APPENDIX F

A Public Health Paradigm for Youth Violence: Risk Factors and Protective Factors

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A PUBLIC HEALTH PARADIGM FOR YOUTH VIOLENCE: RISK FACTORS AND PROTECTIVE FACTORS

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A

Bh Johns Hopkins Center for the
Prevention of Youth Violence

Waging Peace: Working to reduce youth violence by creating and supporting positive environments for youth and families.

EPIDEMIC

- An outbreak of a contagious disease that spreads rapidly and widely.
- An outbreak of disease that affects a much greater number of people than is usual for the locality or that spreads to regions where it is ordinarily not present.

C

A PUBLIC HEALTH APPROACH

- Detect and define the problems through surveillance
- Determine the causes of the problems
- Develop and test interventions for preventing or remediating the problem
- Implement the interventions

D
Occurrence

- Youth violence is an important public health problem that results in deaths and injuries. The following statistics provide an overview of youth violence in the United States.

- Although high-profile school shootings have increased public concern for student safety, school-associated violent deaths account for less than 1% of homicides among school-aged children and youth (Anderson et al. 2001).

- In 2004, more than 750,000 young people ages 10 to 24 were treated in emergency departments for injuries sustained due to violence (CDC 2006).

- In a nationwide survey of high school students (CDC 2004):
  - 33% reported being in a physical fight one or more times in the 12 months preceding the survey.
  - 17% reported carrying a weapon (e.g., gun, knife, or club) on one or more of the 30 days preceding the survey.

An estimated 30% of 6th to 10th graders in the United States were involved in bullying as a bully, a target of bullying, or both (Nansel et al. 2001).

Among 10 to 24 year olds, homicide is the leading cause of death for African Americans, the second leading cause of death for Hispanics, and the third leading cause of death for American Indians, Alaska Natives, and Asian/Pacific Islanders (CDC 2006).
• An estimated 97% of youth use the Internet (Lenhart, Madden & Hitlin, 2005; USC Annenberg School Center for the Digital Future, 2005).

• Internet harassment has increased from 6% in 1999 to 9% in 2005 (Mitchell, Wosik, Finkelhor, 2006).

• 39% of youth who are harassed report feeling very/extremely upset or afraid because of the incident (Ybarra, Mitchell, Wosik, Finkelhor, 2006)

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Risk Factors

• Research on youth violence has increased our understanding of factors that make some populations more vulnerable to victimization and perpetration.

• Risk factors increase the likelihood that a young person will become violent. However, risk factors are not direct causes of youth violence; instead, risk factors contribute to youth violence.

Individual Risk Factors

• History of violent victimization or involvement

• Attention deficits, hyperactivity, or learning disorders

• History of early aggressive behavior

• Involvement with drugs, alcohol, or tobacco

• Low IQ

• Poor behavioral control

Deficits in social cognitive or information-processing abilities

• High emotional distress

• History of treatment for emotional problems

• Antisocial beliefs and attitudes

• Exposure to violence and conflict in the family
Family Risk Factors
- Authoritarian childrearing attitudes
- Harsh, lax, or inconsistent disciplinary practices
- Low parental involvement
- Low emotional attachment to parents or caregivers

Family Risk Factors
- Low parental education and income
- Parental substance abuse or criminality
- Poor family functioning
- Poor monitoring and supervision of children

Peer/School Risk Factors
- Association with delinquent peers
- Involvement in gangs
- Social rejection by peers
- Lack of involvement in conventional activities
- Poor academic performance
- Low commitment to school and school failure

Community Risk Factors
- Diminished economic opportunities
- High concentrations of poor residents
- High level of transiency
- High level of family disruption
- Low levels of community participation
- Socially disorganized neighborhoods

Individual Protective Factors
- Intolerant attitude toward deviance
- High IQ or high grade point average
- Positive social orientation
- Religiosity

Family Protective Factors
- Connectedness to family or adults outside of the family
- Ability to discuss problems with parents
- Perceived parental expectations about school performance are high
- Frequent shared activities with parents
- Consistent presence of parent during at least one of the following: when awakening, when arriving home from school, at evening mealtime, and when going to bed
- Involvement in social activities
Peer/School Protective Factors

- Commitment to school
- Involvement in social activities

Risk Factors

<table>
<thead>
<tr>
<th>INDIVIDUAL PEER</th>
<th>Adolescence Problem Behaviors</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>School Disruptive</td>
</tr>
<tr>
<td>Rebellionness</td>
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<tr>
<td>Friends Who Engage in the Problem Behavior</td>
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</tr>
<tr>
<td>Favorable Attitudes Towards the Problem Behavior</td>
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<tr>
<td>Early Initiation of the Problem Behavior</td>
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RISK FACTORS

<table>
<thead>
<tr>
<th>FAMILY</th>
<th>Adolescence Problem Behaviors</th>
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<tbody>
<tr>
<td></td>
<td>School Disruptive</td>
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<tr>
<td>Family History of the Problem Behavior</td>
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<tr>
<td>Family Management Problems</td>
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<tr>
<td>Family Conflict</td>
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<tr>
<td>Favorable Parental Attitudes and Involvement in the Problem Behavior</td>
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</table>

<table>
<thead>
<tr>
<th>COMMUNITY</th>
<th>Adolescence Problem Behaviors</th>
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<tbody>
<tr>
<td></td>
<td>School Disruptive</td>
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<tr>
<td>Availability of Drugs</td>
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<tr>
<td>Availability of Firearms</td>
<td>X</td>
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<tr>
<td>Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime</td>
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<tr>
<td>Media Portrayals of Violence</td>
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<tr>
<td>Transitions and Mobility</td>
<td>X</td>
</tr>
<tr>
<td>Low/Neighborhood Attachment and Community Organization</td>
<td>X</td>
</tr>
<tr>
<td>Extreme Economic Deprivation</td>
<td>X</td>
</tr>
</tbody>
</table>

A PUBLIC HEALTH APPROACH

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School-Based Violence Prevention: Positive Behavioral Interventions & Supports (PBIS)

Helping Families and Communities by:
- Providing an immediate team response to incidents where children have witnessed a traumatic event,
- Providing follow-up response after an incident has occurred,
- Organizing community out-reach after an incident,

Designing School-Wide Systems for Student Success

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Maryland Organizational Model

School Level
- PBIS Teams (at per school)
  - Teacher leaders (one per school)
  - Behavior Support Coach (BSC)

District Level (DU)
- Regional Coordinators

State Level
- State Leadership Team
  - Maryland State Department of Education (MDE)
  - Regionally-Based Health System
  - National Center for Prevention of Youth Violence
  - Local school districts
  - Department of Juvenile Services, Mental Health Administration
- Management Team
- Advisory Group

National Level
- National PBIS Technical Assistance Center
  - University of Oregon & University of Connecticut