Youth Violence Prevention and Safety

Opportunities for Health Care Providers

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KEYWORDS

• Youth violence involvement • Adverse childhood experiences • Resilience
• Public health prevention • Youth health screening

KEY POINTS

- Violence involvement remains a threat to the healthy development of US youth.
- Evidence linking adverse childhood experiences to interpersonal and self-directed violence-related outcomes in adolescence and adulthood is mounting.
- Use of a resilience framework for violence prevention and intervention efforts is the key, as it focuses on building developmental assets and resources.
- Brief and validated resources are available to support screening and counseling for youth violence involvement in the office setting.
- Investment in youth, from birth to adolescence and across developmental domains including family, school, and neighborhood, is proving effective in reducing violence involvement.

INTRODUCTION

Despite declining rates of violence among youth in the last 2 decades, youth violence involvement remains a significant public health problem. Violence involvement is a leading cause of life lost and lost potential among youth ages 10 to 24 years; this is particularly disturbing because youth violence involvement is completely preventable. As advocates of prevention and health advancement, health care providers are in a unique position to help stem the problem of youth violence. This review begins with a summary of the scope of youth violence and violence-related behavior, a discussion

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of adverse childhood experiences implicated in increasing risk for youth violence involvement, and an outline of additional risk and protective factors for violence. The review concludes with information on evidence-based strategies for prevention, the importance of screening for violence involvement and the delivery of prevention messaging in the office setting, and examples of online resources to support providers in intervening and advocating on behalf of youth. The article draws attention to the importance of fostering resilience as a youth violence prevention strategy.

YOUTH VIOLENCE OVERVIEW: SCOPE OF THE PROBLEM

Violence involvement, including interpersonal and self-directed violence, is a significant cause of life lost for youth and young adults in the United States. In 2012, suicide and homicide were the second and third leading causes of death among young people ages 15 to 24 years, and the third and fourth leading causes of death among youth ages 10 to 14 years, respectively.[1] In this same year, more than 4700 youth ages 10 to 24 years lost their life due to homicide in the United States, representing an average of 13 individuals each day.[2] The average daily loss of young lives due to homicide was stable from 2010 to 2012 (2010: 13.2 lives lost each day; 2011: 12.8 lives lost each day; 2012: 13.1 lives lost each day).[2] The use of firearms was particularly lethal among youth ages 10 to 24 years in 2012; homicide by firearm was the second leading cause of injury death among 15 to 24 year olds, and the third leading cause of injury death among 10 to 14 year olds.[3]

Closer scrutiny of the numbers reveals disparities in burden. Male homicide rates are 5.5 times that of female homicide rates.[2] Homicide rates for black, non-Hispanic, Hispanic, and American Indian/Alaska Native youth ages 10 to 24 years are 14, 3, and 4 times that of white, non-Hispanic youth, respectively.[2] Among youth ages 10 to 24 years, homicide is the leading cause of death for black, non-Hispanic youth, the second leading cause of death for Hispanic youth, the third leading cause of death among American Indian/Alaska Native youth, and the fourth leading cause of death for white, non-Hispanic, and Asian/Pacific Island youth.[4]

Results from the 2013 Youth Risk Behavior Survey (YRBS, grades 9–12) reveal some trends toward increasing suicide-related behavior. Among youth in grades 9 to 12, approximately 1 in 6 youth reported seriously considering suicide during the 12 months before the survey as compared with about 1 in 6.5 in 2011 and more than 1 in 7.5 in 2009.[5] In this same survey, about 1 in 7.5 youth reported having made a plan about how they would attempt suicide in the preceding 12 months, as compared with more than 1 in 8 in 2011 and about 1 in 9.5 in 2009.[5] In 2013, 8% of respondents reported at least one suicide attempt in the 12 months before taking the YRBS, compared with 7.8% in 2011 and 6.3% in 2009.[5] Across race and ethnic groups for individuals ages 10 to 24 years, suicide is the second leading cause of death for American Indian/Alaska Native, Asian/Pacific Island, and white, non-Hispanic youth; it is the third leading cause of death for black, non-Hispanic, and Hispanic youth.[4] In 2013, suicide by firearm accounted for almost 24% of all violence-related injury deaths for youth ages 10 to 24 years.[4]

Nonfatal injuries related to violence are a significant source of physical and emotional distress for young people. Almost 800,000 youths aged 10 to 24 years were treated in emergency departments for nonfatal violence-related injuries in 2013.[6] In this same year, assault (physical fighting, striking) ranked first and accounted for more than half (56%) of nonfatal violence-related injuries for youth ages 10 to 24 years, resulting in 444,350 injuries.[6] Assault (physical fighting, striking) was the sixth leading cause of nonfatal injury treated in emergency departments among 15 to