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VIOLENCE IN CHILDHOOD: Understanding Prevalence, Risk and Prevention Strategies

The experience of violence among children and adolescents raises significant concerns for individuals, families and the general public. Despite a declining trend in violence committed by youth, media accounts of school shootings and bullying incidents have stimulated public and professional awareness about this issue. Effective strategies exist to prevent and respond to violence and victimization; however, challenges remain in broadly implementing best practices. This brief reviews some of the recent U.S. violence data, describes some of the potential consequences of children and young people witnessing or experiencing violence and some of the policy and practice initiatives focused on youth violence, both nationally and in Ohio.

Witnessing violence, or being “indirectly victimized,” includes exposure to violence in the family and in the community context and can have profound ramifications on a child’s healthy development. Being a witness to violence includes seeing someone attacked with or without an object, having something stolen,

witnessing a murder, witnessing a shooting or riot, knowing a family member or close friend who was robbed, or knowing a family member or close friend who was threatened with a weapon.¹ The National Survey of Children’s Exposure to Violence (NatSCEV) revealed that in 2008, 25.3% of children had witnessed violence at school, in their home, or in their communities in the past year, and 37.8% had witnessed violence against another person during their lifetime.¹

Children can also be direct victims of violence. Childhood victimization includes child abuse and neglect, conventional crimes perpetrated against a youth and peer and sibling violence perpetrated against a youth.² According to the National

Crime Victimization Survey (NCVS), adolescents ages 12-17 are two times more likely than adults to be victims of violent crimes.³ Research also shows that the majority of juvenile violence victims will experience more than one type of victimization in a given year.² **Children who are victims of violence are also more likely to experience multiple victimizations.** The Developmental Victimization Survey reported that two thirds of children who reported being victimized in the previous year had been victimized two or more times.² Trend data suggests that reported rates of child abuse and neglect, aggravated assault against teens, and robbery against teens are dropping. Between 1990 and 2010 reports of physical abuse declined 56% and reports of neglect declined 10%.⁴ The NCVS showed that between 1993 and 2004 aggravated assault and robbery against teens were down 74% and 72%, respectively.²

In addition to being witnesses and victims of violence, youth can also be perpetrators of violence. Broadly speaking, “youth violence” refers to interpersonal violence committed by persons between

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the ages of 10 and 24.⁵ Youth violence includes a variety of behaviors including slapping, hitting, assault, homicide, family/ domestic violence, robbery, and acts of interpersonal violence such as bullying and dating violence. In 2011, the results of a nationwide survey showed that 33% of high school students reported being in a physical fight and 20% reported being bullied on school property in the last year.⁶ Overall rates of youth violence have declined in recent years. Trend data show a 74% decline in violent victimization at school between 1992 and 2010.⁷ (See the 2013 Schubert Center issue brief *School Climate, Social and Emotional Learning and Student Success: A Look at Safety, Bullying, Positive Behavior Interventions and Supports* for further information on violent victimization in schools at schubert.case.edu.)

Juvenile crime data also show a decrease in arrests for violent offenses. Juvenile arrest rates for violent crimes sharply increased from the late 1980s to the mid 1990s and subsequently decreased to their lowest levels since 1980 (Figure 1). After a sharp decline, the rate of arrests for all juvenile crimes in Ohio reflect national trends and have remained fairly stable at this low level since 2005 (Figure 2).

Youth violence is not only a national public health concern, but a local one as well. In 2011, 31.2% of Ohio high school students reported being in a physical fight one or more times in the past year.⁸ In 2013, 26.5% of Cuyahoga County high school students reported engaging in physical fighting in the previous 12 months.⁹ Encouragingly, state and local trends reflect national trends. Between 2003 and 2011 the percentage of Ohio high school students who reported being in a physical fight on school property fell from 11.3% to 8.8%.⁸ The prevalence of reported physical fights among Cuyahoga County middle schoolers similarly decreased from 47.8% in 2008 to 34.8% in 2012.¹⁰

THE IMPACT OF VIOLENCE ON CHILD DEVELOPMENT AND WELL-BEING

Youth perpetration and experience of violence as a victim or a witness are major public health issues. Youth perpetration of violence is currently the second leading cause of death among 15 to 24 year olds.⁶ Witnessing violence, or exposure to violence, can also have consequences for public health outcomes. Chronic childhood exposure to violence has been linked to an increased risk of mental health problems and increased aggression in adolescence and adulthood.¹¹ Also, results from the NatSCEV show that there is a growing group of “delinquent-victims” who are children who have both experienced violent victimization and have committed delinquent acts including substance use, violence or truancy.¹² Research has also shown that children who witness parental intimate partner violence are more likely to experience delayed developmental milestones.¹³ Exposure to violence at school can also interfere with educational goals and stall normal development.⁷ In a nationwide survey of high school students, about 6% reported not attending school one or more days in the thirty days before the survey because they felt unsafe.¹⁴

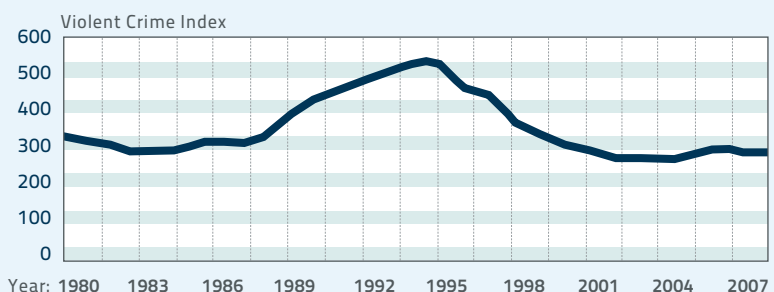
Research suggests that trauma, including exposure to violence, can have lasting affects on a child’s affect regulation, cognition and behavioral control.^{15, 16}

For some youth, their reactions to trauma can affect their daily lives and interfere with healthy development. Young children can become easily alarmed after experiencing trauma and are less willing to explore new situations and environments, which can inhibit learning.¹⁵ School-age children are more likely to swing between withdrawn and aggressive behaviors.¹⁵ They can also easily experience sleep disturbances, which can lead to poor school outcomes. Adolescents who experience violence and traumatic events have been shown to have better judgment of and address danger on their own and with the help of peers. However, this can also have negative consequences on their health. Adolescents who are dealing with the stress of trauma are more likely to swing between reckless behaviors and extreme avoidance behaviors.¹⁵ Adolescents may also turn to substance use to hide the emotions associated with trauma.¹⁵ **Not all children who witness or experience violence will be affected by the stress of trauma in the same way, but those who are more severely affected can face potential life-long difficulties that impact their ability to lead a healthy life.**

RISK AND PROTECTIVE FACTORS

Research on youth violence has led to a greater understanding of the factors that can make children more susceptible to becoming victims or perpetrators

FIGURE 1. ARRESTS PER 100,000 JUVENILES AGES 10-17, 1980-2008

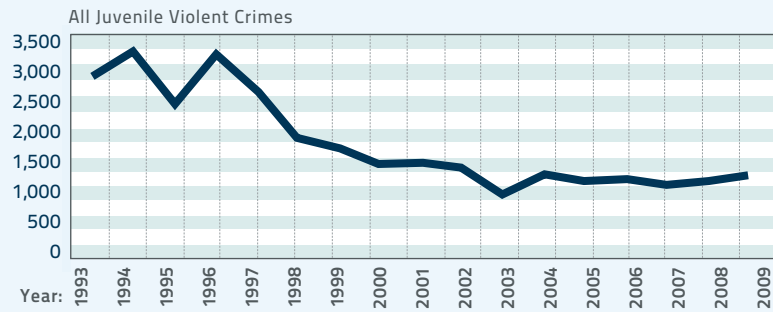


NATIONAL TREND DATA: JUVENILE ARREST RATES FOR VIOLENT CRIME INDEX OFFENSES

Source: Puzanzhera, C. (2009). Juvenile Arrests 2008, Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice, Washington, DC. <https://www.ncjrs.gov/pdffiles1/ojjdp/228479.pdf>.

Trend data show a 74% decline in violent victimization at school between 1992 and 2010.⁷

FIGURE 2. OHIO TREND DATA – ALL JUVENILE VIOLENT CRIMES



OHIO TREND DATA: TOTAL NUMBER OF JUVENILE CRIMES FROM 1993 TO 2009

Source: Uniform Crime Reports. Crime in the United States, 1993 to 2009. U.S. Department of Justice Federal Bureau of Investigation. Retrieved from <http://www.fbi.gov/about-us/cjis/ucr/ucr>.

Note: These are aggregate counts of juvenile arrests, each year, reported to the FBI by Ohio law enforcement agencies. They are not rates per 100,000. During the 17-year time period, the juvenile population of Ohio increased.

of violence. Although not studied as extensively as risk factors, protective factors can help to promote resiliency and shield young people from the risks of violence or overcome the obstacles associated with early exposure. Risk and protective factors can occur on multiple levels: individual, family, peer/social groups and community levels.¹⁷ Importantly, risk factors do not directly cause youth violence, but addressing and preventing risk factors through evidence-based programs and initiatives can help to reduce the rates of youth violence. **Protective factors such as close relationships with adult family members and consistent parental involvement have been shown to help prevent some of the long-term effects of exposure to violence.**¹⁸ Table 1 provides a list of risk and protective factors for the perpetration of youth violence.

Children exposed to violence, as noted above, can be victims or witnesses and may be exposed to violence in a range of settings from school to home. Studies consistently show that children exposed to violence are at a greater risk of suffering from the physical and psychological effects of trauma including mental health symptoms such as depression, post-traumatic stress disorder and anxiety.^{11,19} Additionally, while the consequences are not inevitable, there is a clear link between exposure to violence and risk of subsequent perpetration of violence.¹¹

Given the potential harm caused by violence there is public interest in accurately identifying potentially violent individuals. Violence risk assessment tools have been developed to help in the identification and treatment of individuals at risk of committing potentially aggressive or violent behaviors; however, despite the proliferation of risk assessments, two recent meta-analyses found that the predictive validity of these assessments varied widely and that the predictive validity of the most commonly used assessments is moderate at best.^{20,21} The Structured Assessment of Violence in Youth (SAVRY) has been identified as a potentially valid assessment tool for identifying at-risk juveniles, but more research is needed.²² Another direction for identifying at risk individuals is the use of trauma-informed assessments and services that screen for trauma exposure and related symptoms.²³ Trauma-informed child and family service systems aim to provide comprehensive care for children and families affected by violence and other traumatic experiences by providing routine screenings, using evidence-based practices to treat the symptoms of trauma, engaging in efforts to strengthen the protective factors of families affected by violence and making resources on trauma exposure available to children and families.

SOCIAL-ECOLOGICAL MODEL: A PUBLIC HEALTH FRAMEWORK FOR VIOLENCE PREVENTION

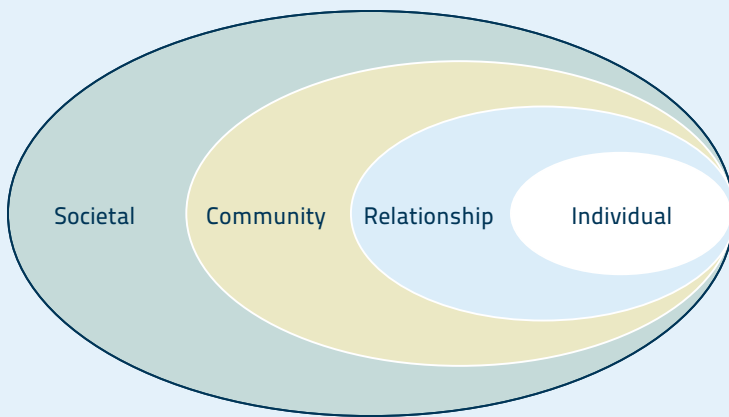
Because risk and protective factors for youth violence occur at many different levels, violence prevention is complex. Prevention

is nevertheless especially important given the lasting impacts that violence can have on child development. The Centers for Disease Control (CDC) promote the use of a social-ecological (SE) model and have identified several prevention strategies to comprehensively address the potential factors that contribute to youth violence (Figure 3).²⁴ These prevention strategies include:

- 1. Improving family relations:** Parent- and family-based programs work at the relationship level by providing parents with information on child development and teaching them skills for talking to their children about non-violent problem solving.
- 2. Social development:** Working at the individual level, these programs teach children how to resolve problems without violence.
- 3. Mentoring:** Mentoring programs work at the relationship and community levels by pairing an adult with a child or adolescent. The adult serves as a positive role model and teaches the youth positive behaviors.
- 4. Making changes to the social and physical environment:** This strategy works at the societal and community levels to focus on potential changes that can be made to social and economic policies and practices to address the causes of violence.

Effective prevention programs should ideally address risk and protective factors at multiple levels.

FIGURE 3: SOCIAL-ECOLOGICAL (SE) MODEL:
A FRAMEWORK FOR VIOLENCE PREVENTION



Source: National Center for Injury Prevention and Control. (2013).
The Social-Ecological Model: A Framework for Violence Prevention.
Retrieved from www.cdc.gov/violenceprevention/pdf/sem_framework-a.pdf.

A CLOSER LOOK AT EACH LEVEL OF THE SE MODEL

INDIVIDUAL: Identifies biological and personal history factors; such as age, education, income, substance use or history of abuse, that increases the likelihood of becoming a victim or perpetrator of violence.

RELATIONSHIP: Examines close relationships that may increase the risk of experiencing violence as a victim or perpetrator. A person's closest social circle – peers, partners and family members – influences their behavior and contributes to their range of experience.

COMMUNITY: Explores the settings, such as schools, workplaces and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence.

SOCIETAL: Looks at the broad societal factors, such as health, economic, educational and social policies, that help create a climate in which violence is encouraged or inhibited and help to maintain economic or social inequalities between groups in society.

VIOLENCE PREVENTION PROGRAMS AND POLICY INITIATIVES

Several public initiatives aimed at addressing childhood violence exist both nationally and locally in Ohio. Presented here is a selection of promising efforts.

1. Defending Childhood Initiative: This national initiative was created to address the growing concerns associated with children's exposure to violence as victims and witnesses of violence. Cuyahoga County is one of eight sites that has received Department of Justice funding through U.S. Attorney General Holder's Defending Childhood Initiative. The goals of the initiative are to prevent exposure to violence, mitigate the negative effects of exposure to violence and spread awareness about the issue of childhood exposure to violence. As part of the Defending Childhood Initiative the Cuyahoga County Children Exposed to Violence Initiative aims to develop and implement a strategic plan to improve prevention, intervention and response systems for children exposed to and at risk of exposure to violence. More information on the Defending Childhood Initiative

can be found at <http://www.justice.gov/defendingchildhood/>. More information on the Cuyahoga County Children Exposed to Violence Initiative can be found at <http://ja.cuyahogacounty.us/en-US/DefendingChildhoodInitiative-092011.aspx>.

2. STRYVE (Striving to Reduce Youth Violence Everywhere): STRYVE is a CDC public health initiative aimed at preventing youth violence. The goals of the initiative are to increase awareness that youth violence can be prevented, promote the use of evidence-based prevention efforts and provide guidance to communities about how to prevent youth violence. STRYVE provides interactive training materials, up to date research and strategic planning tools at <http://vetoviolence.cdc.gov/STRYVE/home.html>.

3. Safe Schools/Healthy Students (SS/HS): The SS/HS initiative is a federal grant program aimed at reducing youth violence and substance use. Since 1999 more than \$2 billion in funding has gone to creating partnerships and integrated systems that promote students' mental health, improved academic achievement and create safe school environments. In

2013 the Substance Abuse and Mental Health Services Administration (SAMHSA) expanded SS/HS to the state level. SS/HS at the state level provides grant money for the creation of partnerships between the educational, behavioral health, and juvenile justice systems. Ohio was one of seven states that received funding. The Ohio Department of Mental Health and Addiction Services will partner with the Ohio Department of Education and other state agencies to promote early childhood social and emotional learning, encourage positive behavioral health, enhance academic achievement, prevent substance abuse and create violence free school climates in three local communities. More information on the SS/HS initiative can be found at <http://www.sshs.samhsa.gov>.

4. Strong Families, Safe Communities: The Ohio departments of Developmental Disabilities and Mental Health and Addiction Services awarded three million dollars in 2013 to seven community partnerships in Ohio to implement the Strong Families, Safe Communities project. The goal of this project is to provide effective crisis intervention services and

health care for youth who are at risk of harming themselves or others due to mental illness or other developmental disabilities. More information on the Strong Families, Safe Communities project can be found at <http://mha.ohio.gov/Default.aspx?tabid=439>.

5. National Child Traumatic Stress Network (NCTSN): Established by Congress in 2000 and funded by the Center for Mental Health Services, SAMHSA, the NCTSN brings together researchers, providers, and families to improve the standard of care and increase access to services for youth who are dealing with childhood traumatic stress. Several medical centers in Ohio have received grant money from the NCTSN. The Children’s Hospital Medical Center of Akron, for instance, currently has a grant to teach medical providers in nine counties in Northeast Ohio how to treat traumatized children. More information can be found at <http://www.nctsn.org>.

Numerous programs have been created to prevent youth violence and promote healthy youth development. These databases provide a menu of various evidence-based programs.

1. Blueprints for Healthy Youth

Development: Blueprints is a national initiative designed to identify violence prevention programs that meet a set of strict scientific criteria and promote healthy youth development. To date over 1100 programs have been reviewed, but only about 50 have been determined to meet Blueprint’s criteria for effectiveness. A database of programs can be found at <http://www.blueprintsprograms.com>.

2. SAMHSA’s National Registry of Evidence-based Programs and Practices (NREPP): The NREPP is a searchable database of mental health and substance

abuse programs that have been independently assessed. The database contains numerous youth violence prevention programs as well as programs designed to promote healthy youth development. The NREPP database can be found at <http://nrepp.samhsa.gov/Index.aspx>.

3. Office of Juvenile Justice and Delinquency Prevention (OJJDP) Model Programs Guide: The OJJDP’s Model Programs Guide is a database of evidence-based juvenile justice and youth prevention, intervention, and reentry programs. More information on the Model Programs Guide and a database of programs can be found at <http://www.ojjdp.gov/mpg/>. See also crimesolutions.gov. ■

TABLE 1: RISK AND PROTECTIVE FACTORS FOR THE PERPETRATION OF YOUTH VIOLENCE

| Risk Factors | Protective Factors |
|--|---|
| <ul style="list-style-type: none"> ▪ history of violent victimization ▪ ADHD/learning disorders ▪ history of wary aggressive behavior ▪ drug use ▪ low IQ ▪ high emotional distress ▪ antisocial beliefs and attitudes ▪ exposure to violence and family conflict ▪ low parental involvement ▪ authoritarian childrearing attitudes ▪ low emotional attachment to parents ▪ parental substance use ▪ poor family functioning ▪ association with delinquent peers ▪ gang involvement ▪ social rejection by peers ▪ poor academic performance ▪ low commitment to school ▪ diminished economic opportunities in community ▪ high concentrations of poor residents ▪ high level of transiency ▪ low levels of community participation | <ul style="list-style-type: none"> ▪ high IQ ▪ high GPA ▪ intolerant attitude towards deviance ▪ religiosity ▪ ability to discuss problems with parents ▪ connectedness to adults outside of family ▪ perceived parental expectations are high ▪ consistent presence of parents ▪ involvement in social activities ▪ commitment to school |

Source: National Center for Injury Prevention and Control. (2013). Youth Violence: Risk and Protective Factors. Centers for Disease Control. Retrieved from <http://www.cdc.gov/violenceprevention/youthviolence/riskprotectivefactors.html>.

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