

# Youth Violence: A Public Health Perspective

Toluwalashe F. Davies

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## Abstract

For many, the role of the physician is primarily to cater to patients' health by providing care and prescribing beneficial therapy with the objective of improving the quality of life of the patient. Although this is true, the duty of a physician is more diverse than that. The physician also has a responsibility to contribute to the prevention and control of disease. The role of a physician is therefore not restricted to the patient-care setting alone, but is deep-rooted in the community. In order to adequately control the spread of a disease and ultimately eradicate the disease, it is important to first understand the nature of the disease and what perpetuates it. One of the major diseases causing the demise of many American youths is violence. Youth violence is highly prevalent in many inner city communities around the country and should rightfully be deemed a public health crisis. As health care professionals, physicians have an obligation to become more involved in public health matters that affect the quality of life of the American youth population.

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## Youth Violence

The top three killers of the American youth between the ages of 15 and 24 are unintentional injuries, homicide, and suicide (CDC, 2014). According to the CDC National Center for Injury Prevention and Control Division of Violence Prevention, more youths die from homicide each year than from cancer, heart disease, birth defects, the flu and pneumonia, respiratory diseases, stroke and diabetes combined (CDC, 2014). These alarming statistics demonstrate that the judicial system alone is not sufficient in order to control the issue. It is imperative to develop innovative and effective strategies to combat the unacceptably high prevalence of

youth violence in our communities. An example of this is the classification of youth violence as a public health problem. This has been proposed by the CDC and has been used to generate various community programs to preemptively address and prevent youth violence (CDC, 2014).

Prevalence of youth violence varies depending on gender, nature of community, ethnicity, and other factors. For example, data released by law enforcement agencies in 2012 showed that the violent crime rate was higher in cities than in metropolitan counties or suburban areas. Additionally, larger cities were shown to have higher rates of violence than smaller cities (CDC, 2014).

Evidence suggests that there is a

correlation between the rise in youth homicide and the emergence of illicit drug use, ease of access to weapons such as guns and an overall decline in economic conditions. The risk for different forms of youth violence varies significantly by race, ethnicity and community. For example, the rate of homicide for non-Hispanic African American youth in 2011 was approximately fourteen times higher than the rate for non-Hispanic white youth and fifteen times higher than the rate for non-Hispanic Asian/Pacific Islander youth. The rate for non-Hispanic African American youth homicide was also four times higher than the rate for Hispanic youth, and 3.8 times higher than the rate for non-Hispanic American Indian and Alaskan Native youth (CDC, 2014). Data from the CDC also shows that homicide is the leading cause of death among non-Hispanic African-American youth, and the second leading cause of death among Hispanic youth (CDC, 2014).

In addition to the obvious short term effects of youth violence, there are many long-term impacts on the health, social, education, employment and judicial systems. A preponderance of data shows that exposure to violence is associated with future mental health conditions including post-traumatic stress disorder and high risk behavior, as well as other medical issues such as asthma and obesity (CDC, 2014). These health conditions contribute to the financial burden that is a consequence of youth violence. According to the CDC, the consolidated costs of medical care due to homicide among youth aged ten to twenty-

four years was an estimated nine billion dollars in 2010 alone. Nonfatal injuries treated in emergency rooms and hospitals incurred another 8.5 billion dollars in medical and work lost costs. These do not include the cost of processing by the criminal justice system, such as the cost associated with arrest, prosecution, incarceration, and re-entry. There are also additional “costs associated with addressing the psychological and social consequences for victims, perpetrators, and their families. These estimates also do not reflect the effects of youth violence on social service agencies, functioning of schools, and property values, which can be negatively impacted by the direct or indirect effects of youth violence” (CDC, 2014).

Youth violence is a pressing issue which needs an immediate response from all members of the society. Unfortunately, many communities have come to accept violence as part of normal occurrence due to its high incidence. According to the CDC, “Many of our young people and communities view the grim facts about youth violence as unavoidable and have accepted youth violence as a societal reality. However, the truth is that youth violence is not inevitable. Youth violence is preventable. The past investment into monitoring, understanding, and preventing youth violence is paying off and proving that youth violence can be stopped before it occurs. We cannot continue to just respond to violence after it happens—the public health burden of youth violence is too high and our potential to prevent youth violence is too great” (CDC, 2014). As

highlighted above, the devastating effects of youth violence cannot be ignored. The core of combating youth violence is a change in public perspective. A resigned outlook perpetuates the problem and hinders the potential for a successful outcome. It is necessary to establish that youth violence is unacceptable and therefore should not be the norm. A more proactive approach that focuses primarily on reversing the normalization of youth violence is necessary, particularly in communities where it is prevalent. By doing so, we may see a reversal in the incidence of youth violence in these communities.

### **The Role of Current and Future Healthcare Professionals**

When faced with such a pressing issue, what is our role of current healthcare professionals and aspiring physicians? Firstly, it is important for the medical community to promote a change in the perception of youth violence. Particularly, we must advocate for a shift away from defining it as a problem that is best solved by law enforcement to one that is regarded as a public health issue. This will require collaborative effort from different professionals and leaders. As healthcare professionals, we are in a unique position to contribute to solving the problem because we maintain an intimate relationship with our patients and the community as a whole. This puts us at a special advantage of being able to gain our patients' trust. This is especially important due to the wide distrust for police

and the judicial system that is prevalent within communities where youth violence is endemic. The intimacy of the doctor-patient relationship opens up the opportunity for doctors to do more for their communities by incorporating risk assessment and counseling as part of the standard of care for their youth patient population. Additionally, physicians can serve as positive role models for patients who may lack other support systems. An example of a program implemented to provide youth with safe alternatives to engaging in interpersonal violence is the Kings Against Violence Initiative (KAVI) ([Kavibrooklyn.org](http://Kavibrooklyn.org)). KAVI is a program founded by an ER physician Dr. Gore at Kings County Hospital in New York to provide mentorship and life skill development for the youth in the community. The program focuses on the prevention and intervention of youth violence by providing education and counseling programs to youth in the community. In order for more preventative programs like this to exist, it is necessary for both medical students and current healthcare professionals alike to be educated about the patient population they serve. This will provide an understanding for the risk factors and underlying causes that promote violent behavior. Thus, incorporation of workshops and seminars into the medical school curriculum and continuing medical education (CME) will be beneficial for the appropriate equipment of medical students and physicians alike.

In 2000, epidemiologist and physician Dr. Gary Slutkin developed the Ceasefire Initiative now known as the Cure Violence

Health Model which views violence as a disease. According to the Cure Violence Health Model, violence is a disease and a public health problem which can be dealt with by using preventative methods. This outlook causes a shift in the perception of possible methods that can be used to eradicate violence. The model is based on three major precepts:

Firstly, the transmission of violence has to be interrupted. In order to do this, the program employs ex-convicts and ex-gang members. They are called credible messengers because of their ability to go out into high risk neighborhoods and interrupt violence. They are highly skilled and trained in the art of mediating conflicts. They are also very familiar with the community and its residents.

Secondly, populations at risk are monitored in order to reduce the risk of gun violence. This is done by implementing outreach programs, where at risk youth are paired with outreach workers who act as mentors and guides who educate them about safe alternatives to violence.

Thirdly, the Cure Violence Health Model strives to change the community norm by introducing activities to the neighborhood such as basketball tournaments, educational workshops for community members, and mentorships by forming relationships and partnerships with schools in the neighborhood (Cure Violence, 2011).

According to the CDC, youth violence should not be classified primarily as a problem requiring the attention of only the law enforcement or school management

systems. Instead, youth violence is a public health issue which requires public health professionals and community leaders to play an active role in the process of making safer communities (CDC, 2014). The Cure Violence Model is one that exemplifies these values by offering an alternative approach to dealing with violence. In a review performed by the Johns Hopkins Bloomberg School of Public Health, the Cure Violence Model has been shown to significantly reduced violence and the casualties of gun violence (Webster & Johns Hopkins Bloomberg School of Public Health, 2012). The Cure Violence Model has been adopted for use by various inner city communities nationwide because of its success. An example is "Save Our Streets" which has multiple sites in different New York City neighborhoods like Crown Heights, South Bronx and Bedford Stuyvesant. Recently, Save Our Streets South Bronx had 380 "shooting free" days in their catchment area that spans 12 city blocks in the Borough of the Bronx (News 12, 2016). In order to ensure the success of the Cure Violence Model, different communities have to tailor the programs to their specific needs. For example, the credibility of the Outreach Workers and Violence Interrupters is of absolute importance in order for the program to be successful. Therefore, the workers hired must be well known in the local communities, especially by different gangs and organizations. The source of their credibility is the fact that they had once been gang members, or had been incarcerated in the past. This is a crucial prerequisite for the success of the program because it facilitates

the trust and mentorship between the youth and the workers.

The Red Hook Youth Court is a similar program that has been enacted for redefining the norm in communities while providing mentorship opportunities to youth in the Red Hook community. The Red Hook Youth Court is a program implemented by the Center for Court Innovation (CCI) in New York. CCI is a partnership between the New York State Unified Court System and the Fund for the City of New York. Their purpose is to “help create a more effective and humane justice system by designing and implementing operating programs, performing original research, and providing reformers around the world with the tools they need to launch new strategies” (Center for Court Innovation, 2016). The Red Hook Youth Court is “designed to instill in both members and respondents a positive perception of the criminal justice system, a sense of commitment to their neighborhoods and an improved sense of self-confidence and ability to achieve their goal” (Calabrese, 2016). It is a program for youth ages ten to eighteen years old who have been referred by local schools or the police department, for offences ranging from truancy to vandalism. The core of the program is that, “young people appear before a judge and jury of their peers – other neighborhood teens – who determine fair and appropriate responses” (Center for Court Innovation, 2016). Also, “unlike in a traditional court, the purpose of the jury’s questioning is not just to learn more about the offense, but to understand better what led to the incident,

how the respondent feels about his/her experience, and to prompt the respondent to reflect on his/her behavior” (Center for Court Innovation, 2016). The program uses positive peer pressure as a method for managing youth violence in the community. The Youth Court has become an integral part of the Red Hook community because of its unique approach to youth violence. It provides many opportunities by training the youth to become more familiar with the judicial system. The court also offers alternative forms of punishment such as community service, anger management classes and other resources to troubled youth. The program is overseen by Judge Alex Calabrese who presides over the Red Hook Justice Center.

Unlike the aforementioned Cure Violence Model, the Red Hook Youth Court is a restorative justice program that focuses on:

1. Responsibility by teaching young people that their actions have consequences. Because this message comes from other young people, it is more likely to be heard and understood. The youth court process asks respondents to reflect on their actions and understand how their behavior affects others around them.
2. Community restoration: Youth Court members have a feeling of ownership and belonging to their community, hence they have a general expectation that their peers will care about their community collectively with them. Respondents are often sanctioned to

restore the harm done to the community through service, apologies and other actions.

3. **Help provision:** The Red Hook Youth Court links young people and their families to services such as counseling, and provides workshops to help youths make better decisions and avoid future involvement with the justice system.
4. **Leadership:** The Youth Court teaches young people how to be leaders. Members are trained in group-decision making, critical thinking and public speaking. The program provides a positive opportunity for young people to engage with judges, lawyers, criminal justice officials and the court system. In addition to this, youths who have successfully gone through the youth court program as respondents are encouraged to become members (Center for Court Innovation, 2016).

There is much that can be done to help tackle the epidemic of youth violence in America. There are already a number of different programs that are implemented in various communities nationwide. The more there is a sense of urgency attributed to the issue, the quicker we might be at making youth violence a thing of the past. Different models founded on the premise of violence prevention have been illustrated in this paper to demonstrate the positive effects of having healthcare professionals involved in the eradication of youth violence. With the

collaboration of all members of the society, especially healthcare professionals, more initiatives like the Cure Violence Model, and KAVI might be developed to curtail the high incidence of youth violence in America. In order for this to happen, healthcare professionals need to be committed to establishing that youth violence is indeed a public health problem that needs to be eradicated. In order for this to happen, health care professionals need to produce a more collaborative effort and commitment in order to establish that youth violence is indeed a public health problem that needs to be eradicated with much urgency. Physicians need to be actively involved in the communities in which they practice, familiarizing themselves with the surrounding neighborhoods and learning more about risk factors related to their patients. After all, this is indeed the core of the medical profession.

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