

CAMH Policy Statement:

A Balanced Approach to Youth Violence

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Background

Adolescence is a period of development in which many of the risk factors relating to interpersonal violence become more pronounced. More teenagers die from acts of violence than from all diseases combined, and are more than twice as likely as adults to be the victims of violence, most often committed by other teens (Irwin, Berg & Cart, 2002). In Ontario, one-in-ten students report carrying a weapon (such as a gun or knife), 6% report participating in gang fights, and 2% report carrying a handgun (Adlaf, Pagua-Boak, Beitchman & Wolfe, 2005). In Toronto, 6% of high school students and 16% of street youth say that they belong to a gang. Of those, 79% say they have been assaulted in the last year, 45% with a weapon (Wortley & Tanner, 2006).

These statistics have become very real to the Canadian public as the Toronto area continues to react to a wave of gun-related violence. In 2005, 52 of Toronto's 78 homicides were committed with guns. The vast majority of victims and assailants were young males, although innocent bystanders have also been injured or killed.

Many Canadians have the impression that youth violence has dramatically increased in the past decade. However, this is not the case. The percentage of students who reported assaulting someone has significantly declined between 1999 and 2005, from 20% to 12%. Likewise, the percentage of Ontario students who reported carrying a weapon dropped from 14% to 10% in the same period (Adlaf, Pagua-Boak, Beitchman & Wolfe, 2005). Toronto Police Services data indicates that the rate of violent crime among youth have remained level since 1999 (Toronto Police Services, 2004).

Recently, the Federal government introduced tougher-sentences legislation designed to deter gun- and gang-related crimes. The research, however, shows that mandatory minimum sentences alone do not discourage people from committing crimes (Leschied, 2004; White, 2001; Roche 1999). In California, for example, in 9 out of 10 cities the "Three Strikes" mandatory sentencing law has been inconsequential on serious crime rates (Stolzenberg & D'Alessio, 1997). CAMH encourages all governments to take a balanced approach to youth violence by addressing underlying causes and directing more resources to empirically proven interventions that successfully counter youth violence – as set out in subsequent recommendations.

Based on the weight of the scientific evidence, CAMH believes that programs (like those in the following recommendations) that help disadvantaged youth succeed socially and academically are the most effective means to reducing youth crime and victimization. Ultimately this will promote safer streets and healthier communities.

CAMH believes that strategic, comprehensive and long-term mental health interventions must be part of the solution for both youth who are violent and their victims.

A CAMH ad hoc committee was created to examine the predictors of youth violence in order to inform public policy and the development of appropriate interventions.

Predictors of Youth Violence

Youth violence results from the interplay of individual, relationship, family, community, and societal factors. It is strongly shaped by social determinants of health such as poverty, social exclusion, racism, unemployment, inadequate housing, and community disorganization.

Individual predictors of youth violence include hyperactivity, learning disabilities, behavioural problems, aggression, substance use, juvenile offense, and certain psychiatric disorders (Bassarath, 2001; Leschied, Nowicki & Chiodo).

For adolescents, the strongest predictors of youth violence have to do with interpersonal relations. Lack of positive social ties with adults and involvement with antisocial peers (gang membership) are clearly associated with youth violence (Lipsey & Derzon, 1998; Hawkins, Herrenkohl, Farrington, Brewer, Catalano, Harachi & Cothorn, 2000). Poor academic performance and dropping out of school are also strongly associated with youth violence (Bonnell & Zizys, 2005; U.S. Department of Health and Human Services, 2001).

Family factors including disruptions to the parent-child relationship, weak parent-child attachment, single parenthood, antisocial or criminal parents, lack of parental supervision, abuse, authoritarian parenting practices, and parental endorsement of punishment are strong predictors of a child's future violent behaviour (Krug, Dahlberg, Mercy, Zwi & Lozano, 2002; Davis, 1999).

Research shows that community violence is linked to youth violence. Children exposed to adult criminals, drugs and firearms in their neighbourhood are more likely to engage in violent behaviour later in life (Maguin, Hawkins, Catalano, Hill, Abbott & Herrenkohl, 1995; Pratt & Greydanus, 2000). Drugs, guns and youth violence are also linked in that marginalized youth with few prospects for economic sustenance are most susceptible to the lure of employment in the illegal drug trade. Carrying guns or other weapons becomes a necessary means of doing business in the drug trade as youth arm themselves for self-protection and to settle disputes (Erickson & Butters, 2004; Blumstein). Ironically, youth from troubled neighborhoods have ready access to negative activities and little access to positive ones.

Social processes such as poverty and racial discrimination are associated with youth violence. The literature shows that childhood socio-economic disadvantage is related to increases in rates of both self-reported crime and officially recorded convictions (Fergusson, Swain-Campbell & Horwood, 2004). Racial discrimination contributes to youth violence by corroding a young person's sense of connectedness with the wider community (McCord & Ensminger, 1995; Peterson, Krivo & Velez, 2001).

The recent spate of gun violence in Toronto has focused attention on the Black community. Risk markers such as race or ethnicity are frequently confused with risk factors. Risk markers have no causal relation to violence but reflect other factors that may be (U.S Department of Health & Human Services, 2001). CAMH believes that youth violence is not any one community's problem, but is a public health issue. We have a shared responsibility to solve the problem of youth violence.

Successful Interventions

Youth violence is a public health issue, which means that an organized effort across many segments of society and disciplines is required to address the mental, physical and environmental aspects of this problem. Research shows that many of the strongest predictors of youth violence are malleable (Lipsey & Derzon, 1998) which means that given proper understanding, resources, and priorities youth violence can be reduced.

There are many interventions that can help young people become resilient against violence. Building strong communities that give children and youth the supports they need and a sense of belonging (Van Acker & Wehby, 2000;

Sampson, Raudenbush & Earls, 1997) ; helping families – especially single-parent families and families where there is domestic violence - to strengthen the parent-child relationship through positive child-rearing practices (Leschied, Nowicki & Chiodo); alleviating poverty for families in disadvantaged neighbourhoods; facilitating the developing of positive adult and peer relationships (Bonnell & Zizys, 2005); helping at-risk youth become more attached to and successful at school (U.S. Department of Health and Human Services, 2001; Bassarath, 2001); detecting learning disabilities and behavioural problems early on so that these children acquire the requisite skills to succeed in school rather than it becoming something they avoid and fear (Hawkins, Herrenkohl, Farrington, Brewer, Catalano, Harachi & Cothorn, 2000). These are proven protective factors against violence.

Early age onset offenders commit more offenses that are more serious and persist for longer periods of time. Therefore, identification and intervention with young children who exhibit early signs of antisocial and violent behavior is critical (Crocker, 2000).

CAMH believes that youth violence affects us all, and has profound mental health implications for the individuals affected, as well as their families and communities. Youth exposed to high levels of community violence report more fears, anxiety, internalizing behavior, and negative life experiences (Horowitz, MacKay & Marshall, 2005; Moss, 2003). Mental health interventions, therefore, must be part of the solution for both youth who are violent and their victims. Successful mental health interventions include cognitive problem-solving skills training, prosocial peer mentorship, family therapy, and parent management training (Bassarath).

Conclusion

CAMH is committed to collaborating with all stakeholders - governments, business, education, corrections, health and social services, and communities - to leverage our respective resources to create the best opportunities for marginalized youth and their families.

Successful, developmentally relevant interventions have important payoffs for youth involved in violence as well as the rest of society. We believe that mental health interventions *must* be part of the solution for both youth who are violent and their victims.

CAMH recommends that all stakeholders focus effort and resources on creating the necessary supports to keep disadvantaged youth engaged in school and rooted in prosocial values, and to help them succeed socially and academically. Based on the weight of the scientific evidence, CAMH believes such programs would be the most effective means to reduce youth crime and victimization. CAMH therefore encourages stakeholders to:

1. Support Marginalized Communities:

- Build the capacity of disadvantaged neighbourhoods to become healthy supportive environments for children and youth to develop towards independence
- Engage the communities most involved, especially youth, in identifying solutions to youth violence

2. Create Employment Opportunities for Youth:

- More jobs for marginalized youth with meaningful developmental opportunities
- Public-private partnerships to inject employment and business opportunities in poor neighbourhoods

3. Enhance Supports for Youth and their Families:

- Strong community- and school-based programs and supports
- Parenting resources for families to improve the parent-child relationship
- Resources to address mental health concerns related to youth violence
- Development of tools and targeted interventions that support individuals, families and communities along the continuum of prevention, early intervention and treatment of youth violence

4. Support Children and Youth to Succeed in School:

- More resources for early detection and intervention of learning disabilities and behaviour problems

5. Improve Coordination of Youth Services:

- Improved planning and coordination of youth services across ministries so that there is a more streamlined and comprehensive system to serve children and youth

6. Understand the Canadian Context of Youth Violence:

- Research on the Canadian experience of youth violence in racialized communities

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