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SOCIAL POLICY for Children and Families

A Risk and Resilience Perspective



EDITED BY

Jeffrey M. Jenson • Mark W. Fraser



Social Policy for Children and Families

A Risk and Resilience Perspective

Third Edition

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Social Policy for Children and Families

Third Edition



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—*Jeffrey M. Jenson*

—*Mark W. Fraser*

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Introduction

Much has been written about risk and protective factors associated with social and health problems. Begun some 35 years ago, research to trace the causes of behavior problems in young people has led to a new understanding of the individual, interpersonal, and environmental factors that affect developmental and, indeed, life course outcomes. In recent years, attention has been directed to increasing our understanding of the concept of resilience, which is commonly thought of as a child's capacity to overcome adverse life circumstances (Fraser, Kirby, & Smokowski, 2004). Knowledge of risk and resilience has been widely used to improve the efficacy of prevention and treatment programs for vulnerable children and families (Catalano et al., 2012; Jenson & Bender, 2014).

In the first and second editions of this book, we argued that the principles of risk, protection, and resilience held great promise for the design of social policies and the delivery of social programs for children and families. We also noted that knowledge gained from longitudinal investigations of risk, protection, and resilience in children and youth was rarely applied to social policy. Our view has not changed. We still have much to learn about the etiological processes of risk and resilience and about the application of these principles to social interventions and programs. However, considerable progress in understanding principles of risk, protection, and resilience has been made since the publication of the first two editions of this book. Equally important, advances in fields such as public health and prevention science—in which research-based knowledge is used to design prevention interventions—are now having a practical and significant effect on social policies. Innovative policies and programs based on risk and resilience are all the more evident in each of the chapters in the third edition. Clearly, one dramatic example of change and innovation lies in health-care reform, exemplified by the implementation of the Patient Protection and Affordable Care Act (PL 11–148). This legislation and other new policies affecting the nation's children and families are reviewed in this edition. We hope that this book will help students, practitioners, policymakers, and researchers apply principles of risk and resilience to the design of social and health policies.

ORGANIZATION OF THE BOOK

The core section of the book is formed by eight chapters devoted to poverty, child welfare, education, mental health, health, developmental disabilities, substance abuse, and juvenile justice policies. Chapter authors identify key policies in their respective areas and evaluate the extent to which the principles of risk, protection, and resilience can be used

to improve existing programs and services. Recommended readings, questions for discussion, and Web-based resources are provided for each of the core chapters. In this regard, authors follow a similar outline in which they

- trace the purpose of social policy in a substantive area;
- describe the incidence and prevalence of problems;
- articulate common risk and protective factors associated with the onset or persistence of the relevant problem behavior;
- identify historical and current policies that have been developed to address these problems;
- evaluate the extent to which policies have been based on the principles of risk, protection, and resilience;
- identify strategies for incorporating elements of risk, protection, and resilience in new policy directives; and
- discuss ways of integrating social policy for children, youth, and families across policy and service domains.

Trina Williams Shanks and Sandra Danziger identify critical approaches to combating poverty in Chapter 2. Past and current income-maintenance policies are reviewed in the context of risk, protection, and resilience. Williams Shanks and Danziger describe several innovative programs to illustrate the promise of recent policy approaches to reducing poverty and social disadvantage.

Peter Pecora and Markell Harrison-Jackson examine child welfare policies and programs aimed at children, youth, and families in Chapter 3. In describing a key service domain for children, youth, and families, Pecora and Harrison-Jackson trace the history and evolution of American child welfare policy and offer suggestions about ways to incorporate principles of risk, protection, and resilience in a key service domain.

Public schools touch the lives of a majority of American children and families. Changes in educational policy and practice that have been made since the publication of the first edition of this book are having a profound effect on teachers, parents, and children and youth in elementary, middle, and high schools. In Chapter 4, Andy Frey, Myrna Mandlawitz, Armon Perry, and Hill Walker update their discussion of the landmark No Child Left Behind Act and its sweeping implications for the character of public education across the country. They note that educational reform is closely linked to political ideology and societal values pertaining to educational access and opportunity. Frey and colleagues conclude by offering an agenda for reform.

In Chapter 5, Mary Fraser and Paul Lanier review the effectiveness of mental health policies for children, youth, and families. Key among the promising policy and program directives that they identify is the *system of care* approach. Fraser and Lanier note the frequency of co-occurring problems among youth and suggest making the integration of mental health, juvenile justice, and substance abuse policies a public policy priority.

Kathleen Rounds, William Hall, and Guadalupe Huitron trace the development of key U.S. public health policies in Chapter 6. The authors highlight important changes reflected in the implementation of the Patient Protection and Affordable Care Act (PL 11–148) and assess the impact of those changes on young people and their families. Recommendations for integrated health policy based on risk, protection, and resilience are offered.

In recent years, recognizing and understanding developmental disabilities that are commonly found among children and youth has become a focus of policy debate. In Chapter 7, Susan Parish, Alison Saville, Jamie Swaine, and Leah Igdalsky discuss changes in policy for children with developmental disabilities in the past several decades. Using a risk and protective factor perspective, they offer recommendations for improving service delivery to children and youth with developmental disabilities.

In Chapter 8, Elizabeth Anthony, Jeffrey Jenson, and Matthew Howard review current trends in the prevalence, etiology, prevention, and treatment of adolescent substance abuse. The authors trace the origins of policies aimed at young substance abusers and comment on the relative effectiveness of alternate policy approaches. Implications of the Patient Protection and Affordable Care Act on funding streams for substance abuse prevention and treatment are noted. Anthony and colleagues conclude that principles of risk, protection, and resilience have been influential in improving the efficacy of prevention and treatment programs for young people and reflect on the implications of these findings for substance abuse policy.

In Chapter 9, William Barton traces major changes in juvenile justice policy since the creation of the juvenile court. He identifies the tension found in public policy between the competing program goals of rehabilitation and punishment. Barton concludes with cautious optimism about the application of public health principles to juvenile justice policies and programs.

In the final chapter of the book, we expand on our framework for using principles of risk, protection, and resilience to develop more fully integrated policies for children, youth, and families. We argue that integration of policy and programs across service domains should be a goal of future policy directives targeting children, youth, and families. Considerations are given to the developmental processes of children and youth in the design of this framework. Recommendations for ways to advance a public health framework based on risk, protection, and resilience in policy design, implementation, and evaluation are offered.

SUMMARY

We hope that the interdisciplinary framework described in this book stimulates innovative ideas about the design of policies for vulnerable children and families. Principles of risk, protection, and resilience—too often ignored in policy discussions—hold great promise for improving the efficacy of social policies. We believe that an increased focus on risk and protection will lead to policies that are more likely to produce services and programs that effectively help children and families to prevail over adversities.

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

Jeffrey M. Jenson

Mark W. Fraser

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

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

COMING OF AGE IN AMERICA

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

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

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

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

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

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

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

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

POLICY AND PROGRAM RESPONSES TO CHILDHOOD AND ADOLESCENT PROBLEMS

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

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

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

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

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

PUBLIC HEALTH FRAMEWORKS FOR SOCIAL POLICY

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

Risk and Protection

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

Risk Factors

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

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