

# Prevention of Youth Violence

## A Public Health Approach

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### KEYWORDS

• Youth violence • Violence prevention • Public health and violence

### KEY POINTS

- Youth violence is a major public health issue in the United States.
- The relationship between child maltreatment, family dysfunction, and youth violence is well established.
- A public health approach to youth violence prevention should be a long-term strategic plan for communities.

### INTRODUCTION

Although youth violence appears to have declined over the past 20 years, the perpetration of violence by youth continues to be a major issue in the nation impacting all aspects of society. Violence remains a leading cause of morbidity and mortality in youth.

This review first discusses the national statistics regarding youth violence, identifies some of its known causes, explores violence prevention in children and youth from a public health perspective, focuses on models and interventions that (1) explicitly target youth violence and (2) have been shown to be effective by high-quality research with a primary focus on perpetration of violence against others. The article discusses the role of child and adolescent mental health practitioners as advocates for prevention both in program implementation and legislation. Although the enumeration of program exemplars is not exhaustive, each of the ones included have evidence to impact violence prevention and contain elements complementary to each other.

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## SCOPE OF THE PROBLEM

A 2010 report from the Centers for Disease Control and Prevention (CDC) stated that youth homicide was the second leading cause of death among people ages 15 to 24 years and the fourth leading cause of death among youth ages 10 to 14 years.<sup>1</sup> This rate has been consistent over the past several years and also underscores the disparity among homicide victims. Of those 10 to 24 years old, 86% were male and homicide was the leading cause of death for African American individuals; the second leading cause of death for Hispanic individuals; and the third leading cause of death for American Indian and Alaska Native individuals.<sup>1</sup>

In 2011, the CDC reported that 707,212 young people ages 10 to 24 were treated in emergency departments for injuries sustained from physical assaults.<sup>2</sup> In a 2011 survey of a nationally representative sample of high school students, 3.9% reported being in a physical fight at least once in the previous year that caused injuries that had to be treated by a doctor or nurse.<sup>3</sup> In the same 2011 survey, 32.8% reported being in a physical fight in the previous year: males (40.7%) and females (24.4%); 16.6% reported carrying a weapon (gun, knife, or club) on one or more days in the 30 days preceding the survey (males, 25.9%, and females, 6.8%), with 5.1% carrying a gun (males 8.6%, and females, 1.4%).<sup>4</sup> Last, close to 800,000 youth ages 10 to 24 years were treated in emergency departments for nonfatal violence-related injuries in 2013.<sup>5</sup>

School violence is also a major issue, and bullying appears to be on the rise. According to the same 2011 survey, (1) 20.1% of students reported being bullied on school property, (2) 16.2% reported being bullied, (3) 12% reported being in a physical fight on school property, (4) 5.9% did not go to school on 1 or more days in the previous 30 days because they felt unsafe, and (5) 7.4% reported being threatened or injured with a weapon on school property at least once in the year preceding the survey.<sup>5</sup>

The economic burden of youth violence represents another cause for distress. Each year, youth homicides and assault-related injuries result in an estimated \$16 billion in combined medical and work loss costs.<sup>2</sup> These statistics are a likely underestimate of actual youth violence and do not address the physical and emotional toll that these experiences take on youth, their families, and their communities.

## CAUSES AND CORRELATIONS

Violence is not just limited to individuals, and can become a public health problem for entire communities. The values, attitudes, and interpersonal skills of adults that children are exposed to significantly impact the acquisition of prosocial or violent behaviors in children.<sup>6</sup> The influence of parents, family members, and important adults shape the beliefs of the child in a significant manner; however, the influence of school and the neighborhood also plays an important role in attitudes and behaviors of children toward violence. A focus on one or the other factor can only produce marginal impact on desired outcomes.<sup>7</sup>

The causes of youth violence are multifactorial and include biological, individual, familial, social, and economic factors. Risk factors for violence could be due to individual characteristics in the child, such as social and cognitive deficits, or could be driven by familial factors, such as an early exposure to violence, alcohol abuse in parents, parental divorce, domestic violence, lack of supervision with negative adult or peer influences that espouse a culture of violence, or factors in the community, such as violence in schools that have a coercive social climate and condone bullying, intimidation, and a lack of support for prosocial behavior.<sup>8,9</sup> Most studies point to the finding that the most preventable causal relationship to youth violence is exposure to violence and maltreatment in the home.<sup>10-12</sup> Multiple studies have documented that children's

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