Violence and Aggression in Youth

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Disclosures

I have no disclosures to make regarding this topic, and will present unbiased views for any programs discussed in this talk.
Objectives

- To describe the scope of interpersonal violence and bullying among adolescents
- To discuss research findings regarding the etiology and risk factors for aggression in youth
- To understand best practices regarding prevention and intervention with violent youth and the application of these in clinical practice.

The many types of violence

- International violence
  - War, terrorism
- National
  - Civil war, mass rioting, unrest
- Community
  - Rioting, police violence, gang warfare
- Institutional
  - Supported by governments to maintain power
- Interpersonal
  - Intentional harm to others
    - Homicide --→ cyber-bullying
Epidemiology of Youth Violence
Leading Causes of Death for Adolescents and Young Adults, 10-24 years, 2005

Homicide Rates by Race/Ethnicity and Gender, Ages 10-24, 2004

National Center for Injury Prevention and Control; CDC; 2006 data.
Scope of Youth Aggression and Violence

5,764 10-24 year olds murdered in 2007*
Includes simple assault, aggravated assault, sexual assault, rape, gang activities
In 2008, 656,000 treated in ED for injuries sustained through fighting* - includes fights, domestic/partner violence, weapon-carrying
Threatening, Bullying Harassing

*CDC, 2010; Webbased Injury Statistics Query and Reporting System

What are the trends?

• Since 1980, unprecedented increases in community violence across U. S. cities
  • Greatest increases in violent crimes among 15-19 year olds
  • 97% of increase attributable to firearms
• Youth disproportionately represented among both offenders and victims
• Rates of all violent crimes have fallen sharply over past 15 years
  • Sharpest declines for Blacks and Hispanics, (10-24 years)
  • High rates of violence in school settings
• Despite declines, interpersonal violence among youth continues at high rates
Violence-Related Behaviors:
9th-12th Grade High School Students*

- During previous 30 days:
  - 17.5% carried a weapon on at least 1 day
  - 5.6% carried a weapon on school grounds
  - 5.9% carried a handgun on at least 1 day

*CDC - National YRBS: 2009 Data

Violence-Related Behaviors:
9th-12th Grade High School Students*

- During previous 12 months:
  - 31.5% - In a physical fight one or more times
  - 3.8% - Injured in a physical fight one or more times
  - 9.8% - Hit, slapped, or physically hurt on purpose their boyfriend or girlfriend

- Only physical fighting showed any decrease over past decade.

*CDC - National YRBS: 2009 Data
What about our school settings?

In the last month . . .
- 5.0% felt so unsafe, stayed home from school

In the last year, at school.....
- 9.2% threatened/injured by a weapon
- 30% had property stolen/damaged
- 11% got into a physical fight on school property
  - 15.1% male versus 6.7% female students

- CDC: Youth Risk Behavior Survey, High School Students, 2009 data.

School-Related Violent Deaths

- <1% of all homicides and suicides among youth occur on school grounds
  - Average 16.5 homicides each year – 1992-2006
- Perpetrators of homicide on school grounds
  - 9 times more likely than victims to have exhibited suicidal behaviors
  - Twice as likely to have been bullied
- More than half of incidents preceded by signal that indicated potential event
- Most included gunshots (65%), stabbings (27%), or beatings (12%)
Extent of Exposure: Adolescents and Young Adults

- Lost friend/relative to murder 53%
- Witnessed shooting/stabbing 30-50%
- Witnessed domestic violence 47%
- Witnessed homicide 22-43%
- Victim of shooting/stabbing 20-47%
- Robbed with weapon 24%
- Physically abused 20-50%
- Sexually abused 33%
- Witnessed at least one violent act 75-85%
- Experienced at least one act 70%

Exposure to Violence - Older Children, Grades 5-6

- Witnessed...... %
  - Shootings 31
  - Stabbings 17
  - Muggings 43
  - Sexual assault 3
  - Physical threats 22
  - Chased by gang members 39
  - Saw dead bodies 23
  - Murder 9
Bullying Statistics

- **Sample of 16,000 6-10th graders, 2001**
  - 39% indicated being involved in bullying as perpetrator, victim or both – in last term of school year*
- **Studies of “victims”, 2001**
  - 14% of 12-18 year olds reported being bullied in previous 6 months of study
- **CDC survey – 2009**
  - 19.9% of 9th-12th graders reported being bullied on school property during the previous 12 months
  - 21.2% females vs. 18.7% males

**CDC: Youth Risk Behavior Survey – 2009 data
The “New” Violence: Electronic Aggression

- "Cyber-bullying"
  - Cellphones (texting, sending photos), Instant messaging, e-mail, social network sites
  - Wide ranges in reports related to measurement
    - 9-35% report having been victim
    - 4-21% report having been aggressor
      - Higher % when defined more broadly

Hertz MF, CDC: Electronic Media and Youth Violence Brief, 2008

Types of Electronic Aggression

- Common forms of victimization
  - 32% - rude or nasty comments
  - 13% - rumor spreading
  - 14% - threatening or aggressive comments
- How?
  - Instant messaging –
    - 56% aggressors: 67% victims
  - Chat rooms – 25% victims
  - Email – 25% victims
  - Text messages – 23% victims
- Between 13-46% of victims do not know aggressor
Violence or Bullying?

- **Youth Violence**
  - The intentional use of physical force or power by a young person against another person, group, or community, with the youth’s behavior likely to cause physical or psychological harm – CDC

- **Bullying**
  - Peer victimization where there is repeated exposure to negative actions from one or more students, there is intent to distress or harm the victim, and there is often a *power imbalance* (typically physical, but can be social)

Determinants of Interpersonal Violence

- “Violent behavior results from a complex interplay of multiple factors cascading over multiple points in the life course.”
  - Felton Earls
The Social-Ecological Model: A Framework for Prevention

Risk and Protective Factors
Risk Factors

- **Individual**
  - Developmental
  - Psychological
    - Normal versus those at extremes
- **Social/contextual**
- **Environmental**
  - Disintegrating neighborhoods and communities, poverty, firearm access, media violence
    - “toxic environments”

Individual Risk Factors for Violence Perpetration

- Male gender
- Ages 15-24 years
- Minority status – confounded by poverty?
- Asynchronous puberty
- Lack of future sense
- Feelings of invulnerability, sensation-seeking
- Psychiatric impairments
  - Untreated conduct disorder,
- Lack of skills regarding problem-solving, empathy, anger management
- School failure
Family Correlates of Violence

- Exposure to domestic violence, other violence.
- Ineffective parenting
  - Harsh discipline
  - Corporal punishment
  - Lack of agreement on parenting
  - Lack of monitoring
- Use of drugs and alcohol
- Lack of modeling/skills for effective problem solving, empathy, anger management, conflict resolution.

Individual and family-level correlates of chronic bullying

- Middle school youth
- Males
- Caucasians
- Developmental stage - transitions
- Beliefs supporting violence, retaliation
- Previous history of being bullied
- Perpetrators or other types of violence and carrying a weapon
- Negative attitudes towards school
- Engaging in unhealthy behaviors –
  - Smoking, alcohol use
- Feeling helpless, “left out” and less empowered in social situations
Family Context and Climate: Bullying

- Lack of healthy family socialization and sibling relationships
- High parental income, not education or composition of family
- Lower levels of family involvement, warmth, and support
  - Greater difficulty discussing problems with parents
- Authoritarian parents who use – and model – power assertive techniques of discipline and physical punishment
- Parental maltreatment

Environmental Risk Factors

- Social stress, poverty, lack of social supports
- High levels of violence in the community
- Access to weapons
- Excessive exposure to media violence
- Geographic region
- Societal levels of violence/Culture
  - “toxic environment” of U.S.
The community as context: the role of media

- Exposure to media violence long a concern as a catalyst for aggressive behaviors in children and adolescents
- Abundant research supporting the relationship between children’s TV watching and aggression
  - Clearest with TV and film watching; less data on video games
  - Limited data on role in bullying!

Protective Factors

- Positive connections with families, schools and friends
- Effective, supportive parents
- Skills and practice - empathy, effective communication, problem-solving, and anger management, coping
- Safe, supportive places to go after school
- Healthy home environments
- Safe communities
School Environment: Protective against bullying

- School climate and perceptions
  - *More important than family or peer factors*
- High levels of:
  - Perceived safety and social support
  - A sense of belonging, bonding between teachers and pupils
  - Adult monitoring
- Classroom setting/structure – teacher-student ratio, classroom size
- Low levels of school “disorder” – suspensions, size, mobility
- High expectations placed on students to do well
- Fair and enforced rules

Harel-Fisch Y, HBSC study, J of Adolescence 2010 doc:10.1016

Prevention and Intervention Strategies in Clinical Settings

[Diagram showing Family and Individual circles with overlap]
Translating Research to Practice – Best Practices

- Recognize extent of problem and need for both prevention and intervention
- Utilize findings on correlates and consequences to frame clinical assessment
- Build prevention and intervention efforts – at all levels – on basis of sound research

Why do Kids (and Adults) Fail to Act Prosocially?

- Lack of modeling of alternative ways to resolve conflict.
- Have knowledge, but lack skills and opportunities to practice using skills.
- Attitudes and beliefs support the use of aggression and violence.
- Have intense emotional responses that inhibit desirable behaviors.
Key Skills Needed

- Early behavioral indicators of later violent behaviors translate into specific skill deficits
- Empathy
- Problem-solving, impulse control
- Effective communications skills – Assertiveness
- Anger management
- Consistently associated with adult antisocial behaviors

What can a clinical provider do?

- Primary Prevention
  - Parent vs. Child/Adolescent focused
    - Bright Futures; AAP guidelines
- Secondary Prevention
  - Screening for risk and protective factors
  - Identifying “warning signs”
- Intervention
  - Early treatment and referral
  - Brief interventions to modify behaviors
  - Engaging parents
Clinical Setting: one-on-one

- Prevention
  - Individual level: parents, children, teens
  - Bright Futures – AAP Guidelines for well child care
  - AAP initiatives to enhance role of the pediatrician
- Intervention Strategies
  - Prevent those already at risk from experiencing further consequences
  - Behavior change for those already experiencing effects of violence – witnessing or victimization or perpetration

What about those adolescents?

- Adolescents are at particular risk
- Caught up in the stresses of normal developmental periods:
  - Separating from family
  - Developing a sense of their own identity
  - Belief that they are invincible
  - Younger teens are concrete thinkers - without a sense of the future, appreciation of consequences
- Vulnerability heightened in certain environmental contexts/transitions
Parent-Focused

- Early anticipatory guidance
  - Encouraging authoritative parenting
    - Warmth, with high expectations and consistent discipline and monitoring
    - Nurturance
  - Limit-Setting - No corporal punishment
  - Safety /Screening in the home
    - Handguns, rifles, safety locks, domestic violence, mental health disorders
  - Model non-violence in the home
  - Teach frustration tolerance, anger management and problem-solving strategies

Secondary Prevention

- Screening for risk factors that predict aggression, bullying, victimization
  - Think about “cumulative” risks across different contexts
- Look for warning signs
  - Early aggression – toddlers and pre-school
  - Low mood or affect, behavior issues, poor frustration tolerance, anxiety, poor peer interactions
    - Cause or effect?
  - Unexplained somatic symptoms
  - Changes in school performance
Warning Signs - Adolescents

- Socially isolated, lacks positive peer group
- Unusual appetite for violence – media, guns
- History of “perceived injustice”
  - “everyone out to get me”
- Lack of empathy, cruelty, disdain for authority
- Evidence of depression
- Associated behaviors – fighting, poor school performance, absences, substance abuse

Threat Assessment

- Background of child
  - Prior history of violence, abuse
- Environment
  - Information from other, support systems
- Psychological functioning
  - Coping, impulse control
Intervention

- Explore fully the extent of the victimization or bullying
  - Validate significance
  - Identify and treat consequences
    - DSM diagnosis
  - Refer if necessary; involve school
- Skills training as “next step”
  - Empathy, anger management, problem-solving
- Brief Interventions to change behavior
  - Based on Motivational interviewing principles
- Referral when necessary

The Acutely Violent Patient

- First, ensure safety:
  - For patient
  - For those in immediate area
    - Be mindful of interview space!
- Rule out medical conditions that result in aggression and irritability
  - W: Wernicke’s or withdrawal
  - H: Hypoxia, hypoperfusion, hypertensive crisis, hypoglycemia
  - I: Intracranial mass/bleed, intoxication
  - M: Meningitis
  - P: Poisoning
  - S: Status epilepticus
Mental Health Referrals

- **Non-urgent**
  - Referral for counseling, full psychiatric assessment

- **Urgent**
  - Crisis hotlines, crisis intervention
    - ?211 lines
  - Referral to Emergency CIUs
  - Certification by physicians for immediate treatment

- **Longer-term**
  - Role of parents; conservatorship

P.E.C.
Physician’s emergency certification

- Protection and Advocacy for Individuals with Mental Illness
  - PAIMI programs – Federal programs
- Allows 15 day hold, with one renewal for 15 days
  - When gravely disabled, an imminent threat, or harm to self or others
  - Can refute through a probable cause hearing with probate court judge
  - Beyond this, need involuntary commitment hearing in Probate Court; versus legal conservatorship
- Can only give psych meds involuntarily if:
  - Directly harmful to self or unable to provide informed consent
Role of Empathy

- Defined as the vicarious emotional response to another person’s affective state or situation that is similar to that state
  - “Taking the other person’s perspective”
- Research showing that children who have received affective empathy training –
  - Reduce aggressive behavior towards other
  - Exhibit more prosocial behavior and interactions towards others

*Feshbach and Feshbach, Acad Psych Bull, 4,399-413, 1982

Empathy Skills

Three components:
- Identifying others’ feelings through physical, verbal, and situation cues.
- Understanding another person’s point of view.
- Responding emotionally to another person; labeling and stereotyping.
Problem-solving Strategies

- What is the problem?
- What are some solutions?
- For each solution ask:
  - Is it safe?
  - How might people feel?
  - Is it fair?
  - Will it work?
- Choose a solution and use it.
- Is it working? If not, what can I do now?

Anger Management

- Recognizing signs: how does my body feel?
- Calming down:
  - Take three deep breaths
  - Count backwards slowly
  - Think calming thoughts
  - Talk to yourself (tell yourself to calm down).
  - Think out loud to solve the problem (use the problem-solving steps)
  - Reflect on incident later.
Reaching teens and their families

- Allow teens to talk about their experiences and reactions to violence
- Help parents understand trauma from their teen’s perspective
  - emphasize the need for reassurance and support
- Use the teen’s learning about key skills as a way to teach the parent these skills

Guidelines for Parents

- Give kids consistent love, attention
- Make sure your kids are supervised
- Show appropriate behaviors by the way you act
- Don’t hit your children
- Be consistent about rules, discipline
- Make sure no access to guns
- Try to keep your children from seeing violence
- Help children stand up against violence
Thank you!

Consequences of Experiencing Violence

- Emotional
- Developmental
- Behavioral
- Cognitive
Emotional Consequences

- Fear/Worries about safety
- Depression
- Increased states of arousal-sleep disturbances
- Anger
- Loss and grief reactions
- Post-traumatic distress syndrome-PTSD
- Low self-esteem
- Psychosomatic complaints

Cognitive Consequences

- Memory deficits
- Decreased ability to concentrate
  - related to intrusive thoughts
- Poor school performance
- Long-term effects on learning postulated
Developmental Consequences

- Social development
  - Deficits with interpersonal relationships,

- Autonomy
  - Constriction in activities, exploration

- Personality development
  - Poor impulse control or inhibition, attraction to danger, debilitating fear

- Change in views about safety and security of human relationships
  - Lack of future orientation

Behavioral Consequences

- Aggressive problem-solving style
- Victims become perpetrators
- Adolescents at higher risk for other kinds of risky health behaviors
Components of the BNI

STEP 1: Raise the Subject

STEP 2: Provide Feedback

STEP 3: Enhance Motivation

STEP 4: Negotiate and Advise


Step 1: Raise the Subject

- Establish Rapport
- Raise the subject of involvement in bullying

“Hello, I am....... Would you mind taking a few minutes to talk with me about your ........?”
Step 2: Provide Feedback

- Review patient’s behavior
  “From what I understand you are experiencing…”

- Make connection to office visit, or symptoms, if possible
  “What connection (if any) do you see between your behavior and what is happening at school (or symptoms experiencing)?”

Step 3: Enhance Motivation

- Assess readiness to change
  “On a scale of 1-10 (1 being not ready and 10 being very ready) how ready are you to change any aspect of your (bullying)?”
Step 4: Negotiate and Advise

- Elicit response
  “How does all this sound to you?”
- Negotiate a goal
  “What would you like to do?”
- Give advice
  “We know that X is often a consequence of behavior such as your bullying.”
- Summarize
  “This is what I heard you say... Thank you...

International Variations in Homicide Rates, per 100,000
Gender Differences in Violent Behaviors: Upstate NY

<table>
<thead>
<tr>
<th></th>
<th>% Females (N=109)</th>
<th>% Males (N=129)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carried a gun</td>
<td>5.5</td>
<td>20.8</td>
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<tr>
<td>Other Weapon</td>
<td>28.4</td>
<td>29.1</td>
<td>NS</td>
</tr>
<tr>
<td>Physical fights—not with sibling</td>
<td>65.1</td>
<td>65.1</td>
<td>NS</td>
</tr>
<tr>
<td>Injury in fight—needed care</td>
<td>8.3</td>
<td>16.9</td>
<td>.05</td>
</tr>
<tr>
<td>Threatened to hurt someone</td>
<td>64.2</td>
<td>49.2</td>
<td>.02</td>
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</tbody>
</table>

Exposure to Violence: Upstate NY

<table>
<thead>
<tr>
<th></th>
<th>% Females (N=109)</th>
<th>% Males (N=129)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gangs in neighborhood</td>
<td>74.1</td>
<td>70.5</td>
<td>NS</td>
</tr>
<tr>
<td>Knew someone shot or stabbed</td>
<td>71.6</td>
<td>59.2</td>
<td>.05</td>
</tr>
<tr>
<td>Knew someone murdered</td>
<td>67.7</td>
<td>57.7</td>
<td>NS</td>
</tr>
<tr>
<td>Heard gunshots</td>
<td>82.6</td>
<td>74.6</td>
<td>NS</td>
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<tr>
<td>Saw an arrest</td>
<td>87.2</td>
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<tr>
<td>Saw drug deal</td>
<td>77.1</td>
<td>67.4</td>
<td>NS</td>
</tr>
<tr>
<td>Saw someone beaten</td>
<td>78.9</td>
<td>74.4</td>
<td>NS</td>
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<td>House broken into</td>
<td>42.2</td>
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<tr>
<td>Saw stabbing</td>
<td>31.5</td>
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<td>Saw shooting</td>
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