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**The Urban Seminar Series**  
ON CHILDREN'S HEALTH AND SAFETY

# Youth Violence in Urban Communities



Violence is a pervasive problem for America's youth, particularly those living in urban communities. Recent statistics from a Boston hospital suggest that one out of 10 children between the ages of one and five has witnessed a shooting or stabbing on the streets or in the home (1). Although we may think that children will be protected by their ability to forget or are too young to understand, we now know that even young children can recall and recount violent incidents in vivid detail.

Violence enters the lives of children in places we often consider to be safe havens, such as the home, school, neighborhood, or community. Thus, children are likely to know or have close relationships with people who are victims or perpetrators of violent crime. In addition, America's youth are themselves often victims or instigators of violent acts. The Centers for Disease Control and Prevention estimates that homicide is the second leading cause of death among youth between the ages of 15 and 24, and the leading cause of death among African-American youth in that age group (1).

Furthermore, frequent exposure to violence affects children's physiology: children may become hyper-vigilant or distraught, and may experience intense stress in anticipation of the next violent episode. Thus, their lives become stressful not only during the violent incidents, but also during the calm, as they anticipate the next occurrence. This has led researchers to consider the cumulative effects of this sort of trauma on children residing in a violent milieu (1).

Yet, many of us who have worked or come in contact with children who have grown up with violence know their courage and hope, as well as their fear and despair. What can current research offer to help us better understand the impact of violence on youth? What prevention programs have been successful in reaching out to youth in ways that not only will change their lives but also create for all of us a safer and more nurturing community?

*The seminar, "Youth Violence in Urban Communities," part of the Urban Seminar Series on Children's Health and Safety, was held May 11-12, 2000 at Harvard University. The seminar featured the presentation of six commissioned papers on issues related to youth violence. For more information, please visit our website at [www.ksg.harvard.edu/urbanpoverty](http://www.ksg.harvard.edu/urbanpoverty).*

In an attempt to begin answering these questions, participants in the seminar *Youth Violence in Urban Communities* examined recent research into the causes and consequences of violence among adolescents and youth. Discussions during the seminar covered a range of issues, including trends in youth violence, the effects of witnessing violence on children and youth, theories about the causative factors that contribute to youth violence, and prevention and intervention programs aimed at decreasing youth violence.

## Research Findings

Several of the researchers identified important findings regarding youth violence. Some of the most notable findings are summarized below.

***Both the sharp increases and dramatic decreases in violence rates since 1980 are largely attributable to youth.*** The United States has seen some "sharp swings" in the rate of violence in the last two decades, and many of those swings are attributable to changes in violence committed by young people (2). The rate of violence among youth — particularly homicide — increased sharply between 1980 and 1993, and has fallen off steadily since then, while the homicide rate among adult offenders has been mostly on the decline. This finding runs contrary to public perceptions regarding the emergence of hyper-violent youth.

The increase in youth violence prior to 1993 may have been attributable not to more violent youth but to "novel aspects of their environment," such as the easy availability of guns that accompanied the rise of inner-city drug markets. The decline in the violence rate that began in 1993 is more difficult to explain, as it probably involves the interaction of several factors. These factors include police and community efforts to remove guns from the streets, especially from youth; the decline of street markets for crack cocaine; and the impact of a positive economy that has created more legitimate job opportunities.

Rather than reinforcing the need for more punitive measures, "these observations emphasize the importance of efforts to prevent violence by finding ways to socialize the young and train them with the skills necessary to function in a rapidly evolving economy" (2).

***Urban youth are witnessing violence at disturbingly high levels, resulting in negative consequences for their psychosocial functioning.*** America's urban youth are witnessing a great deal of violence in their communities (1). Specifically, boys and minority children in inner-city neighborhoods report higher rates of exposure to community violence than do girls, European American children, and children residing in suburban settings. Furthermore, about one-quarter of low-income, urban youth have witnessed a murder (1).

Such experiences have significant negative consequences for children's psychosocial functioning. Children exposed to violence suffer higher incidences of substance abuse, school failure, anxiety, or behavioral problems than do comparison children. However, protective factors, such as strong family supports or a lack of family conflict and violence, can help to ameliorate these negative consequences.

***Traumatized children may be misdiagnosed.*** Children who have been exposed to repeated incidents of violence may be misdiagnosed. Proper diagnosis is essential to appropriate delivery of care as well as prevention of unnecessary treatment and stigmatization of children suffering from trauma. A child who has experienced repeated acts of domestic or community violence may "space out" in the face of a stressful situation — a phenomenon known as dissociation. But to an outside observer, a child who dissociates repeatedly in the classroom, for example, may be mistaken for a child with attention deficit disorder.

In reality, children's tendency to dissociate may be an instinctive response in the face of overwhelming danger and intense fear. A more accurate picture of a child who has been repeatedly exposed to violence may be drawn from our understanding of post-traumatic stress disorder. In addition to dissociation, children who suffer from post-traumatic stress may experience nightmares, insomnia, sudden startling, hyper-vigilance, and flashbacks — episodes of re-experiencing and reliving the trauma. Recent studies also suggest that children suffering from post-traumatic stress are likely to be depressed (1). As our understanding of the long-term effects of repeated exposure to violence on children deepens, our approach to assessing children and delivering compassionate care — whether in social service or medical settings, or in classrooms or after-school programs — must also reflect our new understanding of the traumatic experiences of children.

***Gun violence can be modeled as a contagious epidemic.*** Social contagion theory provides an explanation for the unprecedented outbreak of homicides in New York City in the late 1980s and early 1990s. Drawing on a biological metaphor, gun violence may be transmitted epidemically in urban neighborhoods in a relatively short period of time. Like a contagion, gun violence is transmitted throughout a social network — in this case, adolescent peer groups for whom violence is a means of establishing status and social identity (4).

Thus, gun violence does not happen randomly or without reason. Rather, for some adolescents, issues of respect, honor, and pride commingle with violent acts. Prevention and outreach programs must address youth violence in the context of the complex dynamics of adolescent peer groups within which "gun use is an important part of the status hierarchy" (4).

## Promising Ideas and Interventions to Decrease Youth Violence

Several researchers outlined ways to respond to and reduce youth violence.

**An argument in favor of community policing.** In the 1960s and '70s, the U.S. Supreme Court, in an attempt to protect minority citizens from institutionalized racism and prejudicial treatment, began vastly restricting the discretionary actions of local police. But this long-held bias against community policing may no longer be valid and, in fact, may impede the ability of urban neighborhoods to curb juvenile crime through such methods as anti-loitering laws and curfews (3).

Urban communities are now embracing the very laws that were once used to discriminate against them. Cities "are rediscovering curfews, anti-loitering laws, order-maintenance policing, and related law enforcement strategies" that were once used to exclude minorities from the nation's political life (3). A fundamental difference between the strategies in place today and those of the past is that "inner-city residents are now very often their primary sponsors. Flexing their newfound political muscle, these citizens are demanding effective law enforcement" (3). Minorities support such efforts for two reasons: they see them as effective at curbing low-level disorder and thus more serious crime; and they see them as the least destructive form of law enforcement, greatly preferable to stiff sentencing laws, for example.

However, many court rulings are invalidating the new community policing tactics, judging them as subordinating individual liberties in favor of public order and excessive police discretion. It may be important for communities themselves, since they are the most affected by the laws in question, to determine the acceptable balance between liberty and order.

**California Wellness Foundation's Violence Prevention Initiative.** The California Wellness Foundation's Violence Prevention Initiative (VPI), with funding in excess of \$35 million, has taken an expansive public health approach to violence prevention. The initiative is an "ambitious attempt to combine policy and media advocacy, community action, individual leadership, research, and evaluation in one integrated initiative" to prevent violence (5).

The VPI approach consisted of four stages: defining the problem, identifying causes and risk factors, developing and implementing interventions, and evaluating those interventions. Once the problem was defined and causes and risk factors were identified, interventions were implemented through 17 community action programs (CAPs) around the state. The CAPs sought to involve adult community members in violence prevention and sponsor educational and social programs for children and youth. Efforts to involve adults included training sessions for community residents on local

issues related to violence prevention, letter-writing campaigns to garner local support, neighborhood meetings to discuss strategies to address violence, and events to facilitate cohesion among community members. Programs for children included school-based violence prevention classes and rallies; peer mentoring, gang diversion, and conflict resolution programs; summer programs such as educational trips and basketball leagues; and job training programs.

The evaluation found that adults reported high levels of advocacy and cohesion among community members. In addition, changes in attitudes toward gun safety and regulations were apparent in participating communities—even among adults who did not take part. Children and youth also reported changing attitudes and behaviors, including higher rates of participation in positive community activities, greater use of violence prevention skills, and greater communication and prosocial behaviors among peer groups. In five of the CAP communities, "violent crime rates decreased faster than in comparable communities used as controls" (5).

In addition to sponsoring community programs, VPI undertook leadership development efforts for health care professionals, grassroots community leaders, and youth; public education campaigns directed at policymakers and opinion leaders; and research and evaluation of 14 policy projects, whose findings are expected to help develop more effective violence prevention policies. One of the most important outcomes of the VPI has been the information gleaned on best practices, which can be used to inform future efforts at large-scale, multi-pronged prevention approaches.

**The Boston Gun Project.** The Boston Gun project — also known as Operation Ceasefire — focuses its efforts on a small number of youth gang members responsible for the majority of the homicides in Boston (6). The Ceasefire intervention was associated with statistically significant reductions in youth violence. These reductions included a 63% decrease in monthly youth homicides in Boston sustained over the two years following the implementation of the intervention (6). In addition, comparisons between trends in Boston and other cities also support the hypothesis that Operation Ceasefire was the instigator of the decline in Boston youth homicides in recent years.

Operation Ceasefire began with an interagency working group that undertook an assessment of the demographics and causes of youth violence, developed and implemented an intervention, and then evaluated the intervention. A 1995 analysis of Boston homicides indicated that most were committed by a small number of young gang members, using newly acquired semiautomatic pistols. Thus, Operation Ceasefire focused police efforts on reducing illegal gun trafficking among youth and deterring gang violence by insisting on a "no violence" stance and responding swiftly when violence occurred. At the same time, numerous community groups, including a coalition of local leaders, began intensive outreach and provision of support and services to at-risk youth.

## General Conclusions

Based on the data presented on causes, correlates, and interventions, the following proposals for decreasing youth violence were offered during the course of the seminar:

- **Decrease youth access to guns.** Given the centrality of guns in recent homicide trends, continued efforts to decrease access to guns should be a primary goal.
- **Create community youth programs that address the social meaning of violence for adolescents.** Program developers should incorporate interventions that address the social meaning of violence for adolescents. In addition to basic street survival, the social meaning of violence is tied to issues of respect, honor, and pride within peer groups (4). Interventions should offer alternatives that encourage non-violent conflict resolution and help strengthen mutual respect in interpersonal relationships among youth.
- **Increase adult engagement in the lives of children and youth.** This can be achieved through efforts such as mentoring programs to link individual children with supportive adults; educational reform to improve teachers' ability to form meaningful relationships with students; and policy changes to support quality child care programs and allow parents more flexibility in juggling work and family issues.
- **Involve communities in designing programs to address youth violence.** Community members are on the front lines of youth violence and should be involved in designing efforts to address it. Community members may know which young people are most at-risk and why. They may understand unique neighborhood characteristics and social dynamics that fuel youth violence. And they may be aware of local resources and leaders that can be employed to help address the issue. Collaborative efforts between the police and community leaders can help to ensure that crime is abated in ways that reinforce residents' sense of security and mutual trust.
- **Encourage policies that focus on prevention.** Punitive policies that lower the age at which children can be tried as adults do not address the underlying causes of violence. While traditional criminal justice procedures are often necessary to ensure the safety of citizens, long-term solutions must include efforts to prevent violence from occurring in the first place.
- **Conduct further research and facilitate dissemination of best practice models.** More research is needed to better understand the causes and consequences of violence. For example, there is a lack of longitudinal research on the effects on children of exposure to violence. In addition, more evaluative research on prevention programs would help establish a set of best practice models that could be disseminated for adaptation by local communities.

## References

The following papers were commissioned for and presented at the seminar:

1. "The Epidemiology of Witnessing Community Violence in Childhood and Adolescence" by Felton Earls, Harvard Medical School and Harvard School of Public Health.
2. "Factors Contributing to the Ups and Downs of Youth Violence" by Alfred Blumenstein, Heinz School of Public Policy and Management, Carnegie Mellon University.
3. "The Changing Jurisprudence of Policing" by Tracey Meares, University of Chicago Law School.
4. "Social Contagion of Youth Homicide" by Jeffrey Fagan, Mailman School of Public Health, Columbia University.
5. "The California Wellness Foundation's Violence Prevention Initiative: Findings from the Evaluation of the First Five Years" by Peter W. Greenwood, Violence Prevention Policy Center, RAND.
6. "The Boston Gun Project: Impact Evaluation Findings" by Anthony Braga, Kennedy School of Government, Harvard University.

*The Urban Seminar Series on Children's Health and Safety brings together researchers, practitioners, and policy makers who have a common interest in improving the health and well being of urban children. The series of six, biannual seminars is sponsored by The Robert Wood Johnson Foundation (RWJF) and directed by William Julius Wilson at Harvard University's Kennedy School of Government. The seminars, which highlight the latest research on selected topics related to children's health and safety, are designed to complement RWJF's Urban Health Initiative.*

*The mission of the Urban Health Initiative (UHI) is to improve the health and safety of children and youth. Local campaigns in Baltimore, Detroit, Oakland, Philadelphia, and Richmond participate in the UHI. Each campaign seeks to change the major systems that serve children in order to improve youth health and safety statistics throughout the entire city or metropolitan area. The UHI National Program Office is located at the University of Washington and is headed by former Seattle Mayor Charles Royer.*

*For more information on the Urban Seminar Series, please visit our website at [www.ksg.harvard.edu/urbanpoverty](http://www.ksg.harvard.edu/urbanpoverty). For more information on the Urban Health Initiative, please visit its website at [www.urbanhealth.org](http://www.urbanhealth.org).*

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