

**Protective Factors for Populations  
Served by the Administration on  
Children, Youth, and Families**

**A Literature Review and Theoretical Framework:  
Executive Summary**

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# Protective Factors for In-Risk Populations Served by the Administration on Children, Youth, and Families

## Executive Summary

A growing body of evidence from research and practice show that many children and youth, even those who have experienced trauma or other adversity, are able to avoid or mitigate negative outcomes more readily than others. These characteristics strongly associated with improved outcomes, or protective factors, can be assessed as interim results to help determine the effectiveness of investments in services and supports. Thus, a protective factor framework offers a promising tool to enhance and develop new interventions and to improve the well-being of children and youth.

The Administration on Children Youth and Families (ACYF) commissioned this study to explore the literature on protective factors focusing on five population groups of primary concern:

- Infants, children, and adolescents who are victims of child abuse and neglect;
- Runaway and homeless youth;
- Youth in or transitioning out of foster care;
- Children and youth exposed to domestic violence; and
- Pregnant and parenting teens.

Because youth in each of the populations has already experienced trauma or adversity associated with increased risk for poor outcomes, this analysis offers new insight into how such *in-risk* populations modify risk or buffer the effects of adverse experiences. Comparatively few studies of protective factors have been conducted with samples of *in-risk* children and youths where the issue is not prevention of a problem but coping with or transitioning through one or more existing problem situations.

## Methodology

This report is the result of an in-depth exploration of the literature, review by an Expert Panel, and consultation with practitioners and policymakers. The literature base considered in the review included studies that examined the relationship between one or more protective factors and commonly reported outcomes (e.g., physical or sexual abuse and neglect, runaway behavior, homelessness, violence, foster care placement, and pregnancy) among in-risk populations. Protective factors for these populations were examined at the individual, relationship, and community levels of influence.

The review was guided by the following questions:

- What is the nature of protective factors for children and youth served 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?

## Key Findings

***Empirical evidence for protective factors is found at the individual, relationship, and community levels of influence for all five populations.*** Table 1 shows the protective factors present among children and youth in each population, as well as the strength of the evidence for each factor and population. Protective factors often occur as individual attributes of children or youth (agency, self-regulation, and problem-solving skills), or as adult caregiver characteristics and skills (parenting competencies, caring adults). In addition, evidence increasingly indicates that community protective factors play an important role in the lives of at-risk or troubled children and youth. Positive school and community environments and economic opportunities and resources were identified as protective factors in several focus populations.

***Ten protective factors were identified with highest levels of evidence across the in-risk populations.*** Reviewing the evidence across populations identified a subset of protective factors that had the most empirical support. An analysis based on evidence and programmatic considerations resulted in a subset of protective factors with the most empirical support across populations.

***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.

***Evidence of protective factors for in-risk populations is strongest for the developmental period of adolescence.*** 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.

***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 youths 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.
- There has been a significant increase in research addressing neurobiological phenomena related to abuse, trauma, and violence exposure. To date, much of this research has examined these as risk factors, and the implications for intervention are not always clear.
- Current research on protective factors and resilience does not sufficiently account for cross-cultural and gender-specific factors, processes, or mechanisms.

## Conclusion

*ACYF's decision to examine protective factors for children and youth considered to be in-risk is an important step in understanding and promoting well-being in young people.* To date, knowledge of protective factors has been limited to children and youth who display high levels of risk for involvement in problem behaviors. Indeed, there is a significant body of evidence from the prevention and public health fields pointing to the importance of protective factors in the lives of young people.<sup>1</sup> Far less is known about protective factors for in-risk children and youth; thus, the results of this review provide a snapshot of the evidence pertaining to the in-risk populations served by ACYF.

*Study findings suggest that the strength of evidence for protective factors among in-risk children and youth varies considerably by type of factor and specific population.* Moderate levels of evidence were found for selected factors at the individual, relationship, and community levels of influence for all focus population groups. This pattern of findings is important because

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<sup>1</sup> Botvin, 2004; Catalano, 2007; Hawkins, 2006; Jenson & Fraser, 2011; O'Connell et al., 2009

it offers an empirical foundation to develop, enhance, implement, and test interventions and policies based on protective factors for children and youth receiving ACYF-funded services.

***Results of the literature review point to places where additional research is necessary.***

Heightened interest in understanding the needs of in-risk children and youth and convergence between public health models of prevention and principles of positive youth development may contribute to a unified research agenda. Future research should start with a foundational framework with clear terminology, measures, and a longitudinal approach to better understand the effect sizes associated with individual protective factors and the mechanisms of their impact. Research must also include a cross-cultural perspective to determine how protective factors and cultural factors interact.

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

	Runaway/ Homeless Youth	Youth Exposed to Domestic Violence	Youth in or Transitionin g Out of Foster Care	Victims of Child Abuse and Neglect	Pregnant and Parenting Teens
<b>Individual Level</b>					
<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			**	***	****
<b>Relationship Level</b>					
Parenting competencies	*	****	****	****	****
Parent or caregiver well-being	*	***	**	****	*
Positive peers	**	*	*	****	****
Caring adult(s)	*		***	*	****
Living with family members			****		****
<b>Community Level</b>					
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 finding 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 a star (\*) indicates an absence of studies and/or evidence for a particular protective factor and population.

## **Top 10 Protective Factors Across ACYF Populations**

### ***Individual level***

**Relational skills:** Relational skills encompass two main components: 1) a youth's ability to form positive bonds and connections (e.g., social competence, being caring, forming positive attachments and prosocial relationships); and 2) interpersonal skills such as communication skills, conflict resolution skills, and self-efficacy in conflict situations.

**Self-regulation skills:** Self-regulation skills refer to a youth's ability to manage or control emotions and behaviors. This skill set can include self-mastery, anger management, character, long-term self-control, and emotional intelligence.

**Problem-solving skills:** Includes general problem-solving skills, self-efficacy in conflict situations, higher daily living scores, decision-making skills, planning skills, adaptive functioning skills and task-oriented coping skills.

**Involvement in positive activities:** Refers to engagement in and/or achievement in school, extra-curricular activities, employment, training, apprenticeships or military.

### ***Relationship level***

**Parenting competencies:** Parenting competencies refers to two broad categories of parenting: 1) parenting skills (e.g., parental monitoring and discipline, prenatal care, setting clear standards and developmentally appropriate limits) and 2) positive parent-child interactions (e.g., close relationship between parent and child, sensitive parenting, support, caring).

**Positive peers:** Refers to friendships with peers, support from friends, or positive peer norms.

**Caring adult(s):** This factor most often refers to caring adults beyond the nuclear family, such as mentors, home visitors (especially for pregnant and parenting teens), older extended family members, or individuals in the community.

### ***Community level***

**Positive community environment:** Positive community environment refers to neighborhood advantage or quality, religious service attendance, living in a safe and higher quality environment, a caring community, social cohesion, and positive community norms.

**Positive school environment:** A positive school environment primarily is defined as the existence of supportive programming in schools.

**Economic opportunities:** Refers to household income and socioeconomic status; a youth's self-perceived resources; employment, apprenticeship, coursework and/or military involvement; and placement in a foster care setting (from a poor setting).