

# 從預防及家庭生活教育之角度探討 美國家庭政策

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## 摘要

本研究旨在略述數項美國家庭政策：家庭與醫療假法，臨時援助貧困家庭法，婦女，嬰兒，孩童補充食品計劃，教育相關的啓蒙計劃，公費醫療保險，及聯邦醫療保險。此外，經由探討兩項美國長期追蹤研究：兒童不良經歷 (Adverse Childhood Experiences, ACEs) 及佩里學前教育研究 (High/Scope Perry Preschool Program)，發現及早預防所可能產生的正面結果及經濟效應。最後，本文以家庭生活教育作為基礎探討台灣兩項政策：家庭暴力防治法及家庭教育法。期盼給予學者，立法委員，及政府首長官員共同思考如何強化並落實健康家人關係的有效策略及計劃。

**關鍵字：**家庭政策、預防、家庭生活教育、家庭教育法

## Introduction

Family policy is a relatively new concept in many countries except for developed western societies and some European countries. Unlike other countries, the ideology of family policy did not gain public attention in Taiwan until most recent years because it is commonly assumed that every family should and can take care of its own family affairs (Lee & Sun, 1995). In the past, every family seemed to be culturally endorsed by the society to function as the mediator to handle family matters and household-related issues in Taiwan. A common attitude is that family matters should be kept and discussed within the family. As a result, local government, including the law enforcement, mainly played a passive and indirect role in intervening adverse family matters for a long time. Conversely, the common practice of family policy in the U.S. paints a much

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different picture that family life is widely presumed in the personal realm in such individualistic society. Family issues or matters are generally handled within the immediate family context along with the intervention from city or state government agencies. Appropriate and timely intervention to adverse family issues may take place effectively. As a result, family policies would be approached somewhat differently in either society.

Although each society may hold different approaches about family policy, they all strive to increase protective factors and lower risk factors in individuals and families to ensure healthy well-being and family functioning. According to Jenson and Fraser (2011), protective factors refer to existing or perceived resources that are possessed by individuals or families that help them prevail over adversities whereas risk factors are influences from individuals, school, community, family, peer, and community to increase the possibility for a person or a family to experience social or healthy problems. Generally speaking, family policy refers to intentional governmental activities to provide continual support for strengthening individual well-being and family relationships (Bogenschneider, 2006; Zimmerman, 2001). In fact, family policies would be considered effective when they achieve the aforementioned goals (Bogenschneider, 1995). In such case, family policy strives to increase protective factors for healthy family relationships.

Effective family policies serve as critical mechanisms to ensure healthy family relationships through collaborative partnerships among lawmakers, law enforcers, business administrators, scholars/researchers, and community partners (schools, hospitals, or local government offices, and non-profit organizations/agencies) to make healthy family relationships a continued societal priority. These partners play a pivotal role to empower individuals and families for healthy family functioning as well as a buffer mechanism to work with individuals and families through the challenges of normative and non-normative stressors and crises. This type of partnership deals with community capacity. Community capacity (cc) is the collective effort among human, organizational, and social resources in communities so that communities will work together, assume shared responsibility to lower crises, increased needed services, and build/maintain healthy environments for families and children (Chaskin, 1999).

### Family Characteristics

The 2010 Census recorded 308.7 million people in the United States, a 9.7%

increase from the Census 2000 (Lofquist, Lugaila, O'Connell, & Feliz, 2012). In 2010, the average family size is roughly 3.14 per household. The breakdown of household types is given below: 48.4% husband-wife family household, 13.1% female householder, 5% male householder, 6.8% two or more people, and 26.7% one person, nonfamily. The annual household income was roughly \$49,000. In 2010, the sex ratio was 96.7 males for every 100 women and the median age was 37.2 years old. With the increased education attainment and labor participation for women in the United States, economic independence and self-sufficiency have become more common for women. Delayed marriage or remaining single among women is an increasing trend.

### A brief peek at policies

This paper will highlight a few common public policies that are aimed to help individuals and families for positive outcomes. Compared to other western societies, U.S. appears to demonstrate low commitment on the well-being of families. For example, many assume that it is better for women to work for pay outside of the home instead of providing care for their children at home. Since a large amount of women with young children are in the workforce, the family is expected to take care of its own needs.

Han and Waldfogel (2003) argued that one of the most pressing issues facing men and women lies on how to balance work and family life during the first few months of childbirth. Most people in the U.S. would agree that childrearing is a primary responsibility of each family, and yet the way how government affects the conditions of the society may make parenting harder or easier for most parents to do it well (Bogenschneider, 2006). It is proposed that early maternal employment and non-maternal care may affect children's later cognitive and emotional development (Han, Ruhm, & Waldfogel, 2009). When mothers are entitled parental leave rights, the rates to take maternal leaves are higher. As a matter of fact, the way in which the government assists families in making smooth transition during this time can produce profound impact on the newborn as well as the financial situation of the family.

The general goal of parental leave policy aims to protect the employment rights and benefits of women who are mothers during the disrupted childbearing time (Feng & Han, 2010). The availability of parental leave policy at the national level may determine the possibility of parents leaving their jobs to assume parental responsibility after the birth of a child. Family and Medical Leave Act

(FMLA) entitles employees unpaid, job-protected leave up to 12 weeks in a year. After the leave is over, many young infants are then placed at daycare centers.

The following few paragraphs are never intended to discuss the selected policies extensively, rather to provide a brief overview about each selected policy. The U.S. government has done a great deal to combat the adverse effects exerted by poverty. Past research shows that risks associated with poverty are typically low when both parents with a high level of education work full-time jobs with only one dependent child (Venturini, 2008). Unfortunately, this is not something which can be achieved by every poor family.

Aid to Families with Dependent Children (AFDC) was implemented and funded by the federal and state governments from 1935 to 1996 in attempt to provide financial assistance to needy families. Across the Western societies, child poverty rates are approximately three times lower in families when both parents work compared to families with only one parent at the workforce (Engster, 2012). Typically, very poor single mothers with children would qualify for such financial assistance. In 1994, a family of three without an earned income would receive \$366 per month (Page & Larner, 1997). In 1992, roughly 13.6 million individuals, including 9.2 million children, received AFDC benefits in the U.S. which totaled the federal and state benefit spending \$22.3 billion dollars. This program was widely criticized for providing incentives for women to have children and counterincentives to join the workforce. Eventually, Temporary Assistance for Needy Families (TANF) replaced AFDC in 1996. It is a block grant program which assists individuals to move toward employment with temporary financial assistance. This program promotes job preparation, work, and marriage. The recipients of TANF are required to work as soon as they are job-ready or no later than two years after receiving financial assistance. Furthermore, TANF benefits will cease after receiving assistance for five years.

Women, children, and infants (WIC) is a supplemental nutrition program initiated by the federal government to allocate money to the states to provide supplemental foods, health care services, nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding women, and to their infants and children up to age five who are identified with nutritional risks. According to WIC fact sheets, over 9 million women, infants, and children received benefits each month during fiscal year 2011 (USDA, 2012).

Head Start is a federal program since 1965 to provide educational opportunities for school readiness for children ranged from birth to age five in low

income families. Approximately over a million children receive services through this program each year. This service can be done in various forms: schools, family home care, and the child's own home.

Medicaid is an insurance program jointly funded by the federal government and the states which is managed by each state to help low income individuals and families with limited resources. Poverty alone may not give a person or a family eligibility unless other criteria are met. Conversely, Medicare is a social insurance program which provides health insurance for individuals who are 65 and older, younger people with disabilities, and individuals of all ages with end-stage renal disease.

The aforementioned policies briefly focus on three broad topics: poverty, health, and education. These three areas are interrelated and have great potential to generate robust financial burden both for the federal government and the states. Intervention appears to solve immediate problems which can give policymakers an impression of its effectiveness. As a result, state and federal funding seem to favor these types of programs. However, the cost-benefit can be much greater when incorporating preventive programs. Failure to strengthen individuals and families through preventive programs to negative outcomes can generate long-term detrimental effects.

In the U.S., many family policies are intervention-drive and solution-based approaches. Individuals and families may have gone through indirect and chronic adverse experiences without getting appropriate and necessary services. On the surface, it appears that many are doing well. Unfortunately, indirect expenses or large amount of financial loss can take place when traumatic events happen. The purpose of the following discussion attempts to introduce a few large scale studies to highlight the importance of prevention, to increase the awareness of preventive approach, and to point out potential long-term positive outcomes.

### ACEs study

The Adverse Childhood Experiences (ACE) Study is measuring, retrospectively and prospectively, the long-term effects of trauma (abuse and family dysfunction) experienced during childhood on the following outcomes in adulthood: smoking, severe obesity, physical inactivity, depressed mood, suicide attempts, alcoholism, any drug abuse, parental drug abuse, a high lifetime number of sexual partners, and a history of having STD (Felitti et al., 1998). In this study, childhood exposures include: psychological abuse, physical abuse,

contact sexual abuse, exposure to substance abuse, mental illness, violent treatment of mother or stepmother, and criminal behavior.

The initial phase of this study was conducted from 1995-1997. The sample of Adverse Childhood Experiences (ACE) study cohort had over 17,000 individuals who were predominantly white (80%) including Hispanics, and an equal percentage of black (10%) and Asian (10%); 74% had some college education; and the average age was 57 (Felitti & Anda, 2009). In this cohort, 1 in 6 individuals experienced an ACE Score of 4 or more, and 1 in 9 had an ACE Score of 5 or more. In fact, women in this study appeared to be 50% more likely than men to have experienced five or more categories of adverse childhood experiences (Felitti & Anda, 2009). The odd ratios ranged from 1.3 for physical inactivity, 1.6 for diabetes, and to 12.2 for suicide attempts for Individuals with 4 categories of exposure compared to their counterparts with none (Felitti et al., 1998).

A study was done in Washington State revealed that preventing just 244 foster placements will generate saving over 7 million dollars, and through the reduction in only a few ACE-related problems (teen births, school dropouts, juvenile offenders, and out of home placements) has been estimated to save over 27 million dollars a year (Schueler, Goldstine-Cole, & Longhi, 2009). As a matter of fact, a public-private partnership is underway to focus on ACE-reduction, develop and facilitate a research consortium, initiate an actuary study of generated savings, and influence national policy through the results that have been demonstrated in Washington State (Hall, Porter, Longhi, Becker-Green, & Dreyfus, 2012). Adverse childhood experiences appear to be common and have strong potential to create long-term associations with adult health risk behaviors, health status, and disease. Increased attention to primary, secondary, and tertiary prevention strategies is needed.

**Primary prevention** of adverse childhood experiences has shown difficult and will eventually demand societal changes that may enhance the quality of family and household environments during childhood. Recent research on the long-term positive outcome of early home visitation on reducing the frequencies of adverse childhood experiences is promising. This program extends the traditional practice of pediatrics by adding one or more specialists in the developmental and psychological dimensions of both childhood and parenthood. Through a series of office visits, home visits, and a telephone advice line for parents, these specialists develop close relationships between children and their families from birth to 3

years of age. This approach is consistent with the recommendation of the U.S. Advisory Board on Child Abuse and Neglect that a universal home visitation program for new parents be developed.

**Secondary prevention** of adverse childhood experiences needs to acknowledge their occurrence and effective coping skills to lower the negative effects exerted by ACE. Such strategies should include increased communication between and among those involved in family practice, internal medicine, nursing, social work, pediatrics, emergency medicine, and preventive medicine and public health. An expansion of physician training is needed to recognize and coordinate the management of all persons affected by child abuse, domestic violence, and other forms of family adversity such as alcohol abuse or mental illness.

**Tertiary preventive care** of adults whose health problems are associated with ACE will continue to be a challenge. Due to the time delay, the link between adverse childhood experiences and adult health conditions is highly possible to be neglected by medical professionals (Felitti & Anda, 2009).

### The High/Scope Perry Preschool Study

Research shows that parents can do a much better job to promote healthy characters and family functioning when support system is in place outside of the family (Bogenschneider, 2006). However, parenting during the early childhood stage can become a major task when the family is in poverty. Although funding is available for childcare centers and programs, it typically focuses on low income children or at risk children who are 3 years or older (Palley, 2010). When poverty continues for over several years, parent-child relations may become particularly damaging (Holmes & Kiernan, 2013) which is not optimal for healthy child development. Children growing up in poverty-stricken home environment tend to display long-term developmental and educational challenges. In order to minimize further problems, quality early childhood education is deemed crucial along with other intervention programs (i.e., non-punitive parenting skills). High/Scope Perry Preschool Study began around 1962 with a sample of 123 African American children at a high risk of failing school. At ages 3 and 4, they were randomly placed into either a group who received a high-quality preschool program ( $n = 58$ ), or a group who received no preschool program ( $n = 65$ ). Data were collected on both groups annually from age 3 through 11 and at ages 14, 15, 19, 27, and recently 39-41.

The study showed that a high-quality program for young children living in

poverty, over their lifetimes, increase a better likelihood for academic performance, help them with economic development, prevents them from committing crimes, and provides a high return on taxpayer investment (Schweinhart, 2003). When participants had positive educational performance, it will reduce the need for special education. In addition, improved educational performance is linked with a better chance to further education which will reflect in their earning power in adulthood.

A benefit-cost analysis revealed that the program yielded public benefits of \$105,324 per participant, a cost-benefit ratio of 7.16 to 1 (Schweinhart, 2003) which can be translated to return to society in government savings in education and criminal justice, and in increased economic well-being (Reynolds & Temple, 2005).

High-quality programs for young children have potential to produce substantial long-term benefits because they offer children with crucial and time sensitive educational opportunities, engage parents to be full partners with teachers in assisting their children's development, and give teachers systematic in-service curriculum training and supportive curriculum supervision (Schweinhart, 2003). Nevertheless, high-quality preschool education should be part of a multifaceted effort to solve our social problems; it can never be treated as the sole solution for all family problems.

Based on the findings of these two studies, it appears safe to argue that individuals who are continually exposed to adverse situations in their lives without timely prevention or intervention will suffer much more serious negative outcomes in various areas of their lives than individuals who received appropriate assistance at the point when needed remedy could still take its effects to lower the negative effects of adverse experiences. To take it further, well-intended efforts and needed funds invested in prevention and intervention that are not utilized at the right timely may fail to produce the anticipated outcomes. Consequently, questions and concerns could be raised to wonder about the effectiveness of services and programs that are delivered to the targeted population.

## Family Life Education

The field of Family Studies emerged out of a concern in the mid 19<sup>th</sup> century



regarding the abilities of families to address the social problems of their family (Doherty, Boss, LaRossa, Schumm, & Steinmetz, 1993). Certain professionals continued to focus on problems and problem solving approach in assisting family relationships; however, the contents of Family Life Education have broadened to include and even give emphasis to prevention of family problems (Myers et al., 2011). More recently, Family Life Education has started to focus on educating various types of families in identifying and developing their strengths to meet family needs (Arcus, Schvaneveldt, & Moss, 1993). From a preventive approach, family Life Education programs are frequently conducted at times of transitions at various settings (community centers, schools, hospitals, or prisons) in different modes, or are connected to developmental process occurring within families.

According to the definition given by National Council on Family Relations (NCFR) website for CFLE program, family life education refers to the professionals who are utilizing information about healthy family functioning from a preventive, family systems perspective to teach necessary knowledge and build skills so individuals and families are empowered to function at optimal states (National Council on Family Relations, n.d.). The nature of this definition acknowledges the fact that each family faces various types of challenges and problems which need to be taken care of in order to achieve healthy family functioning (Myer-Walls et al., 2011). One critical goal of family life education is to maximize known strengths possessed by individuals or families to effectively minimize the adverse effects of stressors and crises.

The 10 Family Life Education content areas include: (a) families and individuals in societal contexts, (b) internal dynamics of families, (c) human growth and development across the life span, (d) human sexuality, (e) interpersonal relationships, (f) parenting education and guidance, (g) family resource management, (h) family law and public policy, (i) professional ethnics and practice, and (j) family life education methodology (National Council on Family Relations, n.d.). Because Family Life Education services are mostly voluntary, participation is based heavily on families' perceived needs.

Timing in addressing adverse family issues and challenges can be a critical concern to policy makers, helping professionals, and law enforcers, especially when considering the possible negative effects and costs associated with individuals who need special services and/or medical care which become added financial burden on local, state, and federal budgets. In fact, intervention plays an important role in the well-being of individuals and families; has its own

undeniable value. However, intervention typically involves robust expenses and time-consuming services and programs delivered to individuals, families, and the community. Furthermore, detrimental effects are often done to individuals, particularly on children and women. Therefore, it is highly crucial to implement prevention education programs and service to bring awareness on how to establish healthy family life while minimizing negative interactions.

## Strategies and promotion

A common situation is that policymakers normally enact policies without discussing with researchers or advocates, seeking input from families, or relying on empirical findings. Conversely, family scholars and researchers in general need to take the initiative to contact policymakers, become familiar with policymaking process, disseminate research findings about individual and families that are in policy-friendly language, and show respect to policymakers' knowledge and experiences.

First of all, policymakers, researchers, family life educators, and community stakeholders need to join hand in hand to identify community capacity to strengthen relationships and empower families through three levels of lifespan family life education (primary, secondary, and tertiary prevention). School teachers and administrators, medical doctors, nurses, law enforcers, and local government officials along with family life educators should intentionally design evidence-based programs and services and refer individuals and families to the existing services to guard individuals and families from experiencing harm which serves as the main objective of primary prevention. The cost for evidence-based family education programs or services during the primary prevention phase can be low and yet may produce long term positive outcomes. Early prevention such as the findings from High/ Scope Perry Preschool Study demonstrated its long-term benefits which can save public resources. For the purpose of family program evaluation, nurse home visiting has proven effective in improving children's school success, lowering child mortality from preventable causes, reducing mothers' welfare and food stamp use, and reducing subsequent births (Friesse & Bogenschneider, 2009). At this level, evidence-based family life education programs are designed and delivered to individuals and families so knowledge and skills can be utilized on a regular basis to nurture and maintain healthy individual well-being and family interactions.

Secondly, not every individual or family will continue to remain in healthy

relationships when primary prevention is in place. When this happens, the mixture of timing intervention through secondary prevention and ongoing primary prevention can limit detrimental effects on families, particularly on young children who are forming their views about relationships and themselves. Typically, secondary prevention occurs after problems, conflicts, or serious risk factors have already been identified (Myer-Walls et al., 2011). The target is to stop or slow down the progress of the identified problem in its earliest so that the problem will not get worse. The cost and intensity of services would be higher for individuals and families at this level compared to those who can be helped through primary prevention.

Thirdly, tertiary prevention focuses on helping people manage complicated, chronic, and /or long-term problems and repair damage. The goals include preventing further harm and restoring or maximizing the ability of life. Certain participants in Adverse Childhood Experiences Study would fall under this level who exhibit behavioral and emotional problems, fail to fulfill basic responsibilities as couples, parents, and/or employees, involve in high risk choices, and lack the crucial ability and necessary resources to change the current adverse circumstances. Individuals and families are constantly juggling multiple stressors and/or crises.

Fourthly, needs assessment should be done based on research in order to find out what the general needs are for a particular audience. Program prioritization about healthy family relationships needs to involve intentional family education about healthy interactions starting from young age of children when parents are in the early stage of developmental stage. Beginning with the scientific reasons, connecting research and policymaking is a two-pronged process; encouraging policymakers to become more research minded and encouraging researchers to become more policy minded (Friese & Bogenschneider, 2009, p.230).

What has been discussed about preventive approaches up to this point may shed some light to the family policies in Taiwan and future actions and improvement for policy makers, scholars, and family life educators to consider. My attempt is to highlight a couple of family policies enacted in Taiwan to explore their approaches and practices.

### **Domestic Violence Prevention Act**

The traditional understanding of family matters in Chinese society falls on the family itself. A common saying suggests that “every family has its own

struggles and unresolved matters.” Therefore, each family is understood to assume the responsibility of taking care of its own business, not the outsiders, even including the law enforcement. The mixed notion of traditional belief of harmony in relationship with others keep the law enforcement from executing judicial consequences whereas keeping family matters from outsiders’ intervention has prolonged the whole society to seriously examining this critical family issue. Unfortunately, certain family issues when handled inappropriately by family members have a great potential leading to domestic violence or abuse. As a result, horrible acts can be done to its own family members, particularly to women and children.

In Taiwan, the number of documented domestic violence victims reached 98.72 thousand in 2010, an increase of 17.9% from 2009, 75% of them were female (Taiwan National Statistics, 2012). As a society, this issue was not considered as an important public agenda in the past like in many other countries (Carkoglu, Kafescioglu, & Mitrani, 2012). Culturally speaking, individuals seem to assume that outsiders do not know about a family situation better than the involved family members themselves. In fact, neighbors, community leaders, and even the law enforcers have taken a passive stand in intervening negative family matters. As a result, Taiwan has paid an enormous price to eventually pass the Domestic Violence Prevention Act that would protect women for their fundamental rights as human beings. The Domestic Violence Prevention Act was a mainly brutal result of a homicide case that took place in 1993. The law was eventually enacted as a result of numerous women who suffered ongoing abuse and violent acts inflicted mostly by their loved ones which became a societal problem to the whole country.

The way in which Taiwan approaches domestic violence will influence how funding, services, and educational programs are implemented. The discontinuity still exists between meeting the needs of abused women and children and providing adequate and needed services/programs after the law was implemented. The society needs to look into preventive education programs on conflict resolution and anger management while strengthening family relationships on a regular basis throughout the nation.

### **Family Education Act**

Taiwan should be commented for its historic move on enacting the Family Education Act. In response to the structure of socioeconomic changes which

results in rising social problems, the well-being of family life has been negatively affected. Rising family dissolution, child abuse, teen delinquent behaviors, and school dropouts have become widespread throughout the country. Consequently, the quality of family life is deteriorating in a rapid rate in Taiwan. With the increased national awareness for projected family crises, the existing public policies poorly prepare the society at all levels to adapt to family changes from both the macro and the micro levels. In fact, scholars have purposefully raised concerns to the law makers and governmental officials to come up with public policies to avoid large scale social problems. As a result, scholars and professionals vigorously organized forums, conferences, and research projects that involved interested law makers over a long period of time in examining effective ways and yet being culturally sensitive to the nature of family life through the best practice in family life education to ensure healthy family functioning for families in various stages of family development (Lin, 2001). The legislators were later informed to discuss a family education bill that would utilize and consolidate the existing and potential resources and design necessary education programs/services from a preventative approach delineated by the National Council on Family Relations. The goal aims to start family life education programs as early as possible for students in elementary schools and all the way to the adulthood. As a long term goal, the well-being of family life is not solely restricted to be the responsibility of each family in the familial context, but rather through collaborative efforts of schools, community agencies, and local government (Bogenschneider, 1995).

The bill was finally passed on January 7, 2003 which involves seven aspects: 1. the purpose and scope of family education; 2. the central government agencies that are in charge of family education and their responsibilities, 3. Guidelines and job description of family education centers at the local city level that promote and deliver family education services and program, and criteria of professionalism; 4. Family education curricular contents, trainings for professionals, and promotion of family education services, 5. Prioritization of target audience to receive family education services, 6. Funding for family education services at all levels, 7. Collaborative effort between the central government agencies and family education centers at local city level to promote, deliver, and evaluate family education programs. Since Taiwan is the first country that enacts family education law for its people, specified action plans and responsibilities of seven

aspects delineated in the law would take time to discover obstacles and best practices when programs are gradually implemented at all levels in the society. Taiwan needs to understand how much individuals, families, and the whole society embrace the notion of family education for a better life (Lou, 2007).

## Conclusion

There is no easy answer to this seemingly simple question of whether programs can strengthen families. The answer depends not only on what programs work, but also for whom and at what age or stage they work the best (Bogenschneider, 2006). The ultimate goal of evidence-based family education programs is to increase protective factors (i.e., better health conditions, improved education performance, effective parenting, stable couple relationships, better earning abilities) and to reduce risk factors (i.e., health problems, abuse and violence, adverse childhood experiences, and distressed family life) through a preventive strategy. The general public will benefit through preventive investments in individuals and families.

Bogenschneider and Cobett (2010) argued that “purposeful and intentional family policy complements the private contribution that families make to the public good” (p. 800). This statement sums up well what policymakers can establish collaborative partnerships with law enforcers, employers, hospitals, schools, community agencies, and family education centers to ensure individual well-being and healthy family life.

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# Exploring Family Policy in the U.S. Through a Preventive Perspective and Family Life Education

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## Abstract

*This paper attempted to explore family policy in the U.S. by examining a number of commonly known policies. The intent was to briefly discuss what Family and Medical Leave Act FMLA), AFDC, TANF, WIC, HeadStart, Medicaid, and Medicare are. In addition, adverse childhood experiences (ACEs) study and High/Scope Perry Preschool Study were examined to highlight the importance of early and timely prevention. The focus was then switched to the discussion of Family life education and the nature of preventive educational programs to strengthen family and relationships. Finally, the connection between family life education and general implication were presented to look into Domestic Violence Prevention Act and Family Education Act in Taiwan for scholars, lawmakers, and governmental officials to consider ways to promote and strengthen family life and relationships.*

**Keywords:** Family Policy, Prevention, Family Life Education, and Family Education Act.

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