

Testimony of

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Prevention of Youth and Gang Violence  
Statement of  
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Mr. Chairman and other distinguished members of the Committee, thank you for the opportunity to appear before you today on behalf of the Centers for Disease Control and Prevention (hereafter referred to as CDC). CDC, as part of the Department of Health and Human Services (HHS), is the sentinel agency for health protection for people in the United States and throughout the world. Our efforts to improve health are magnified through strong partnerships with other federal agencies, state and local public health agencies, faith-based and community-based organizations, professional associations, academic institutions, and other stakeholders. This testimony will address CDC's youth violence prevention efforts by (1) giving a background of CDC's youth violence approach; (2) detailing CDC's scientific efforts to understand the causes of youth violence as an emerging health issue; (3) the translation of the scientific data to practical action; and (4) CDC's conclusions.

## BACKGROUND

Adolescence is a unique period of life marked by special challenges and opportunities. No longer children and not yet adults, adolescents make choices and develop attitudes and behaviors that can significantly affect their health now and in the future. Preventative measures taken now ensure that today's adolescents will become tomorrow's parents, workforce and leaders, with a future filled with opportunity, productivity, and good health. CDC is taking a coordinated approach to develop and enhance current research and program foci to shape adolescent prevention strategies into a collaborative and comprehensive program. This ensures the enhancement of our ability to achieve comprehensive health plans and health impact goals for adolescents. The key focus areas for adolescent health addressed at CDC include alcohol use, physical inactivity and nutrition, sexual risk behaviors, tobacco use, unintentional injuries, and violence.

Youth violence has a significant impact on youth, families, and communities. In 2002, more than 877,700 young people ages 1 to 24 were injured from violent acts. Homicide is the second leading cause of death for young people aged 15 to 24 years in the United States and the leading cause of death for African Americans aged 15 to 34 years of age. Although youth violence has declined significantly in recent years, much work remains to reduce this public health burden. As a part of CDC's focus on improving the health of adolescents, reducing homicide among youth remains a top priority for CDC.

## UNDERSTANDING THE SCIENCE

CDC is committed to advancing public health science and programs impacting adolescents. In recognizing the breadth of risk factors and points of intervention, CDC supports research and programs across the full public health spectrum. This includes building resilience in children and youth and reducing risk factors in their families, schools,

and communities. CDC research and programmatic efforts to date have yielded results that demonstrate effective interventions to reduce youth violence at multiple levels of intervention. Some of these efforts include research on parent roles and child maltreatment, home based interventions, drug and alcohol abuse, and school and community factors.

#### Parents' Roles and Child Maltreatment

CDC research demonstrates that parents' role in the development of children and child maltreatment are important precursors to factors that place youth at greater risk of violence as they mature into adolescence. Child maltreatment includes neglect, physical abuse, sexual abuse and emotional abuse of a child. Early interventions that address child maltreatment and the parents' role in the healthy development of children are a critical aspect of a comprehensive effort to prevent youth violence. Research indicates that parental engagement and monitoring of youth activities, including knowing the child's friends and interacting with the parents of the friends, is a significant protective factor in preventing youth violence. Boys and girls are less likely to be involved in violent behavior when they:

- ? Are able to discuss problems with parents,
- ? Believe that their parents have high expectations for school performance,
- ? Feel connected to their family, and
- ? Report frequent shared activities with parents.

In addition, both boys and girls are less likely to be involved in violent behavior when at least one parent is consistently present during at least one of the following times: when they wake up in the morning, when they arrive home from school, at evening mealtime, or at bedtime.

Studies show that experiencing or witnessing violence as a child or youth has an impact on future violence experienced and perpetrated across the lifespan. Therefore, early prevention and intervention efforts are critical to preventing youth violence and other forms of violence. Child maltreatment, including abuse and/ or neglect, is traumatic and increases the risk of future adverse consequences among maltreated children, such as early pregnancy, drug abuse, school failure, and mental illness. In addition, children who have been physically abused are also more likely to perpetrate aggressive behavior and violence later in their lives.

#### Interventions--Home Visitation

CDC has identified effective programs for preventing child maltreatment and strengthening families. A systematic review of published studies conducted by the U.S. Task Force on Community Preventive Services with support from CDC found that home visitation programs are effective in reducing child maltreatment among high-risk families. Early childhood home visitation programs are those in which parents and children are visited in their home during the child's first two years of life by trained personnel who provide some combination of the following: information, support, or training regarding child health, development and care. Early childhood home visitation programs, when implemented by trained nurses, can prevent child maltreatment episodes and risk factors for youth violence by 40% in high-risk families.

#### Drug and Alcohol Abuse

Youth involvement with alcohol or drugs is an important risk factor for youth violence. Children who initiate alcohol or drug use at an early age are likely to be at subsequent risk for violence. In adolescence, alcohol and drug use, including binge drinking and use of multiple substances are far more common among youth involved in serious violence relative to nonviolent youth. Current research suggests an association between frequent substance use and risk for violence. Both the disinhibiting effects of the drugs, and the situational and/or social contexts in which the drugs are being used, purchased, or sold are likely to provide substantial opportunities for conflict and involvement in delinquent and violent behaviors.

#### School and Community Factors

CDC recognizes the value of efforts within schools and outside the school setting especially in communities to target youth violence. CDC research demonstrates that strong connections to school and community protect children and youth from violence. For example, CDC funded the University of Minnesota to examine risk and protective factors for youth violence using data from the National Longitudinal Study of Adolescent Health (Add Health) Survey. The Add Health Survey is a comprehensive school-based study of the health-related behaviors of adolescents in the United States. During the 1994-1995 school year, over 90,000 adolescents in grades 7 through 12 were surveyed in schools in 80 different communities around the country. A survey was also administered to the school administrators in these communities. More than 20,000 students, randomly chosen from those who participated in the survey and from school rosters, participated in in-home interviews in 1995. A follow-up interview of 15,000 adolescents and a parent (usually their mother), again at home, was conducted between April and August of 1996.

Both boys and girls are less likely to be involved in violent behavior when they:

- ? Perceive being connected to school,
- ? Report feeling connected to adults outside of their immediate family, and
- ? Report feeling safe in their neighborhood.

However, both boys and girls report greater involvement in violence when they perceive prejudice among students in their school, or report having a friend who had attempted or completed suicide. We know that the influence of peers increases substantially as children transition to adolescence. Youth who have weak social connections with conventional peers and those with a history of aggression are likely to form relationships with antisocial peer groups such as gangs. Indeed, one of the strongest predictors of youth involvement in violent behavior, as perpetrators and victims, is affiliation with an antisocial peer group. The peer group influences an adolescent's opportunities for disputes as well as norms and beliefs about how disputes should be handled. Youth who become affiliated with a gang are at particular risk for involvement in more frequent and more severe violence.

CDC is identifying ways to strengthen positive connections at schools by reducing risky behaviors associated with violence and promoting the use of problem-solving behaviors. For example, a CDC-supported evaluation at Columbia University found that a school-based program reduces risk behaviors for youth violence by promoting positive problem-solving behaviors by targeting interpersonal processes known to predict later involvement in aggressive and violent behavior. The evaluation of the Resolving Conflict Creatively Program conducted by Columbia University's Academic Center of Excellence for Youth Violence Prevention found significant behavior changes in youth participating in the program and decreased violent behavior and increased academic achievement in the young people who participated. Because of its success in reducing youth violence and increasing community participation and problem solving, this program is being used in 15 other school districts around the country. Economic evaluation shows these positive impacts can be achieved for just \$98 per young person per year.

In another example, CDC funded Peace Builders, an elementary (K-5) school-based project in Arizona, designed to reduce physical and verbal aggression by creating a "culture of peace" within the school environment. Throughout the school year, counselors or other specially trained instructors used various methods such as praising others, avoiding insults, seeking the advice of older persons, and speaking up about hurt feelings to teach students to interact socially in a positive way. The evaluation showed significant increases in better social interactions and reductions in aggressive behavior among children in Peace Builder intervention schools compared with youth in non-intervention schools. Peace Builders was also successful in modifying the school climate so staff, teachers, and youth felt safer and part of a more productive learning environment. Finally, in a separate assessment conducted during the first year of program implementation, injuries related to fighting (recorded from visits to the school nurse's office) declined slightly in participating schools but rose significantly in non-participating schools.

#### TRANSLATING SCIENCE INTO ACTION

CDC's work is valuable only if it can be applied in families, schools, and communities to have a positive impact. CDC believes the most important work to be done in youth violence prevention is translating what we know to work based on our science into effective community programs and services. A priority for CDC is the implementation of research findings into different communities with different needs. This approach involves a solution that is multi-sectorial and multi-factorial, drawing together all the resources that each has to offer.

To ensure that effective strategies are distilled and disseminated for community use, CDC compiled Best Practices of Youth Violence Prevention: A Sourcebook for Community Action. This resource provides communities with strategies for developing, implementing, and evaluating violence prevention programs. The sourcebook presents four key strategies for preventing youth violence: school-based programs, mentoring programs, parenting and family-based programs, and home visiting. It builds upon lessons learned from the first CDC-funded evaluation projects and draws upon the expertise of more than 100 of the nation's leading scientists and practitioners in this field.

Also, CDC has developed "School Health Guidelines to Prevent Unintentional Injuries and Violence." These guidelines identify the school health program strategies most likely to be effective in reducing unintentional injuries and violence among young people. This document, which was developed by CDC in collaboration with other federal agencies, state agencies, universities, voluntary organizations, and professional organizations, is based on extensive reviews of research literature.

Furthermore, CDC continues to encourage cross agency collaboration to explore approaches that can be developed by working collectively in areas such as violence, injuries, tobacco, and alcohol. Violence and aggressive risk-taking behavior underlie many of the health problems that manifest or begin during adolescence and CDC continues to examine areas of potential synergy among the various programs to address youth violence. Since all of these programs are in some way trying to influence adolescent behavior in a positive way and often are working with the same groups such as parents and schools, increased collaboration may likewise increase effectiveness of youth violence prevention efforts.

## CONCLUSIONS

In conclusion, CDC's scientific work and other evidence from the field, support the need for an initiation of comprehensive efforts to prevent youth violence in high-risk communities across the country beginning during infancy and continuing through adolescence. Best science supports the benefits of beginning during infancy with home visitation and parenting programs that promote healthy development. During the childhood years opportunities exist to teach problem-solving skills in schools and other community settings such as faith-based organizations, Boys and Girls Clubs or YMCAs. Parenting programs should be continued through childhood and adolescence. As children move into adolescence, mentoring programs with adult supervision and intensive efforts to keep adolescents in schools and on track with their education should be emphasized. These programs, supported by healthy environments, can strengthen and empower communities in creating an atmosphere of trust and connectivity of the youth to their communities, thereby changing norms that support violence. The intramural and extramural work supported by CDC focuses on identifying effective or promising strategies to prevent youth violence and then translating those into action through the advancement of public health science and programs impacting adolescents.

Thank you for the opportunity to come before you to discuss some of CDC's efforts to prevent youth violence. Congress' support has allowed CDC to make great strides in the identification of the risk factors facing our nation's youth and the prevention of youth violence.

We look forward to working on these and additional challenges in the future and we look forward to responding to any questions you may have.