

# Youth Violence Prevention at CDC



## Youth Violence Is a Significant Public Health Problem

- Homicide is the second leading cause of death for young people between the ages of 15 and 24.
- In 2010, more than 738,000 young people ages 10 to 24 were treated in emergency departments for assault-related injuries; over 30% of high school students reported being in at least one physical fight; and nearly 20% reported being bullied on school property.
- Homicides and assault-related injuries among youth ages 10 to 24 in just one year cost Americans an estimated \$16.2 billion in lifetime combined medical and work loss costs.

## Public Health is Making a Difference

- **We know that youth violence can be prevented.** The Task Force for Community Preventive Services has identified strategies that work (e.g., universal school-based violence prevention programs), and the Blueprints Project has identified 11 specific model programs and another 19 promising programs.
- **CDC is unique among federal agencies** in that it works to prevent youth violence before it occurs. CDC promotes a comprehensive and coordinated approach by contributing evidence to inform prevention and working across sectors (including schools, law enforcement, and community based organizations). In 2011, CDC spent \$19.7 million on youth violence prevention efforts.
- **CDC provides public health leadership** and CDC funding has helped to provide data used to describe the magnitude and burden of youth violence, identify promising and effective prevention strategies, and build communities' capacity to prevent youth violence.

## CDC's Accomplishments

**The Division of Violence Prevention (DVP) at CDC is committed to stopping violence before it begins.** We do this by using the public health approach, which includes describing the magnitude, characteristics, and consequences of violent behaviors and tracking trends over time, identifying risk and protective factors, developing and testing prevention strategies, and ensuring widespread adoption of evidence-based strategies.

### **Strong Data to Track the Problem and Identify Populations at Risk:**

- In May 2011, CDC released *Violence-Related Firearm Deaths Among Residents of Metropolitan Areas and Cities --- United States, 2006—2007*. This report documented firearm homicides and firearm suicides for major metropolitan areas and cities (MSAs), with an emphasis on youth aged 10-19 years. Compared with the national rate of 4.2 per 100,000 persons per year, this study found that firearm homicide rates were higher for large metropolitan areas, with a rate of 5.2 overall; the highest rates were in central cities. Specifically, for youth ages 10-19, residents of the 50 largest MSAs accounted for 73% of firearm homicides and 39% of firearm suicides nationally. In addition, the youth firearm homicide rate exceeded the all-ages rate in 80% of the MSAs and in 88% of the cities.
- **School-Associated Violent Deaths Study (SAVD)** is a partnership between CDC and the Departments of Education and Justice and has collected data from July 1, 1992, through the present. SAVD describes the epidemiology of school-associated violent deaths, identifies common features of these deaths, estimates the frequency and rate of school-associated violent death in the United States, and identifies potential risk factors for these deaths. Preliminary data from July 2011 on deaths of youth ages 5-18 from SAVD published in the Department of Education's "Indicators of School Crime and Safety Report: 2011" show that from July 1, 2009, through June 30, 2010 there were 33 school-associated violent deaths in elementary and secondary schools in the United States. Twenty-five of these were homicides, five were suicides, and three were legal interventions.
- **National Violent Death Reporting System (NVDRS)** is a state-based surveillance system that uses information from a variety of state and local agencies and sources—medical examiners, coroners, police, crime labs, and death certificates—to form a more complete picture of the circumstances that surround violent deaths. For example, in New Jersey, because NVDRS data documented that far more homicides were related to gang violence than previously known, the state was able to inform police departments of a broader gang violence profile. Now the gang violence problem is tracked more accurately, and violence reduction efforts are a priority.

### **Research to Understand the Problem and Identify Effective Interventions:**

- **Linkages across various forms of violence**, CDC funded the Student Health and Safety Survey to study the inter-relationships among peer, date, and self-directed violence. The results indicate strong associations between risk for victimization and perpetration and substantial overlap across different types of violence. For example, risk for suicide attempts was over two times higher among youth who had been violent against others compared to those who had not been violent.
- **Media and Violence**, CDC funded research that demonstrated youth who reported that many, most, or all of the web sites they visited depicted real people fighting, shooting, or killing were 5 times more likely also to report seriously violent behavior, compared with those who reported that none of the web sites they visited had these depictions.
- **The Academic Centers for Excellence in Youth Violence Prevention (ACEs)** foster relationships with local community partners to help develop, implement, and evaluate promising prevention efforts.



- The Johns Hopkins University Center coordinated the community-based implementation and evaluation of the SafeStreets program, a replication of the Chicago CeaseFire program. This evaluation shows that the program works to interrupt violence, particularly shootings, and change norms about the acceptability and inevitability of violence. In most implementation communities, shootings and killings reduced and they saw fewer retaliatory killings.
- The Virginia Commonwealth University ACE documented the impact of unrestricted alcohol beverage licenses on violence. During the time when the restriction was in effect, the average rate of ambulance pickups for intentional injuries declined from 13.1 per 1,000 residents aged 15 to 24 years old to zero. When the restrictions were overturned, ambulance pickups increased to 5.3 per 1,000 residents.
- **Evaluations of policy and structural approaches to prevent youth violence** identified the impact of Business Improvement Districts (BIDs) in Los Angeles on youth violence and violent crime. An analysis of official crime reports found positive effects of BIDs on lowering the rate of interpersonal crimes of violence. BID areas had a 12% drop in robbery rates, an 8% drop in violent crime overall, and 32% fewer police arrests over time compared with non-BID areas. A cost analysis found that BIDs also resulted in cost savings due to reduced crime rates, reduced arrests, and lower prosecution-related expenditures.
- **Preventing perpetration among middle-schoolers.** A large-scale multi-site randomized control trial was funded by CDC to implement the GREAT (Guiding Responsibility and Expectations in Adolescents Today and Tomorrow) intervention with a total of 37 middle schools across four sites. The GREAT intervention included separate components for parents, teachers, and students. The results indicate that we can have significant positive effects with the GREAT intervention for middle school youth. In particular, schools where the GREAT parent program was undertaken had a significant drop in the relative levels of violence perpetration. These findings suggest that prevention efforts directed toward a subset of students who display high levels of aggression and social influence have the potential to produce school-level changes in rates of physical aggression.
- **Shaping and filling gaps in the research field** as evidenced by developing and disseminating over 400 CDC-authored publications and journal articles. In 2011, CDC released, "Measuring Bullying Victimization, Perpetration, and Bystander Experiences: A Compendium of Assessment Tools," which provides researchers, prevention specialists, and health educators with tools to measure a range of bullying experiences: bully perpetration, bully victimization, bully-victim experiences, and bystander experiences.

#### ***Programmatic Work to Build Capacity and Increase Implementation of Prevention Activities:***

- **Striving To Reduce Youth Violence Everywhere (STRYVE)** is a national initiative to enable communities to improve their ability to use evidence-based strategies to prevent youth violence by 1) increasing awareness that youth violence can and should be prevented; and 2) providing guidance to communities on how to prevent youth violence. The prevention of youth violence requires unified action by multiple sectors and disciplines. Accordingly, CDC is forging partnerships to achieve STRYVE goals. The STRYVE Action Council, which includes 13 national organizations, was formed in September 2010. In 2011 this partnership expanded with the formation of the STRYVE Partnership Network. In addition, STRYVE includes an online component, [www.safeyouth.gov](http://www.safeyouth.gov), which provides training, tools, and resources for community leaders to strategically plan, implement, and evaluate an evidence-based youth violence prevention approach.
- **Urban Networks to Increase Thriving Youth through Violence Prevention (UNITY)** is a partnership between the Prevention Institute, the Harvard School of Public Health, and the UCLA School of Public Health to assist large urban US cities to build effective, sustainable efforts to prevent violence. UNITY has developed the UNITY Roadmap, which is a technical tool specifically developed for large cities, describing the core elements necessary to prevent youth violence before it occurs. A UNITY supported study found that although cities with the greatest coordinated multisectoral approach had the lowest rates of youth violence, most cities cited a lack of a comprehensive youth violence prevention strategy.

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## Selected Products



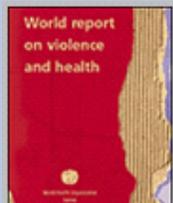
### **Measuring Bullying Victimization, Perpetration, and Bystander Experiences: A Compendium of Assessment Tools**

This publication provides researchers, prevention specialists, and health educators with tools to measure a range of bullying experiences: bully perpetration, bully victimization, bully-victim experiences, and bystander experiences.



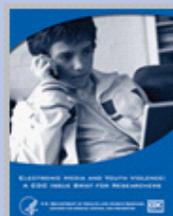
### **Youth Violence: Measuring Violence-Related Attitudes, Behaviors, and Influences Among Youths: A Compendium of Assessment Tools**

This compendium provides researchers and prevention specialists with a set of tools to assess violence-related beliefs, behaviors, and influences, as well as to evaluate programs to prevent youth violence.



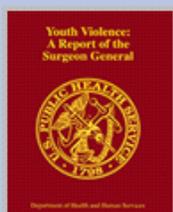
### **The World Report on Violence and Health**

This is the first comprehensive review of the problem of violence on a global scale – what it is, whom it affects, and what can be done about it. Three years in the making, the report benefited from the participation of over 160 experts from around the world, receiving both peer-review from scientists and contributions from representatives of all the world's regions.



### **Electronic Aggression Documents**

In September 2006, CDC convened an expert panel to discuss the latest information on how technology is used by young people to behave aggressively. The panel affirmed the need for a purposeful approach to preventing youth violence and aggression perpetrated through the use of electronic media. A special issue of the *Journal of Adolescent Health* and several companion pieces were developed (<http://www.jahonline.org/content/suppl07>).



### **Youth Violence: A Report of the Surgeon General**

This report—the first Surgeon General's report on youth violence—is a product of extensive collaboration. Dr. David Satcher convened several federal agencies, including CDC, nonprofit organizations, as well as individual young people to plan, write and review the report. This report reviews a massive body of research on where, when, and how much youth violence occurs, what causes it, and which preventive strategies are effective.

**For more information:**

[www.cdc.gov/violenceprevention/youthviolence](http://www.cdc.gov/violenceprevention/youthviolence)