

# RISK AND PROTECTIVE FACTORS

## A Cross-cutting Principle (\*SPF)



Assessing the risk and protective factors that contribute to substance use and misuse helps prevention coalitions select appropriate interventions. Effective prevention focuses on reducing the risk factors and strengthening the protective factors that are most closely related to the problem being addressed.

### DEFINITIONS:

**Risk factors** are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. (Risk factors occurring in childhood are often called **Adverse Childhood Experiences** or **ACEs**.)

**Protective factors** are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events. (Protective factors occurring in childhood are often called **Positive Childhood Experiences** or **PCEs**.)\*

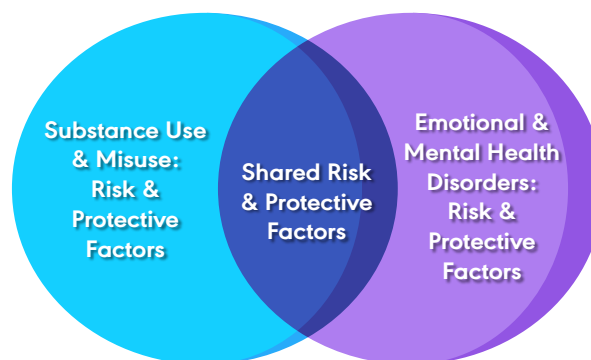


## Risk and Protective Factors Can be “Fixed” or “Variable”

Some risk and protective factors are fixed, in that they do not change over time. Other risk and protective factors are considered variable and can change over time. Variable risk factors include income level, peer group, adverse childhood experiences (ACEs), and education or employment status.

Individual-level risk factors may include a person's genetic predisposition to a substance use disorder or exposure to alcohol prenatally. Individual-level protective factors might include positive self-image, self-control, or social competence.

As depicted in the diagram below, there is considerable overlap of the risk and protective factors that affect substance use and misuse and those that affect emotional and mental health disorders.\*



\* Substance Abuse and Mental Health Services Administration (SAMHSA). *Risk and Protective Factors*. <https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>

\*The Strategic Prevention Framework (SPF) of the Substance Abuse and Mental Health Services Administration (SAMHSA) is a community-based approach to prevention. ([www.samhsa.gov](http://www.samhsa.gov)) The SPF consists of 5 steps: 1) Needs Assessment, 2) Capacity Building, 3) Planning, 4) Implementation, and 5) Evaluation. Through all the steps, there is an expectation of Cultural Competence and Sustainability.

## Risk and Protective Factors Exist in Multiple Contexts

All people have biological and psychological characteristics that make them vulnerable to, or resilient in the face of, potential behavioral health issues. Because people have relationships within their communities and the larger society, each person's biological and psychological characteristics exist in multiple contexts. A variety of risk and protective factors operate within each of these contexts.

These factors also influence one another. Targeting only one context when addressing a person's risk or protective factors is unlikely to be successful because people do not exist in isolation.

EXAMPLES:

- **In relationships**, risk factors include parents who use alcohol and other drugs, parents experiencing a mental health disorder, child abuse and maltreatment, and the absence of adequate supervision. In this context, positive parental involvement is an example of a protective factor.
- **In communities**, risk factors include neighborhood poverty and violence. Here, protective factors could include the availability of faith-based resources and after-school activities.

- **In society**, risk factors can include norms and laws favorable to substance use, as well as racism, and a lack of economic opportunity. Protective factors in this context would include hate crime laws or policies limiting the availability of alcohol.

The table below provides an example of how risk and protective factors affect people in six domains, or settings, where interventions can take place.

Risk and Protective Factors in Six Domains

RISK FACTORS	DOMAIN	PROTECTIVE FACTORS
Early Aggressive Behavior	INDIVIDUAL	Self-Control
Lack of Supervision	FAMILY	Parental Monitoring
Substance Use/Misuse	PEER	Academic Competence
Drug Availability	SCHOOL	Anti-drug Use Policies
Poverty	COMMUNITY	Strong Neighborhood Attachment
Racism	SOCIETY	More Equitable Enforcement of Laws

## Risk and Protective Factors Are Correlated and Cumulative

Risk factors tend to be positively correlated with one another and negatively correlated with protective factors. People with some risk factors have a greater chance of experiencing even more risk factors, and they are less likely to have protective factors.

Risk and protective factors also tend to have a cumulative effect on the development – or decreased development – of behavioral health issues. Risk and protective factors can affect people throughout the life span. However, young people are particularly vulnerable. Young people with multiple

risk factors have a greater likelihood of developing a condition that impacts their physical or mental health; young people with multiple protective factors are at a reduced risk.

## Risk and Protective Factors Are Influential Over Time

Risk and protective factors can have influence throughout a person's entire lifespan. For example, risk factors such as poverty and family dysfunction can contribute to the development of mental and/or substance use disorders later in life. Effective parenting has been shown to mediate the effects of multiple risk factors, including poverty, divorce, parental bereavement, and parental mental illness. The more

we understand how risk and protective factors interact, the better prepared we are to develop appropriate interventions.

**NOTE: The following information portrays the risks and protective factors in the language of ACEs (adverse childhood experiences) and PCEs (protective childhood experiences).**

## Adverse Childhood and Community Experiences (ACEs)

Adverse childhood and community experiences (ACEs) can occur in the household, the community, or in the environment and cause toxic stress. Left unaddressed, toxic stress from ACEs harms children and families, organizations, systems and communities, and reduces the ability of individuals and entities to respond to stressful events with resiliency. Research

has shown that there are many ways to reduce and heal from toxic stress and build healthy, caring communities.

<https://publichealth.gwu.edu/departments/redstone-center/resilient-communities>

# 3 Realms of ACEs

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**1 HOUSEHOLD**

- divorce
- homelessness
- parental mental illness
- alcoholism and drug abuse
- emotional and sexual abuse
- domestic violence
- maternal depression
- bullying
- physical and emotional neglect
- incarcerated family member

**2 COMMUNITY**

- discrimination
- historical trauma
- violence
- lack of social capital and mobility
- substandard schools
- structural racism
- poor water and air quality
- lack of jobs
- food scarcity
- substandard wages
- poor housing quality and affordability
- poverty

**3 ENVIRONMENT**

- CLIMATE CRISIS
  - record heat & droughts
  - wildfires & smoke
  - record storms, flooding & mudslides
  - sea level rise
- NATURAL DISASTERS
  - tornadoes & hurricanes
  - volcano eruptions & tsunamis
  - earthquakes
  - pandemic

PACes Connection thanks Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit [PACesConnection.com](https://PACesConnection.com) to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.

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## Adverse Childhood and Community Experiences (ACEs)—continued

In the late 1990s, a landmark study was conducted of the impact of potentially traumatic childhood experiences on physical and behavioral health into adulthood. It was known as CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study. This study is one of the largest investigations of childhood abuse and neglect, household challenges, and later-life health and well-being. It involved more than 17,000 Health Maintenance Organization members from Southern California. During their physical exams, they were asked to complete a confidential survey regarding their childhood experiences and their current health status and behaviors.

<https://www.cdc.gov/violenceprevention/aces/about.html>

Data from this landmark study led to the finding that individuals who had experienced four or more ACEs, compared to those who had experienced none, had a 4- to 12-fold increase in health risks for alcoholism, substance

use disorders, depression, and attempted suicide. A history of ACEs also shows a relationship to the presence of adult diseases, including heart disease, cancer, and chronic lung disease.

[Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults - American Journal of Preventive Medicine \(ajpmonline.org\)](#)



## Positive Childhood Experiences (PCEs)

While research has documented the relationship between adverse (toxic or traumatic) experiences in childhood (ACEs) to increased health risk and disease in adulthood, studies also have found that these risks can be mitigated by positive experiences in childhood (PCEs). There are six (6) overarching protective factors that have been identified by the U.S. Department of Health and Human Services. These include:

- Nurturing and attachment,
- Knowledge of parenting and child development,
- Parental resilience,
- Social connections,
- Concrete supports for parents,
- Social and emotional competence of children.

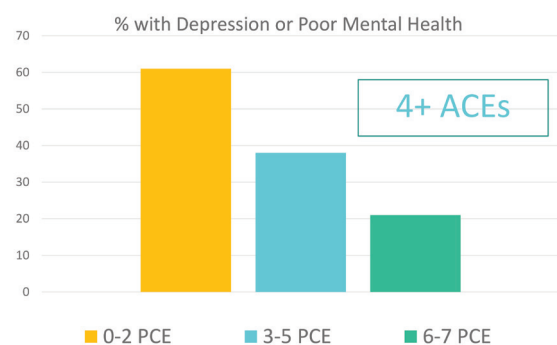
[https://www.canr.msu.edu/news/protective\\_factors\\_what\\_are\\_they\\_and\\_how\\_can\\_they\\_help\\_families](https://www.canr.msu.edu/news/protective_factors_what_are_they_and_how_can_they_help_families)

In a study published in JAMA Pediatrics, researchers looked at the effects of PCEs on groups of people with different ACEs scores. Positive childhood experiences (PCEs) were shown to mitigate risk. While the number of ACEs correlates with the presence of poor mental health or depression, this study documented the correlation between the number of PCEs and the likelihood of developing poor mental health or depression.

The chart that follows focuses on adults who reported 4 or more ACEs during their childhoods. Among the study population, as the number of PCEs increased, the rates of

poor mental health and depression decreased. The most profound effect was shown among adults who reported 4 or more ACEs during their childhoods: their risk of depression or poor mental health dropped from nearly 60%, among those who recalled two or fewer positive experiences, to 21% in those who had at least six PCEs. This population survey provides powerful evidence that positive experiences can help children be resilient in the face of adversity and even heal from toxic stress. To learn more or read the full paper, visit: <https://positiveexperience.org/wp-content/uploads/2020/03/BRFShandout2-18.pdf>

### Positive Childhood Experiences Mitigate ACEs Effects (Children Who Experienced 4 or More ACEs)



Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. JAMA Pediatr. 2019:e193007.



The importance of having positive childhood experiences to mitigate the negative experiences is reflected in the HOPE framework, summarized in the 4 blocks pictured below.

The focus of HOPE is on the promotion of positive childhood experiences that create a strong foundation for learning, productive behavior, and physical and mental health.

Implicitly, this suggests that there also must be a focus on strengthening the capabilities and resources of parents and other significant adults in children's lives in order to promote young children's healthy development.

[https://www.academicpedsjnl.net/article/S1876-2859\(17\)30107-9/fulltext](https://www.academicpedsjnl.net/article/S1876-2859(17)30107-9/fulltext)

## The 4 Building Blocks of HOPE

Research has shown that Positive Childhood Experiences (PCEs) can help protect against the poor health outcomes associated with Adverse Childhood Experiences (ACEs). These PCEs can be categorized into 4 Building Blocks.

This resource is designed to help families increase access to Building Blocks for their children.

<https://positiveexperience.org/wp-content/uploads/2021/05/the-4-BB-families.pdf>

Information from the 4 Building Blocks of HOPE is sourced from research done by Dr. Robert Sege from the Center for Community-Engaged Medicine at Tufts Medical Center and Dr. Charlyn Harper Browne from the Center for the Study of Social Policy. The Building Blocks were first published in the following paper:

*Sege and Browne. Responding to ACEs with HOPE: Health Outcomes from Positive Experiences. Academic Pediatrics 2017; 17:S79-S85*

Courtesy of HOPE Healthy Outcomes from Positive Experiences: <https://positiveexperience.org/>. Used with permission.

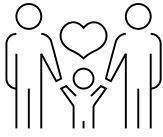


## Summary

In summary, successful prevention efforts consider the toxic stress that exists in the community, in households, and ultimately in the minds and bodies of community members; and once considered, prevention planning must incorporate actions and supports that protect against lasting trauma.

## RISK AND PROTECTIVE FACTORS: A LISTING

Below is a long, but not exhaustive, list of protective factors. Protective factors reduce the impact of ACEs. In many instances, but not always, the protective factors are the absence of the factor that is causing risk.



### INDIVIDUAL & FAMILY PROTECTIVE FACTORS

#### Families...

- who create safe, stable, and nurturing relationships, and give their children a consistent family life where they are safe, taken care of, and supported
- where caregivers can meet basic needs of food, shelter, and health services for children
- where caregivers have college degrees or higher
- where caregivers have steady employment with strong social support networks and positive relationships with the people around them
- where caregivers engage in parental monitoring, supervision, and consistent enforcement of rules
- where caregivers/adults work through conflicts peacefully
- where caregivers help children work through problems
- that engage in fun, positive activities together
- that encourage the importance of school for children

#### Children...

- who have positive friendships and peer networks
- who do well in school
- who have caring adults outside the family who serve as mentors/role models
- who have self-regulation skills

### COMMUNITY PROTECTIVE FACTORS

#### Communities where...

- families have access to economic opportunity and financial help
- citizens have access to safe, stable housing
- families have access to nurturing, safe, affordable childcare and pre-school
- families have access to safe, engaging after school programs and activities
- adults have work opportunities with family-friendly policies
- strong partnerships exist between the community and business, health care, government, and other sectors
- civic leaders prioritize health, safety, and equity
- residents feel connected to each other and are involved in the community
- violence is not tolerated or accepted
- faith based organizations are welcoming and accepting
- residents have multiple opportunities for involvement, from afterschool activities to clubs to civic organizations

### SCHOOL & SCHOOL SYSTEMS PROTECTIVE FACTORS

#### School & school systems where...

- there is a focus on creating/maintaining a school climate that makes students, teachers, and families feel welcome, safe, and respected
- evidence-based, multi-tiered systems of services are in place\*
- universal screenings of emotional well-being are conducted
- strong partnerships with behavioral health and other child-serving agencies exist
- policies and protocols are in place to facilitate needed referrals
- teachers and other school staff are trained to recognize individuals at risk and take appropriate action (contacting parent or guardian if appropriate, referring for further assessment, initiating referral for service, etc.).

\* Includes such initiatives as MTSS (multi-tiered system of services and supports), ISF (Integrated Systems Framework), PBIS (positive behavioral interventions and supports).

<https://www.cdc.gov/violenceprevention/aces/riskprotectivefactors.html>