

Violence Prevention Resource Packet

**Center for School Mental Health Assistance
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Introduction

Youth related violence is one of the leading causes of death of youth between the ages of 10 and 24 (CDC, 1999). Given the seriousness and extent of youth related-violence, the purpose of this resource packet is to aid in the understanding of the nature of the problem, highlight resources on prevention and intervention and illustrate a few examples of models of violence prevention programs. For those interested in violence prevention, it can serve as both a beginning point to locate available resources as well as stand as an independent resource.

Violence Prevention: A brief overview

Violence is one of the most important health and social concerns facing children and adolescents today (Tolmas, 1998). The decade between 1983 and 1993 saw an unprecedented surge in youth-related violence (Cook & Laub, 1998). While youth-related violence has declined since that time, it remains one of the leading causes of morbidity among adolescents (CDC, 1999).

Youth violence extends beyond homicide and includes violent behavior that could seriously hurt or potentially kill another person. Non-lethal violence such as aggravated assault has not declined significantly since its peak in 1993 and continues to be a serious national problem (Surgeon General's Report, 2000). According to the CDC (1999), 36% of youth admitted to being in a physical fight in the previous year and 18% admitted to carrying a weapon in the month preceding their survey.

Violence exposure includes not only being a victim of violence, but witnessing violence and hearing about friends and neighbors who experienced violent acts. Children and adolescents may be exposed to multiple types of violence including, but not limited to, domestic violence, gang warfare, community violence, rape and robbery. Exposure to violence places adolescents at risk for experiencing post-traumatic stress symptoms, depression, anxiety, aggressive behavior, and difficulty concentrating (Fitzpatrick, 1993; Martinez & Richters, 1993; Pynoos & Eth, 1985).

The etiology of violence is complex. Although researchers agree that violence is a learned behavior (Flannery & Williams, 1999), many factors contribute to its development. The transactional-ecological model of violence provides a foundation for understanding the individual characteristics (e.g. difficult temperament, psychological foundation, family variables (economic status, parental substance use, divorce, family abuse), and societal factors (e.g. access to weapons, lack of adequate educational and employment opportunities) that contribute to the etiology of violence (Webber, 1997). Biological, physiological, chemical, behavioral, psychological, sociological, economical and political factors all contribute to its development (Ollendick, 1996).

Violence and the Schools

While recent school shootings have been highly publicized, it is important to understand that these incidents are very rare. Less than one percent of homicides of children and adolescents occur at school (National Youth Violence Prevention Resource Center,

2001). Other forms of violence in schools such as bullying and fighting continue to be a problem, particularly in middle schools. (National Youth Violence Resource Prevention Center, 2001). School violence tends to reflect the communities and neighborhoods. It is often more prevalent in urban areas than rural areas.

Preventing violence has become a top national agenda (U.S. Department of Health and Human Services, 1990). Schools may provide an ideal setting for violence prevention programs (Farrell, Meyer, Kung & Sullivan, 2001). Schools have relationships with children that extend over years and are a primary place for children's social development. Programs implemented in the schools can address conflicts as they occur and provide opportunities to reinforce skills taught in the programs (Farrell et al, 2001). Since the majority of children attend school, a large number of youth can be included in the programs (Samples & Aber, 1998).

Farrell et al (2001) reviewed several considerations that need to be taken into account when developing an effective youth violence prevention program. Prevention programs need to begin with a strong theoretical model and empirically tested methods that are adapted to the population for which the program is intended. A panel of experts from a variety of backgrounds and local community stakeholders should aid in the development of the program. This panel can provide insights into the type of violence youth are experiencing, the extent of the problem, target population (all students, those at increased risk or those experiencing problems) the risk and protective factors to be addressed in the intervention program, and the focus of the intervention strategy. Programs also must consider the developmental level of the participants as well as their cultural background to increase the program's relevance to participants. Finally, programs should incorporate measurable outcome indices to assess the impact of the prevention program in order to insure that the program is effective in decreasing violence.

Best Practices

Although the research on violence prevention programs is limited, several programs have been found to be highly effective in reducing violence. Research on early intervention programs has found that the most effective programs utilize several strategies including taking a skills enhancing approach, incorporating cognitive, behavioral and affective components, encouraging collaboration between the parent, teacher and child, focusing on the strengths of the teachers, parents and staff involved and are culturally sensitive (Webster-Stratton & Taylor, 2001). The Montreal Longitudinal Experimental Study by Tremblay and colleagues is a prime example of this type of program. It focused on at-risk boys and included classroom social-cognitive skills training and home based parent training program. Skills training included role-playing coaching and peer modeling and reinforcement. Longitudinal studies indicate that at age 12 years, these at-risk boys were less likely to commit burglary and theft, less likely to get drunk and less likely to get into fights than boys in the control condition.

The Respond in Peaceful and Positive Ways (RIPP) prevention program by Farrell and colleagues targets middle school children. The program began in a collaborative effort between local stakeholders and is based on a strong theoretical model. This

comprehensive program includes 25 prevention sessions during the 6th grade and 12 sessions during the 7th and 8th grades. Problem solving skills are enhanced through the use of a prevention facilitator who utilizes team-building activities, repetition and rehearsal, small group work and role-playing to encourage students to make positive personal choices. Peer mediation is also utilized to help selected students to resolve peer conflicts (Farrell, Meyer, Kung & Sullivan, 2001).

The Health Schools Project by Cunningham, Henggeler and colleagues is a comprehensive school-based drug and violence prevention program that targets the multifaceted factors associated with the development of youth antisocial behavior (e.g. peer group, school, family and individual characteristics). This project integrates three empirically supported prevention programs: Bullying Prevention program (Olweus, 1993); Project ALERT (Ellickson & Bell, 1990), a classroom based drug education prevention program; and Multi-Systemic Therapy (Henggeler & Borduin, 1990), an intensive family and community-based treatment model that incorporates empirically validated family and behavior therapy interventions within a socio-ecological framework (Cunningham & Henggeler, 2001). Currently, the project is being implemented in two urban middle schools with high rates of drug use and violence. It aims to decrease bullying, violence and related anti-social behaviors in adolescents and improve the psychosocial functioning of its participants.

Youth Violence Prevention Publications by the Center for School Mental Health Assistance

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Other References:

Coatsworth, J., Szapocznik, J. Kurtines, Santisban, D. (1997). Culturally competent psychosocial interventions with antisocial problem behavior in Hispanic youth. In D. Stoff, J. Breiling, & J Manser (Eds.), *Handbook of antisocial problem behavior*. pp. 396 – 403). New York: Wiley.

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Fitzpatrick, K.M. (1993). Exposure to violence and presence of depression among low-income, African-American youth. *Journal of Consulting and Clinical Psychology*, 61, 528-531.

Martinez, P. & Richters, J.E. (1992). The NIMH community violence project: II. Children's distress symptoms associated with violence exposure. *Psychiatry: Interpersonal and Biological Processes*, 56, 22-35.

National Youth Violence Prevention Resource Center (2001). Hot Topics: School Violence. Retrieved from the National Youth Prevention Resource Center's website: <http://www.safeyouth.org/topics/school.htm>

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Ollendick, T. (1996). Violence in youth: Where do we go from here? Behavior therapy's repsonse. *Behavior Therapy*, 27(4), 485-524.

Pynoos, R.S. & Eth, S. (1985). Children traumatized by witnessing acts of personal violence. In S. Eth & R.S. Pynoos (Eds.) *Post-traumatic stress disorder in children*. Washington, DC: American Psychiatric Press.

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On-line Resources

1. National Youth Violence Prevention Center: www.safeyouth.org. The National Youth Violence Prevention Resource Center (NYVPRC) provides information on prevention and intervention programs, publications, research, statistics on violence committed by and against children and adolescents, and links to other resources. Information is available for professionals, parents and adolescents. This comprehensive site is a collaboration between the Centers for Disease Control and Prevention and other Federal agencies.
2. Hamilton Fish Institute: www.hamfish.org. The Hamilton Fish Institute web site offers valuable information on the factors and causes of youth related violence, data and trends, effective and noteworthy intervention programs, a search engine for violence related documents and links to other resources.
3. Surgeon General's Report: www.surgeongeneral.gov. The Surgeon General's report on youth violence examines the violence from a developmental perspective. It includes information on the prevalence and development of youth violence as well as research on violence prevention programs.
4. National Center for Education Statistics and Bureau of Justice Statistics: <http://nces.ed.gov/pbus2001/crime2000>. The National Center for Education Statistics and the Bureau of Justice Statistics joint sit provides data on crime occurring in schools and on the way to and from schools.
5. Center for Mental Health Services/ School Violence Prevention: www.mentalhealth.org. The Center for Mental Health Services' web-site on violence prevention provides a number of resources including trends of youth violence, publications, news releases, model programs and web links.
6. The National Association of Attorneys General and the National School Boards Association
www.keepschoolssafe.org.
7. Center for the Study and Prevention of Violence: www.colorado.edu/cspv. This site offers a search engine, information on violence prevention, fact sheets and materials to decrease violence, safe school planning, and links to other resources.
8. U.S. Department of Education, Office of Safe and Drug-Free Schools: www.ed.gov/offices/OESE/SDFS/

Safe and Drug-Free Schools is a federal initiative to decrease drug, alcohol and tobacco use and violence through education and prevention activities in schools. It provides information on available grants and links to news updates, on-line publications, model programs, and links to related web-sites.

9. Center for School Mental Health Assistance: <http://csmha.umaryland.edu>. This web-site provides information on intervention strategies for dealing with school violence, risk factors for aggression and delinquency, publications on youth violence prevention and offers technical assistance to expanded school mental health programs.

10. UCLA School Mental Health Project: <http://smhp.psych.ucla.edu>. This web-site provides parents, teachers and professionals with resources including several publications on violence prevention strategies, technical assistance to expanded school mental health programs and links to web-sites.

Additional Resources

American Association of School Administrators
Arlington, VA
703-528-0700
www.aasa.org

National Alliance for Safe Schools
Slanesville, WV
888-510-6500
www.safeschools.org

National Association of Elementary School Principals
Alexandria, VA
800-386-2377
www.naesp.org

National Association of School Psychologists
Bethesda, MD
www.nasponline.org

American Psychological Association (APA)
750 First Street, NE
Washington, DC 20002-4242.
1-800-374-2721; 202-336-5510.
TDD/TTY: 202-336-6123

National Center for Schools and Communities
New York, New York
212-636-6558
www.ncsctForham.org

National Community Education Association
Fairfax, VA
703-359-8973

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www.ncea.com

National Educational Association
Washington, DC
202-833-4000
www.nea.org

National Parent-Teacher Association
Alexandria, VA
703-838-6722
www.nsba.org

National School Boards Association
Alexandria, VA
www.nsba.org

National School Safety Center
Westlake Village, CA
805-373-9977
www.nsscl.org