

IN BRIEF | BEST PRACTICES FOR THE PREVENTION OF YOUTH HOMICIDE AND SEVERE YOUTH VIOLENCE



Reducing youth violence—particularly its most lethal forms—requires law enforcement strategies proven to reduce gun violence complemented by effective community mobilization. Substantial reductions in youth violence over the past 15 years provide reason to believe that serious youth violence can be prevented.

In 2006, there were 18,573 homicides in the United States, an annual rate of 6.2 per 100,000 population.¹ Youth are at especially high risk, particularly Black and Hispanic males. Among males ages 15 to 34, homicide is the leading cause of death among Blacks and the second leading cause of death for Hispanics. Homicide is the second leading cause of death for Black males ages 10 to 14 years and for the entire 15 to 24 year age group. In addition to homicides, 4% of youths ages 12-24 reported that they had been a victim of a criminal act of violence in 2008. While most of these acts of violence did not result in serious injury, 6 out of 1,000 teens and 9 of 1,000 youths ages 20-24 were victims of aggravated assaults in 2008.

Although these rates of youth violence are unacceptably high, there has been great progress in reducing youth violence over the

past 15 years. After peaking in 1993, homicide rates among young Black males fell sharply during the mid- and late-1990s and have leveled out since then. Reductions in nonfatal violent victimization of youth have been even more dramatic and consistent. National crime victimization survey data indicate that aggravated assaults of youth declined 70% to 80% from 1993 to 2008.²

What Causes Youth Violence? **Individual-Level Risk Factors**

Research has found that there are two distinct groups of adolescents who engage in violence and other antisocial behavior: 1) adolescents whose problem behaviors begin in early childhood and 2) adolescents whose problem behaviors begin during adolescence.³

Persistent Violence. The first, referred to as life course persistent (LCP), describes a small proportion of the

population—5%-10% of adolescent boys included in the longitudinal study—whose problem behaviors emerge at an early age and tend to persist at least into early adulthood. At birth, babies who develop LCP antisocial behavior often experience perinatal complications, low birth weight, and minor physical abnormalities. These babies tend to have difficult temperaments and are hard to console when

ABOUT THIS SERIES

The *Best Practices* series brings together the knowledge of the Johns Hopkins Schools of Arts and Sciences, Medicine, Nursing, Public Health to deliver best practices for issues that profoundly affect Baltimore. Each brief was developed by an expert at Johns Hopkins University for the Urban Health Institute and reviewed by a panel of peers to ensure accuracy.

The series is intended to be used as a source book for developing best practice programs.

This is the abridged brief. For the complete manuscript, visit the UHI website at www.jhsph.edu/urbanhealth.

FBI's Supplemental Homicide Report (SHR) on Reported Circumstances Surrounding Homicides

	Juveniles (ages 14-17)	Young adults (ages 18-24)
Gang-related homicides	24%	18%
Homicides resulting from arguments	22%	27%
Robbery	21%	16%
Other unspecified non-felony events	20%	22%
Drug-related homicide*	5% - 8%	5% - 8%

*There is reason to believe that this could be a significant underestimate due to a possible undercount of drug- and gang-motivated killings as witnesses are less likely to come forward for murders involving violent drug dealers and gangs.

upset. As young children, LCP youth often exhibit hyperactivity and delayed motor development. During primary school, the youth tend to have poor memory and reading skills, and exhibit aggressive behavior and continued hyperactivity.⁴⁻⁷

Violence Limited to Adolescent Years. In contrast to the LCP group, adolescence-limited (AL) antisocial behavior begins during adolescence. AL antisocial behavior is established by a gap between physical maturity and social maturity. For adolescents in the AL trajectory, antisocial behaviors become normative. For boys, this includes fighting or using threats of violence. Adolescents in the AL trajectory for antisocial behavior are more likely to use alcohol, tobacco, and illicit drugs and are less likely to have a close relationship with their parents.

Family-Level Risk Factors

Child Maltreatment. Research has indicated that maltreatment experienced in childhood is associated with violent behavior in adolescence and adulthood. Child maltreatment can include various forms of abuse, including physical assault of a child, sexual molestation or exploitation, emotional or psychological abuse, and neglect. Results from a recent study indicated that individuals who experienced greater incidences of childhood abuse were more likely to have difficulty controlling anger.⁸

Household Environmental Factors. Children who are exposed to toxic environmental agents in the household, specifically lead, exhibit low IQ scores and

have shown increased problem behavior disorders, emotional regulation, and aggression. Lead exposure in children can occur through ingestion of lead paint chips, lead inhaled in the air, or exposure to dust that is contaminated by settled city air lead.

Community and Social Environmental Risk Factors

Circumstances Surrounding Serious Youth Violence. There has been surprisingly little research that describes the circumstances surrounding serious acts of violence involving youth. Data from the FBI's Supplemental Homicide Report (SHR) includes the reported circumstances surrounding homicides involving offenders in two age groups, age 14 to 17 (juveniles) and 18-24 (young adults).⁹ SHR data is summarized in the table above.

Gangs. Gangs tend to flourish in communities where educational and job opportunities are poor, social institutions are weak, and fear of gun violence is high. Youth with antisocial tendencies self select into gangs, and there is strong evidence that joining a gang significantly increases violence, gun possession and use, drug selling, and other crimes.

Community Support of Youth and Failure to Control Violence. Rates of violence, particularly homicide, can vary greatly across neighborhoods. Homicides tend to cluster in neighborhoods with concentrated disadvantage—large proportions of the population that are poor, unemployed, racial minorities, and living in single-family households. Other community

characteristics associated with high rates of violence are residential instability, dense population, and high concentrations of alcohol outlets.

Structural conditions like high unemployment and highly concentrated poverty impede collective efficacy within a community. One way to address these conditions is through housing policies that disperse poverty, if not reduce it. Many large cities have demolished high-rise public housing units that served as breeding grounds for gangs, drugs, and violence. These units have been replaced with garden style apartments that are made available to both low- and middle-income residents.

PROMISING STRATEGIES OF INTERVENTIONS TO ADDRESS VIOLENCE

Home Visitation

Home visitation is a popular strategy for addressing early determinants of social and cognitive development. The programs are typically delivered by public health nurses and aim to provide:

- Sensory and developmental screening of infants and toddlers
- Health education focused on improving maternal and child health behavior
- Counseling and referrals to reduce pregnant women's use of tobacco, alcohol and other drugs
- Identification and referrals for mothers' mental health and social problems
- Parent education about child development and parenting skills

School-Based Violence Prevention Interventions

School-based violence prevention interventions tend to show modest reductions in violent behavior with little meaningful difference between the specific strategies used in the programs.^{10,11} Behavior of youth in the adolescence-limited antisocial group is influenced by perceived social contingencies, largely from peers, for antisocial versus pro-social behavior.³ Therefore, promoting pro-social peer norms and offering youth opportunities to play meaning roles in their families, schools, and communities may best prevent adolescence-limited violence.

The Role of Guns in Youth Violence

Although circumstances surrounding serious acts of youth violence vary across time and place, some factors are relatively consistent. First, males perpetrate the vast majority of lethal youth violence, typically with firearms. Second, the fear of others with guns prompts yet more demand for guns, more gun carrying, and further increasing the likelihood of lethal confrontations.

After the epidemic of youth homicide peaked in the early 1990s, the ability and willingness of young urban males to commit violence was linked to gun possession and use.¹²⁻¹⁵ In urban neighborhoods with high rates of violence, there is a widespread belief among young males that one's status as well as one's ultimate safety depend on a willingness and ability to commit acts of serious violence.¹⁶⁻¹⁹

Keeping Guns Away from Underage Youth and Criminals

Given the important role that guns play in the most serious forms of youth violence, keeping guns out of the hands of underage youth and of criminals should be an important component of a comprehensive strategy to reduce youth violence. An effective way to increase the cost of illegal gun possession is to deploy specially trained police units to areas where shootings often occur in order to increase detection and deterrence of illegal gun carrying. These strategies have been shown to consistently lead to significant reductions in gun violence without displacing shootings to near-by areas.²⁰

Another strategy that is designed to increase the costs associated with illegal gun possession involves a coordinated program involving several steps or components:

1. Identifying individuals within a community who are considered to be of highest risk of perpetrating gun violence using police and criminal justice records combined with street intelligence
2. Delivering a clear message to these individuals that they are being watched and that they will be

targeted for federal prosecution if they illegally possess or use guns

3. Encouraging community leaders and family members to stay away from violence
4. Offering services to reduce their risks (such as job training)

This approach has been tried in several cities and has consistently led to reductions in gun violence.²¹⁻²⁴

Reducing the supply of illegal guns to youth can be challenging, but can be achieved through policies that increase the accountability of gun sellers and enforcement practices that increase the risks of making illegal sales. Required background checks for all guns sales—not just those sold by licensed dealers—and

comprehensive regulation and oversight of gun dealers is associated with decreased gun trafficking.²⁵ Undercover stings of gun dealers can also reduce the flow of new guns to criminals.²⁶

In Summary

Key to achieving the goal of maximally reducing loss of lives and disability from youth violence is the forging of a mutually beneficial partnership between public health, law enforcement, and communities. There is a long history of partnerships between public health and law enforcement to enhance public health and safety. To substantially reduce a problem such as youth violence—particularly its most lethal forms—requires law enforcement strategies proven to reduce gun violence complemented by effective community mobilization.

REFERENCES

1. National Center for Injury Prevention and Control. (2006) WISQARS Fatal Injury Reports Reports, 1999-2006. Atlanta: Centers for Disease Control and Prevention. Data accessed on March 15, 2010 at http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html
2. National Crime Victimization Survey (NCVS). (2009). Bureau of Justice Statistics. <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=2173>.
3. Moffitt TE. (1993) "Life-course-persistent" and "adolescence-limited" antisocial behavior: a developmental taxonomy. *Psychological Review* 100:674-701.
4. Jeglum-Bartusch D, Lynam D, Moffitt TE, Silva PA. (1997) Is age important? Testing general versus developmental theories of antisocial behavior. *Criminology* 35:13-47.
5. Moffitt TE. (1990) Juvenile delinquency and attention-deficit disorder: developmental trajectories from age three to fifteen. *Child Development* 61:893-910.
6. Moffitt TE, Caspi A. (2001) Childhood predictors differentiate life-course persistent and adolescence-limited pathways among males and females. *Development and Psychopathology* 13:355-375.
7. Moffitt TE, Lynam D, Silva PA. (1994) Neuropsychological tests predict persistent male delinquency. *Criminology* 32:101-124.
8. Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., et al. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience*, 256(3), 174-186.
9. FBI's Supplemental Homicide Report (SHR). (2004). http://www.fbi.gov/ucr/cius_04/offenses_reported/violent_crime/murder.html.
10. Mytton JA, DiGuseppi C, Gough DA, Taylor RS, Logan S. (2002) School-based violence prevention programs: systematic review of secondary prevention trials. *Archives of Pediatric and Adolescent Medicine* 156:752-762.
11. Wilson SJ, Lipsey MW, Derizon JH. (2003) The effects of school-based intervention programs on aggressive behavior: a meta-analysis. *Journal of Consulting and Clinical Psychology* 71:136-149.
12. Wilkinson DL. (2003) *Guns, Violence, and Identity Among African American and Latino Youth*. New York: LFB Scholarly Publishing.
13. Fagan, J., & Wilkinson, D. L. (1998). *Guns, Youth Violence, and Social Identity in Inner Cities*. *Crime and Justice*, 24, 105-188.
14. Wilkinson, D. L., & Fagan, J. (1996). The Role of Firearms in Violence "Scripts": The Dynamics of Gun Events among Adolescent Males. *Law and Contemporary Problems*, 59(1), 55-89.
15. Wilkinson DL. (2001) Violent events and social identity: specifying the relationship between respect and masculinity in inner city youth violence. In DA Kinney (ed.), *Sociological Studies of Children and Youth*. Stanford, CT: JAI Press.
16. Anderson E. (1999) *Violence and the Inner City Street Code*. Chicago: University of Chicago Press.
17. Wilkinson, D. L., & Fagan, J. (1996). The Role of Firearms in Violence "Scripts": The Dynamics of Gun Events among Adolescent Males. *Law and Contemporary Problems*, 59(1), 55-89.
18. Rich JA, Stone DA. (1996) The experience of violent injury for young African American men: the meaning of being a sucker. *Journal of General Internal Medicine* 11:77-82.
19. Rich JA, Grey CM. (2005) Pathways to recurrent trauma among young Black men: traumatic stress, substance use, and the "code of the street". *American Journal of Public Health* 95:816-824.
20. National Research Council. (2004). <http://sites.nationalacademies.org/NRC/index.htm>.
21. Kennedy DM. (2008) *Deterrence and Crime Prevention: Reconsidering the Prospect of Sanction*. New York: Routledge.
22. Braga AA, Kennedy DM, Piehl AM, Waring EJ. (2001) Measuring the impact of Operation Ceasefire. In *Reducing Gun Violence: The Boston Gun Project's Operation Ceasefire*. National Institute of Justice. Washington, DC: US Department of Justice.
23. McGarrell EF, Chermak S. (2004) *Strategic Approaches to Reducing Firearms Violence: Final Report on the Indianapolis Violence Reduction Partnership*. Final report submitted to the National Institute of Justice.
24. Papachristos AV, Mears TL, Fagan J. (2005) *Attention Felons: Evaluating Project Safe Neighborhoods in Chicago*. John M. Olin Law & Economics Working Paper No. 269. Chicago: The University of Chicago.
25. Webster DW, Vernick JS, Bulzacchelli MT. Effects of state-level firearm seller accountability policies on firearms trafficking. *Journal of Urban Health* 2009;86:525-537.
26. Webster DW, Bulzacchelli MT, Zeoli AM, Vernick JS. Effects of undercover police stings of gun dealers on the supply of new guns to criminals. *Injury Prevention*. 2006; 12:225-230.

AUTHORS

Daniel W. Webster, ScD, MPH
Professor, Health Policy and Management
Co-Director, Johns Hopkins Center for Gun Policy and Research
Johns Hopkins Bloomberg School of Public Health

Samantha L. Illangasekare, MPH
PhD Candidate, Department of Health, Behavior and Society
Johns Hopkins Bloomberg School of Public Health