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INTERNATIONAL SOCIETY OF PSYCHIATRIC-MENTAL HEALTH NURSES

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Prevention of Youth Violence

The Association of Child and Adolescent Psychiatric Nurses (ACAPN), a division of the International Society of Psychiatric Mental Health Nurses, is dedicated to the mental and physical well-being of all children. ACAPN strives to develop healthy children, and to provide safe non-violent environments in which children may grow. As such, ACAPN is concerned with the increase in violent acts perpetrated by and towards youth. This position paper is written to provide current recommendations for preventing violence towards youth.

Definition

Violence is the threatened or actual physical force or power initiated by an individual that results in, or has a high likelihood of resulting in, physical or psychological injury or death. Violence may be a learned behavioral response utilized to achieve an end, or it may be a habitual, reflexive way of responding to stressful stimuli (Youth Violence and Suicide Prevention Team 1999).

Background

Violence, perpetrated by and towards children and adolescents, is in epidemic proportions in the United States. In 1994, the Center for Disease Control reported that “the #1 health problem of a child born today is violence.” As the study of child and youth violence progresses, the risk factors, experiences, and processes related to the development of aggressive/anti-social behavior are becoming more clearly identified. The complexity of factors contributing to this national problem stem from multiple sources.

A recent report by the National Institute of Mental Health (NIMH) (2000) lists factors beginning with those that rise from early familial interactions. The authors note:

Such forces as weak bonding, ineffective parenting (poor monitoring, ineffective, excessively harsh or inconsistent discipline, inadequate supervision), exposure to violence in the home, and a climate that supports aggression and violence puts children at risk for being violent later in life (NIMH. p. 20)

When coupled with neurological, genetic or developmental deficits that put children at risk for behavioral problems, these factors can interact, creating profound influences on the child’s development (Cicchetti & Lynch, 1993).

Social factors and poverty have also been correlated to increased violence. The most lethal form of violence is gun violence. In the 1999 report of the National Center for Health Statistics, firearm injuries represent the third leading cause of death in 10 to 14 year olds, and represent the second leading cause of death in Americans between the ages of 15 and 24 (Hoyert, Kochanek, & Murphy, 1999). Substance abuse has long been recognized and associated with violence, either alone or in conjunction with other mental disorders (Binder, McNeil, 1988; Swanson, Holzer, Ganju, & Jono, 1990). Research in media violence has shown that children who watch more violent programs on TV tend to favor using violence to resolve conflict (AACAP, 1999).

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Prevention at varying ages has been the main focus of programs across the nation. The NIMH report notes that longitudinal data supports the efficacy of early intervention delivered by nurse home visitation programs in reducing later anti-social behavior of youth (a strong correlate to violence). As toddlers become pre-schoolers a dual opportunity arises to both address at-risk children as well as strengthen protective factors. Research demonstrates that children's anti-social behaviors can be traced along a trajectory beginning in pre-school years (Caspi, Moffitt, Newman, & Silva, 1996; Tremblay, Pihl, Vitaro, & Dobkin, 1994). While some questions persist about the accuracy of early prediction, substantial evidence exists for targeted interventions for improving outcomes of at-risk children (Bennett, Lipman, Racine, & Offord, 1999). Another important prevention area is helping pre-school children develop skills that will assure their social and emotional readiness for success in school. The Child and Mental Health Services Foundations Network's (FAN) report notes that preparing children to succeed in school by building a pre-school child's social and emotional foundation will help with school adjustment and reduce the risk for school failure and later emotional problems (FAN, 2000).

As children proceed into the grade school years the violence prevention efforts turn to more universal programs. Groups of children receive intervention regardless of risk status. School based prevention has been a particular area of focus. These programs are generally designed to teach problem solving, conflict resolution and promote pro-social behaviors. According to a recent review there are approximately 70 programs designed for school-based violence prevention (Drug Strategies, 1998). While the effort is laudable it has been difficult to accumulate efficacy of any one program (Guerra, Attar, & Weissberg, 1997).

Secondary prevention of youth violence aims at reduction of aggressive behaviors by boosting resiliency or lessening the impact of risk factors tied to the development of aggression. In a review of secondary prevention programs, Guerra, Tolan, and Hammond (1994) note that although existing programs have not been successful there appears to be promise in programs aimed at improving skills and modifying the learning conditions for aggression. As researchers identify the pathways to anti-social and aggressive behavior, secondary programs may be able to sharpen their interventions to address specific pathways of vulnerability (Bennett, Lipman, Brown, Racine, Boyle, & Offord, 1999; Dubow & Reid, 1994; Tremblay, Pihl, Vitaro, & Dobkin, 1994; Vitaro, Brendgen, Pagani, Tremblay, & McDuff, 1999).

Several psychiatric nurses have developed excellent primary and secondary programs. Gross et.al. (1995) have demonstrated that behavioral parent training can improve how mothers interact with their difficult toddlers. Such interventions have the potential to address risk factors that connect to the development of aggressive behaviors. Puskar et. al. (1997) has developed an intervention to increase adolescent coping skills. The problem solving skills taught in these community based groups have the potential to decrease an adolescent's aggressive response to volatile situations.

Psychiatric nurses are in a prime position to intervene early to strengthen family ties and identify children at risk. By virtue of their work in schools, primary care, health care clinics, and community health centers, they are in contact with children who are at risk for continuing aggression. Because psychiatric nurses understand psychological, developmental, sociological, and psychiatric aspects of behavior, they can evaluate the potential efficacy of interventions or population based programs.

Recommendations

Based on the available research as well as consultation from experts in the field of violence prevention, the following recommendations are made:

- Provide accessible and affordable early intervention services for developmentally delayed, neurologically impaired, and/or drug exposed young children (0-5) and their families

- Implement early home and family intervention services for children at risk for violent behavior
- Implement empirically validated psychoeducational programs for parents of children at risk for violent behavior
- Support community education programs which teach pro-social behaviors, offer mentoring, and build resilient children
- Promote empirically supported education programs in the schools to teach anger management, conflict resolution, and problem-solving
- Promote community development of social support networks, and resources for services, recreation, and employment
- Participate in multi-disciplinary collaborative research to develop and rigorously evaluate interventions aimed at reducing risk factors associated with violent and aggressive behavior
- Develop and use assessment measures and interventions that are valid for children and families from all ethnic and socioeconomic backgrounds.
- Make timely referrals to licensed mental health professionals to evaluate and treat conditions associated with violent or antisocial behavior, including:
 - Attention Deficit/Hyperactivity Disorder
 - childhood depression
 - Oppositional Defiant Disorder
 - Conduct Disorder
 - Attachment Disorder
 - domestic violence
 - substance abuse
 - extreme family dysfunction
 - difficult temperament style
 - school bullying
- Promote involvement in social movements aimed to:
 - legislate more restrictive access to guns
 - enforce strict adherence to legal drinking age
 - legislate stronger consequences for driving while impaired by alcohol/drugs
 - increase tolerance of diversity of race, gender, and sexual orientation
 - decrease tolerance for racism, bigotry, hate crimes, child abuse/neglect, sexual harassment and exploitation of women
 - promote a decrease in violence-oriented media (television, movies, music, and radio) that is easily accessible to children

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