

Executive Summary



A Report on the State of Youth Violence in Rhode Island

***Enhancing State Capacity to
Address Child and Adolescent
Health through Violence Prevention
and the Child and Adolescent
Violence Prevention Advisory
Committee with Support from CDC
Cooperative Agreement
#U17/CCU124343***

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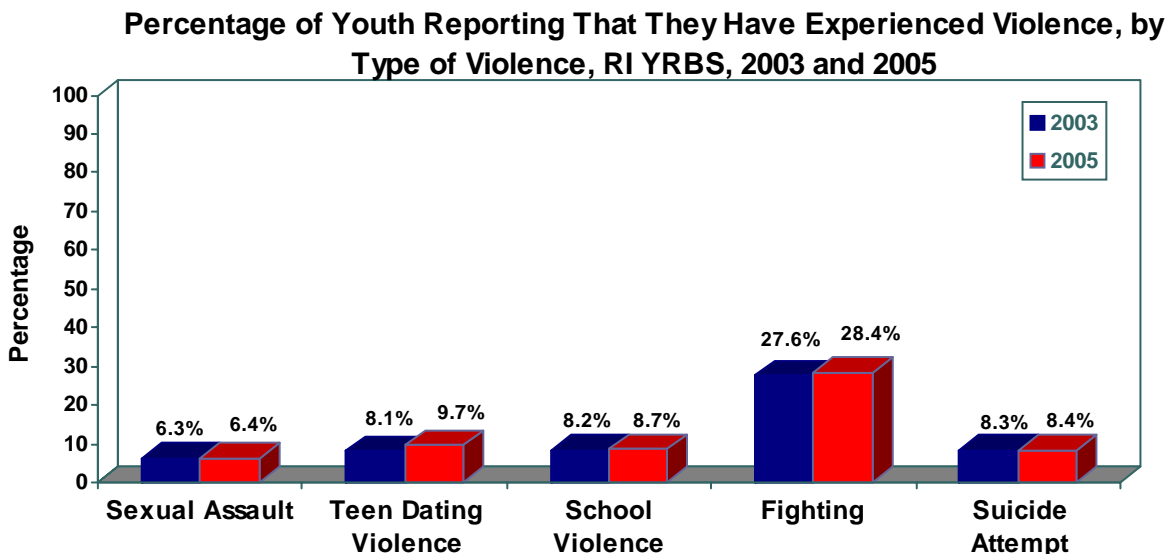


A Report on the State of Youth Violence In Rhode Island: Executive Summary

An Overview of Youth Violence in Rhode Island:

Youth Violence - homicide, assault, suicide, self-inflicted injury, sexual assault, and teen intimate partner violence has become an epidemic in the United States, killing over 10,000 children, adolescents, and young adults during the year 2003 alone. During the years 1999-2003, homicide and suicide were the second and third leading causes of death respectively for Rhode Island youth between the ages of 15-24¹. Based on the results of the 2005 Rhode Island Youth Risk Behavior Survey (RIYRBS), in the 12 months preceding the survey, 6.4% of high school students had been sexually victimized, 9.7% had been victims of teen dating violence, 8.7% had experienced violence at school, 28.4% were involved in a fight, and 8.4% attempted suicide (Fig. 1). With the exception of teen dating violence, there were no notable increases from

Figure 1



Rhode Island Youth Risk Behavior Survey; 2003 & 2005; Provided by: The Center for Health Data and Analysis, Rhode Island Department of Health

2003 to 2005 in the types of violence that high school youth reported on the RIYRBS (Fig. 1). While there was roughly a 20% increase in self-reported teen dating violence from 2003 to 2005, the increase was not statistically significant².

Shared Risk & Protective Factors for Youth Violence:

Risk and protective factor data are used to prioritize prevention efforts by identifying the underlying predictors of youth violence. The different types of violence, such as those in Figure 1, and other risky health behaviors such as substance abuse, teen pregnancy, and delinquency share many of the same risk and protective factors. The following is a list of prioritized risk and protective factors for youth violence identified by Enhancing State Capacity to Address Child and Adolescent Health through Violence Prevention (ESCAPE):



A Report on the State of Youth Violence In Rhode Island: Executive Summary

Protective Factors:

1. Adequate Adult Supervision
2. Social Capital
3. Safe & Supportive School Climate
4. Good Academic Achievement
5. Good Family Management Practices

Risk Factors:

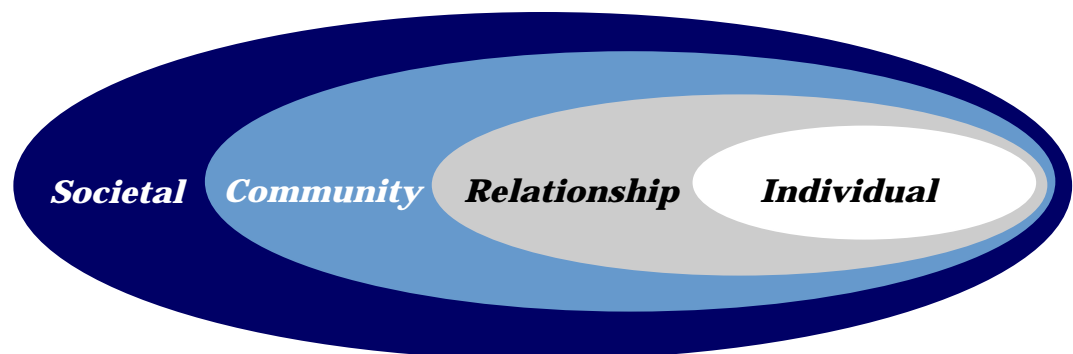
1. Poverty
2. Exposure to Violence
3. Poor Emotional Health
4. Alcohol and Other Drug Use
5. Early Initiation of Violent Behavior
6. Poor Family Connectedness

Prevention Strategies:

Good prevention strategies take into consideration that one isolated risk factor does not by itself contribute to violence, but rather a number of risk factors work together to engender violent behavior. Individuals largely act within the context of their experiences and environment. As a result, risk and protective factors for youth violence are categorized by ecological level, with the understanding that these factors, within and across each context, heavily influence each other. The risk and protective factors addressed by the ESCAPe program cross cut all four of the ecological levels; societal, community, relationship, and individual (Fig. 2).

Figure 2

The Ecological Framework for Understanding Violence



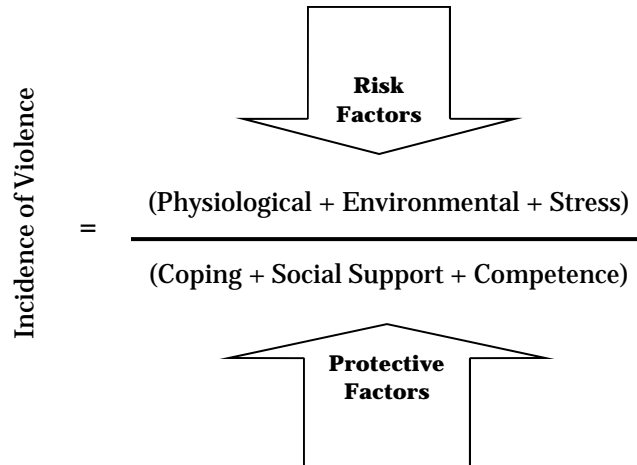
As a means of preventing violence, the ESCAPe Program focuses on reducing risk and enhancing protective factors that are shared across the different types of violence (e.g. sexual assault, teen dating violence, suicide, etc.) identified in this report. A conceptual model proposed by George Albee, one of the pioneers in the field of primary prevention work, suggests that if we can prevent or reduce risk factors while promoting or increasing protective factors we can lower the incidence of violence and other adverse health effects in a population (Fig. 3). In the absence of protective factors, risk reduction strategies alone may not help to decrease violent behavior.



A Report on the State of Youth Violence In Rhode Island: Executive Summary

Figure 3

Primary Prevention Formula



(adapted from the conceptual model by George Albee)

****Levels of Prevention:***

In the field of public health, violence prevention and intervention strategies can be categorized into three levels: primary, secondary, and tertiary. Each level has a unique and important approach to preventing youth violence. What follows is a brief overview of the application of each approach:

Primary Prevention (Universal): Reinforcing Protective Factors

Attempts to serve those individuals who have not yet developed risk for violence by focusing on reinforcing protective aspects of one's environment.

Secondary Prevention (Selected): Reducing Risk

Addresses attitudes and behaviors, focusing on early identification and intervention to reverse risk factors or reduce their impact.

Tertiary Prevention (Indicated): Managing Crisis Situations

Serves those individuals who have already perpetrated or been affected by violence.

Given that Public Health prevention aims to provide the maximum benefit for the largest number of people, many public health youth violence prevention efforts are focused on primary prevention.

* Adapted from: Youth violence prevention and intervention fact sheet, National Youth Violence Prevention Resource Center



A Report on the State of Youth Violence In Rhode Island: Executive Summary

Data-Driven Youth Violence Prevention Planning:

To guide the development of recommendations for inclusion in the state strategic plan for youth violence prevention, the ESCAPe Child and Adolescent Youth Violence Prevention Advisory Committee (CAVPAC) developed a series of assessments. The assessments describe the burden of violence and related risk and protective factors for youth in RI, inventory programs and policies that address the primary prevention of youth violence throughout the state, and assess state readiness to move from reactive approaches to youth violence prevention to proactive primary prevention approaches that promote systems level change. Information garnered from the ESCAPe assessments form the basis of *The Rhode Island Report Card: Signals for Success*. The Report Card “grades” the state on each youth violence indicator (data, programs, policies, and capacity) and provides an integrated look at the areas where a strategic plan can impact the risk and protective factors for youth violence. *The Rhode Island Report Card: Signals for Success* is included in Appendix A of [A Report on the State of Youth Violence in Rhode Island](#).

State Strategic Framework and Recommendations for Youth Violence Prevention:

Recommendations are broad reaching and comprehensive to encourage implementation by as many key stakeholders in youth health promotion / violence prevention as possible. Timelines for objectives and recommendations have not been established in recognition of the fact that effective program implementation is often dependent upon available resources. Agencies and organizations are encouraged to prioritize and adopt youth violence prevention interventions consistent with their missions. The youth violence prevention framework for Rhode Island is composed of seven goals and five objectives as follows:

Goals:

1. Reduce the RI homicide rate from 3/100,000 to 2/100,000 by the 2010.
2. Reduce the RI suicide rate from 10/100,000 to 4/100,000 by 2010.
3. Reduce the RI adolescent suicide attempt rate.
4. Reduce the percentage of RI high school students reporting they have been in a physical fight.
5. Reduce the percentage of RI elementary, middle, and high school students reporting they have experienced violence at school.
6. Reduce the percentage of RI high school students reporting that they have been victims of intimate partner violence.
7. Reduce the percentage of RI high school students reporting that they have been victims of sexual assault.



A Report on the State of Youth Violence In Rhode Island: Executive Summary

Objectives:

1. Develop and expand prevention strategies that impact the shared risk/protective factors between youth violence and other child/adolescent negative health outcomes through capacity building, community coordination, and systems change.
2. Expand youth violence data collection and data accession.
3. Build the science base to assess youth violence and monitor trends.
4. Increase public health infrastructure to help sustain statewide youth violence prevention initiatives.
5. Disseminate knowledge about effective youth violence prevention strategies.

Future Directions for Youth Violence Prevention in Rhode Island:

Eleven of the 15 criteria assessed in preparation for this report received a red light, indicating a high potential for causing harm. Our findings suggest RI youth are at great risk for increased violence, substance use, school failure, disabling mental and behavioral health problems, and death if we do not consider novel solutions to these harmful conditions. The youth violence prevention recommendations created by the CAVPAC attempt to go beyond the status quo and support evidence-based and/or systems level approaches to the prevention of youth violence. Specific steps for carrying out recommendations have purposefully been left out of the full report to allow for as much flexibility and creativity in program implementation as possible. However, practitioners are asked to be mindful of the public health method as they implement recommendations.

While we still have some work to do in promoting the primary prevention of violence among youth, a number of state agencies and community organizations in Rhode Island are working hard to enhance state capacity for evidence-based, primary prevention programs that promote systems level change. Additionally, the Rhode Island Children's Cabinet Youth Development Advisory Committee is creating a conceptual framework to improve youth outcomes. This framework is intended to build on the work being done in RI to address the needs of children and families in the early childhood period. The adolescent framework is based on a strong theoretical construct that is inclusive, supported by current research and practice, and aligned with national initiatives for youth success. The Report on the State of Youth Violence in Rhode Island creates a common ground for violence prevention practitioners to move collaboratively towards this framework, and towards decreasing youth violence in Rhode Island.

For more information, or to obtain copies of the full report,
please contact Safe RI at 401.222.7627,
or visit: <http://www.health.ri.gov/disease/saferi/index.php>



A Report on the State of Youth Violence In Rhode Island: Executive Summary

References:

1. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2005) [cited 2006, Feb., 19]. Available from URL: www.cdc.gov/ncipc/wisqars
2. Youth Risk Behavior Survey, 2005, Center for Health Data and Analysis, Rhode Island Department of Health