction between *at-risk* and *in-risk* youth is not always clear. While practice-based knowledge has developed with respect to these youth, much of this knowledge has not been assessed in rigorous research. Thus additional studies of protective factors associated with *in-risk* populations are needed.

- ***Develop and apply consistent definitions and measures of protective factors.*** Definitions, applications, and measures of protective factors are inconsistent across studies. Variations in the way protective factors are measured limit the ability to interpret and generalize evidence of factors across ACYF populations. Consistent definitions of protective factors are needed.
- ***Increase research aimed at understanding the linkages among protective factors across individual, relationship, and community levels of influence.*** Studies examining protective factors at the individual and relationship levels appear most frequently in the literature. Additional research is needed to understand how community characteristics and social interactions in neighborhoods and communities operate as protective factors for in-risk children and youth. Studies are also needed to better understand the interactive processes of factors at all levels of influence.
- ***Conduct research that examines cross-cultural and gender-specific protective factors.*** Existing research on protective factors and resilience does not sufficiently account for cross-cultural and gender-specific factors, processes, or mechanisms. Studies of protective factors with diverse populations are needed.
- ***Conduct research that focuses on protective factors at different development periods.*** The evidence base needs to be expanded to document how different protective factors influence well-being at different developmental stages.
- ***Conduct research that examines the mechanisms of change.*** Very little is understood about the mediating and moderating mechanisms of any given protective factor. For the field to progress, we will need to learn more about how protective factors may function differently for various children and youth in differing environments.
- ***Develop, implement, and test interventions that target empirically supported protective factors.*** Interventions and programs that target empirically supported protective factors should be developed or modified for in-risk populations.

The research described in this brief represents an important foundation from which to proceed towards a better understanding of protective factors that work with in-risk children and youth. It is, however, only a beginning. While the review of current research has identified a number of factors with significant evidence to support use in practice settings, it has also raised questions concerning what we know to date, and pointed to multiple areas for further research.

To access the full literature review on which this research brief is based, please visit: <http://www.dsgonline.com/ACYF>

