

# Shared Risk and Protective Factors Impacting Adolescent Behavior and Positive Development

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## **A Summary of the Research Conducted by:**

- Research Committee for Adolescent Health Plan (1995)
- Prevention Research Committee for Behavioral Health (2006)
- Behavioral Health Epidemiological Outcomes Workgroup (2007)
- SPF/SIG Epidemiological Influences Workgroup (2010)  
(Strategic Prevention Framework / State Incentive Grant)
- Shared Risk and Protective Factors Workgroup (2018)  
*Contributions from, Alaska Statewide Violence and Injury  
Prevention Partnership (2018)*

## **Audience:**

Upstream Prevention, Health Promotion, Wellness and Youth Development  
Stakeholders, Advocates and Leaders

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**This document updates an earlier publication:** *Risk and Protective Factors for Adolescent Substance Use (and other Problem Behavior)* by the Division of Behavioral Health (2012).<sup>132</sup>

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## Overview: What are *Shared Risk and Protective Factors*?

This paper summarizes the research on the shared influences that impact unhealthy, harmful behaviors among adolescents, which include:

- Suicidal behavior - depression, suicide thoughts, attempts and completions
- Substance use – tobacco, alcohol, marijuana and other drugs
- Violence – bullying, fighting, assaults, sexual violence and dating violence
- Unsafe sexual activity - multiple partners, lack of protection and birth control

Extensive research demonstrates a strong association between community conditions, relationships, personal characteristics and experiences with harmful behaviors in adolescents (ages 10-19). The research literature refers to these shared influences as *Risk and Protective Factors*. Many harmful adolescent behaviors share the same risk and protective factors; pages 3-4 detail this overlap.

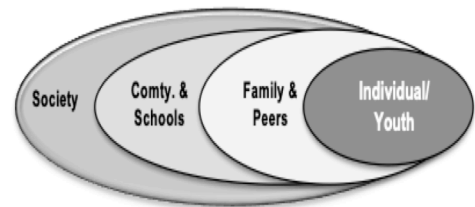
**Risk factors** are characteristics within the individual or conditions in the family, school, community and society that *increase the likelihood someone will engage in unhealthy, problematic behavior*. The *more* risk factors present in a child's life, *the greater the likelihood* problems will emerge in adolescence.

**Protective factors** are characteristics within the individual or conditions in the family, school, community and society that are instrumental in healthy development; they build supportive relationships, social competence and resiliency. Resiliency is the process of successfully adapting and recovering from stressful events or crises. When adolescents can effectively negotiate problems and manage their risk factors, they are *less likely to engage in unhealthy, problematic behavior*.

The term, **protective factor**, is sometimes used interchangeably with the terms: **Developmental Assets™** or **positive youth development strategies**. Each of these terms refers to strengths-based approaches of working with youth, families, schools, communities and the larger society.

Risk and protective factors are categorized according to the socio-ecological model, below.

While the individual is at the heart of this model, the factors at other levels greatly influence the attitudes and behaviors of youth. Public Health and prevention-science research suggest the most effective way to prevent harmful behaviors among adolescents and increase positive development is through focusing on the shared influences (factors) related to adolescent behavior, at each level of the social ecology.



Some factors (e.g. laws, norms, policies) reside at both the societal and community level; they set the background and climate for either healthy, respectful behavior among residents or unhealthy, harmful, intolerant behavior. While it may take time, community coalitions and partnerships with local and state policy makers can change these factors. Throughout this document, these societal and community factors are identified with a \*.

Some factors may be risk or protective depending on its definition, such as:

- Healthy community norms vs. Unhealthy, intolerant community norms
- Delayed onset of alcohol use vs. Early onset of alcohol use
- Low grades vs. Higher grades

**NOTE: Protective factors are the result of *intentional actions*; the absence of a risk factor does not automatically convey protection.**

A shared risk and protective factor approach involves prioritizing the factors linked to unhealthy youth behavior in prevention planning, partnership and programmatic efforts, as an alternative to focusing on a single behavior. This approach allows state and community agencies to streamline prevention approaches and services. Breaking down the traditional health “siloes” and moving toward a shared factor approach can provide for more effective coordination between partners and leveraging of resources.<sup>95</sup>

# Overview: Shared Factors Impacting Adolescent Behaviors

Extensive research has identified a set of factors that impact multiple unhealthy youth behaviors (suicidal thoughts, substance use, violence, unsafe sexual activity.) These influences are called risk and protective factors. The more risk factors youth have, the greater the likelihood of future unhealthy behavior. Conversely, youth with more protective factors *are better able to cope* with risk factors, life stresses and challenges; they are less likely to be involved in unhealthy behavior and more likely to do well in school and life. The factors below are based on national research and meet these criteria: 1) they demonstrate an influence on two or more unhealthy adolescent behaviors and 2) they have been cited in two or more peer reviewed studies, reports or analyses conducted by University of Alaska, State of Alaska or national government agencies.

<b>Risk Factors</b>	<b>Protective Factors</b>
<p>Individual characteristics or conditions in the family, school, community or society that <u>increase the likelihood</u> youth will engage in unhealthy behavior.</p> <p><b>Community &amp; Society</b></p> <ul style="list-style-type: none"> <li>• <b>Unhealthy community norms and laws*</b></li> <li>• <b>Easy availability of alcohol, drugs*</b></li> <li>• Easy availability of firearms*</li> <li>• Low neighborhood cohesion and support</li> <li>• Frequent transitions, turnover and mobility</li> <li>• High neighborhood poverty and inequity*</li> </ul> <p><b>Family</b></p> <ul style="list-style-type: none"> <li>• Family conflict, instability &amp; management problems</li> <li>• Family history of unhealthy behavior</li> <li>• <b>Adverse childhood experiences: abuse, neglect, household dysfunction</b></li> <li>• Parental attitudes favorable to unhealthy behavior</li> <li>• Easy household access to substances or guns</li> <li>• Chronic poverty</li> <li>• Homelessness</li> </ul> <p><b>Peers</b></p> <ul style="list-style-type: none"> <li>• Friends attitudes/involvement in unhealthy behavior</li> </ul> <p><b>Individual</b></p> <ul style="list-style-type: none"> <li>• Cognitive impairments</li> <li>• Early and persistent antisocial behavior</li> <li>• Childhood media exposure to violence &amp; alcohol*</li> <li>• Failing grades</li> <li>• Lack of personal commitment to school</li> <li>• Bullying others or being victimized by bullying</li> <li>• <b>Early onset of the unhealthy behavior</b></li> <li>• <b>Loss of cultural identity and connection</b></li> <li>• Personal attitudes favorable toward unhealthy behavior (including low perceived-risk of harm)</li> <li>• Sexual orientation (LGBTQ)</li> <li>• <b>Feeling alone or depressed</b></li> <li>• Older physical appearance than peers</li> </ul>	<p>Individual characteristics or conditions in the family, school, community or society that help youth cope with life challenges and risk factors. Protective factors increase positive development and decrease the likelihood of unhealthy behavior.</p> <p><b>Community &amp; Society</b></p> <ul style="list-style-type: none"> <li>• <b>Positive connection to <i>other</i> adults</b></li> <li>• Safe, supportive, friendly neighborhood/community</li> <li>• Clinical care and therapeutic support services*</li> <li>• Public policies, practices and norms supporting health and safety*</li> <li>• Range of community-based, out-of school time programs and opportunities</li> </ul> <p><b>School</b></p> <ul style="list-style-type: none"> <li>• <b>Connected to school</b></li> <li>• Caring school climate</li> <li>• Student participation in extracurricular activities</li> <li>• Early intervention and student support services</li> </ul> <p><b>Family</b></p> <ul style="list-style-type: none"> <li>• <b>Connected to family</b></li> <li>• Positive, warm parenting style</li> <li>• Living in a two-parent family</li> <li>• Higher parent education</li> <li>• High parental expectations about school</li> </ul> <p><b>Peers</b></p> <ul style="list-style-type: none"> <li>• Positive friends and peer role models</li> </ul> <p><b>Individual</b></p> <ul style="list-style-type: none"> <li>• <b>Engaged in out-of-school-time programs and positive meaningful activities</b></li> <li>• <b>Social/emotional competence &amp; self regulation</b></li> <li>• <b>Cultural identity and connection</b></li> <li>• Positive temperament</li> <li>• Positive self concept</li> <li>• Feeling valued (mattering to others)</li> <li>• High grade point average</li> <li>• Religious or spiritual beliefs</li> </ul>

The **bold factors** were selected as priority prevention indicators by SPF/SIG Epidemiological Influences group, 2010.  
 \* Societal factors may be impacted through partnerships with community coalitions and state and local policy makers.

## Shared RISK Factors Impacting Adolescent Behaviors

Risk factors are characteristics within the individual or conditions in the family, school or community that increase the likelihood youth will engage in unhealthy behaviors. See criteria below.  The factors in bold were selected as priority prevention indicators by SPF/SIG Epidemiological Influences Workgroup in 2010.		Unhealthy Behaviors			
		Suicidal (thoughts & attempts)	Substance Use	Violence	Unsafe Sexual Activity
Comty./ Society	* <b>Unhealthy community laws, norms and beliefs</b> (re. alcohol/ drug use, firearms & gender roles) <sup>8,11,18, 52, 96,105,112</sup>	✓	✓	✓	✓
	* <b>Easy availability of alcohol and drugs</b> <sup>8,12,18,112</sup>		✓	✓	
	* Easy availability of firearms <sup>8,12,18,112</sup>	✓		✓	
	<b>Low neighborhood cohesion and support</b> <sup>8,18,65,105,107,112</sup>		✓	✓	
	Frequent transitions, turnover and mobility <sup>6,8,18,85,107</sup>	✓	✓	✓	✓
	* High neighborhood poverty and inequities <sup>2,8,11,18,61,65,69, 96,103,105,112</sup>		✓	✓	✓
Family	Family conflict, instability and management problems <sup>8,18,65,67,69,103,112</sup>	✓	✓	✓	✓
	<b>Family history of problems</b> (addiction, crime, or mental illness) <sup>2,4,8,11,18,61,65,67,69, 96,105, 106,112</sup>	✓	✓	✓	✓
	<b>Adverse childhood experiences: abuse, neglect, household dysfunction</b> <sup>1,6,11,12, 37,61,65-69, 84,85,95,103,105-107,112</sup>	✓	✓	✓	✓
	Favorable parental attitudes about unhealthy behavior <sup>8,18,41,65,103</sup>		✓	✓	
	Easy access to substances or guns at home <sup>1,11,112</sup>	✓	✓	✓	
	Chronic Poverty <sup>87,88,89, 96,105,107,112</sup>		✓	✓	✓
	Homelessness <sup>83,84,85, 96,105,107</sup>	✓	✓	✓	✓
Peers	Friends' attitudes and involvement in unhealthy behaviors <sup>8,18,83,93,94,103-105,112</sup>		✓	✓	✓
Indiv.	Cognitive impairments <sup>8,18, 61,65, 96,105,107</sup>	✓	✓	✓	
	Early and persistent antisocial behavior <sup>8,18, 96,103,105,112</sup>	✓	✓	✓	✓
	* Childhood media exposure to violence & alcohol <sup>54-60,107</sup>		✓	✓	
	Failing grades (beginning in elementary school) <sup>1, 2, 8,18,65,121-124</sup>	✓	✓	✓	✓
	Lack of personal commitment to school <sup>1, 8,9,11,18,61</sup>	✓	✓	✓	✓
	Bullying others <sup>+</sup> or victimized by bullying <sup>-</sup> <sup>112,132,133</sup>	✓ <sup>-</sup>	✓ <sup>+</sup>	✓ <sup>+</sup>	
	<b>Early onset of unhealthy behaviors</b> <sup>6,8,18, 90-92, 103,112</sup>		✓	✓	✓
	<b>Loss of cultural identity and connection</b> <sup>47,48,49,61,64</sup>	✓	✓		
	Personal attitudes favorable toward the problem behavior (including low perceived-risk of harm) <sup>8,18,52</sup>	✓	✓	✓	✓
	Sexual Orientation (LGBTQ) <sup>1, 108-111</sup>	✓	✓	✓	✓
	<b>Feeling alone or depressed</b> <sup>1,7,11,61-63,69, 95-102,</sup>	✓	✓	✓	
Older physical appearance (than peers) <sup>1,6</sup>	✓	✓		✓	

✓ Each check represents a correlation between the risk factor and two or more unhealthy behaviors. Each factor was cited in two or more peer-reviewed studies, reports or analyses conducted by University of Alaska, State of Alaska or national government agencies.

\* Societal factors may be impacted through partnerships with community coalitions and state and local policy makers

# Shared PROTECTIVE Factors Impacting Adolescent Behaviors

<p><b>Protective factors</b> are characteristics within the individual or conditions in the family, school or community that decrease the likelihood youth will engage in unhealthy behaviors. Protective factors help youth cope with life challenges and risk factors, and increase positive development. See criteria below.</p> <p>The <b>factors in bold</b> were selected as priority prevention indicators by SPF/SIG Epidemiological Influences Workgroup in 2010.</p>		Unhealthy Behaviors			
		Suicide (thoughts & attempts )	Substance Use	Violence	Unsafe Sexual Activity
Comty./ Society	<b>Positive connection to other positive adults</b> <sup>1,3,4,5,9-11,13a, 21,61,65,66,69,95,105,112,127</sup>	✓	✓	✓	✓
	Safe, supportive, friendly neighborhood/community <sup>1,6,9,11,14,21,34,61,95,105,120</sup>	✓	✓	✓	✓
	*Clinical care and therapeutic support services for those in need <sup>6,12,14,16,61,112-114</sup>	✓	✓	✓	✓
	*Public policies, practices and norms supporting health and safety <sup>6,8,12-14,16,17,33,,95104,105,112,116, 119</sup>	✓	✓	✓	✓
	A range of community-based out-of-school time programs and opportunities for meaningful youth involvement (see individual factors, below.)				
School	<b>Connected to school</b> <sup>1,6,8,9,10,15,34 53,105 112,115,116</sup>	✓	✓	✓	✓
	Caring school climate <sup>2,3,8,9,15, 23, 25,53</sup>	✓	✓	✓	✓
	Student participation in extracurricular activities and governance <sup>6, 8,9, 13b,15,28,29,30,117</sup>		✓		✓
	Early intervention student services <sup>2,6,31,32, 42,43,113</sup>	✓	✓		✓
Family	<b>Connected to Family</b> <sup>1,4,6,7,15,25,46,53,61,68,69,112,113,125</sup>	✓	✓	✓	✓
	Positive, warm parenting style <sup>6,8,11,15,21,53,65,69,112</sup>	✓	✓	✓	✓
	Living in a two-parent family <sup>6,21,25,65,69</sup>	✓	✓		✓
	Higher parent education <sup>2,4,6,8,11,17,21</sup>		✓	✓	✓
	Higher parental expectations about school <sup>1,8,11,18,24</sup>	✓	✓	✓	
Peers	Positive friends and peer role models <sup>6,7,9,17,25,46,105,112</sup>		✓	✓	✓
Indiv. / Peers	<b>Engaged in out-of-school time programs &amp; positive meaningful activities</b> <sup>3,4,6,8,9,11,25, 38,39,40,112,117,</sup>		✓	✓	✓
	<b>Social/emotional competence &amp; self regulation skills</b> <sup>3,4,5,8,9,11,44,45,53,61,71-78, 112,118</sup>	✓	✓	✓	✓
	<b>Cultural identity and connection</b> <sup>47,48,49,61,126-131</sup>	✓	✓	✓	
	Positive temperament <sup>3,4,5,8,9,15,19,112</sup>		✓	✓	✓
	Positive self concept <sup>1,6,9,11</sup>	✓	✓		✓
	Feeling valued and mattering to others <sup>9,34,79, 80,81,82,112</sup>	✓	✓		
	High grade point average <sup>1,6,7,9,112</sup>	✓	✓	✓	✓
Religious or spiritual beliefs <sup>1,6,9,25,61,135-137</sup>	✓	✓		✓	

✓ Each check represents a correlation between the risk factor and two or more unhealthy behaviors. Each factor was cited in two or more peer-reviewed studies, reports or analyses conducted by University of Alaska, State of Alaska or national government agencies.

\* Societal factors may be impacted through partnerships with community coalitions and state and local policy makers

# Adolescent Shared Risk Factors: Definitions and Relevance

Risk factors are conditions in the family, school, community/society or individual characteristics that increase the likelihood youth will engage in unhealthy behaviors: suicidal thoughts, substance use, violence and unsafe sexual activity. The more risk factors present, the greater the likelihood that unhealthy behavior will develop during adolescence. A description of each risk factor is given (derived from its research base), followed by a brief account of its relevance.

Factors marked with \* are societal factors that may be modified through partnerships with community coalitions and state and local policy makers. Factors marked with a (P) are those factors selected as a *priority risk factor* by the Division of Behavioral Health's *Epidemiological Outcomes and Influences* Workgroup. See appendices for more information.

## Community & Societal Risk Factors

**Unhealthy community laws, norms and beliefs\* (P)** related to alcohol, drug use, firearms and gender roles. State and local laws provide governance and enforcement policies for a community (e.g. tobacco and alcohol taxes, liquor and marijuana licenses, impaired driving laws, selling to minors, or the regulation of firearm sales.) *Informally*, norms, expectations and social practices by parents, schools and the community members may communicate a climate of acceptance, approval or tolerance of harmful behavior. Norms that support strict gender roles for males and females are associated with multiple forms of violence. See also Peer Risk Factors. <sup>8,11,18, 52, 96,105,112</sup>

**Availability of alcohol / other drugs\* (P)** The more available alcohol and other drugs are in a community, the higher is the risk that youth will use them. The density of alcohol-related businesses is related to increased risk for youth violence and crime. Perceived availability is associated with risk; in schools where children think that drugs are more available, a higher rate of drug use occurs. <sup>8,12,18,112</sup>

**Availability of firearms\*** - A higher prevalence of firearms in a community predicts a greater likelihood of violent behavior. Unsupervised access to firearms in the home contributes to lethal violence. Legislation, enforcement and community dynamics combine to influence the local accessibility of drugs and weapons. <sup>8,12,18, 107, 112</sup>

**Low neighborhood cohesion and support** - Higher rates of drug problems, delinquency and violence occur in areas where neighbors do not support or trust each other. Neighborhood detachment and low surveillance of public places is associated with higher rates of vandalism, violence and substance use. Neighborhood disconnection may be present in high income as well as low-income areas of a community. Lower rates of voter participation and parental involvement in schools also indicate lower community attachment. <sup>8,18,65,105,107,112</sup>

**Frequent transitions and mobility** – Moving and transitions are stressful on children and adolescents. School transitions (elementary school - middle school - high school) can increase problematic behavior in youth, including drug use, school misbehavior and delinquency. Transitions due to the breakdown of the family unit such as parental death, divorce, or remarriage increases stress levels and family conflict. When families experience frequent moves, problem behaviors also increase. Communities with high rates of mobility (*families moving frequently*) are linked to increased drug and crime problems. The more often people move, the greater the risk of both criminal behavior and drug-related problems in families. <sup>6,8,18,85,107</sup>

**High poverty neighborhoods and inequity\*** - Children who grow up in extreme economic deprivation, facing racial, social, employment, health and/or educational inequities are more likely to develop problems related to substance use, delinquency, violence, teen pregnancy and school failure. When youth live in deteriorating crime-ridden neighborhoods and exhibit early behavioral and adjustment problems they are more likely to engage in a range of problematic behaviors. <sup>2,8,11,18,61,65,69, 96,103,105,112</sup>

## Family Risk Factors

**Family conflict, instability and management problems** - Persistent, serious conflict between family members and children increases the risk for all youth problem behaviors. Poor family management practices include lack of clear expectations for behavior, overly strict or permissive rules, excessively severe or

**Family history of the unhealthy behavior** - Children raised in a family with a history of violence or alcohol/drug addiction are more likely as adolescents to behave aggressively and develop alcohol and other drug problems. If children are raised in a family with a history of criminal activity, the risk of juvenile delinquency increases. Similarly, children who are raised by a teenage mother are more likely to become teen parents, and children of dropouts are more likely to drop out of school themselves. (*These factors are part of adverse childhood experiences.*)<sup>2,4,8,11,18,61,65,67,69, 96,103,105,106,112</sup>

**Adverse childhood experiences: abuse, neglect or household dysfunction (P)** Children who have experienced trauma through abuse, neglect or witnessing family violence are much more likely to use substances, have depression/suicidal thoughts, engage in delinquency and violence, be homeless and become pregnant or drop out of school. Exposure to high levels of family violence also increases the risk for conduct disorders and antisocial behaviors. This factor is one of the most consistent predictors identified through research. A study conducted by Kaiser Permanente identified ten traumatic childhood experiences significantly associated with physical and mental illness in adulthood, some beginning in adolescence. The study found people with four or more adverse childhood experiences (ACEs) were much more likely to have problems in the following areas: alcoholism and alcohol abuse, illicit drug use, depression and suicide attempts, unintended pregnancies and STDs, obesity and diabetes, heart, liver and chronic pulmonary disease, and risk for intimate partner violence. The ACEs study identified experiences very similar to family risk factors described in this section. **Abuse** (emotional, physical, sexual); **Neglect** (emotional, physical); **Household dysfunction** (substance abuse, mental illness, family violence, incarcerated family member, parental separation or divorce.) Some groups consider historical and intergenerational trauma to be an additional adverse experience (see Risk Factor: Loss of Cultural Identity).<sup>1,6,11,37,61,65-69, 84,85,95,103,105-107,112</sup>

*Note: Many schools and youth-serving organizations aim to be trauma-informed and sensitive, to avoid re-triggering further trauma and provide specific support to impacted children and adolescents. The protective factor section of this report can be a helpful resource towards these efforts. Resiliency research points to an emphasis on increasing supportive adults and the development of self-regulation and social/emotional skills.*

**Parental attitudes tolerant or favorable toward problem behaviors** - Parental attitudes and behaviors toward drugs, crime, and violence influence the attitudes and behaviors of their children. Parental approval of their teen's drinking, even under parental supervision, increases adolescent alcohol use and, in some instances, heavy episodic drinking and other alcohol-related problems. Similarly, children of parents who excuse them for breaking the law are more likely to engage in delinquent behavior. In families where parents display violent behavior, children are at greater risk of becoming violent.<sup>8,18,41,65,103</sup>

**Easy access to harmful substances or guns at home** - When youth have easy access to alcohol, tobacco or other drugs they are more likely to use them in harmful ways. Unsupervised access to a firearm in the home is a contributing factor to lethal youth violence.<sup>1, 11, 112</sup>

**Chronic poverty** - Chronic poverty impacts a range of health conditions and developmental and educational outcomes from birth through early adulthood. Impoverished families are more likely to be headed by single mothers than by married couples. Poverty tends to increase family stress and decrease a parent's ability to be optimally involved with a child, and threatens access to basic needs (food, shelter, clothing and health care.) Children growing up with persistent poverty are more likely to experience chronic physical health problems, psychiatric disorders, learning disabilities, academic failure and unintended pregnancy, and will more likely engage in delinquent behavior. (*See also Community Risk Factor, High poverty neighborhoods and Inequity.*)<sup>87,88,89, 96,105,107,112</sup>

**Homelessness** - Leaving home is not a choice for many youth, some are forced out by their parents; some are abandoned or subjected to ongoing neglect or maltreatment. Homeless youth report several issues that cause conflict with their parents/guardians, including parental substance use, religious beliefs, sexual orientation, school performance, and personal style such as dress, hair color, or piercings. Teen homelessness may also be the result of family economics or a youth's seeking a more favorable or adventuresome social situation. Most research confirms that running away is often a last resort for adolescents dealing with unbearable situations. Regardless of the reasons, homeless or runaway youth are at elevated risk for victimization, substance use, violence, suicidal ideation and attempts, school failure and dropping out. (Also see Community Risk Factor, High poverty neighborhoods and Inequity.)<sup>83,84,85,96,105,107</sup>



## Peer Risk Factors

**Friends' attitudes and involvement in unhealthy behavior** - Adolescent behavior is greatly influenced by the attitudes, perceptions (e.g. "its cool" or "not wrong") and behaviors of their friends. When close friends engage in problem behavior (e.g. delinquency, substance abuse, sexual activity, or academic failure) youth are more likely to engage in the same behaviors. This factor is one of the most consistent predictors identified through research. Even when young people come from well-managed families and do not experience other risk factors, hanging out with friends who engage in the problem behavior greatly increases the youths' risk of that behavior. <sup>8,18,83,93,94,112</sup>

*Attitudes related to gender roles and sexual orientation.* Adolescent males who adhere to stereotypic hyper-masculinity (act tough, be aggressive, and suppress emotions other than anger) are more likely to experience stress and conflict, reduced health, poor coping and relationship quality, violence and suicide. Themes of the hyper-masculine gender role include anti-femininity and homophobia. Hate crimes against lesbian, gay, bisexual, and transgendered persons are thought to take place to demonstrate heterosexual masculinity to male peer group members. <sup>103,105,112</sup>

## Individual Risk Factors

**Cognitive impairments** – Cognitive impairments have a neurological basis; they are characterized by deficiency in cognitive and/or emotion-based executive functions. Youth with such impairments may have experienced fetal alcohol/drug exposure, a traumatic brain injury, environmental poisoning or have a mental health disorder. Depending on the source or type of impairment, these adolescents are more likely to have learning disabilities, attachment and conduct disorders, attention problems, and trouble with abstract and cause-and-effect reasoning. The cognitive challenges can impact decision making, organization of thoughts, ability to plan ahead, setting priorities, impulse control, short term memory, and ability to read social cues—all of which may lead to higher risk taking and increase the likelihood of drug use, unhealthy relationships and delinquent behavior. <sup>8,18,51,61,65,95,105,107</sup>

**Early and persistent antisocial behavior** - Boys who are aggressive in grades K - 3 are at higher risk of substance abuse and juvenile delinquency and violence. This increased risk also applies to aggressive behavior combined with hyperactivity or attention deficit disorder. This factor includes persistent antisocial behavior in early adolescence, like misbehaving in school, skipping school, and getting into fights with other children. Young people who feel they are not part of society, not bound by rules, and who don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society are at higher risk of drug abuse, delinquency, and school dropout. (Also see early onset risk factor) <sup>8,18, 96,103,105,112</sup>

**Childhood media exposure to violence and alcohol** – Decades of research has documented the impact of media exposure on children and subsequent adolescent behavior. Longitudinal research consistently demonstrates exposure to "media communications" on alcohol advertising and promotion alters adolescents' attitudes, perceptions and expectations about alcohol. Multiple studies have shown that this type of media exposure increases the likelihood that youth will either start using alcohol at an earlier age or increase the amount of alcohol consumed (if they are already drinking). Childhood exposure to media violence increases susceptibility to aggressive behavior across genders and cultures, regardless of socio-economic status. The effects are shown to be measureable, long lasting and can lead to emotional desensitization toward violence in real life. <sup>54-60,103</sup>

## School (Student-related) Risk Factors

Extensive research has demonstrated a link between academics and health. School failure can compromise one's health significantly. High school students with lower grades are more likely to report harmful behavior (e.g. violence, substance use, emotional distress, and unsafe sexual activity.) <sup>1, 124</sup>

**Academic failure beginning in elementary school** - Academic failure beginning in the late elementary grades (grades 4-6), increases the risk of teen pregnancy, school dropout, as well as drug abuse, delinquency, and violence throughout life. This is also true for a student who has repeated one or more grades. Children fail for many reasons, social as well as academic. The experience of failure—not necessarily lack of ability—appears to increase the risk of harmful behaviors in adolescence. <sup>1,2,8,18,65,121-124</sup>

**Lack of commitment to school** - Low commitment to school is reflected in low motivation, skipping classes and generally lower grades. It means the young person has stopped seeing the value of education. Youth who do not have commitment to school are at higher risk for substance abuse, delinquency, teen pregnancy, and school dropout. Leaving school before age 15 puts a youth at especially high risk.<sup>1,8,9,11,18,61</sup>

**Bullying** – Bullying is unwanted, aggressive behavior that involves a real or perceived power imbalance. It includes actions such as making threats, spreading rumors, attacking someone physically, verbally or electronically. The bullying behavior is repeated or has the potential to be repeated over time. Youth who are bullied or who bully others may have serious, lasting problems. Victims of bullying are more likely to experience anxiety, depression, sadness, loneliness, less school engagement and lower grades. There is a strong association between being bullied and suicide-related behaviors, but this relationship but this relationship is often influenced by the presence of depression and delinquency. Students who bully others are more likely to perpetrate other forms of antisocial behavior in adolescence, including delinquency, aggression, violence and binge drinking that may continue into adulthood.<sup>112, 132,133</sup>

**Early onset of unhealthy behavior (P)** – The earlier children show aggression, initiate sexual intercourse, or begin using tobacco, alcohol, drugs, the greater the likelihood that they will develop problems in the future. Early onset of aggression significantly increases the risk of later antisocial behaviors, and first arrest before age 11 is associated with long term adult offending. Early onset (under 13 years) of alcohol or other drug use is one of the strongest predictors of escalating and frequent use in later adolescence and of young adult misuse, problems and dependence. Youth who begin drinking before age 15 are four times more likely to develop alcohol dependence at some time in their lives compared with those who have their first drink at age 20 or older. Additionally, teens who initiate drug use before the age of 15 are twice as likely to have drug problems as those who wait until after the age of 19.<sup>6,8,18, 90,91,92, 103, 105,112</sup>

**Loss of cultural identity and connection (P)** – Alaska Native and American Indian people may experience higher levels of psychological and social stress due in part to historical / intergenerational trauma, oppression and/or imposed cultural change. These adverse experiences (risk factors) are associated with suicide and high rates of substance use. Other groups defined by ethnicity, age, ability, religious affiliation, or sexual orientation, may experience similar risk factors.<sup>47-49, 61,64</sup>

**Personal attitudes favorable toward unhealthy behavior** - During the early grades, children often express anti-drug, anticrime and pro-social attitudes. In middle school, peers begin to participate in alcohol, drugs, minor delinquency and sexual activity; personal attitudes start to shift toward greater acceptance of these behaviors. Youth attitudes (perceptions of harm or risk) are strong predictors of subsequent involvement in problem behavior.<sup>8, 18, 52</sup>

**Sexual orientation (LGBTQ)** – Youth who identify as either gay, lesbian, bisexual, transgender or questioning are at much greater risk for depression, suicide, substance use, pregnancy, sexually transmitted infections, dropping out of school and becoming victims of bullying and violence, compared to their heterosexual peers.<sup>1, 108-111</sup>

**Feeling alone or depressed (P)** – Emerging studies demonstrate an association between loneliness and social isolation with adolescent depression, suicide ideation and attempts, alcohol and drug use and diminished mental and physical health in later life. Youth who suffer from depression are at increased risk for substance use and dependency, high-risk sexual behaviors, problems at school, problems with peer and family relationships, and suicide attempts. Depressive symptoms include feelings of prolonged sadness, hopelessness, suicidal thoughts or attempts. Youth who had a friend or family member commit suicide in the past 12 months are at greater risk for attempting suicide.<sup>1,7,11,61-63,69, 95-102</sup>

**Older physical appearance** -Youth who appear older than most of their same-age peers are more likely to experience emotional distress, become involved in alcohol, tobacco and other drugs, and engage in sexual activity before the age of 15.<sup>1,6</sup>

# Adolescent Shared Protective Factors: Definitions and Relevance

Protective factors are characteristics within the individual or conditions in the family, school, community or society that help youth cope successfully with life crisis and challenges. When youth can successfully negotiate their problems and manage their risk factors, they are less likely to engage in unhealthy, problematic behavior. Protective factors are instrumental in healthy development; they build supportive relationships, social competence and resiliency. A description of each protective factor is given (derived from its research base), followed by a brief account of its relevance.

Factors marked with \* are societal factors that may be modified through partnerships with community coalitions and state and local policy makers. Factors marked with a (P) are those factors selected as a *priority protective factor* by the Division of Behavioral Health's *Epidemiological Outcomes and Influences* Workgroup. See appendices for more information.

## Community / Societal Protective Factors

**Connection to *other* positive adults (P)** – This refers to the support and care youth receive through relationships with adults, other than family members (i.e. teachers, neighbors, coaches, youth group advisors, mentors or ministers). As children grow, they become involved in an expanded network of people. This broad network includes many adults who can provide regular contact, mentoring, support, and guidance. Research repeatedly identifies *other adult supports* as the most powerful protective factor for children who have experienced trauma and other risk factors. <sup>1,3,4,5,9,10,11,13a, 14, 21, 33, 61,65,66,69, 105,112,127</sup>

**Safe, supportive, friendly neighborhood / community** – While individual relationships with caring adults are important, a young person's collective feeling of safety, trust and support from the community/ neighborhood adds a synergistic component of protection against multiple forms of youth violence, substance use and unhealthy sexual behavior. This protective factor has three features: connection (cohesion), positive social norms, and monitoring. Neighborhood connection refers to young people's perception of feeling safe, valued, attached, and "belonging to" their neighborhood or community. The related notion of cohesion refers to neighbors knowing and trusting each other, having a sense of community pride and actions taken based on communal best interests. Positive norms are maintained when the community "expects the best" from its children/youth, and remains warm and friendly during everyday encounters. Monitoring and accountability refers to the degree to which neighbors watch out for each other, monitor the whereabouts and behaviors of their children, and hold them accountable for their activities. <sup>1,6,9,11,14,21,34,61, 95,105,120</sup>

**Clinical care and therapeutic support services for those in need \*** – Effective clinical and support services provide for physical, mental, reproductive health, and substance abuse disorders. Accessible, appropriate and respectful clinical care is a consistent recommendation from national centers to prevent suicide, violence and address substance use disorders. Support services can address emotional and behavioral issues, reduce conflict, improve communication, and enhance parents' management and supervision skills. Therapeutic treatment can help mitigate the consequences of risk factors (e.g. experiencing family violence and other adverse childhood experiences), prevent the escalation of harmful future behavior, as well as foster resiliency and strengthen family protective factors. Counseling support can help youth process traumatic experiences, manage trauma-related distress and develop effective coping strategies and skills. <sup>6,12,14,16, 61,103,112-114</sup>

**Public policies, practices and norms supporting health and safety \*** - Local and state policies, and practices that support healthy norms, behavior and safe public spaces can reduce problems related to youth substance use, delinquency, violence and suicide. Sample health/safety related policies include: restrictions on tobacco, alcohol and marijuana outlets and licenses; higher taxes on tobacco or alcohol; firearm prohibitions for high risk groups (domestic violence offenders, persons convicted of violent misdemeanor crimes, and *some* individuals with mental illness.) Examples of local practices include: adherence to media standards when reporting a suicide; safe storage of firearms and ammunition; enhancing and maintaining the physical environments of the community. Some studies have shown that the upkeep of schools, parks, business and public areas can increase visibility, control access, promote positive social interactions, strengthen community connectedness and serve as barriers to violence. Examples of protective social norms include: acceptance of not drinking while pregnant, always wearing a helmet, using birth control or protection,

and acceptance of non-traditional gender roles. Social norm campaigns are tools to influence youth's perception of peer behavior or adult's perceptions about youth. <sup>6,8,12,13,14,16,17,33, 95103, 104 112, 116, 119</sup>

**A range of *community-based* afterschool / out-of-school time programs and opportunities for youth involvement.** It is the community's responsibility to provide a range of opportunities for children and youth to be involved in safe, enriching afterschool (out-of-school time) programs. Almost 40 percent of adolescents' waking hours are discretionary. This timeframe may be used for either positive developmental activities or unhealthy problematic behaviors. (See Individual Protective Factors, below.)

## School-Related Protective Factors

**Connected to school (P)**– Students feel “connected” (attached or bonded) to their school based on their feelings about the people at school, both staff and other students. Connectedness is described as being treated fairly by teachers, feeling close to people at school, being safe and feeling like a part of the school. School connectedness is closely related to caring school climate (see below). It is linked to lower rates of smoking, alcohol, drug use, and early sexual initiation as well as higher grades, test scores, graduation rates and social emotional competence. <sup>1,6,8,9,10,15, 34,53, 105,112,115,116</sup>

**Caring school climate** - This protective factor refers specifically to whether or not students feel that their schools provide a caring, supportive, and encouraging environment. A school's climate impacts rates of absenteeism, delinquency, substance use, teen pregnancy, and emotional disturbances. Characteristics that contribute to a positive school climate include: 1) high expectations for student academics, behavior and responsibility; 2) use of proactive classroom management strategies, interactive teaching and cooperative learning and maintain a positive atmosphere; 3) consistent acknowledgement of all students, and recognition for good work; 4) student voice in school activities and classroom management. <sup>2,3,8,9,15,23,25,53,80</sup>

**Student participation in extra-curricular activities and governance** – The school setting provides ample opportunities for student voice and leadership to help solve problems, provide new ideas and input to decisions that impact the student body. Examples of extra-curricular activities are school clubs, student councils, tutoring, peer programs or service-learning projects. Projects can increase social competence and self-efficacy when students are involved in all planning, organizing, implementation and evaluation phases. Peer programs include: peer teaching, peer helping, positive peer influence campaigns, and peer advisory councils. Service-learning projects typically focus on helping people or improving conditions in the community. Teens are provided with valuable pre-employment skills as they volunteer for social causes through local organizations and community projects. These programs can enhance the positive impact of peer groups and minimize their potential negative impact. (See also: Individual Protective Factors – Out-of-school time programs.) <sup>6, 8,9, 13b, 15,28, 29, 30,117,</sup>

**Early intervention student services** - Student assistance programs, counseling support groups and school-linked health centers provide the learning supports critical to helping students stay in school. Student assistance programs provide prevention and intervention services to those students whose lives are impacted by stress trauma (alcohol and drug abuse, violence, suicide, divorce, abuse, neglect, depression). Services may include support or education in problem solving, self-esteem, social skills, and conflict resolution. Several studies have demonstrated that school-based health centers can play an important role in improving educational success through their impact on school attendance and retention. Students with access to comprehensive health services via school-based health centers report greater exposure to reproductive health education and counseling and greater use of hormonal contraception. <sup>2,6,31,32,42,43, 61,112,113,125.</sup>

## Family Protective Factors

**Connected to family (P)** – Family connectedness has several components. Children who feel close to, supported by and connected to their parents report a high degree of closeness, feelings of being understood, loved, and wanted. A parental presence refers to being present during key times: before and after school, during dinner, at bedtime and doing activities together. The National Longitudinal Study of Adolescent Health found this to be one of the strongest protective factors buffering all the problem behaviors. <sup>1, 4,6,7,15,25, 46, 53, 61,68,69,112</sup>

**Positive parenting style** – A *positive, warm parenting style* is characterized by parents' high expectations for their children's education and wellbeing, clear family rules, fair and consistent discipline practices, age-appropriate supervision, monitoring of teens' behavior, friends and whereabouts, and being present at key times in the day. Positive parenting practices are associated with less emotional distress, suicide attempts,

**Two-parent families** – Children who grow up in a family with two parents are less likely to engage in problem behaviors related to sexual activity, substance use, delinquency, or to experience mental health problems. This factor is linked to greater stress on the single care-giver (due to work and childcare schedules, less time for caregiving and monitoring as well as less resources for basic needs)<sup>6,21,25, 65,69</sup>

**Higher parent education** - Children whose parents have graduated from high school and have received higher education training are less likely to engage in adolescent substance use, violence and unsafe sexual activity.<sup>2,4,6,8,11,17,21</sup>

**High parental school expectations** - Children who have parents with higher expectations for school success, high school and college completion, and personal achievement are less likely to use substances, be involved in violent behavior or consider suicide.<sup>1,8,11,18,24</sup>

## Peer Protective Factors

**Positive friends/peer role models** - Youth with a positive friendship circle—characterized by a positive attitude about health and the future, doing well in school, having a close relationship with at least one parent and not involved in unhealthy behaviors—are less likely to be involved in substance use, violent behaviors and unsafe sexual activity.<sup>6,7,9,17,25, 46,112</sup>

## Individual Protective Factors

**Engaged in out-of-school time programs and positive, meaningful activities (P)** - This factor refers to structured and organized out-of-school time programs or organized activities supervised by a responsible adult. Youth want to be involved in areas that match their interests and talents, which may include the arts, media, cultural activities, environmental advocacy, helping others or service of some kind. Quality programs have supportive staff, a friendly and respectful climate and youth-empowered practices. Programs can increase social competence and self-efficacy when youth are involved in all planning, organizing, implementation and evaluation phases. A qualitative study of Inupiat youth identified opportunities for youth to contribute to their community (deciding how, when and with whom) as especially useful in building resilience to deal with adverse circumstances. Several studies have found that young adolescents, who are more likely to be without adult supervision after school, have significantly higher rates of alcohol, tobacco, and marijuana use than do adolescents receiving more adult supervision. This protective factor is associated with the reduction of alcohol, tobacco, drug use, delinquency, anti-social behaviors, teen pregnancy, school suspensions and school dropout.<sup>3,4,7,6,8,9,11,25, 38, 39, 40,112,117,127,131</sup>

**Social/emotional competence and self regulation skills (P)** – Social/emotional competence is a process of learning how to recognize and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. **Self Regulation** is the ability to manage one’s thoughts (e.g. goal setting or problem solving), feelings (e.g. self awareness and calming), and behavior (e.g. impulse control, conflict resolution and coping strategies.) Youth who have experienced chronic trauma or poverty are less likely to have self-regulating skills; and poor self-regulation is associated with problems such as violence, substance use, mental health difficulties, and excessive weight gain. Self-regulation skills are highly protective and buffering from the negative impact of trauma in childhood.

The National Collaborative for Social and Emotional Learning defines the social emotional learning (SEL) as:

**Self-Awareness:** The ability to accurately recognize one’s own emotions, thoughts, and values and how they influence behavior. The ability to accurately assess one’s strengths and limitations, with a well-grounded sense of confidence, optimism, and a “growth mindset.”

**Self Management:** The ability to successfully regulate one’s emotions, thoughts, and behaviors in different situations — effectively managing stress, controlling impulses, and motivating oneself. (See self regulation.)

**Social Awareness:** The ability to take the perspective of and empathize with others, including those from diverse backgrounds and cultures. The ability to understand social and ethical norms for behavior and to recognize family, school, and community resources and supports.

**Social Management:** The ability to establish and maintain healthy and rewarding relationships with diverse individuals and groups. The ability to communicate clearly, listen well, cooperate with others, resist inappropriate social pressure, negotiate conflict constructively, and seek and offer help when needed.

**Responsible Decision Making:** The ability to make constructive choices about personal behavior and social interactions based on ethical standards, safety concerns, and social norms. The realistic evaluation of consequences of various actions, and a consideration of the well-being of oneself and others.

Extensive research has demonstrated links between social/emotional competence (SEL) and academic achievement, and reduced unhealthy behaviors. Social emotional competence and self regulation skills can be taught at home and reinforced in schools and afterschool programs. <sup>3,4,5,8,9,11,44,45,53,61,71-78, 112,118</sup>

**Cultural identity and connection (P)** - Prevention research has determined cultural identity to have a positive and powerful influence on risk reduction and resilience. Multiple studies point to the value of cultural practices and cultural identity in addressing risk factors, increasing resiliency and achieving optional wellbeing. Culture is everything about our way of living; it includes values, beliefs, traditions, protocols, rituals, language, behavioral norms, ways of knowing and styles of communication. One's cultural identity is the extent to which someone connects to and practices the values, beliefs and traditions of their *identified culture*. A qualitative study of Inupiat youth found patterns of resilience when they were culturally grounded. The cultural practices used by these youth to get through adversity included: maintaining relationships, reciprocity, subsistence living, taking responsibility for self and others and giving back to others. Having a positive cultural identity is linked to reduced depression, suicide ideation and substance use. (See also: Individual Risk Factors - Loss of cultural identity and connectedness.) <sup>47,48,49, 61, 62,126-131</sup>

**Positive temperament** - The positive qualities associated with less involvement in substance use, violence and unsafe sexual practices include: having an easy-going temperament, being optimistic and resilient, having a sense of purpose, being intrinsically motivated (an internal locus of control), and feeling a sense of control over one's environment. A qualitative study of Inupiat youth identified five components that contribute to youth resilience: 1) developing and maintaining relationships with others, 2) taking responsibility for themselves and others, 3) creating systems of reciprocity (and available) to share both the burdens and gains, 4) practicing subsistence living and 5) giving back to their families and communities. <sup>3,4,5,8,9,19,112,131</sup>

**Positive self-concept** - This protective factor refers to the perceptions and judgments youth make about themselves. A youth with a positive self-concept believes that she/he is "a person of worth"; has self-confidence and self-efficacy; likes her/himself; and feels loved and valued. These positive attributes are associated with less emotional distress and substance use. <sup>1,6,9,11,65</sup>

**Feeling valued and mattering to others in the community** – Mattering relates to a young person's belief they are valued, respected, trusted and supported by people in their community. A component of this factor is youths' belief they are able to make a difference within their community. Mattering to others is associated with greater wellbeing, self-efficacy, less bullying, depression, self-harming behaviors and suicide ideation. <sup>9,34,79, 80,81,82,112</sup>

**High grade point average (GPA)** - Students with higher grades (As and Bs) in English, Math, History/Social Studies, and Science are more likely to be connected to school, and less likely to be involved in problematic behaviors (substance use, violence, emotional distress or unsafe sexual activity.) <sup>1,6,7,9,112</sup>

**Religious or spiritual beliefs** - Decades of research have established a generally positive relationship between religious beliefs and health in adolescents (decreased use of tobacco, alcohol, marijuana use, and suicide attempts and a correlation with delayed sexual activity). More recent studies have also identified spirituality as a resource for positive development. The measurement of these complex multidimensional ideas (e.g. religious / spiritual attitudes, behaviors, values/beliefs, meaning, purpose and transcendence) is problematic, among teens because the questions were developed for adults. Most studies assess religiosity or spirituality by using a single question such as frequency of prayer, religious service attendance, or self-perceptions of being religious or spiritual. <sup>1,6,9,25,61,135-137</sup>

### Reducing risk factors ♦ Increasing protective

Two studies found the presence of protective factors: family support and school support among adolescents who have been physically abused will reduce the likelihood of suicide attempts more than the removal of the risk factor of substance use (e.g. alcohol, drugs) regardless of gender. <sup>7,46</sup> While communities will continue to reduce the factors that put children at risk, these studies point to the powerful impact protective factors can play in helping children cope with life experiences over which they have little or no control.

## **Appendices**

- A. Sample Population-based Indicators - for Shared Factors
  
- B. Shared Factors Impacting Healthy Alaskans 2020 Adolescent Indicators
  
- C. Process Overview: Identifying Priority Risk and Protective Factors for Adolescent Substance Use and Other Behaviors in Alaska (2007-2010)
  - Recent Shared Factor Efforts (2018)
  
- D. Risk and Protective Factors for FASD - Secondary Disabilities
  
- E. Shared Factors Citations

## Sample Population-based Indicators for Shared Risk & Protective Factors

Risk Factor	Risk Indicators / Data Source
Experienced child abuse or neglect (emotional, physical or sexual)	<ul style="list-style-type: none"> <li>Rate of unique, substantiated maltreatment cases per 1,000 children between ages 0 -17. Office of Children's Services</li> </ul>
Victimization	<ul style="list-style-type: none"> <li>Percent of HS students who report victimization (ever forced intercourse or forced sexual acts, dating violence - physical or sexual in the past 12 months). YRBS proxy, 3 questions</li> <li>Percent of HS students ever been bullied on school property in the past 12 months. YRBS</li> <li>Percent of HS students ever been electronically bullied, in the past 12 months. YRBS</li> </ul>
Homelessness	<ul style="list-style-type: none"> <li>Percent of HS students who usually sleep away from their home during the past 30 days. YRBS</li> </ul>
Early initiation of substances	<ul style="list-style-type: none"> <li>Percent of HS students who used either tobacco, alcohol or marijuana before the age of 13. YRBS (3 questions)</li> </ul>
Parental attitudes about unhealthy behavior	<ul style="list-style-type: none"> <li>Percent of HS students whose parents have a favorable attitude about their student's substance use. (Perception of parent's belief that it would not be wrong if, <i>I smoked cigarettes, or drank alcohol daily, or used marijuana.</i>) YRBS, proxy 3 questions.</li> </ul>
Friends' attitudes & involvement in unhealthy behavior	<ul style="list-style-type: none"> <li>Percent of HS students whose friends have a favorable attitude about substance use. (Perception of friend's belief that <i>it would not be wrong if, I smoked cigarettes, or drank alcohol daily, or used marijuana.</i>) YRBS 3 questions</li> </ul>
Personal attitudes & beliefs toward the unhealthy behavior	<ul style="list-style-type: none"> <li>Percent of HS students who have a <u>low perception of risk</u> to tobacco, alcohol or marijuana or pain meds. YRBS</li> <li>Percent of students who believe that most of their peers drink alcohol. SCCS 2 questions</li> </ul>
Easy availability of alcohol and other drugs	<ul style="list-style-type: none"> <li>Percent of HS students who got their alcohol from social sources (gave someone money to buy it or someone gave it to them). YRBS</li> <li>Percent of HS students reporting it is easy (very or fairly) to get marijuana. NSDUH</li> </ul>
Feeling depressed and alone	<ul style="list-style-type: none"> <li>Percent of HS students who feel sad or hopeless almost every day for 2 weeks. YRBS</li> <li>Percent of HS students who feel alone in life. YRBS</li> </ul>
Suicide ideation or attempts	<ul style="list-style-type: none"> <li>Percent of HS students who have attempted suicide or made a plan to commit suicide in the past 12 months. YRBS</li> </ul>
Protective Factors	Protective Indicators / Data source
Connection to family	<ul style="list-style-type: none"> <li>Percent of HS students who talk with their parents, at least weekly about school. YRBS- Proxy</li> </ul>
Connection to school	<ul style="list-style-type: none"> <li>Percent of students who feel connected to their school. SCCS (Survey has multiple related indicators)</li> <li>Percent of HS students who believe their teachers really care about them and give them a lot of encouragement. YRBS-proxy</li> </ul>
Positive connection to <i>other</i> positive adults	<ul style="list-style-type: none"> <li>Percent of HS students who have a positive connection with three or more adults, outside of their home. YRBS</li> <li>Percent of students who can name at least 5 adults who really care about me. SCCS</li> <li>Percent of students who have at least one adult they can talk to (out side of home and school.) SCCS</li> <li>Percent of students who receive encouragement from at least one adult (out side of home and school.) SCCS</li> </ul>
Engagement in meaningful activities	<ul style="list-style-type: none"> <li>Percent of HS students who participate in organized activities outside of school, at least weekly. YRBS</li> <li>Percent of students who help other people without getting paid, at least weekly SCCS</li> <li>Percent of students that participate in organized activities outside of school at least weekly. SCCS</li> </ul>
Social/emotional competence	<ul style="list-style-type: none"> <li>Percent of students who have social, emotional learning skills SCCS - (17 question index)</li> <li>Percent of HS students who have self regulation skills YRBS (2 questions)</li> </ul>
Cultural identity and connection	<ul style="list-style-type: none"> <li>Percent of students who report having a strong sense of belonging to my culture. SCCS</li> <li>Percent of students who report in general my culture is an important part of my self-image. SCCS</li> </ul>
Feeling valued and mattering to others	<ul style="list-style-type: none"> <li>Percent of HS students who feel like they matter to people in their community. YRBS</li> </ul>
<p><b>Youth Surveys: YRBS</b> – Youth Risk Behavior Survey (grades 9-12)      <b>SCCS</b> – School Climate and Connectedness Survey (grades 6-12)</p> <p style="text-align: center;">Note: these indicators can be used for measuring community-based efforts.</p>	



# Healthy Alaskans 2020 Protective Factor Indicator Impacting Healthy Alaskan 2020 Adolescent Indicators

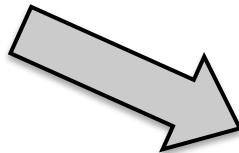
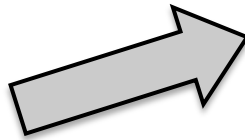
**HA 2020 - Adolescent Protective Factor**

**Increase the percentage of adolescents with three or more adults, besides their parents, from whom they feel comfortable seeking help**

↓

***This protective factor, can impact risk factors such as:***

- Child abuse, neglect, family violence and other adverse childhood experiences
- Family conflict, instability & management problems
- Feeling alone or depressed
- Loss of cultural identity and



**HA2020 Behavioral Health Adolescent Objectives:**

- Reduce the percentage of adolescents who binge drink alcohol
- Reduce the rate of deaths due to suicide among Alaskans age 15-24 years
- Reduce the percentage of adolescents feeling so sad or hopeless for 2 weeks or more that they stopped doing usual activities

**Other related HA2020 Adolescent Objectives:**

- Increase the percentage of adolescents who do not currently use tobacco of any kind
- Reduce the rate of child maltreatment
- Reduce the percentage of adolescents who were ever physically hurt on purpose by their boyfriend or girlfriend

HA 2020 Indicator Source: <http://www.hss.state.ak.us/ha2020/assets/25indicators.pdf>

# Shared Factors Impacting Healthy Alaskans 2020 Adolescent Suicide Indicators

## Risk Factors

### Community/Society

- Unhealthy community norms and laws
- Easy availability of firearms
- Frequent transitions, turnover and mobility

### Family

- Adverse childhood experiences (abuse, neglect, household dysfunction)
- Family history of unhealthy behavior
- Family conflict, instability & management problems
- Easy household access to substances or guns
- Homelessness

### Individual

- Feeling alone or depressed
- Loss of cultural identity and connection
- Cognitive impairments
- Failing grades
- Lack of personal commitment to school
- Being Bullied
- Sexual Orientation (LGBTQ)
- Early and persistent antisocial behavior
- Older physical appearance than peers

## Protective Factors

### Community/Society

- Positive connection to *other* adults
- Safe, supportive, friendly neighborhood/community
- Clinical care and therapeutic support services
- Public policies, practices & norms supporting health & safety

### School

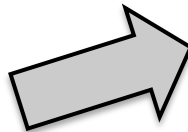
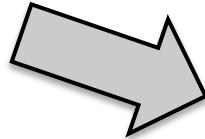
- Connected to school
- Caring school climate
- Early intervention and student support services

### Family

- Connected to family
- Positive, warm parenting style
- Living in a two-parent family
- High parental expectations about school

### Individual

- Social/emotional competence & self regulation
- Cultural identity and connection
- Positive self concept
- Feeling valued and mattering to others
- Religious identity
- High grade point average



Healthy Alaskans  
2020  
Behavioral Health  
Adolescent Indicators

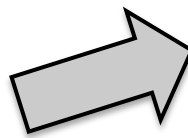
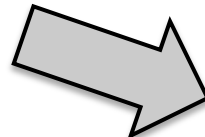
**Reduce the rate of  
deaths due to  
suicide among  
Alaskans ages 15-25  
years.**

**Reduce percentage  
of adolescents  
feeling so sad or  
hopeless for 2  
weeks or more, that  
they stopped doing  
usual activities.**

HA 2020 Indicator Source: <http://www.hss.state.ak.us/ha2020/assets/25indicators.pdf>

# Shared Factors Impacting HA2020 Adolescent Binge Drinking Indicator

<b>Risk Factors</b>
<b>Community/Society</b>
<ul style="list-style-type: none"><li>• Unhealthy community norms and laws</li><li>• Easy availability of alcohol and other drugs</li><li>• Low neighborhood cohesion and support</li><li>• Frequent transitions, turnover &amp; mobility</li><li>• High poverty neighborhood &amp; inequity</li></ul>
<b>Family/Peers</b>
<ul style="list-style-type: none"><li>• Adverse childhood experiences</li><li>• Family history of unhealthy behavior</li><li>• Family conflict, instability &amp; management problems</li><li>• Favorable parental attitudes towards substances</li><li>• Easy household access to substances or guns</li><li>• Homelessness</li><li>• Friends' attitudes and involvement in substances</li></ul>
<b>Individual</b>
<ul style="list-style-type: none"><li>• Feeling alone or depressed</li><li>• Loss of cultural identity and connection</li><li>• Cognitive impairments</li><li>• Failing grades</li><li>• Lack of personal commitment to school</li><li>• Bullying others</li><li>• Sexual Orientation (LGBTQ)</li><li>• Childhood media exposure to alcohol</li><li>• Early and persistent antisocial behavior</li><li>• Early onset of substances</li><li>• Low perception of harm about substances</li><li>• Older physical appearance than peers</li></ul>
<b>Protective Factors</b>
<b>Community/Society</b>
<ul style="list-style-type: none"><li>• Positive connection to <i>other</i> adults</li><li>• Safe, supportive, friendly neighborhood/community</li><li>• Clinical care and therapeutic support services</li><li>• Policies, practices &amp; norms supporting health &amp; safety</li></ul>
<b>School</b>
<ul style="list-style-type: none"><li>• Connected to school &amp; caring school climate</li><li>• Student participation in extracurricular activities</li><li>• Early intervention and student support services</li></ul>
<b>Family</b>
<ul style="list-style-type: none"><li>• Connected to family</li><li>• Positive, warm parenting style</li><li>• Living in a two-parent family</li><li>• Higher parent education</li><li>• High parental expectations about school</li></ul>
<b>Individual &amp; Peers</b>
<ul style="list-style-type: none"><li>• Engaged in out-of-school time programs/activities</li><li>• Social/emotional competence &amp; self regulation</li><li>• Cultural identity and connection</li><li>• Positive self concept &amp; temperament</li><li>• Feeling valued and mattering to others</li><li>• Religious identity</li><li>• High grade point average</li></ul>



<p>Healthy Alaskans 2020 Behavioral Health Adolescent Indicator</p>
<p><b>Reduce the percent of adolescents who have 5 or more alcoholic drinks in a row within a couple of hours at least once in the past 30 days.</b></p>
<p><u>Related YRBS Indicator:</u></p>
<p>Reduce the percent of adolescents who have had one or more drinks of alcohol in the past 30 days.</p>

# Priority Risk and Protective Factors for Adolescent Substance Abuse and Other Behaviors in Alaska

## 2007-2010 Process Overview

A State Epidemiological Outcomes Workgroup (SEOW) was established to collect, analyze, and report substance use, abuse and dependency in Alaska. As part of that effort, an Influences Subcommittee was created to: 1) identify and prioritize the factors that impact substance use and abuse, and 2) identify existing and recommend new indicators to monitor over time.

The Influences Subcommittee began looking at the adolescent population, while recognizing the significant need to look at younger and older populations as well. The risk and protective factor national research for adolescent substance use (and other problem behaviors) provided the working foundation. Additional factors were considered if they had a strong research base of support. The priority factors were selected based on:

- Strength of the research base (a minimum of two studies in peer reviewed journals)
- Relevance to Alaska communities
- Ability to change the factor through community and state partnerships
- Readiness of Alaska communities to address the factor

To assure a comprehensive review, the factors were examined across the social-ecology domains of community, schools, family, peers and individuals. Poverty while highly correlated with substance abuse is not easily amenable to change within the community, so it was not selected as a priority factor. The lack of existing Alaska data did not exclude a factor if it was significant to the Alaska population. Through this process, five protective factors and five risk factors were prioritized, see page 3. In addition, cultural identity and connection or loss of culture identity was selected as a factor having tremendous influence on one's sense of self and subsequent behavior.

Next, the group turned to identifying state-level, population-based indicators for each of the selected factors. This process identified, 1) factors with existing indicators and data; 2) factors with *some* indicators or proxy indicators, but which may not be as reliable; 3) factors that remained of high significance without indicators or data. The later provided the opportunity to advance a data agenda, and over time, develop new indicators to measure the shared factors considered significant to disease prevention, health promotion and youth advocates.

## Recent Efforts to Advance a Shared Risk and Protective Factor Approach

Since 2010, numerous state health agencies, school districts and community coalitions have developed new indicators to measure the risk and protective factors described in this paper. Alaska's most widely used youth surveys (Youth Risk Behavior Survey / YRBS <http://dhss.alaska.gov/dph/chronic/pages/yrbs/yrbs.aspx> and the School Climate Connectedness Survey / SCCS <https://ice.aasb.org/school-climate/>) reflect the growing interest in measuring the shared factors that impact adolescent behavior, not just unhealthy behavior's incidence or prevalence. A sample of these state level indicators may be found in Appendix A.

Additionally, multiple matrices have been generated focusing on shared risk and protective factors across age groups, the most recent being the Alaska Statewide Violence and Injury Prevention Plan in 2018. Health issues have included substance abuse, violence and injury prevention, high school graduation, child maltreatment, domestic violence and sexual assault, and others. There are many factors that cross all of those areas and more. In 2018, the Shared Factors Workgroup began a process to compile common factors into a research-based and data-driven matrix to support the alignment of public and behavioral health initiatives and leverage future prevention resources.

**Community-Based Efforts:** While many of the shared risk and protective indicators are population-based or state-level measures, they can easily be modified to measure community and school-based efforts. An index of evaluation measures for any one of the factors is beyond the scope of this paper, but may be available in the future through state and coalition partnerships-

## Risk and Protective Factors for FASD *Secondary Disabilities*

If a child is born with a fetal alcohol spectrum disorder (FASD), she/he is at-risk for developing secondary disabilities in childhood, adolescence and adulthood. According to [the National Center on Birth Defects and Developmental Disabilities](#), people with FASD have increased risks for developing mental health problems, disrupted school experience, trouble with the law, inappropriate sexual behavior and alcohol and drug problems.

Specifically examples include:

- Cognitive disorders
- Psychiatric illnesses
- Psychological dysfunction
- Attention-deficit/hyperactivity disorder (ADHD)
- Conduct disorders
- Alcohol and drug dependence
- Depression
- Psychotic episodes
- Anxiety disorders
- Eating disorders
- Post-traumatic stress disorder

FASD's secondary disabilities have specific risk and protective factors (Streissguth 1996).<sup>51</sup>

### **Protective Factors**

- Living in a stable and nurturing home
- Living with caregivers who understand FASD and are modifying their child rearing approach according to best practices
- Having basic life needs met
- Consuming a healthy diet with special attention to nutrients that improve brain development
- Diagnoses before the age of six
- Involvement in special education and social services geared towards their specific needs and learning styles.
- Absence of violence experienced individually or environmental exposure
- Staying in each living situation for an average of more than 2.8 years
- Being eligible for developmental disability services

### **Risk Factors**

- FASD is mostly a **hidden disability**. Other than those with FAS recognizable facial features, FASD characteristics are not easily identified without diagnoses.
- Lack of diagnoses
- Having an IQ above 70 – DD services are limited to lower cognitive scores
- Poor nutrition
- Misdiagnoses
- Impulsivity
- Conduct problems
- Anger and frustration
- Alcohol & other substance misuse exposure
- Deviant peers

See Individual Risk Factors - Cognitive impairments, for additional information

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