

Highlights

Chapter IV – From Bullying to Homicide

Youth violence is an ongoing national problem, and except for prominent media coverage of homicides, it is a problem that is largely hidden from public view.

COLORADO TRENDS

While overall rates have declined, homicide remains the third leading cause of death for Colorado teens. Homicide deaths represent only a fraction of youth physical violence.

- Homicide rates for white and Hispanic teens have remained stable over the decade. Rates for African American teens, while still higher than they were in 1990, have declined sharply since their peak in 1995.
- There is a large gap between homicide rates for boys (13.0/100,000 in 2001) and rates for girls (2.6/100,000 in 2001).
- Colorado's rate of adolescent firearm deaths (any cause) has declined over the decade.
- Almost one in five high school students surveyed reported carrying a weapon within 30 days of the survey; about 5 percent reported carrying a gun.

2000 OBJECTIVES

Progress Report

REDUCE DEATHS FROM HOMICIDE

- By 2000, decrease the death rate from homicide among teens aged 15-19 to 5.5 per 100,000, from the 1990 baseline of 6.2 per 100,000
Status: Objective met. Homicide rates decreased to 4.8 per 100,000
Source: Vital Statistics, Colorado Department of Public Health and Environment

REDUCE WEAPON CARRYING

- By 2000, reduce the percent of male high school students reporting that they had carried a weapon in the prior 30 days to 27.5%, from the 1990 baseline of 34.4%

Status: Objective not met. Weapon carrying decreased to 30.5%

Source: 2001 Colorado Youth Risk Behavior Survey, Colorado Department of Public Health and Environment

BEST PRACTICES

- **Parents** – Parents are their children's first teachers. Raising young children to be adolescents who are able to resolve conflicts peacefully starts by talking to kids about violence and listening to them when disagreements arise.
- **School** – Successful violence prevention programs for teens have several common traits: define aggression broadly; promote a positive school climate; promote social competence through interaction, practice through role-playing and rehearsal; and insist on a climate that will not tolerate bullying, violence or aggression.
- **Sharing Information on Youth at Risk** – In 2000, the Colorado legislature passed laws that permit exchange of information to assist disruptive children and maintain safe schools, sanctioning open communication among appropriate agencies, including schools, criminal



justice, assessment centers, school districts, mental health and human services. This means that schools, law enforcement and others no longer need to operate in isolation when working with youth at risk.

- **Anti-Bullying** –In 2002, Colorado’s Governor signed the Colorado Bullying Prevention Law, which requires each school district to include a policy in the district’s conduct and discipline code concerning bullying prevention. New approaches for management of aggressive behavior are growing for schools.
- **Sexual Violence** – Successful prevention strategies include prevention education for youth and parents; training for health care professionals and teachers; and implementing intensive programs for youth at higher risk for becoming victims or perpetrators of sexual violence.

2010 OBJECTIVES

REDUCE HOMICIDE DEATHS

- By 2010, reduce the average 2-year homicide rate among adolescents aged 15-19 to 5.0 per 100,000, from the 2000 baseline of 7.4 per 100,000
Source: Vital Statistics, Colorado Department of Public Health and Environment

REDUCE TEEN VIOLENCE

- By 2010, reduce the proportion of high school students who had been in a physical fight in the last 12 months to 29%, from the 2000 baseline of 33%
- By 2010, reduce the proportion of high school students who carried a weapon on school property in the last 30 days to 5.5%, from the 2000 baseline of 7.8%
Source: 2001 Colorado Youth Risk Behavior Survey, Colorado Department of Public Health and Environment

Websites

American Academy of Child and Adolescent Psychiatry
www.aacap.org

American Academy of Pediatrics
www.aap.org

Bright Futures
www.brightfutures.org

Center for Adolescent Health and Development
www.allaboutkids.umn.edu/cfahad

Center for the Study and Prevention of Violence
www.colorado.edu/cspv

Children Now
www.childrennow.org

Children’s Defense Fund
www.childrensdefense.org

Children’s Safety Network, Economics and Insurance Resource Center
www.csneirc.org

Children’s Safety Network:
www.childrendefense.org

Colorado Anti-Bullying Project (NO BULLY)
www.no-bully.com

Colorado Attorney General’s Office
www.ago.state.co.us

Colorado Bureau of Investigation
www.cbi.state.co.us

Colorado Child Fatality Review Committee, CDPHE
www.cdph.state.co.us/pp/cfrc/cfrc.htm

Colorado Trauma Registry/Trauma Program, CDPHE
www.cdph.state.co.us/tp

David and Lucile Packard Foundation
www.packard.org

Gay, Lesbian, and Straight Education Network
www.glsen.org

Healthy People 2010
www.healthypeople.gov

Henry J. Kaiser Family Foundation
www.kff.org

Human Rights Watch
www.hrw.org

Jacobs Institute of Women’s Health
www.jiwh.org

Konopka Institute for Best Practices in Adolescent Health
www.allaboutkids.umn.edu/konopka

Minnesota Center Against Violence and Abuse
www.mincava.umn.edu

National Adolescent Health Information Center
www.youth.ucsf.edu/nahic

National Advisory Council on Violence Against Women
www.ojp.usdoj.gov/vawo

National Center for Injury Prevention and Control
www.cdc.gov/ncipc

National Clearinghouse on Child Abuse and Neglect
www.calib.com/nccanch

National Crime Prevention Council
www.ncpc.org

National Rape and Sexual Assault Prevention Project
www.acog.org

National Research Council
www.nas.edu/nrc

Prevent Child Abuse America
www.preventchildabuse.org

Talking with Kids About Tough Issues
www.talkingwithkids.org

Chapter IV

From Bullying To Homicide: Preventing Intentional Injury

Violence is a learned behavior. Young people are increasingly affected by violence, as perpetrators, victims, involuntary observers and as willing voyeurs. Whether the violence is at home, on school property, on a date, at the movies, in a video game or over the airways, homicide, suicide, sexual violence and domestic abuse have become unavoidable points of reference in the lives of adolescents.

Moments For Colorado Children

- Every nine days, a child or youth is murdered in Colorado.
- Every six days, a child or youth is killed by a firearm in Colorado.

Source: Children in the States, Children's Defense Fund (published annually)

According to the U.S. Surgeon General, youth violence is an ongoing national problem, but one that is largely hidden from public view. Nationally, over the past two decades, the number of violent acts by high school seniors has increased by nearly 50 percent, a trend similar to that found in arrests for violent crimes. These acts may never show up in police records, especially if they do not involve firearms. Nationally, neither this incidence rate nor the proportion of high school seniors involved in violence has declined in the years since 1993 – they remain at peak levels.¹

A decade has passed since Colorado's "Summer of Violence," in 1993, when 36 teens were killed in homicides. Homicide rates for Colorado teens had been declining before the shootings at Columbine High School in 1999 created an artificial spike in youth homicide rates. Yet homicide remains the third leading cause of death for Colorado teens.² Adolescent homicide fatalities represent only a small part of youth physical violence; injuries related to physical assaults, sexual violence and child abuse far outnumber actual homicide deaths.



PREVENTION PAYS

Youth violence is expensive. Researchers estimate that, in 1998, Colorado incurred costs of more than \$86 million related to youth violence.³

YOUTH VIOLENCE: WHERE DOES IT START?

According to Colorado's Attorney General, many of the answers to youth violence ultimately lie with parents and youth themselves. For example, children and youth who grow up with violence in the home are at greater risk for using violence to solve their problems outside the home. Bullying or other aggressive behavior begun in elementary

This chapter will focus on several aspects of youth violence in Colorado:

- The genesis of youth violence, beginning with aggressive behavior
- Homicides are the "tip of the iceberg" in teen violence, so other forms of violence are explored
- Data snapshots highlight child abuse and neglect, sexual violence and firearm injuries
- Contributing factors in homicide deaths for Colorado youth
- National and state trends in teen violence, the third leading cause of death for Colorado adolescents
- Risks and protective factors with respect to teen aggression and violence
- Strategies and best practices for prevention efforts are discussed, including roles for parents and communities.

school often escalates to violence in middle school or high school.⁴ In 2000, approximately one-fifth of the homicides in Colorado were committed by youth between the ages of 11 and 20.⁵

Children as Victims – Child Abuse and Neglect

Adolescents who have grown up in violent or abusive homes are at risk for recreating the abusive relationships they have observed, as aggressors and as victims.⁶ The direct costs of child abuse impact the health care system (medical care and/or hospitalization for physical injuries), the mental health care system, the child welfare system, special education, law enforcement and the judicial and corrections systems.⁷

Even though child abuse is not as prevalent for adolescents as younger children, in 1999, 29.9 percent of Colorado cases where child abuse and neglect or risk of child abuse and neglect were substantiated occurred among adolescents between the ages of 11 and 18.⁸

Aggressive Behavior: Bullying And Fighting

Bullying, ranging from verbal harassment and threats to physical intimidation and assault, is very common in schools. In a recent national survey of randomly selected teens, nearly half the surveyed teens reported witnessing at least one bullying or taunting incident in school every day, and a majority of that group reported seeing several incidents a day. Nearly half of these teens reported knowing of a fellow student who they believed could cause harm to other students.⁹ Despite attempts to control bullying in schools, “some of the most serious behavior takes place under the radar screen of responsible adults.”¹⁰

Adolescent students who are gay, lesbian, bisexual or transgendered,¹¹ or simply struggling with puberty and questions of sexual identity,¹² are vulnerable to being bullied at school.

Youth violence experts report that more than 10,000 Colorado students (grades 9-12) stay home at least once every 30 days because they are afraid

to go to school.¹³ Colorado youth report being involved in physical fighting, feeling unsafe at school and carrying weapons to school. Over the last decade, about one-third of the students who took the Colorado Youth Risk Behavior Survey reported being involved in one or more physical fights within 12 months of the survey. About 14 percent report being involved in fights on school property.



Find It Yourself

Find out about your school’s safety and discipline incidents from the Colorado Department of Education’s *Colorado School Accountability Reports*, <http://reportcard.cde.state.co.us/reportcard/CommandHandler.jsp>

Portraying youth violence only through homicides gives an incomplete picture of youth violence. As shown in Figure 1, there are many more adolescent victims of violent assaults resulting in a nonfatal injury than there are adolescent

homicide victims. In Colorado, from 1996-2000, there were 143 adolescent homicide deaths and 930 assaults of adolescents serious enough to warrant at least an overnight stay in the hospital.¹⁴

Youth themselves have important wisdom to share on changes that would help stop the violence that young

Bullying

Pursuant to Colorado law, “bullying” means any written or verbal expression, or physical act or gesture, or a pattern thereof, that is intended to cause distress upon one or more students in the school, on school grounds, in school vehicles, at a designated school bus stop, or at school activities or sanctioned events.

Source: Colorado Revised Statutes 22-32-109.1(a)(X), (b)(VIII)

KidSpeak

“There is another kind of violence, and that is violence by talking. It can leave you hurting more than a cut by a knife. It can leave you bruised inside.”

Source: A middle school girl, quoted in, *Bruised Inside: What Our Children Say about Youth Violence, What Causes It, and What We Need to Do about It*, National Association Of Attorneys General (2000)

Adolescent Homicide Compared to Hospitalizations Due to Assault, 1996-2000

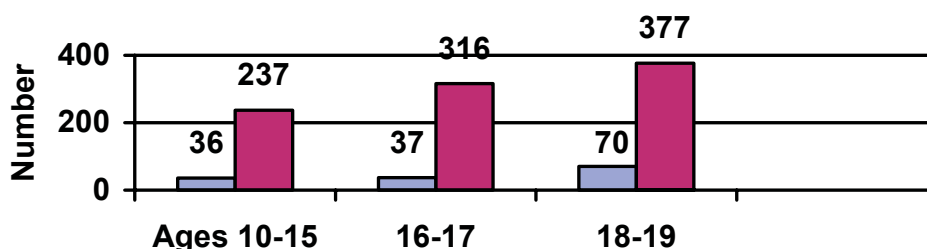


Figure 1: Source: death data, Colorado Health Information Data Set; hospitalization data, Colorado Department of Public Health and Environment, Colorado Trauma Registry.

people experience today. A study sample of 1,012 Colorado young people revealed three major findings.¹⁵

- While public dialogue focuses on extreme violence, young people report teasing that includes cruel put-downs and rejections as being very real violence to them. They say this emotional violence triggers more extreme violence.
- While blame and remedies for youth violence have been focused on parents and the schools, young people cite a seemingly inescapable culture that celebrates sameness, and the one right way to be “in.”
- Positive support and good relationships are important, and young people with parents, teachers and friends who support them are less likely to experience violence, either as victims or as aggressors.

SEXUAL VIOLENCE

Definitions

Sexual violence includes abuse by parents or relatives, acquaintances, dates and strangers, as well as sexual exploitation.¹⁶ It covers a wide array of behaviors and may or may not include force.

- **Sexual assault** under current Colorado law refers to acts of sexual intrusion or penetration by one person on another without consent.¹⁷ Consent is a complicated term, because the victim could be intoxicated; under the influence of drugs, with or without consent, as in the case of “date-rape” drugs; too young to give legal consent; developmentally unable to give a meaningful consent; or under physical or mental coercion.

- **Sexual assault on a child** involves subjecting a person under fifteen years old to any sexual contact if the perpetrator is four or more years older than the victim (for example, a 14 year old and an 18 year old); if the perpetrator is at least ten years older than a victim under 17 years old (such as a 16 year old with a 26 year old); or if the perpetrator is in a position of trust, such as a teacher, coach, religious leader, doctor, parent, stepparent, or anyone responsible for the care of a child. These laws apply to minors even if they believe they consented to the sexual contact.
- **Rape** (often used interchangeably with sexual assault) generally refers to non-consensual vaginal or anal penetration.
- **Child Sexual abuse** in Colorado generally refers to involvement by adults in sexual activities with children. It covers a wide array of behaviors and may or may not include force.
- **Sexual exploitation** in Colorado includes “a wrongful invasion of the child’s right of privacy, including child pornography.”¹⁸

In the 2001 national Youth Risk Behavior Survey, 7.7 percent of students reported having had forced sex. Girls were much more likely to report forced sex (10.3%) than were boys (5.1%). Other national surveys reveal similar reports.¹⁹ In Colorado, 8.0 percent of students (10.9 percent of high school girls and 5.6 percent of high school boys) surveyed for the 2001 Colorado Youth Risk Behavior Survey reported that they had been physically forced to have sex when they did not desire it. Of women who reported being raped at some time during their lives, nearly 54 percent were first raped before age 18, and 22 percent before age 12.²⁰

Date Rape and Dating Violence

Conditions that increase vulnerability to date rape include younger age at first date, early sexual activity, earlier age of menarche (first menstrual period), a past history of sexual abuse or prior sexual victimization and being more accepting of “rape myths” (e.g., “I must have been asking for it”).²¹



Ask the Experts

“It’s very hard for parents and teenagers to talk about sex itself, but then to talk about sex and violence combined becomes particularly difficult. As a parent, I would look for escalated angry language - the boy shouting, hang-up phone calls, repetitive phone calls where the daughter may be crying on the telephone. The verbal violence and abuse usually precedes the physical. I think parents also need to be aware of bruising. If you notice bruising and other signs of violence, you can say, ‘You really need to get help. I’m your parent and I’m going to get you the help you need.’ Then take your [teenager] to see a doctor.”

Source: S Gilbert, “A conversation with Lynn Ponton: An expert’s eye on teenage sex, risk and abuse,” *New York Times Online Edition*, January 15, 2002, www.nytimes.com/2002/01/15/health/children/15CONV.html

Adolescent male perpetrators of dating violence and other violent juvenile offenders share a similar profile. They are more likely to have experienced child abuse or neglect, more likely to have witnessed domestic violence, and more likely to have used alcohol or drugs than boys who do not abuse their dates. They may also have sexual attitudes that support male domination over females.²²

Associated Risks and Negative Outcomes

Multiple risk behaviors, such as use of alcohol or illicit drugs such as Rohypnol (also known as “the date-rape drug” or flunitrazepam) also increase vulnerability for date rape or sexual violence for both perpetrator and victim alike. Ingestion of alcohol and/or other drugs can impair social and physical abilities, and may result in:

- Misinterpretation of behavior cues (e.g., exactly what constitutes a sexual invitation)

- Diminished coping responses (both for saying “no” and for using contraception)
- Inability to ward off a potential attack²³

Sexual violence has been associated with a constellation of health and behavioral issues for adolescents:

- Emotional and behavioral problems ranging from withdrawal, fearfulness and anxiety; sleep disturbances; eating disorders; post-traumatic stress disorder and suicide attempts
- Chronic problems with trust in personal relationships
- Younger age of first voluntary sexual activity, increased chance of victimization by older partners and increased risk of sexually transmitted infections
- Alcohol and drug use
- Negative impact on cognitive skills, leading to poor academic performance and loss of interest in school

Often when an adolescent who has been the victim of sexual violence exhibits these behaviors, parents or educators may not make the connection.²⁴

HOMICIDE

Each year, more than 20,000 children and youth under age 20 are killed or injured by firearms in the United States. A majority of youth gun deaths are homicides. Suicides account for about one-third of all youth gun deaths, and unintentional shootings for about 7 percent of those deaths. Older teens, males, African American and Hispanic youth, and young people residing in urban areas are at particularly high risk for gun homicide; white adolescents, males, and youth living in rural areas are at highest risk for gun suicide.²⁵ Although relatively rare, homicides are still the third leading cause of death for Colorado adolescents. Homicide rates are highest for older Colorado teens ages 18-19, and lowest for teens ages 10-15, regardless of gender or race/ethnicity.²⁶

Colorado Trends

Colorado youth homicide rates declined fairly steadily from 1991 to 1996; increased from 1996 to 1998, and have been declining since. Rates were declining before the 1999 shooting at Columbine High School, which created an artificial spike in

youth homicide rates. (See Figure 2.) In calendar year 2000, the homicide rate for youth ages 15 to 19 was 4.8 per 100,000 teens (15 deaths out of 309,396 teens). The state objective for fiscal year 2001 was 5.5 and the target was met for the first time since the performance measure was adopted. The rate of 4.9 was the lowest since at least 1990.

Gender and Race/Ethnicity Disparities

As shown in Figures 2 and 3, there are striking race/ethnicity and gender differences in the decline in youth homicide. While homicide rates for white and Hispanic teens are generally much lower than for African American teens,²⁷ Colorado’s white and

Hispanic teen homicide rates have been stable over the decade and have not improved. The rates for African American teens however, while still higher than they were in 1990, have declined sharply since their peak in 1995. (See Figure 2.)

Homicide rates for adolescent girls and boys, ages 15-19, have declined from their peak in 1992. (See Figure 3.) While a larger percentage of boys typically report aggressive behaviors on the Youth Risk Behavior Survey and other surveys, and the homicide rates for boys remain higher than for girls, the gender gap may be closing.²⁸

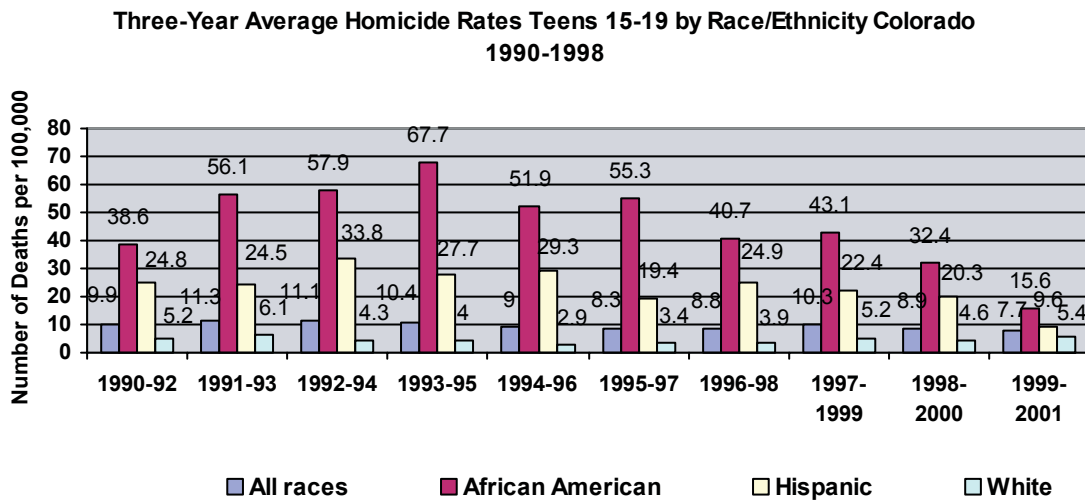


Figure 2: Source: Maternal and Child Health FY2002 Proposal, Colorado Department of Public Health and Environment.

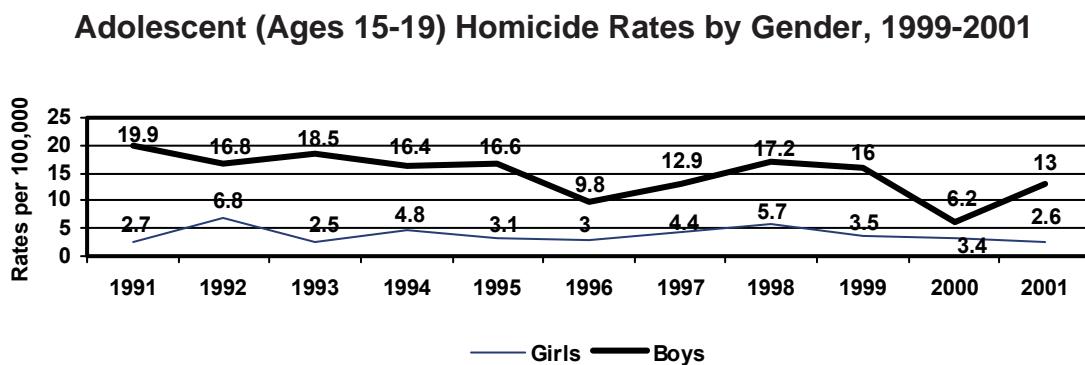


Figure 3: Source: Colorado Department of Public Health and Environment.

MYTHS & FACTS

Myth: Boys Are More Violent Than Girls

Fact: While boys are more often involved in physical violence, girls report both physical violence and relational violence against both girls and boys.

Source: M Talbot, “Girls just want to be mean” *New York Times Magazine*, February 24, 2002; PM Rinehart et al., *Youth Violence: Lessons From the Experts*, National Adolescent Health Information Center (1998).

Risk And Protective Factors

During the last decade, research on adolescent risk behaviors has focused on risks and protective factors for youth violence and intentional injury. As with other risk behaviors, factors that make youth more vulnerable to violence are often interrelated and involve family, social/environmental and personal/psychological factors. (See Table 1.) According to the U.S. Surgeon General, identifying and understanding how protective factors operate is potentially as important to violence prevention and intervention efforts as research on risk factors. In his report on youth violence, the Surgeon General identified only two protective factors - “an intolerant attitude toward deviance” and commitment to school - as having shown a significant, though small, protective effect on risk factors for youth violence.

- Adolescents whose attitudes are antithetical to violence are unlikely to become involved in activities that could lead to violence or to associate with peers who are delinquent or violent.

- Adolescents with a strong commitment to school are unlikely to engage in violence, “because it is incompatible with their orientation and because it would jeopardize their achievement in school and their standing with adults.” However, the Surgeon General cautioned that “schools with a culture of violence may be unable to exert their very important protective function.”

The Surgeon General’s report identified other proposed protective factors - positive social orientation, high IQ, positive relations with adults, friends as models for conventional behaviors and involvement in conventional activities. However, the research has linked these variables with buffering youth antisocial behavior or serious delinquency, but not necessarily youth violence.³⁰



To find youth homicide statistics for your county, go to www.cdphe.state.co.us/cohid/Cohids.html

THE ROLE OF WEAPONS

Firearms markedly elevate the severity of the health consequences of violent behavior, because they add immediacy of result and increase the magnitude of consequences. Why do youth carry guns? Studies have reported involvement in illegal activities, fear and self-defense. Other factors linked to youth weapon carrying include smoking, drug or alcohol use, poor academic performance, being male, living in a neighborhood where they have either come into

personal contact with firearms or they have witnessed a shooting, and lack of confidence in staying out of fights.³¹

Colorado’s rate of adolescent firearm deaths (any cause) has declined over the decade. As with homicides, rates of firearm death for Colorado adolescents differ significantly by age, gender and race/ethnicity.³² (See Table 2 and Figure 4.)

TABLE 1: RISK FACTORS FOR ADOLESCENT HOMICIDE²⁹

<p>FAMILY FACTORS</p> <ul style="list-style-type: none"> • Firearm in home • Low income • History of domestic violence • Teenage parent • Divorce 	<p>SOCIAL FACTORS</p> <ul style="list-style-type: none"> • Ethnic/linguistic heterogeneity • Crowded housing • Racial intolerance • Lack of adult supervision Social acceptance of violence
<p>PERSONAL FACTORS</p> <ul style="list-style-type: none"> • Male gender • Alcohol/drug use • Poor impulse control • Previous gunshot injury • Minority race 	<p>PSYCHOLOGICAL FACTORS</p> <ul style="list-style-type: none"> • Depression • Antisocial behavior • Conduct disorder • Aggression

TABLE 2: DEATH RATES PER 100,000 ADOLESCENTS FROM FIREARMS (ALL CAUSES) BY AGE, GENDER AND RACE/ETHNICITY COLORADO: 1991-2000

Ages	10-15	16-17	18-19
Female	2.3	4.9	5.07
Males	6.4	27.8	37.1
All Races	4.4	16.8	21.8
White Non-Hispanic	3.9	13.7	15.6
White Hispanic	6.0	21.8	32.5
African American	7.2	47.7	72.2
Asian	NA*	NA*	12.0
American Indian	NA*	15.9	29.4

Source: Colorado Trauma Registry, Colorado Department of Public Health and Environment, March 2002, rate per 100,000 population. NA*= Rates not calculated when N<=3.

**All Deaths by Firearm by Age, Gender
Colorado: 1991-2000**

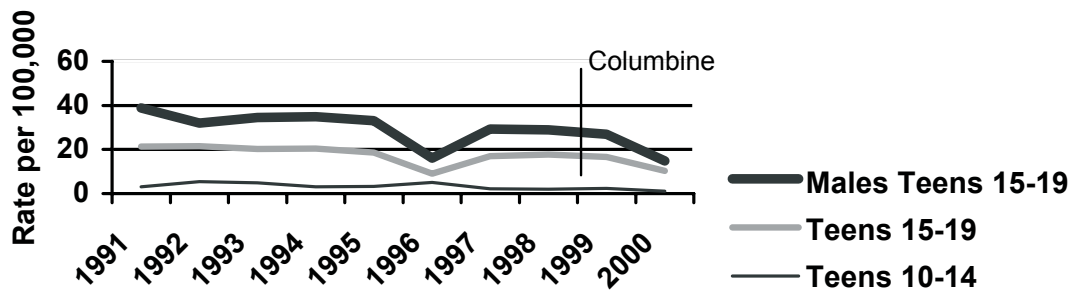


Figure 4: Source: Colorado Department of Public Health and Environment

In terms of violence prevention, it is critical to realize that most adolescent firearm deaths in Colorado are not unintentional injuries – they are homicides and suicides. For example, during the last decade, fewer than 10 percent of all firearm deaths for teens ages 15-19 were unintentional. Researchers studying teen suicides report that males and females who perpetrated violence by using or threatening to use weapons were at highest risk for suicide.³³

While the Colorado Youth Risk Behavior Survey indicates some decline between 1995 and 2001, Colorado students still report carrying weapons.

- Almost one in five (19.4 percent) of the high school students questioned by the latest Colorado Youth Risk Behavior Survey reported carrying a weapon within 30 days of the survey; about 5 percent reported carrying a gun. The Colorado Youth Survey had similar results with about 6.3

percent of the students (from 6th to 12th grades) reporting carrying a gun.

- Even though all Colorado school districts prohibit students from possessing and using a weapon in the school building or on school grounds, in 2001, 27 high schools, 28 middle schools, and eight elementary schools reported incidents on school grounds involving deadly weapons.³⁴

BEST PRACTICES IN PREVENTION

Prevention starts at home, follows kids to school and concerns the greater community.

Parents

Parents are their children’s first teachers. Raising children to be adolescents who are confident in their ability to resolve conflicts peacefully starts by talking to kids about violence and listening to them.³⁵

TABLE 3: YOUTH AND VIOLENCE RISK BEHAVIORS	1995	2001	
	CO YRBS	CO YRBS	CO Youth Survey
	grades 9-12		grades 6-12
Carried weapon in past 30 days	20.7%	19.4%	Question not asked
Carried gun in past 30 days	6.4%	4.7%	6.3%
Carried weapon on school property in past 30 days	11.5%	7.8%	6.7%

Source: Colorado Youth Risk Behavior Survey; Colorado Youth Survey

TALKING WITH KIDS ABOUT VIOLENCE

- Talk with your adolescent: start early, listen, and talk some more
- Monitor the media
- Acknowledge your children’s fears and reassure them of their safety
- Take a stand - parents need to be clear and consistent about the values they want to instill
- Control your own behavior
- Set limits regarding children’s actions toward others
- Hold family meetings to talk about complaints, share opinions and practice effective problem-solving and negotiation skills
- Convey strict rules about weapons
- Talk about gangs and cliques
- Talk with other parents. Pay particular attention to boys. Ask the schools to get involved. Get additional support and information from professionals

Source: Talking with Kids about Violence, Talking with Kids about Tough Issues, www.talkingwithkids.org

School and Community Programs

There are many programs for violence prevention and too many variations of targets to definitively answer the question of “what works.” What works will depend on a host of interactive variables such as the target population, the provider delivering the intervention, the intensity of the service, the behavior that is to be prevented or changed, the sustainability of the program, and youth involvement in planning.³⁶ In addition to the characteristics of a successful program, as highlighted in Chapter I, most successful violence prevention programs targeted at adolescents have several characteristics in common. They:

- Define aggression broadly
- Design interventions that are developmentally appropriate and that recognize and understand different types of aggression and adapt them to suit the needs of both boys and girls
- Promote a positive school climate
- Promote social competence and involve interaction, role-playing and rehearsal
- Conduct programs in naturalistic settings - aggression in a classroom may look very different from aggression on the playground
- Insist on a climate that will not tolerate bullying, violence or aggression³⁷

In the past, Colorado schools have been isolated from other local agencies serving youth that could be of assistance in addressing youth violence. During its session in 2000, the Colorado legislature passed modifications to Colorado statutes that permit exchange of information concerning juveniles. Under Colorado Revised Statutes 19-1-302 and 22-32-109.1, open communication among appropriate agencies is authorized and encouraged, including criminal justice agencies, assessment centers for children, school districts, mental health and human services agencies and schools, in order to assist disruptive children, maintain safe schools and protect the public at large. The Office of the Colorado Attorney General published a model for implementation of these laws.³⁸ By establishing memoranda of understanding with other local agencies, a school district may open the lines of communication, facilitating proactive steps to avoid the consequences of youth violence.

Through a broad partnership that includes the Colorado Attorney General and the Center for the Study and Prevention of Violence (at the University of Colorado, Boulder), the Safe Communities – Safe Schools Initiative has provided technical assistance and training to schools and school districts within Colorado. The model includes five components:

- Establishing a safe school planning team
- Conducting a site assessment

- Developing strategies and selecting programs that address school safety
- Establishing an interagency social support team
- Developing a crisis management and response plan³⁹

ANTI-BULLYING

There is increasing evidence that daily schoolyard aggression can develop into more serious aggression and violence. On May 2, 2002, Colorado’s Governor signed the Colorado Bullying Prevention Law. It amends the Colorado Safe Schools Act by adding a provision requiring each school district to include a specific policy in the district conduct and discipline code concerning bullying prevention and education. Additionally, the law requires that the school’s policies concerning bullying prevention and education are available to the public.⁴⁰

Colorado’s anti-bullying project, NO BULLY, has a toll-free hotline (1-866-NO-BULLY) for information about bullying and ways to address it. The hotline is staffed by the Center for the Study and Prevention of Violence at the University of Colorado in Boulder, a clearinghouse and research center on the causes and prevention of violence. The information line is open from 9 a.m. to 5 p.m., Monday through Friday, with voicemail at other

VIOLENCE PREVENTION IN SCHOOLS: WHAT WORKS, WHAT DOESN’T, AND WHAT’S PROMISING AND/OR UNTESTED

What works?	What doesn’t?	What’s promising and/or untested?
<ul style="list-style-type: none"> • Problem-solving • Family behavior management • Family problem-solving • Decreasing gun access • Decreasing access to media violence • Student motivation 	<ul style="list-style-type: none"> • Scare tactics • Didactic programs • Programs focusing only on self-esteem • Segregating aggressive/antisocial students • Programs focusing only on anger-management • Individual counseling/intensive casework 	<ul style="list-style-type: none"> • Peer mediation • Schools within schools • Mentoring • Social skills training • Improved classroom-management techniques

Source: A Smith, J Kahn and I. Borowsky, *Best Practices in Reducing School Violence*, Center for Adolescent Health and Development, University of Minnesota (1999).

times. The website, www.no-bully.com, includes information and resources on bullying for children, parents and teachers, organized by school level.

SEXUAL VIOLENCE

Sexual violence prevention programs have traditionally focused on raising awareness of the issue, and self-protection for girls. Increasingly the focus is shifting toward addressing the cultural beliefs, gender role expectations and social norms that contribute to the problem.⁴¹

- Successful strategies for prevention of sexual violence include prevention education for youth and parents; school policy development; training for health care professionals, teachers, and others who work with youth; as well as implementing more intensive programs for youth who may be at higher risk for becoming victims or perpetrators of sexual violence.
- Promising approaches include peer education programs, healthy relationship skill building and bystander intervention programs.⁴²

The caveat that teens cannot be lumped together, even for something as seemingly specific as sexual violence prevention, bears repeating. For example, a sexually abused teen may need something very different from her non-abused peer.

- Garden-variety violence prevention strategies may not be appropriate for a teen that is abused by her parents, other family members or her partner.
- The teen's partner may be older and beyond the reach of the prevention program, especially if the program is school-based.
- A dating violence prevention program may not address the needs of abused teens. Teen pregnancy prevention programs may not incorporate violence prevention components.⁴³
- Other groups that may need targeted approaches include homeless youth; gay, lesbian, bisexual and transgender youth; youth transitioning out of foster care; and youth of color.⁴⁴

FIREARM SAFETY AND EDUCATION

While there may be political disagreement about controlling firearms, health advocates are fairly unanimous when it comes to methods for preventing firearm deaths among adolescents: keep guns out of the hands of adolescents at risk, and educate, educate, educate.^{45 46}

Prevention efforts must take into account the availability of firearms for youth who may be at risk because of drug or alcohol use, suicidal talk or behavior or mental health concerns (e.g., anger or depression).⁴⁷ Parents need education about mental health, especially warning signs for depression and suicide in youth and the danger to teens of accessibility of firearms.⁴⁸

END NOTES

1. US Surgeon General *Youth Violence: A Report of the Surgeon General* (2001); PM Rinehart et al., *Youth Violence: Lessons from the Experts*, Division of General Pediatrics and Adolescent Health, University of Minnesota, and the Division of Adolescent Medicine, Department of Pediatrics and Institute for Health Policy Studies, School of Medicine, University of California, San Francisco (1998).
2. Children's Defense Fund, *Children in the States* (published annually).
3. TR Miller, KL Covington and AF Jensen, "Costs of injury by major cause, United States, 1995: Cobbling together estimates," in S Mulder and ER van Beeck, eds, *Measuring the Burden of Injuries: Proceedings of a Conference in Noordwijkerhout [Netherlands] May 13-15, 1998*, Children's Safety Network (1999); Children's Safety Network, Economics and Insurance Resource Center, *Cost of Youth Violence in U.S. States: State Costs of Violence Perpetrated by Youth and Cost of Youth Suicide in U.S. States: Cost of Completed and Medically Treated Youth Suicides in the United States, ages 0-20* (no dates).
4. National Association of Attorneys General, *Bruised Inside: What Our Children Say about Youth Violence, What Causes It, and What We Need to Do about It* (2000).
5. Colorado Bureau of Investigation, *Crime in Colorado 2000: 2000 Supplemental Homicide Report* (2001).
6. National Center for Education in Maternal and Child Health, Bright Futures Project, *Bright Futures in Practice: Mental Health – Volume 1*, p.167-169 (2002).
7. S Fromm, *Total Estimated Cost of Child Abuse and Neglect in the United States: Statistical Evidence*, Prevent Child Abuse America (2001).
8. AJ Sedlak and DD Broadhurst, *Executive Summary of the Third National Incidence Study of Child Abuse and Neglect*, National Clearinghouse on Child Abuse and Neglect Information (1996); see also Children's Bureau, *Safety, Permanency, Well-Being: Child Welfare Outcomes 1999: Annual Report* (2000).
9. National Crime Prevention Council, *Are We Safe? Focus on Teens: The 2001 National Crime Prevention Survey* (2002).
10. MH Moore et al., eds., *Deadly Lessons: Understanding Lethal School Violence*, p. 11-17, National Research Council (2002).
11. Human Rights Watch, *Hatred in the Hallways: Violence and Discrimination against Lesbian, Gay, Bisexual, and Transgender Students in U.S. Schools* (2001); J Gilliam, *Young Women Who Have Sex with Women: Falling through Cracks for Sexual Health Care*, Advocates for Youth, (2001). According to the Gay, Lesbian and Straight Education Network's National School Climate Survey 2001, over two-thirds of lesbian, gay, bisexual and transgender students felt unsafe in school, and as a result roughly one-third had stayed home from school at least one day in the previous month.

12. National Center for Education in Maternal and Child Health, Bright Futures Project, *Bright Futures in Practice — Mental Health, Volume II, Tool Kit*, p. 138 (2002). Girls who are early developers may be at risk for sexual exploitation. Both boys and girls who are “late bloomers” may be at risk if they are bullied because of their size.
13. Colorado Attorney General’s Office, Safe Communities – Safe Schools: Some Emerging Lessons and Recommendations (2000).
14. The Injury Epidemiology Program at the Colorado Department of Public Health and Environment maintains the Colorado Trauma Registry, a data bank of injury hospitalizations. With respect to the total number of injuries, these numbers are conservative because they do not include either emergency rooms visits not resulting in hospital admissions, or events for which the victim does not even get to the hospital. See also American Academy of Pediatrics, Task Force on Adolescent Assault Victim Needs, “Adolescent assault victim needs: A review of issues and a model protocol,” *Pediatrics* 98(5):991-1001 (1996).
15. E Galinsky and K Salmond, *Youth and Violence: Colorado Students Speak Out for a More Civil Society* (The Ask the Children Series), The Colorado Trust, Families and Work Institute (2002).
16. VI Rickert and CM Wiemann, “Date rape among adolescents and young adults,” *Journal of Pediatric and Adolescent Gynecology* 11(4):167-175 (1998).
17. Colorado Revised Statutes, CRS 18-3-405(1) Any actor who knowingly subjects another not his or her spouse to any sexual contact commits sexual assault on a child if the victim is less than fifteen years of age and the actor is at least four years older than the victim. CRS 18-6-401(1) (a) A person commits child abuse if such person causes an injury to a child’s life or health, or permits a child to be unreasonably placed in a situation that poses a threat of injury to the child’s life or health, or engages in a continued pattern of conduct that results in malnourishment, lack of proper medical care, cruel punishment, mistreatment, or an accumulation of injuries that ultimately results in the death of a child or serious bodily injury to a child. 18-6-301(1) Incest. Any person who knowingly marries, inflicts sexual penetration or sexual intrusion on, or subjects to sexual contact an ancestor or descendant, including a natural child, child by adoption, or stepchild twenty-one years of age or older, a brother or sister of the whole or half blood, or an uncle, aunt, nephew, or niece of the whole blood commits incest. For the purpose of this section, “descendant” includes a child by adoption and a stepchild, but only if the person is not legally married to the child by adoption or the stepchild.
18. Colorado Revised Statutes, CRS, 18-6-403(1).
19. Centers for Disease Control and Prevention, “Youth risk behavior surveillance — United States,” *MMWR* 49(SS05); 1-96 (2000). See also Henry J. Kaiser Family Foundation and *seventeen* Magazine, *National Survey of Teens about Sex: Sexual Health Care and Counsel* (conducted December 2000); KA Moore et al., *A Statistical Portrait of Adolescent Sex, Contraception and Childbearing*, The National Campaign to Prevent Teen Pregnancy (1998).
20. Henry J. Kaiser Family Foundation and The Jacobs Institute of Women’s Health (2001). D Misra, ed, *Women’s Health Data Book: A Profile of Women’s Health in the United States*, “Highlights for adolescents.”
21. See references cited in note 11.
22. Researchers caution that to date, most research is based on non-representative samples of juvenile perpetrators and only reflects the profile of those boys who had already come into contact with the criminal justice system or who readily admitted to date violence in surveys or interviews. D Peacock and E Rothman, *Working with Young Men Who Batter: Current Strategies and New Directions*, Minnesota Center Against Violence and Abuse (2001).
23. National Center on Addiction and Substance Abuse at Columbia University (CASA) and the Henry J. Kaiser Family Foundation, *Dangerous Liaisons: Substance Abuse and Sexual Activity* (webcast) (2002); National Institute on Alcohol Abuse and Alcoholism, *High-Risk Drinking in College: What We Know and What We Need to Learn and How to Reduce High-Risk College Drinking: Use Proven Strategies, Fill Research Gaps* (2002). See also Chapter V: Drug- and Alcohol-Free Teens.
24. American Academy of Pediatrics, “Policy statement on care of the adolescent sexual assault victim,” *Pediatrics* 107:1476-1479; see also references cited in notes 16-23.
25. The David and Lucile Packard Foundation, *The Future of Children* 12 (2) (2002).
26. Colorado Trauma Registry, Colorado Department of Public Health and Environment, March 2002.
27. L Potter, “Influence of homicide on racial disparity in life expectancy – United States, 1998,” *MMWR* 50(36): 780-783 (2001).
28. Center for the Study and Prevention of Violence, *Fact Sheet: Female Juvenile Violence* (2000); see also M Talbot, “Girls just want to be mean,” *New York Times Magazine*, February 24, 2002.
29. G McIntosh and M Moreno, “Fatal injuries in adolescents,” *Wisconsin Medical Journal* 99 (9): 34-38 (2000).
30. US Surgeon General, “Risk factors for youth violence,” in *Youth Violence: A Report of the Surgeon General* (2001).
31. Researchers at the Colorado Department of Public Health and Environment estimate that alcohol and/or drugs could be a factor in almost one of three (31%) firearm fatalities from 1993–1997. Colorado Child Fatality Review Committee, *Firearm Child Fatalities, Colorado 1993-97* (1999); see also JA Butts et al., *Youth, Guns and the Juvenile Justice System*, The Urban Institute (2002).
32. Child Fatality Review Committee, *Firearm Child Fatalities*, see note 31.
33. WP Evans et al., “Adolescent suicide risk and peer-related violent behaviors and victimization,” *Journal of Interpersonal Violence* 16(12): 1330-1348 (2001).
34. The Colorado Department of Education defines *deadly weapons* as “a firearm, whether loaded or unloaded, or a firearm facsimile that could reasonably be mistaken for an actual firearm; any pellet or BB gun or other device, whether operational or not designed to propel projectiles by spring action or compressed air; a fixed blade knife with a blade that measures longer than three inches in length or a spring-loaded knife or a pocket knife with a blade longer than three and one-half inches; or, any object, device, instrument, material, or substance, whether animate or inanimate, used or intended to be used to inflict death or serious bodily injury. Colorado Department of Education School Accountability Reports.
35. Talking With Kids About Tough Issues, *Talking With Kids About Violence* [in English and Spanish], Children Now and The Henry J. Kaiser Family Foundation (no date).
36. PM Rinehart and JA Kahn, *Growing Absolutely Fantastic Youth: A Guide to Best Practices in Healthy Youth Development* and K Komro and M Stigler, *Growing Absolutely Fantastic Youth: A Review of the Research on “Best Practices,”* The Konopka Institute for Best Practices in Adolescent Health, University of Minnesota (2000).
37. See, e.g., PL Ellickson and KA McGuigan, “Early predictors of adolescent violence,” *American Journal of Public Health* 90(4): 566-572 (2000).

38. Office of the Attorney General: State of Colorado, Colorado Juvenile Information Exchange Laws: A Model for Implementation (no date).
39. D Elliott et al., *Guide to Effective Program Selection: A Tool for Community Violence Prevention Efforts* (A Safe Communities – Safe Schools Publication), Center for the Study and Prevention of Violence (2002).
40. Colorado Revised Statutes CRS 22-32-109.1(a)(X), (b)(VIII); see also Colorado Anti-Bullying Project at <http://www.no-bully.com>.
41. National Advisory Council on Violence Against Women and The Violence Against Women Office, *Toolkit to End Violence Against Women*, US Department of Justice (2002). The toolkit recommends making the safety and well-being of adult and child victims a priority for fatherhood programs. See also National Rape and Sexual Assault Prevention Project, American College of Obstetricians and Gynecologists, *Drawing the Line: A Guide to Developing Effective Sexual Assault Prevention Programs for Middle School Students* (2000).
42. Colorado Department of Public Health and Environment, *Preventing Sexual Assault in Colorado: Multidisciplinary Strategies* (1997).
43. National Center for Injury Prevention and Control, *Rape Fact Sheet* (2000).
44. See e.g., Gilliam, *Young Women*, see note 11; Children's Safety Network, National Injury and Violence Prevention Resource Center, *Violence and Teen Pregnancy: A Resource Guide for MCH Practitioners* (1997).
45. See, e.g., Moore et al., *Deadly Lessons*, see note 10.
46. Colorado Child and Adolescent Psychiatric Society, "Guidelines for firearm safety for physicians and medical professionals," in *Facts About Gun Violence*, American Academy of Child and Adolescent Psychiatry (2000).
47. DW Lawrence, *Mechanism of Adolescent Suicide*, Children's Safety Network, National Injury Data Technical Assistance Center (1999); AL Kellermann et al., "Gun ownership as a risk factor for homicide in the home," *New England Journal of Medicine* 329(15):1084-1091 (1993); Child Fatality Review Committee, *Firearm Child Fatalities*, see note 31.
48. Moore et al., *Deadly Lessons*, see note 10.

