STATEMENT OF POLICY

Youth Violence Prevention

Policy

The National Association of County and City Health Officials (NACCHO) recognizes that youth violence is a national public health problem. NACCHO calls attention to the critical role that local health departments play in protecting and improving community health and safety by addressing factors that affect health in coordination and collaboration with other local, state, and national efforts.

In alignment with the Centers for Disease Control and Prevention's Division of Violence Prevention initiative, Striving to Reduce Youth Violence Everywhere (STRYVE), NACCHO supports a public heath approach to prevent youth violence before it occurs. Local health departments are uniquely positioned to provide leadership and support in preventing youth violence. NACCHO urges local, state, and federal decision-makers to support and fund youth violence prevention assessment, legislation, regulation, policies, and practices across the following priority areas:

Capacity Building
• Enhance the capacity and infrastructure of the public health community at federal, state, and local levels to address the ongoing public health crisis of youth violence.
• Strengthen and expand collaboration across federal agencies to share information and build capacity for youth violence prevention through the National Forum on Youth Violence Prevention.
• Increase funding for federal agencies and sustain grants and programs that support state, local, and territorial injury and violence prevention programs.
• Increase the capacity of the most affected communities to prevent and address violence and trauma by working with returning citizens and children of incarcerated parents (COIP).
• Increase training and education for state and local health departments about the role of public health in preventing youth violence and effective, evidence-based programs for youth violence prevention.
• Increase training and education programs that focus on youth populations in public health graduate school curricula.

Multi-Sector Partnerships
• Support the development, implementation, and evaluation of comprehensive local youth violence prevention plans that include evidence-based programs and strategies that address all levels of prevention (e.g., primary, secondary, and tertiary).

•	Strengthen youth violence prevention efforts by engaging in multi-sector partnerships (e.g., public health, healthcare, education, law enforcement, juvenile justice, mental/behavioral health, social services, community leaders, businesses, faith-based organizations, and organizations that support youth, victims of violence, and their families).

Comprehensive Evidence-Based Prevention Strategies
•	Implement practice- and research-based strategies that address root causes of violence across individual, relationship, community, and societal levels; attend to people and places at greatest risk for youth violence; reduce the risk factors for violence among young people, their families, and communities; and promote protective factors that prevent violence among young people, their families, and communities.
•	Implement youth engagement in all phases of program development.
•	Address shared risk and protective factors in interventions to increase resilience and reduce multiple forms of violence, victimization and perpetration.
•	Document potential cost savings from implementing effective youth violence prevention programs.

Epidemiologic Surveillance and Research
•	Implement and support nationwide infrastructure for collecting data and monitoring trends in youth violence in order to inform local decision-making (e.g., the National Violent Death Reporting System, National Survey of Children's Exposure to Violence, Behavioral Risk Factor Survey, and the Youth Risk Behavior Surveillance Survey).
•	Include questions regarding storage of firearms in national assessments.
•	Include questions about police-community relationships in local surveys and national assessments.
•	Expand the evidence base through research and evaluation related to the causes of youth violence and the effectiveness of prevention strategies across disciplines (e.g., public health, education, criminal justice, law enforcement, mental health).
•	Identify potential causes for the persistence and increase in violent crime, particularly homicide in select U.S. cities (e.g. Baltimore, Chicago).
•	Participate in local or state child fatality/case reviews.
•	Conduct mapping and spatial analysis to determine hotspots for youth violence and identify potential solutions.

Awareness of Youth Violence
•	Increase universal public awareness that youth violence, in addition to being a public safety issue, is a public health issue and that prevention of youth violence has economic, social, and health benefits.
•	Utilize social media to engage youth and community members.
•	Ensure communities understand that youth are often victims of violence and child maltreatment, and that these contribute to their violent behavior and delinquency.
•	Increase awareness of violence as a learned behavior that can be changed through improving community norms and awareness.
•	Increase awareness and integration of trauma-informed care across systems to ensure that all children and youth exposed to violence are identified, screened, assessed, and provided with appropriate care or services.

- Address Adverse Childhood Experiences (ACEs) among youth.

Justification
Youth violence, a leading cause of injury, disability, and premature death, is a serious public health problem in the United States, jeopardizing the health and safety of our nation's youth.[1] Youth violence is defined as the intentional use of force, by youth aged 10 to 24, to threaten or cause physical and psychological harm to others.[2] Before committing violence, many youth are victims themselves.[3] Youth violence includes homicide and forms of peer violence, such as bullying, fighting, threats with weapons, and gang violence.[2] Youth violence occurs across the lifespan, resulting from the complex interplay of individual, relationship, family, community, and societal factors.[4] Violence is strongly shaped by social determinants of health such as poverty, segregation, sexism, classism, racism, unemployment, low levels of education, inadequate housing, and community disorganization.[4]

In 2016, 5,319 (8.3 per 100,000) youth aged 10–24 years were victims of homicide.[5] This constitutes more than one-quarter of all homicides in the United States in 2016.[5] Homicide is the third leading cause of death among this age group and is responsible for more deaths than cancer, heart disease, birth defects, stroke, respiratory disease, flu and pneumonia, and diabetes combined.[6] Significant racial disparities in youth violence persist; homicide is the leading cause of death among blacks 15–24 years of age, the second leading cause of death for Hispanics, and the third leading cause of death for American Indians and Alaska Natives.[5] Moreover, youth violence disproportionately impacts sexual minority youth and urban communities. Lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth report experiencing higher levels of verbal and physical violence and associated physical injury relative to heterosexual youth.[7]

In a 2015 nationwide survey, about 23%33% of high school students reported being in a physical fight in the 12 months before the survey.[8] In 2011, bullying was most prevalent among high school females and Whites.[9] In 2015, 20% of high school students reported being bullied on school property and about 16% of high school students reported that they were bullied electronically.[8] Additionally, 4.1% of high school students reported carrying a weapon on school property in the 30 days prior to being surveyed, while 6.0% reported being threated on injured with a weapon on school property within the past year.[8]

The estimated cost of youth homicides and other assault-related injuries surpassed $18 billion in combined medical and work loss costs in 2015.[5] The total economic burden of violence to society is substantial and can lead to decreases in worker productivity, depletion in social services, overburdened law enforcement, deterrence of community, business, and economic developments, and decreases in property values.[10] The consequences of youth violence, whether fatal or non-fatal, can be severe and long-lasting. Over 521,100 young people, aged 10–24 years, had physical assault injuries treated in U.S. emergency departments in 2015—an average of 1,428 each day.[5] The consequences of gangs and their burden on law enforcement and public health systems in communities are significant. Research shows gang members are more likely than their non-gang affiliated peers to engage in crime and violence, which increases their risk of violence-related injuries and death.[11] In 2015, over 25,000 youth under the age of 18 years were arrested for involvement with violent crime: 605 for murder, 2,745 for forcible rape, and 21,993 for aggravated assault.[12]

Furthermore, the effects of violence have significant impact and implications on physical, biological, environmental, social, behavioral, and emotional health.[10] Experiencing violence during the first 18 years of life is considered an Adverse Childhood Experience (ACE), and these experiences have a large impact on future violence victimization and perpetration.[13] For example, the current population of juvenile offenders have been shown to have higher rates of ACEs than the general population.[14,15] Youth who are victims of violence have a higher risk for many other poor physical and mental health problems as well, including smoking, obesity, high-risk sexual behavior, asthma, depression, academic problems, and suicide.[16,17] For example, youth who report attempting suicide are nearly five times more likely to have participated in a physical fight during the previous twelve months.[18] Many studies have demonstrated an association between suicide and risk factors related to youth violence, such as a history of violent victimization, witnessing violence, and a lack of non-violent social problem-solving skills.[3] Additionally, youth who report either being frequently bullied or frequently bullying others are also at increased risk for suicide-related behaviors.[19]

Youth violence is preventable. Local health departments can serve a critical role in preventing youth violence by increasing the capacity of public health and local communities to more effectively address the problem; supporting and building partnerships across sectors in a community; implementing comprehensive evidenced-based prevention strategies by identifying and advocating for multi-disciplinary policies, programs, and strategies that are effective; conducting surveillance and research by collecting high-quality data on the magnitude of the problem; and providing advocacy by raising public awareness on the issue and the value of prevention.

Local health departments can provide leadership in identifying and supporting local communities, community leaders, stakeholders, and gatekeepers to build their capacity to more effectively address the issue of youth violence. Local health departments can help by engaging high-level leadership; supporting dedicated youth violence prevention funding, programming, and staffing; further integrating youth violence into existing public health prevention programs; and increasing community infrastructure and capacity through training and education about youth violence prevention.

Preventing youth violence requires comprehensive and multidisciplinary approaches. Local health departments play a critical role in coordinating and collaborating with multiple community partners across sectors (e.g., public health, healthcare, education, law enforcement, juvenile justice, mental/behavioral health, social services, community leaders, businesses, faith-based organizations, and organizations that support youth, victims of violence and their families) to develop, implement, and evaluate programs that address all levels of prevention. Local health departments can support the development of comprehensive action plans to prevent youth violence that focus on the implementation of holistic approaches and include surveillance and monitoring of the problem, outreach and education, raising awareness about youth violence as a public health issue, evaluating the problem and programs, and developing and sustaining prevention-based efforts and health promotion.

Local health departments are uniquely positioned to help promote and implement comprehensive public health prevention strategies that engage youth, families, and communities in preventing violence before it occurs. Promising and evidenced-based prevention programs and interventions are available to local health departments, including social-development strategies that teach children non-violent approaches to resolving conflicts and problems; connecting at-risk youth to social services and parent- and family-based programs that aim to improve family relations and positive parent-child communications and interactions; and mentoring programs that connect positive adult role models to at-risk youth.[10] Youth violence prevention can be achieved through the positive development of children and families. Local health departments should support strategies that enhance protective factors that prevent violence among young people, their families, and communities. Local health departments can support evidence-based programs and promising strategies, such as promoting positive community norms that reduce and prevent youth violence.[4]

Public health surveillance is imperative for determining the true public health burden of violence and can inform local efforts to reduce and prevent youth violence. Local health departments are responsible for protecting the public's health and serve a critical role in coordinating the broader public health system's efforts to address the root causes and impact of injury and violence against youth. Local health departments should assess the safety in communities to determine the causes of serious injuries and violence using surveillance data from multiple sources, such as student surveys, police data, healthcare, and death certificates. Using the local, state, and federal data collected, local health departments can create policies and action plans to meet the injury and violence prevention needs of children and youth. Local health departments should also track the estimated costs associated with violence.

Local health departments play an important role in raising awareness about critical public health issues and threats. Public health campaigns that target individual behavior change and those that target community, cultural, and social norms offer great potential to raise awareness and understanding about youth violence as a public health issue and mobilize support for action at the local, state, and national level.

References

1.   Prevention Institute. (2009). A Public Health Approach to Preventing Violence: FAQ. Retrieved April 6, 2018, from http://www.preventioninstitute.org/component/jlibrary/article/id-143/127.html
2.   Centers for Disease Control and Prevention, Injury Prevention and Control. Youth Violence: Definitions webpage. Retrieved April 6, 2018, from http://www.cdc.gov/ViolencePrevention/youthviolence/definitions.html
3.   Centers for Disease Control and Prevention, Injury Prevention and Control. Connecting the Dots [report]. Retrieved April 10, 2018, from https://www.cdc.gov/violenceprevention/pdf/connecting_the_dots-a.pdf
4.   Centers for Disease Control and Prevention. Striving To Reduce Youth Violence Everywhere [fact sheet]. Retrieved April 6, 2018, from http://www.cdc.gov/violenceprevention/pdf/stryve_2_pager-final_2012-a.pdf
5.   Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web based Injury Statistics Query and Reporting System (WISQARS) webpage. Retrieved April 6, 2018, from https://www.cdc.gov/injury/wisqars/index.html
6.   David-Ferdon, C., Simon, T. R. (2014). Preventing Youth Violence: Opportunities for Action. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved April 6, 2018, from http://www.cdc.gov/violenceprevention/youthviolence/pdf/opportunities-for-action.pdf
7.   Institute of Medicine. (2011). The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, DC: National Academies Press.

8.	Kann, L., McManus, T., Harris, W. A., et al. (2016). Youth Risk Behavior Surveillance – United States, 2015. Morbidity and Mortality Weekly Report: Surveillance Summaries, 65(6):1-6. Retrieved April 6, 2018, from https://www.cdc.gov/mmwr/volumes/65/ss/pdfs/ss6506.pdf

9.	Department of Health and Human Services. Healthy People 2020 Spotlight on Health: Bullying among Adolescents Webinar [Webinar recording]. Retrieved April 6, 2018, from http://www.healthypeople.gov/sites/default/files/Spotlight_Bullying_Webinar.pdf

10.	Centers for Disease Control and Prevention, Injury Prevention and Control. Violence Prevention at CDC webpage. Retrieved April 6, 2018, from https://www.cdc.gov/violenceprevention/overview/index.html

11.	McDaniel, D. D. (2012). Risk and protective factors associated with gang affiliation among high-risk youth: A public health approach. Injury Prevention. Retrieved April 6, 2018 from http://injuryprevention.bmj.com/content/18/4/253.full.pdf+html

12.	Federal Bureau of Investigation. Crime in the United States 2015. Uniform Crime Reports. Washington, DC: U.S. Department of Justice, 2015. Retrieved April 6, 2018, from https://ucr.fbi.gov/crime-in-the-u.s/2015/crime-in-the-u.s.-2015

13.	Centers for Disease Control and Prevention, Injury Prevention and Control. Adverse Childhood Experiences (ACEs) webpage. Retrieved April 6, 2018, from https://www.cdc.gov/violenceprevention/acestudy/index.html

14.	Dierkhising, C. B., Ko, S. J., Woods-Jaeger, B., Briggs, E. C., Lee, R., & Pynoos, R. S. (2013). Trauma histories among justice-involved youth: Findings from the National Child Traumatic Stress Network. European Journal of Psychotraumatology, 4, 1-12. Retrieved April 6, 2018, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3714673/

15.	Evans-Chase, M. (2014). Addressing trauma and psychosocial development in juvenile justice-involved youth: A synthesis of the developmental neuroscience, juvenile justice and trauma literature. Laws, 3, 744-758. Retrieved April 6, 2018, from https://pdfs.semanticscholar.org/b04d/f9b3b038de025364c202239895803b0d6131.pdf

16.	Finkelhor, D., Turner, H., & Ormrod, R. (2006). Kid's stuff: The nature and impact of peer and sibling violence on younger and older children. Child Abuse and Neglect, 30(12):1401-21.

17.	Menard, S. (2002). Short- and Long-Term Consequences of Adolescent Victimization. Washington, DC: US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

18.	Swahn, M., Lubell, K., & Simon, T. (2004). Suicide attempts and physical fighting among high school students – United States, 2001. Morbidity and Mortality Weekly Report, 53(22):474-476. Retrieved April 10, 2018, from https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5322a3.htm

19.	Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. The relationships between bullying and suicide: What we know and what it means for schools [report]. Retrieved April 10, 2018, from https://www.cdc.gov/violenceprevention/pdf/bullying-suicide-translation-final-a.pdf

Record of Action

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