

A Risk and Resilience Framework for Child, Youth, and Family Policy

Jeffrey M. Jenson

Mark W. Fraser

Over the past 100 years or more, social policies and programs for American children, youth, and families have undergone frequent shifts in philosophy and direction. Many policy frameworks, such as universal prevention, selective eligibility, rehabilitation, and punishment, have contributed to the conceptual bases for services, programs, and interventions designed for young people. However, the most consistent characteristic of American social policy for children and families may be the sheer inconsistency of efforts aimed at helping the nation's most vulnerable populations.

Recent advances in understanding the developmental processes associated with the onset and persistence of child and adolescent problems warrant new thinking about policies and programs. Since the second edition of this book was published in 2011, we have learned more about why some children and adolescents develop social and health problems, and—in the case of such problems as sexually transmitted diseases, drug use, and delinquency—why some youths make choices that lead to poor outcomes at home and in school and the community. Unfortunately, this knowledge is not yet systematically applied to policy or program design, which results in poorly specified, inadequately integrated, and wastefully duplicated services for children and families. The motivation for the third edition of this volume comes from the growing recognition that knowledge gained from understanding the developmental trajectories of children who experience social and health problems must be used to craft more effective policies and programs.

COMING OF AGE IN AMERICA

Children, youth, and families face enormous challenges in American society. At no time in the country's history have young people and their parents been confronted simultaneously by such a wide array of positive and negative influences and opportunities. Most children and youth become healthy adults who participate in positive—or prosocial—activities guided by interests that lead to meaningful and fulfilling lives. However, for some American children and youth, the path to adulthood is a journey filled with risk and uncertainty. Because of the adversities these young people face, the prospect of a successful future is often bleak.

If we were to draw a picture depicting the current health of America's children and youth, it would be a portrait of contrasts. On a positive note, young people between 16 and 24 years old are volunteering and becoming more involved in social causes than in the past (Center for Information and Research on Civic Learning and Engagement, 2014). In addition, the prevalence of some problem behavior—most notably, violent offending—has decreased considerably in recent years. For example, following a period of rapid increase between the late 1980s and 1995, violent juvenile crime rates reached historically low levels in 2011 (Puzzanchera, 2013).

Juxtaposed against this promising news are the disturbing accounts of school shootings, persistently high rates of school dropout and drug use, and increases in childhood poverty (for reviews of school shootings, see Bockler, Seeger, Sitzler, & Heitmeyer, 2013; Vossekui, Fein, Reddy, Borum, & Modzeleski, 2002; Wike & Fraser, 2009). Nearly 40% of public schools in the United States reported at least one violent incident to police in the 2009–2010 school year (U.S. Department of Education, 2014). Sporadic acts of school violence have occurred in virtually every region of the country in the years following the horrific 1999 shootings at Columbine High School in Colorado (Centers for Disease Control and Prevention, 2008a). The deaths of 20 young children and six adults at Sandy Hook Elementary School in Newtown, Connecticut, was a jolting reminder that students and teachers are not always safe in their own schools and communities (Swanson, 2013).

Academic failure and school dropout have become profound social problems. About 4% of all youth between the ages of 16 and 19 years old dropped out of school in 2012. Particularly troubling is evidence indicating that youth of color drop out of school at much higher rates than Caucasian students. In 2012, 7% of Latino, 10% of American Indian, and 6% of African American students dropped out of school as compared with only 3% of Caucasian youth (Annie E. Casey Foundation, 2014). As the world moves to greater globalization of markets and demands a more educated workforce, these young people face lives of limited opportunities and high unemployment, bringing consequential high societal costs.

Drug use among American youth also imposes considerable individual and societal costs on the nation. In 2013, nearly 50% of the nation's senior high school students reported lifetime use of any illicit drug, and 25% indicated they had used an illicit drug other than marijuana (Johnston, O'Malley, & Bachman, 2013). Despite a recent leveling in drug use trends, more than 20% of eighth-grade students reported lifetime use of any illicit drug in 2013. Particularly worrisome is evidence indicating that 7% of the nation's high

school seniors have tried dangerous drugs such as ecstasy (Johnston et al., 2013). These unacceptably high rates of drug use among children and youth are the focus of multifaceted policy and practice efforts at the federal, state, and local levels.

Poverty is related to many social and health problems. Nearly 23% of U.S. children younger than 18 years old live in poverty, which significantly affects individuals, families, and communities (Annie E. Casey Foundation, 2014). In the United States, children are more likely than all other age groups to be poor (Cauce, Stewart, Rodriguez, Cochran, & Ginzler, 2003), and children of color are disproportionately represented in poverty. Among all U.S. children younger than 18 years, 40% of African Americans, 37% of American Indians, and 34% of Latino children were poor in 2012. Those rates are more than double the rates for Asian and Pacific Islanders (15%) and non-Latino Caucasians (14%) living in poverty (Annie E. Casey Foundation, 2014).

These statistics are important because living in poverty has both short- and long-term effects. Poverty has negative effects on several key outcomes during childhood and adolescence, including school achievement and delinquency (Brooks-Gunn & Duncan, 1997; Hannon, 2003; Yoshikawa, Aber, & Beardslee, 2012). Poverty is also associated with adverse consequences during adulthood and later stages of life (Duncan, Ziol-Guest, & Kalil, 2010; McCord, 1997; Nikulina, Widom, & Czaja, 2011). The social and environmental conditions created by poverty give rise to a variety of public health problems that require well-reasoned evidence-based policy and program responses.

POLICY AND PROGRAM RESPONSES TO CHILDHOOD AND ADOLESCENT PROBLEMS

Experts from the fields of criminology, education, medicine, nursing, psychology, public health, social work, and sociology agree that no single pathway leads to school failure, drug use, delinquency, and other social and health problems. Rather, it is the accumulation of risk—the sheer number of adversities and traumas confronted by children and families—that seems to disrupt normal developmental trajectories (Rutter, 2001). In the mid-1970s, Jessor and Jessor (1977) asserted that a small group of youth simultaneously engaged in a variety of dangerous and costly problem behaviors; that assertion has been well supported by the research evidence over the past three decades. Indeed, the same academically marginalized youths who are involved in drug use may also be the youths who are at risk of sexually transmitted diseases and violent victimization by family members or partners. Despite the fact that we know far more about these high-risk youths, their friends, and their families (e.g., Catalano et al., 2012; Elliott et al., 2006; Fraser, 2004; Jenson & Bender, 2014), we have seen few innovative policy strategies being introduced to reduce the number of children and adolescents who experience these problems. A looming challenge for both advocates and experts is to find ways to incorporate and translate new knowledge (i.e., the product of research) into public policies and programs.

One barrier to the uptake of research knowledge is that current social policies and programs intended to meet the needs of U.S. children, youth, and families are highly fragmented. Many policies aimed at improving conditions for vulnerable and high-risk populations have

failed to consider the number, nature, or severity of problems experienced by American families. Other policies and resultant programs are duplicated among agencies, leading to a host of eligibility and implementation conflicts in child welfare, developmental disability, mental health, substance abuse, education, and juvenile justice services.

Moreover, the application of theoretical and empirical evidence to the design of social policies and programs aimed at improving the lives of children, youth, and families is limited. Social policy is often hurriedly created in the context of galvanizing community events—such as the rush to implement safety policies in the aftermath of the shootings at Sandy Hook Elementary School in 2012—or trends that have attracted public attention and compelled legislation. In some cases, policies developed in reaction to specific events lead to decisions that fail to account adequately for unforeseen or unintended long-term consequences. A case in point is that of the extensive juvenile justice reforms implemented across the country in the early to mid-1990s. Faced with increased rates of gang activity and violent youth crime, nearly all states enacted reforms emphasizing strict sanctions and punishments for young offenders. Many of these reforms—most notably, boot camp programs and the extensive use of judicial waivers for serious offenders (with some juvenile offenders being prosecuted in criminal courts and exposed to adult rather than juvenile sanctions)—subsequently produced mixed or ineffective results (Bernard & Kurlychek, 2010; Jenson, Potter, & Howard, 2001).

Over the past several decades, we have learned much about the causes and progression of child and adolescent problems. However, advances in understanding the life-course development of problem behaviors among children and youth primarily have been used to enhance prevention and treatment strategies rather than to inform theory development (Biglan, Brennan, Foster, & Holder, 2004; Farrington, 2011). Aside from Bronfenbrenner's (1979, 1986) ecological perspective, the field lacks conceptual models that inform social and health policies for children, youth, and families. In this book, we argue that a public health framework—rooted in ecological theory and based on principles of risk and resilience—is defining a new and useful conceptual model for the design of public policy across the substantive areas of child welfare, education, income assistance, mental health, health, developmental disabilities, substance use, and juvenile justice.

PUBLIC HEALTH FRAMEWORKS FOR SOCIAL POLICY

In the field of prevention science, public health frameworks for understanding and preventing child and adolescent problems have become widely used to promote positive youth outcomes (Biglan et al., 2004; Catalano et al., 2012; Hawkins, 2006; Jenson & Bender, 2014). When designing or selecting interventions to ameliorate youth problems, social scientists give first consideration to the presence or absence of risk and protective factors affecting youth outcomes. Another concept closely related to those of risk and protection is the concept of resilience, which is the ability to overcome adverse conditions and to function normatively in the face of risk. A public health perspective guiding policy development aimed at children, youth, and families must incorporate these key concepts of risk, protection, and resilience.

Risk and Protection

Risk factors are individual, school, peer, family, and community influences that increase the likelihood that a child will experience a social or health problem. Although the idea of identifying risk factors to better understand childhood and adolescent problems has gained widespread acceptance in the prevention field (Catalano, 2007; Jenson, 2006; O'Connell, Boat, & Warner, 2009; Romer, 2003; Woolf, 2008), its origins are relatively recent. The early work on identifying risk factors dates only to the 1970s, when researchers began placing greater importance on understanding the individual, family, and community correlates of mental illness (Rutter, 1979, 1987). Stimulated in part by advances in research design and statistical analysis (e.g., the development of path analysis and structural equation modeling), a new emphasis on modeling underlying causes led investigators to identify specific factors that were associated with the occurrence of delinquency, drug use, suicide, school dropout, and other problems. This approach, adapted from public health efforts to identify risk factors associated with problems such as smoking and heart disease, led to the use of "risk-based" strategies to prevent social problems in childhood and adolescence (Hawkins, Catalano, & Miller, 1992).

Risk Factors

The earliest risk factor models were simple lists of the correlates of adolescent problems (e.g., Garnezy, 1971). These models were drawn from previous research that identified risk factors for adolescent problem behaviors such as substance abuse and delinquency (e.g., Hawkins, Jenson, Catalano, & Lishner, 1988). Early models often failed to consider the temporal relationship of risk factors to the occurrence of specific behaviors or to examine the additive and interactive effects of risk factors. However, recent reviews of risk factors for adolescent problem behaviors have improved on earlier efforts by limiting their selection of studies to those in which the risk factor clearly preceded a problem behavior (e.g., Fraser, Kirby, & Smokowski, 2004; Fraser & Terzian, 2005; Herrenkohl, Aisenberg, Williams, & Jenson, 2011; Herrenkohl, Chung, & Catalano, 2004). In addition, longitudinal studies have been conducted to better understand the processes by which risk factors influence behavior over the course of childhood and adolescence (e.g., Hawkins, Kosterman, Catalano, Hill, & Abbott, 2005; Loeber, Farrington, Stouthamer-Loeber, & Van Kammen, 1998; Spoth, Redmond, & Shin, 1998). In this book, we adopt Fraser and Terzian's (2005) definition of a risk factor: "Broadly defined, the term *risk factor* relates to any event, condition, or experience that increases the probability that a problem will be formed, maintained, or exacerbated" (p. 5).

This definition recognizes that the presence of one or more risk factors in a person's life has the potential to increase the likelihood that a problem behavior will occur at a later point in time. However, the presence of a risk factor does not ensure or guarantee that a specific outcome, such as school failure, will inevitably occur. Rather, the presence of a risk factor suggests an increased chance or probability that such a problem might develop. Table 1.1 presents common risk factors for childhood and adolescent problems arranged by level of influence. These and other factors are discussed in relation to specific topics presented in Chapter 2 through Chapter 9. In addition, the discussions address protective factors, which are closely related to risk factors. *Protective factors* are those influences, characteristics, and conditions that buffer or mitigate a person's exposure to risk.

Table 1.1 Common Risk Factors for Childhood and Adolescent Problems by Level of Influence

Environmental Factors
Laws and norms favorable to antisocial behavior Availability and access to illicit drugs and firearms Poverty and limited economic development Neighborhood and community disorganization Low neighborhood attachment Media portrayals of antisocial behavior
Interpersonal and Social Factors
Favorable parental attitudes toward problem behavior Family history of involvement in problem behavior Family and parent-child conflict Poor attachment with parents Inconsistent parental monitoring, supervision, and discipline Poor academic performance in early grades Low commitment to school Rejection by conforming peer groups Association with antisocial peers
Individual Factors
Early behavior problems Favorable attitudes toward problem behaviors Sensation-seeking orientation Impulsivity Attention deficits Genetic and other biological factors

Source: Adapted from Fraser et al. (2004); Jenson and Bender (2014); and O'Connell et al. (2009).

Protective Factors

Researchers began to notice that some apparently high-risk youths did not engage in problem behaviors. Studies showed that these youths were protected from risk. That is, they seemed to have personal resources that helped them prevail over adversities. These resources came to be called *protective factors*. Still today, there is ongoing debate about the exact definition of *protection* as well as how to put knowledge about protective factors into practice (Fletcher & Sarkar, 2013; Fraser et al., 2004; Rossa, 2002). Most investigators agree that protective factors are attributes or characteristics that lower the probability of an undesirable outcome (Benard, 2004; Rutter, 1987; Werner & Smith, 1992). However, whether protective factors are independent of risk factors remains in contention.

The knowledge base associated with the concept of protection emerged in the 1980s, when investigators such as Rutter (1979) and Werner and Smith (1982) observed that

certain positive attributes appeared to operate in the presence of risk or adversity. However, the exact definition of a protective factor quickly became a topic of debate. Most of this debate has centered on the confusion created when risk and protective factors are thought of as opposite ends of a single continuum (Pollard, Hawkins, & Arthur, 1999). For example, researchers have often identified consistent family management practices as important in producing positive outcomes in children, whereas a style of inconsistent family management is construed as a factor leading to poor outcomes. In some studies, consistent family management is identified as a protective factor and inconsistent family management is seen as a risk factor. Using risk and protection in this manner establishes the two concepts as polar opposites, with one pole representing positive outcomes and the other pole representing negative outcomes. Therein lies the ongoing debate among social scientists, which can be briefly summarized as two questions:

1. Do risk factors and protective factors represent measurable levels of an attribute or characteristic that has two poles along a single continuum?
2. Are risk factors and protective factors separate and independent constructs?

Our concept of protection holds that protective factors operate as a buffering agent to moderate exposure to risk. We offer the following definition from Fraser and Terzian (2005): “protective factors [are] resources—individual or environmental—that minimize the impact of risk” (p. 12).

This definition is important because it views protective factors as individual characteristics and environmental conditions, and it emphasizes that those conditions or characteristics interact with specific risk factors present in either the child or the child’s environment. We argue that protective factors operate in three ways, by serving to

- reduce or buffer the impact of risk in a child’s life,
- interrupt a chain of risk factors that may be present in a young person’s life (e.g., disrupt a potential chain of risk that begins with peer rejection and leads to involvement with antisocial peers and then to delinquency), and
- prevent or block the onset of a risk factor (Fraser & Terzian, 2005).

Table 1.2 shows common protective factors discussed by authors in subsequent chapters.

Resilience: When a Child Prevails Over Adversity

Resilience is characterized by successful adaptation in the presence of risk or adversity (Garmezy, 1986; Luthar, 2003; Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003; Ungar, 2011). Fortunately, we have numerous examples of young people and adults who have “overcome the odds” of the negative effects of risks identified in areas of child welfare (Festinger, 1984), juvenile justice (Grunwald, Lockwood, Harris, & Mennis, 2010; Vigil, 1990), and substance abuse (Werner & Smith, 2001). Rather than a single influence or

Table 1.2 Common Protective Factors for Childhood and Adolescent Problems by Level of Influence

Environmental Factors
Opportunities for education, employment, and other prosocial activities Caring relationships with adults or extended family members Social support from non-family members Physical and psychological safety
Interpersonal and Social Factors
Reliable support and discipline from parents or caregivers Attachment to parents or caregivers Caring relationships with siblings Low parental conflict Support for early learning High levels of commitment to school Positive teacher expectations Effective classroom management Ability to make friends and get along with others Relationships with positive and prosocial peers Involvement in conventional activities Belief in prosocial norms and values
Individual Factors
Emotional self-regulation Social and problem-solving skills Positive attitude Temperament High intelligence Low childhood stress

Source: Adapted from Fraser et al. (2004); Jenson and Bender (2014); and O'Connell et al. (2009).

factor, we conceptualize resilience as the outcome of a process that takes into account both the level of risk exposure and the presence of protective factors. When exposure to risk is high, evidence suggests that most children and adolescents experience some type of problem or developmental difficulty (Cicchetti & Rogosch, 1997; Pollard et al., 1999). In circumstances in which the risk level is high, protective factors exert their influence on developmental outcomes; however, in circumstances in which the risk level is low, protective factors are more likely to have a neutral or relatively benign effect (Fraser, Richman, & Galinsky, 1999).

Sameroff and colleagues (Sameroff, 1999; Sameroff & Fiese, 2000; Sameroff & Gutman, 2004) have used the phrase *promotive* factor to refer to attributes or characteristics that have *direct protective* effects on people's lives, irrespective of the level of risk exposure (for a discussion of direct versus interactive protective effects, see Lösel & Farrington, 2012). Researchers have observed that some factors (e.g., high intelligence, low delinquency among peers) have positive effects on child and adolescent outcomes independent of risk. Whether protection operates principally as a buffer that interacts with risk exposure or whether protection has both interactive and direct promotive effects on life course outcomes is the focus of ongoing discussion and research. To date, tests of the impact of direct protective effects have been relatively limited (see, e.g., Gutman, Sameroff, & Eccles, 2002; Lösel & Farrington, 2012; Pardini, Loeber, Farrington, & Stouthamer-Loeber, 2012; Sameroff, Bartko, Baldwin, Baldwin, & Siefer, 1999; Youngblade, Theokas, Schulenberg, Curry, Huang, & Novak, 2007).

On balance, experts are viewing resilience as the outcome of an interactive process involving risk and protection. Thus, *adaptation*, which is expressed through individual behavior, is interpreted as an interactive product involving the presence or absence of a specific risk; the level of exposure to risk; and the strength of the specific risk and protective factors present in a child's life.

APPLYING PRINCIPLES OF RISK AND RESILIENCE TO SOCIAL POLICY

Applications of public health principles primarily have been used to develop preventive interventions in school and community settings (Catalano et al., 2012; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Jenson & Bender, 2014; Luthar & Cicchetti, 2000). The results have been impressive. Recent research has identified a number of efficacious risk-oriented programs aimed at preventing child and adolescent problems such as substance abuse (Botvin & Griffin, 2004; Foxcroft, Ireland, Lister-Sharp, Lowe, & Breen, 2003; Gottfredson & Wilson, 2003) and delinquency (Catalano, Loeber, & McKinney, 1999; Limbos et al., 2007; Wilson & Lipsey, 2007). Research and governmental entities, which are concerned with improving the dissemination of effective programs, have made lists of effective interventions available to practitioners, educators, and the general public (Campbell Collaboration Library, 2014; Center for the Study and Prevention of Violence, 2014; Substance Abuse and Mental Health Administration, 2014). Prevention and treatment strategies using a risk and protective perspective are now widely recognized by public and private entities (at both the state and federal levels) as the dominant approach to preventing and treating childhood and adolescent problems (Center for the Study and Prevention of Violence, 2014; Centers for Disease Control and Prevention, 2008b; National Institute on Drug Abuse, 1997; O'Connell et al., 2009; Schinke, Brounstein, & Gardner, 2002).

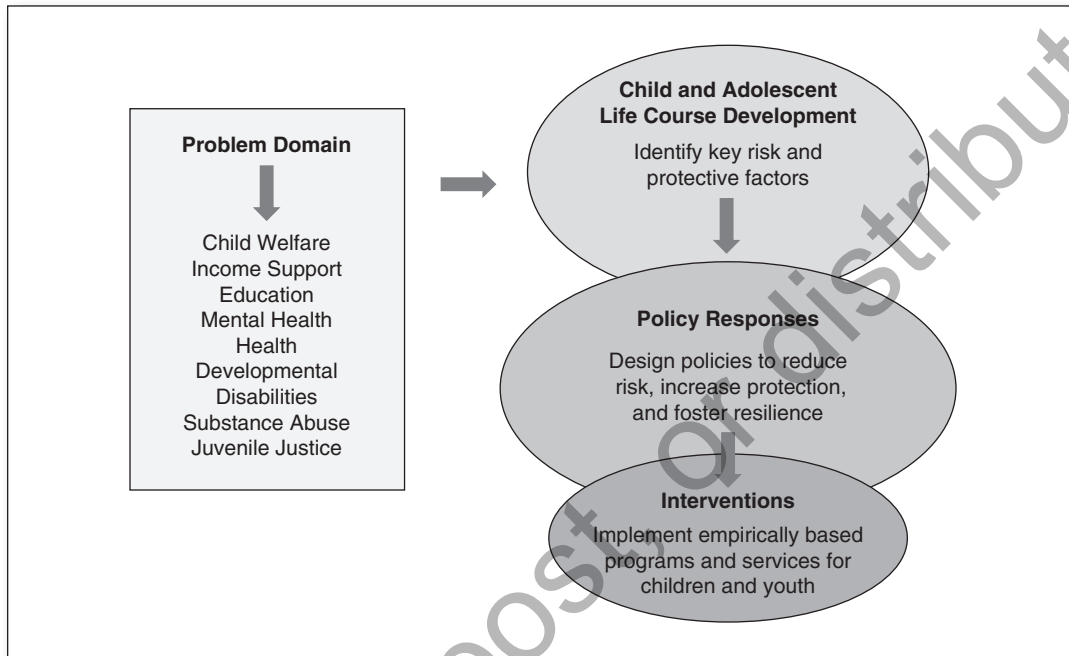
A logical next step in the application of the risk and resilience model requires extending the framework to the development of a broader cross-section of programs and public policies (Fraser & Galinsky, 2004). To date, only a few examples of this process exist.

Investigators in the public health field have applied principles of risk, protection, and resilience to their design of prevention strategies targeting risk factors for AIDS. Evidence suggests that the implementation of this approach has led to reductions in the spread of AIDS in many parts of the world (Sorenson, Masson, & Perlman, 2002).

A second example of using a public health framework to effect program and policy change comes from innovations in substance abuse prevention. Hawkins, Catalano, and colleagues at the Social Development Research Group (Hawkins, Catalano, & Associates, 1992) created the Communities That Care (CTC) program, which is a theoretically based prevention system designed to help community leaders develop and implement effective substance abuse prevention programs. The CTC program is based on the social development model (SDM), which is a general theory of human behavior that integrates perspectives from social control theory (Hirschi, 1969), social learning theory (Bandura, 1989), and differential association theory (Matsueda, 1982; Sutherland, 1973). SDM specifies the mechanisms and causal pathways by which risk and protective factors interact in the etiology of various behaviors, including adolescent drug use (Catalano & Hawkins, 1996). The SDM proposes that four protective factors inhibit the development of antisocial behaviors in children: (1) *bonding*, defined as attachment and commitment to family, school, and positive peers (Garmezy, 1986); (2) *belief in the shared values or norms* of these social units; (3) *external constraints* such as clear, consistent standards against drug use (Hansen, Malotte, & Fielding, 1988; Scheier & Botvin, 1998); and (4) *social, cognitive, and emotional skills* that provide protective tools allowing children to solve problems (Rutter, 1987), to perform in social situations (Werner & Smith, 1982), and to resist influences and impulses to violate their norms for behavior (Hansen, Graham, Sobel, Shelton, Flay, & Johnson, 1987).

In the CTC model, communities form coalitions to engage in systematic prevention planning, which requires them to identify risk and protective factors for adolescent problems that are prevalent in their localities. Following the assessment of such factors, communities are encouraged to select prevention strategies based on available empirical evidence (Brown, Hawkins, Arthur, Briney, & Fagan, 2011). Recent findings from the Community Youth Development Study, which is a longitudinal, randomized trial that uses principles of the CTC model, have revealed significantly lower rates of delinquency and drug use among students in experimental communities as compared with control communities (Hawkins et al., 2008; Hawkins et al., 2012). These groundbreaking findings suggest that well-organized and well-implemented community planning efforts that focus on risk and protection can lead to positive outcomes for young people. Although the CTC model falls short of satisfying the criteria for a formal policy, it successfully initiates a process whereby knowledge of risk and protective factors becomes an integral part of program design. As implied in the preceding examples, applying principles of risk and resilience to policy design requires an understanding of the developmental trajectories associated with the onset or persistence of child and adolescent problems. Figure 1.1 illustrates the process involved in applying a public health perspective to policy and program design for children, youth, and families.

Two additional elements in the risk and resilience model, ecological theory and life-course development, are outlined briefly in the next section.

Figure 1.1 A Risk and Resilience Framework for Child, Youth, and Family Policy

ECOLOGICAL THEORY AND LIFE-COURSE DEVELOPMENT

As we mentioned earlier, we use an ecological perspective to provide a context for thinking about principles of risk, protection, and resilience over the course of child development. The ecological perspective is well known and widely applied in education, practice, and research across many disciplines and professions (Bronfenbrenner, 1979, 1986; Fraser, 2004; Germain, 1991). Ecological theory posits that development is deeply affected by interactions between the biological and psychological characteristics of the individual child and conditions in his or her environment. Environmental conditions are usually described as the developmental context, as layers of family, peer, school, and community influences (Bronfenbrenner, 1979, 1986). An ecological perspective holds that child development is a product of transactions between an organism and these layers of contextual influence. In the vernacular of practice, child development is influenced by events that occur in the lives of young people within their family, peer, school, and community settings.

We believe social policies for children, youth, and families must be framed in an ecological perspective that considers the influence of context. For example, a child who is referred to the juvenile justice system is also a child who lives within some type of family unit, attends a local school, and has a network of peers. Evidence indicates that both

unique and interrelated risk and protective factors increase or decrease the likelihood of problem behavior within each of these domains (Fraser, 2004; Herrenkohl et al., 2011; Jenson & Howard, 1999). Therefore, social policies are most likely to be effective when they address the myriad influences that lead to and may sustain problem behavior for young people. In earlier work, we discussed risk and protective factors in the context of the ecological perspective as a way to explain the onset and prevention of childhood and adolescent problems (Fraser, 2004; Jenson, 2004). However, the knowledge of such factors has seldom been used as a lens through which to examine social policy for children, youth, and families. Our intention is to show how principles contained in the ecological perspective can be used to create integrated policies that may cut across traditional policy boundaries found within care systems for American children, youth, and families.

SUMMARY

Knowledge gained from studies of risk, protection, and resilience has significantly affected our understanding of the onset and persistence of childhood and adolescent problems. Principles of risk, protection, and resilience also have been helpful in improving the conceptual and methodological rigor of prevention and treatment programs for children and youth (Jenson & Bender, 2014; Kaftarian, Robinson, Compton, Davis, & Volkow, 2004; Limbos et al., 2007; Wilson & Lipsey, 2007). However, to date, these principles have not been systematically applied to social policies for children and families. This chapter has outlined a public health framework for child and family policy based on risk, protection, and resilience. Principles of ecological theory and life-course development were introduced as essential parts of the framework. In subsequent chapters, we more fully examine the utility of a public health framework for child and family policy.

REFERENCES

- Annie E. Casey Foundation. (2014). *Kids count data center*. Retrieved from <http://datacenter.kidscount.org>
- Bandura, A. (1989). Human agency in social cognitive theory. *American Psychologist*, 14, 1175–1184. doi:10.1037/0003-066X.44.9.1175
- Bernard, T. J., & Kurlychek, M. C. (2010). *The cycle of juvenile justice reform* (2nd ed.). New York: Oxford University Press.
- Biglan, A., Brennan, P. A., Foster, S. L., & Holder, H. D. (2004). *Helping adolescents at risk. Prevention of multiple problem behaviors*. New York: Guilford Press.
- Bockler, N., Seeger, T., Sitzler, P., & Heitmeyer, W. (2013). *School shootings. International research, case studies, and concepts for prevention*. New York: Springer.
- Botvin, G. J., & Griffin, K. W. (2004). Life skills training: Empirical findings and future directions. *The Journal of Primary Prevention*, 25, 211–232. doi:10.1023/B:JOPP.0000042391.58573.5b
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.

- Bronfenbrenner, U. (1986). Ecology of the family as a context to human development: Research perspectives. *Development Psychology, 22*, 723–742. doi:10.1037/0012-1649.22.6.723
- Brooks-Gunn, J., & Duncan, G. J. (1997). The effects of poverty on children. *Future of Children, 7*, 55–71. doi:10.2307/1602387
- Brown, E. C., Hawkins, J. D., Arthur, M. W., Briney, J. S., & Fagan, A. A. (2011). Prevention service system transformation using Communities That Care. *Journal of Community Psychology, 39*, 183–201. doi:10.1002/jcop.20426
- Campbell Collaboration Library. (2014). [Database]. Retrieved from <http://www.campbellcollaboration.org>
- Catalano, R. F. (2007). Prevention is a sound public and private investment. *Criminology and Public Policy, 6*, 377–398. doi:10.1111/j.1745-9133.2007.00443.x
- Catalano, R. F., Fagan, A. A., Gavin, L. E., Greenberg, M. T., Irwin, Jr., C. E., Ross, D. A., & Shek, D. T. (2012). Worldwide application of prevention science in adolescent health. *Lancet, 379*, 1653–1664. doi:10.1016/S0140-6736(12)60238-4
- Catalano, R. F., & Hawkins, J. D. (1996). The social development model: A theory of antisocial behavior. In J. D. Hawkins (Ed.), *Delinquency and crime: Current theories* (pp. 149–197). New York: Cambridge University Press.
- Catalano, R. F., Loeber, R., & McKinney, K. (1999). *School and community interventions to prevent serious and violent offending* (NCJ 177624). Washington, DC: Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice. Retrieved from <http://www.ncjrs.gov/pdffiles1/ojdp/177624.pdf>
- Cauce, A. M., Stewart, A., Rodriguez, M. D., Cochran, B., & Ginzler, J. (2003). Overcoming the odds? Adolescent development in the context of urban poverty. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversities* (pp. 343–363). Cambridge, UK: Cambridge University Press. doi:10.1017/CB09780511615788.016
- Center for Information and Research on Civic Learning and Engagement. (2014). Volunteering and community service. Retrieved from <http://www.civicyouth.org/quick-facts/volunteering-community-service/>.
- Center for the Study and Prevention of Violence. (2014). *Blueprints for healthy youth development*. Retrieved from <http://www.colorado.edu/cspv/blueprints/index.html>
- Centers for Disease Control and Prevention. (2008a). *School-associated student homicides—United States, 1992–2006*. Washington, DC: Author.
- Centers for Disease Control and Prevention. (2008b). *Understanding youth violence. Fact sheet*. Atlanta, GA: Author. Retrieved from <http://www.cdc.gov/ncipc/pub-res/YVFact Sheet.pdf>
- Cicchetti, D., & Rogosch, F. A. (1997). The role of self-organization in the promotion of resilience in maltreated children. *Development and Psychopathology, 9*, 787–815. doi:10.1017/S0954579497001442
- Duncan, G. J., Ziol-Guest, K. M., & Kalil, A. (2010). Early childhood poverty and adult attainment, behavior, and health. *Child Development, 81*, 306–325. doi: 10.1111/j.1467-8624.2009.01396.x
- Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D., & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development, 82*, 405–432. doi: 10.1111/j.1467-8624.2010.01564.x
- Elliott, D. S., Menard, S., Rankin, B., Elliott, A., Huizinga, D., & Wilson, J. W. (2006). *Good kids from bad neighborhoods: Successful development in social context*. Cambridge: Cambridge University Press.
- Farrington, D. P. (Ed). (2011). *Integrated developmental and life-course theories of offending*. Piscataway, NJ: Transaction Publishers.
- Festinger, T. (1984). *No one ever asked us: A postscript to the foster care system*. New York: Columbia University Press.

- Fletcher, D., & Sarkar, M. (2013). Psychological resilience: A review and critique of definitions, concepts, and theory. *European Psychologist, 18*(1), 12–23. doi:10.1027/1016-9040/a000124
- Foxcroft, D. R., Ireland, D., Lister-Sharp, D. J., Lowe, G., & Breen, R. (2003). Longer term primary prevention for alcohol misuse in young people: A systematic review. *Addiction, 98*, 397–411. doi:10.1046/j.1360-0443.2003.00355.x
- Fraser, M. W. (2004). The ecology of childhood: A multisystems perspective. In M. W. Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective* (2nd ed., pp. 1–12). Washington, DC: NASW Press.
- Fraser, M. W., & Galinsky, M. J. (2004). Risk and resilience in childhood: Toward an evidence-based model of practice. In M. W. Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective* (2nd ed., pp. 385–402). Washington, DC: NASW Press.
- Fraser, M. W., Kirby, L. D., & Smokowski, P. R. (2004). Risk and resilience in childhood. In M. W. Fraser (Ed.), *Risk and resilience in childhood: An ecological perspective* (2nd ed., pp. 13–66). Washington, DC: NASW Press.
- Fraser, M. W., Richman, J. M., & Galinsky, M. J. (1999). Risk, protection, and resilience: Towards a conceptual framework for social work practice. *Social Work Research, 23*, 131–144.
- Fraser, M. W., & Terzian, M. A. (2005). Risk and resilience in child development: Practice principles and strategies. In G. P. Mallon & P. McCartt Hess (Eds.), *Handbook of children, youth, and family services: Practice, policies, and programs* (pp. 55–71). New York: Columbia University Press.
- Garnezy, N. (1971). Vulnerability research and the issue of primary prevention. *American Journal of Orthopsychiatry, 41*, 101–116.
- Garnezy, N. (1986). On measures, methods, and models. *Journal of the American Academy of Child and Adolescent Psychiatry, 25*, 727–729. doi:10.1016/S0002-7138(09)60303-4
- Germain, C. B. (1991). *Human behavior in the social environment: An ecological view*. New York: Columbia University Press.
- Gottfredson, D. C., & Wilson, D. B. (2003). Characteristics of effective school-based substance abuse prevention. *Prevention Science, 4*, 27–38. doi:10.1023/A:1021782710278
- Grunwald, H. E., Lockwood, B., Harris, P. W., & Mennis, J. (2010). Influences of neighborhood context, individual history, and parenting behavior on recidivism among juvenile offenders. *Journal of Youth and Adolescence, 39*, 1067–1079. doi:10.1007/s10964-010-9518-5
- Gutman, L., Sameroff, A. J., & Eccles, J. S. (2002). The academic achievement of African American students during early adolescence: An examination of multiple risk, promotive, and protective factors. *American Journal of Community Psychology, 30*(3), 367–400. doi:10.1023/A:1015389103911
- Hannon, L. (2003). Poverty, delinquency, and educational attainment: Cumulative disadvantage or disadvantage saturation? *Sociological Inquiry, 73*, 576–594. doi:10.1111/1475-682X.00072
- Hansen, W. B., Graham, J. W., Sobel, J. L., Shelton, D. R., Flay, B. R., & Johnson, C. A. (1987). The consistency of peer and parent influences on tobacco, alcohol, and marijuana use among young adolescents. *Journal of Behavioral Medicine, 10*, 559–579. doi:10.1007/BF00846655
- Hansen, W. B., Malotte, C. K., & Fielding, J. E. (1988). Evaluation of a tobacco and alcohol abuse prevention curriculum for adolescents. *Health Education Quarterly, 15*, 93–114.
- Hawkins, J. D. (2006). Science, social work, prevention: Finding the intersection. *Social Work Research, 30*, 137–152. doi:10.1093/swr/30.3.137
- Hawkins, J. D., Brown, E. C., Oesterle, S., Arthur, M. W., Abbot, R. D., & Catalano, R. F. (2008). Early effects of Communities That Care on targeted risks and initiation of delinquent behavior and substance use. *Journal of Adolescent Health, 43*, 15–22. doi:10.1016/j.jadohealth.2008.01.022
- Hawkins, J. D., Catalano, R. F., & Associates. (1992). *Communities That Care: Actions for drug abuse prevention*. San Francisco: Jossey-Bass.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin, 112*, 64–105. doi:10.1037/0033-2909.112.1.64

- Hawkins, J. D., Jenson, J. M., Catalano, R. F., & Lishner, D. L. (1988). Delinquency and drug abuse: Implications for social services. *Social Service Review*, *62*, 258–284. doi:10.1086/644546
- Hawkins, J. D., Kosterman, R., Catalano, R. F., Hill, K. G., & Abbott, R. D. (2005). Promoting positive adult functioning through social development intervention in childhood: Long-term effects from the Seattle Social Development Project. *Archives of Pediatrics and Adolescent Medicine*, *159*, 25–31. doi:10.1001/archpedi.159.1.25
- Hawkins, J. D., Oesterle, S., Brown, E. C., Monahan, K. C., Abbott, R. D., Arthur, M. W., & Catalano, R. F. (2012). Sustained decreases in risk exposure and youth problem behaviors after installation of the Communities That Care prevention system in a randomized trial. *Archives of Pediatrics and Adolescent Medicine*, *166*, 141–148. doi:10.1001/archpediatrics.2011.183
- Herrenkohl, T. I., Aisenberg, E., Williams, J. H., & Jenson, J. M. (2011). *Violence in context: Current evidence on risk, protection, and prevention*. New York: Oxford University Press.
- Herrenkohl, T. I., Chung, I. J., & Catalano, R. F. (2004). Review of research on predictors of youth violence and school-based and community-based prevention approaches. In P. Allen-Meares and M. W. Fraser (Eds.), *Intervention with children and adolescents: An interdisciplinary perspective* (pp. 449–476). Boston: Pearson Education.
- Hirschi, T. (1969). *Causes of delinquency*. Berkeley: University of California Press.
- Jenson, J. M. (2004). Risk and protective factors for alcohol and other drug use in adolescence. In M. W. Fraser (Ed.), *Risk and resiliency in childhood: An ecological perspective* (2nd ed., pp. 183–208). Washington, DC: NASW Press.
- Jenson, J. M. (2006). Advances and challenges in preventing childhood and adolescent problem behavior. *Social Work Research*, *30*, 131–134. doi:10.1093/swr/30.3.131
- Jenson, J. M., & Bender, K. A. (2014). *Preventing child and adolescent behavior: Evidence-based strategies in schools, families, and communities*. New York: Oxford University Press.
- Jenson, J. M., & Howard, M. O. (1999). *Youth violence. Current research and recent practice innovations*. Washington, DC: NASW.
- Jenson, J. M., Potter, C. C., & Howard, M. O. (2001). American juvenile justice: Recent trends and issues in youth offending. *Social Policy and Administration*, *35*, 48–68. doi:10.1111/1467-9515.00219
- Jessor, R., & Jessor, S. L. (1977). *Problem behavior and psychosocial development: A longitudinal study of youth*. New York: Academic Press.
- Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (2013). *Drug use, drinking, and smoking: National survey results from high school, college, and young adult populations*. Washington, DC: Government Printing Office. Retrieved from <http://monitoringthefuture.org>.
- Kaftarian, S., Robinson, E., Compton, W., Davis, B. W., & Volkow, N. (2004). Blending prevention research and practice in schools: Critical issues and suggestions. *Prevention Science*, *5*, 1–3. doi:10.1023/B:PREV.0000013975.74774.bc
- Limbos, M. A., Chan, L. S., Warf, C., Schneir, A., Iverson, E., Shekelle, P., & Kipke, M. D. (2007). Effectiveness of interventions to prevent youth violence. A systematic review. *American Journal of Preventive Medicine*, *33*, 65–74. doi:10.1016/j.amepre.2007.02.045
- Loeber, R., Farrington, D. P., Stouthamer-Loeber, M., & Van Kammen, W. B. (1998). *Antisocial behavior and mental health problems*. Mahwah, NJ: Lawrence Erlbaum.
- Lösel, F., & Farrington, D. P. (2012). Direct protective and buffering protective factors in the development of youth violence. *American Journal of Preventive Medicine*, *43*(2, Suppl 1), S8–S23. doi:10.1016/j.amepre.2012.04.029
- Luthar, S. S. (2003). *Resilience and vulnerability: Adaptation in the context of childhood adversities*. Cambridge, UK: Cambridge University Press. doi:10.1017/CB09780511615788
- Luthar, S. S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology*, *12*, 857–885. doi:10.1017/S0954579400004156

- Matsueda, R. L. (1982). Testing control theory and differential association: A causal modeling approach. *American Sociological Review*, *47*, 489–504. doi:10.2307/2095194
- McCord, J. (1997). *Violence and childhood in the inner city*. Cambridge, UK: Cambridge University Press.
- National Institute on Drug Abuse. (1997). *Preventing drug use among children and adolescents: A research guide to what works* (NIH Publication Number 97-4212). Bethesda, MD: National Institutes of Health.
- Nikulina, V., Widom, S. C., & Czaja, S. (2011). The role of childhood neglect and childhood poverty in predicting mental health, academic achievement and crime in adulthood. *American Journal of Community Psychology*, *48*, 309–321. doi:10.1007/s10464-010-9385-y
- O'Connell, M. E., Boat, T., & Warner, K. E. (Eds.). (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, D.C.: National Research Council and Institute of Medicine. The National Academies Press.
- Olsson, C. A., Bond, L., Burns, J. M., Vella-Brodrick, D. A., & Sawyer, S. M. (2003). Adolescent resilience: A concept analysis. *Journal of Adolescence*, *26*, 1–11. doi:10.1016/S0140-1971(02)00118-5
- Pardini, D. A., Loeber, R., Farrington, D. P., & Stouthamer-Loeber, M. (2012). Identifying direct protective factors for nonviolence. *American Journal of Preventive Medicine*, *43*(2, Suppl 1), S28–S40.
- Pollard, J. A., Hawkins, J. D., & Arthur, M. W. (1999). Risk and protection: Are both necessary to understand diverse behavioral outcomes in adolescence? *Social Work Research*, *23*, 145–158.
- Puzzanchera, C. (2013). *Juvenile arrests, 2011* (NCJ 244476): Washington DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <http://www.ncjj.org/pdf/Juvenile%20Arrests%20Bulletins/244476.pdf>
- Romer, D. (2003). Prospects for an integrated approach to adolescent risk reduction. In D. Romer (Ed.), *Reducing adolescent risk: Toward an integrated approach* (pp. 1–9). Thousand Oaks, CA: Sage.
- Rossa, M. W. (2002). Some thoughts about resilience versus positive development, main effects, versus interaction effects and the value of resilience. *Child Development*, *71*, 567–569. doi:10.1111/1467-8624.00166
- Rutter, M. (1979). Protective factors in children's responses to stress and disadvantage. In M. W. Kent & J. E. Rolf (Eds.), *Primary prevention of psychopathology: Vol. 3. Social competence in children* (pp. 49–74). Lebanon, NH: University Press of New England.
- Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, *57*, 316–331. doi:10.1111/j.1939-0025.1987.tb03541.x
- Rutter, M. (2001). Psychosocial adversity: Risk, resilience, and recovery. In J. M. Richman & M. W. Fraser (Eds.), *The context of youth violence: Resilience, risk, and protection* (pp. 13–41). Westport, CT: Praeger.
- Sameroff, A. J. (1999). Ecological perspectives on developmental risk. In J. D. Osofsky & H. E. Fitzgerald (Eds.), *WAIMH handbook of infant mental health: Vol. 4. Infant mental health groups at risk* (pp. 223–248). New York: Wiley.
- Sameroff, A. J., Bartko, W. T., Baldwin, A., Baldwin, C., & Siefer, R. (1999). Family and social influences on the development of child competence. In M. Lewis & C. Feiring (Eds.), *Families, risk, and competence* (pp. 161–186). Mahwah, NJ: Lawrence Erlbaum.
- Sameroff, A. J., & Fiese, B. H. (2000). Transactional regulation: The developmental ecology of early intervention. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (2nd ed., pp. 135–159). New York: Cambridge University Press.
- Sameroff, A. J., & Gutman, L. M. (2004). Contributions of risk research to the design of successful interventions. In P. Allen-Meares & M. W. Fraser (Eds.), *Intervention with children and adolescents: An interdisciplinary approach* (pp. 9–26). Boston: Allyn & Bacon.
- Scheier, L. M., & Botvin, G. J. (1998). Relations of social skills, personal competence, and adolescent drug use: A developmental exploratory study. *Journal of Early Adolescence*, *18*, 77–114. doi:10.1177/0272431698018001004

- Schinke, S., Brounstein, P., & Gardner, S. (2002). *Science-based prevention programs and principles, 2002* (DHHS Pub No. SMA 03-3764). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Sorenson, J. L., Masson, C. L., & Perlman, D. C. (2002). HIV/Hepatitis prevention in drug abuse treatment programs: Guidance from research. *NIDA Science and Practice Perspectives, 1*, 4-12. Washington, DC: National Institute on Drug Abuse.
- Spoth, R., Redmond, C., & Shin, C. (1998). Direct and indirect latent variable parenting outcomes of two universal family-focused preventive interventions: Extending a public-health oriented research base. *Journal of Consulting and Clinical Psychology, 66*, 385-399. doi:10.1037/0022-006X.66.2.385
- Substance Abuse and Mental Health Administration. (2014). *National registry of effective programs*. Retrieved from <http://www.nrepp.samhsa.gov/>
- Sutherland, E. H. (1973). Development of the theory [Private paper published posthumously]. In K. Schuessler (Ed.), *Edwin Sutherland on analyzing crime* (pp. 13-29). Chicago: University of Chicago Press.
- Swanson, J. (2013). Mental illness and new gun law reforms. The promise and peril of crisis-driven policy. *Journal of the American Medical Association, 309*, 1233-1234. doi:10.1001/jama.2013.1113.
- Ungar, M. (2011). The social ecology of resilience. Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry, 81*, 1-17. doi: 10.1111/j.1939-0025.2010.01067.x
- U.S. Department of Education. (2014). *Indicators of school crime and safety 2013* (NCES 2014-042). Washington, DC: Author. Retrieved from <http://nces.ed.gov/pubs2014/2014042.pdf>
- Vigil, J. D. (1990). Cholos and gangs: Culture change and street youth in Los Angeles. In R. Huff (Ed.), *Gangs in America: Diffusion, diversity, and public policy* (pp. 142-162). Thousand Oaks, CA: Sage.
- Vossekuil, B., Fein, R. A., Reddy, M., Borum, R., & Modzeleski, W. (2002). *The final report and findings of the Safe School Initiative: Implications for the prevention of school attacks in the United States*. Washington, DC: U.S. Secret Service and U.S. Department of Education.
- Werner, E. E., & Smith, R. S. (1982). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York: Adams, Bannister, & Cox.
- Werner, E. E., & Smith, R. S. (1992). *Overcoming the odds: High risk children from birth to adulthood*. New York: Cornell University Press.
- Werner, E. E., & Smith, R. S. (2001). *Journeys from childhood to the midlife: Risk, resilience, and recovery*. New York: Cornell University Press.
- Wike, T. L., & Fraser, M. W. (2009). School shootings: Making sense of the senseless. *Aggression and Violent Behavior, 14*, 162-169. doi: 10.1010/j.avb.2009.01.005
- Wilson, S. J., & Lipsey, M. W. (2007). School-based interventions for aggressive and disruptive behavior: Update of a meta-analysis. *American Journal of Preventive Medicine, 33*, S130-S143. doi:10.1016/j.amepre.2007.04.011
- Woolf, S. H. (2008). The power of prevention and what it requires. *Journal of the American Medical Association, 299*, 2437-2439. doi:10.1001/jama.299.20.2437
- Yoshikawa, H., Aber, J. L., & Beardslee, W. R. (2012). The effects of poverty on the mental, emotional, and behavioral health of children and youth. Implications for prevention. *American Psychologist, 67*, 272-284. doi:10.1037/a0028015.
- Youngblade, L. M., Theokas, C., Schulenberg, J., Curry, L., Huang, I., & Novak, M. (2007). Risk and protective factors in families, schools, and communities: A contextual model of positive youth development in adolescence. *Pediatrics, 119* (Supplement 1), S47-S53. doi: 10.1542/peds.2006-2089H