



A Report on the State of Youth Violence in Rhode Island

***Enhancing State Capacity to
Address Child and Adolescent
Health through Violence Prevention
and the Child and Adolescent
Violence Prevention Advisory
Committee***

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Table of Contents

Introduction	1
Defining the Problem of Youth Violence	4
Identifying Risk and Protective Factors for Youth Violence	8
Shared Risk and Protective Factors for Youth Violence	9
The Ecological Framework for Understanding Violence	9
Impacting on Shared Risk and Protective Factors to Prevent Violence	10
Risk Factors for Youth Violence	12
Protective Factors for Youth Violence	16
Identifying and Developing Prevention Strategies	21
Levels of Prevention	22
Best Practices for Youth Violence Prevention	23
Blueprints Model Programs in Rhode Island	25
State Incentive Grant Model Programs in Rhode Island	28
Prevention Programs in Rhode Island Based on Model Programs	30
Rhode Island Policies that Impact Risk and Protective Factors for Youth Violence	32
Rhode Island's Capacity to Prevent Youth Violence	38
State Strategic Framework and Recommendations for Youth Violence Prevention	42
Future Directions	49
How are Rhode Island's Youth Doing?	50
Implementation of Recommendations	50
A Future Vision for Youth Violence Prevention in Rhode Island	51
References	53
List of Acronyms	56
List of Tables and Figures	59
Appendix A — Rhode Island Report Card: Signals for Success	61
Appendix B— Rhode Island Children's Cabinet Youth Development and Risk Prevention Conceptual Framework	66



***A Report on the
State of Youth
Violence in
Rhode Island:
Introduction***



A Report on the State of Youth Violence in Rhode Island: Introduction

In 2003, the Rhode Island Department of Health, Safe Rhode Island Violence and Injury Prevention Program received a two-year cooperative agreement award from the US Centers for Disease Control and Prevention (CDC) to assess and plan for youth violence prevention. The development of the Rhode Island Child and Adolescent Violence Prevention Advisory Committee (CAVPAC) was one of the first tasks addressed by the Enhancing State Capacity to Address Child and Adolescent Health Through Violence Prevention (ESCAPE) Program. The CAVPAC consists of state-agency and community based prevention practitioners, law enforcement officials, University researchers, and other professionals concerned about the issue of youth violence. Taking a public health approach to youth violence prevention, the CAVPAC, including ESCAPE program staff, identified seven youth violence prevention priority areas for the state:

1. Homicide
2. Suicide
3. Self-inflicted Injury / Suicide Attempt
4. Sexual Assault
5. Teen Dating Violence
6. Physical Assault / Fighting
7. School Violence

In addition, the CAVPAC was charged with creating a series of assessments to guide the development of recommendations for inclusion in a state strategic plan for youth violence prevention. The assessments describe the burden of violence and related risk and protective factors for youth in RI, inventory programs and policies that address the primary prevention of youth violence throughout the state, and assess state readiness to move from reactive approaches to youth violence prevention to proactive primary prevention approaches that promote systems level change. The culmination of this work is presented in *The Rhode Island Report Card: Signals for Success*, included in Appendix A of this report.

Many of the strategic plan goals and objectives were also adapted from the following sources:

- Healthy People 2010, 2nd Ed., US Department of Health and Human Services
- Healthier Rhode Island by 2010, Rhode Island Department of Health
- Youth Violence: A Report of the Surgeon General, US Public Health Service
- The World Report on Violence and Health, World Health Organization

While these nationally and globally recognized goals and objectives laid the groundwork for the state plan, state-specific recommendations were developed based on information garnered from the risk/protective factor assessment and the program and policy inventories.



A Report on the State of Youth Violence in Rhode Island: Introduction

Recommendations identify priorities, target populations and measurable goals for the prevention of a range of youth violence outcomes.

What follows is the body of work developed by ESCAPe Program Staff, and the CAVPAC:

- The first section of The Report on the State of Youth Violence in Rhode Island, *Defining the Problem*, provides information about the consequences of youth violence in Rhode Island.
- The second section, *Identifying Risk and Protective Factors*, describes the risk and protective factors for youth violence addressed by the ESCAPe Program, and assesses their prevalence among young Rhode Islanders.
- The third section, *Identifying and Developing Prevention Strategies*, includes Best Practices for Youth Violence Prevention, the Program and Policy Inventories, an assessment of Rhode Island's capacity to prevent youth violence, and lastly, the strategic prevention framework for youth violence, developed by the CAVPAC.
- The report closes with Future Directions for Youth Violence Prevention in Rhode Island.
- The Report on the State of Youth Violence in Rhode Island also includes *The Rhode Island Report Card: Signals for Success*, in Appendix A. The Report Card "grades" the state on each youth violence indicator (data, programs, policies, and capacity) and provides an integrated look at the areas where a strategic plan can impact the risk and protective factors for youth violence.



***A Report on the
State of Youth
Violence in
Rhode Island:
Defining the
Problem***



A Report on the State of Youth Violence in Rhode Island: Defining the Problem

Youth violence has become an epidemic in the United States, killing over 10,000 children, adolescents, and young adults during 2003 alone¹. Nationally, between the years 1999–2003, homicide and suicide killed more youth (1-24 years old) than HIV, cancer, and birth defects combined¹. During the same time period, in Rhode Island, homicide and suicide were among the top leading causes of death for Rhode Islanders under the age of 24¹ (Table 1). Suicide

Table 1
Leading Causes of Death by Age, Rhode Island, 1999-2003

Rank	Age					
	<1	1-4	5-9	10-14	15-19	20-24
1	Short Gestation 111	Unintentional Injury 12	Malignant Neoplasms 15	Unintentional Injury 14	Unintentional Injury 71	Unintentional Injury 84
2	Congenital Anomalies 63	Congenital Anomalies 7	Unintentional Injury 14	Malignant Neoplasms 10	Homicide 31	Suicide 34
3	Placenta Cord Membranes 29	Malignant Neoplasms 7	Homicide 4	Homicide 2	Suicide 20	Homicide 34
4	Maternal Pregnancy Comp. 21	Heart Disease 4	Septicemia 3	Suicide 2	Malignant Neoplasms 10	Malignant Neoplasms 14
5	SIDS 18	Cerebro-vascular 3	Chronic Lower Respiratory Disease 2	Influenza & Pneumonia 2	Congenital Anomalies 9	Heart Disease 13

Table produced by: Office of Statistics and Programming, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; adapted by Safe Rhode Island Violence and Injury Prevention Program

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

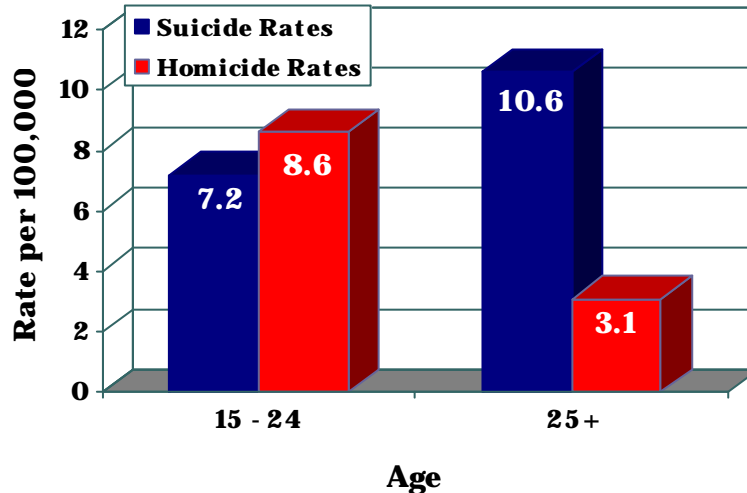
remains a major public health problem for Rhode Island youth, as the second, third, and fourth leading causes of death for 20 – 24 year olds, 15–19 year olds, and 10 –14 year olds, respectively. Note that while the younger population is affected by suicide in terms of leading causes of death, the older population in Rhode Island has slightly higher suicide rates (Fig. 1).



A Report on the State of Youth Violence in Rhode Island: Defining the Problem

Figure 1

Homicide and Suicide Rates, by Age, Rhode Island, 1999-2003

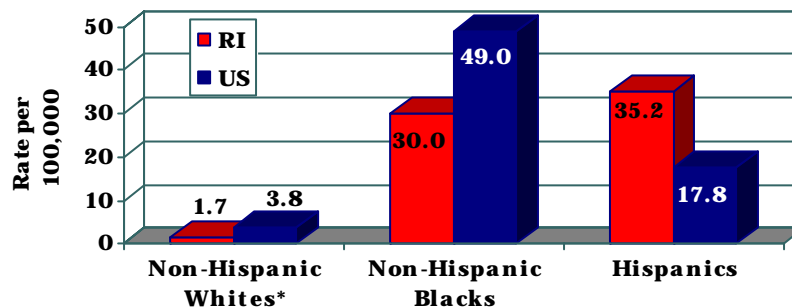


Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

Homicide disproportionately affects the younger population in Rhode Island. The rate of death due to homicide for those 15–24 years old (8.6/100,000) is almost three times the homicide rate for Rhode Island residents over the age of 25 (3.0/100,000) (Fig. 1)¹. In addition to age disparities, there are also marked racial disparities among homicide victims. Homicide is the leading cause of death for both non-Hispanic Black and Hispanic Rhode Islander’s ages 15-24¹. The homicide rates for non-Hispanic Blacks and Hispanics are more than 15 times higher than same aged non-Hispanic Whites (Fig. 2)¹.

Figure 2

Youth (ages 15-24) Homicide Rates by Race, United States and Rhode Island, 1999-2003



Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System
 *Rates based on cases of less than 20 may be unstable



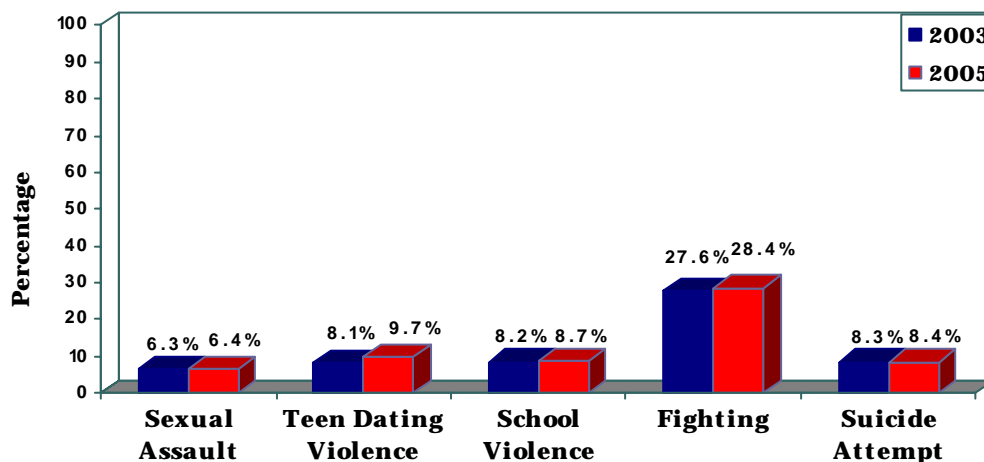
A Report on the State of Youth Violence in Rhode Island: Defining the Problem

Although the homicide rates for non-Hispanic Black and non-Hispanic White youth are lower in Rhode Island compared to national estimates, the rate of homicide among young Hispanic Rhode Islanders is almost double the national estimate for same age Hispanics (Fig. 2)¹.

The ESCAPe Program addresses other types of violence as well such as sexual assault, school violence, teen dating violence, physical assault (or fighting), and suicide attempt. Information about the pervasiveness of these types of violence come from self-reports, namely the Rhode Island Youth Risk Behavior Survey (RIYRBS). Based on the results of the 2005 RIYRBS, in the 12 months preceding the survey, 6.4% of high school students had been sexually victimized, 9.7% had been victims of teen dating violence, 8.7% had experienced violence at school, 28.4% were involved in a fight, and 8.4% attempted suicide (Fig. 3). With the exception of teen dating violence, there were no notable increases from 2003 to 2005 in the types of violence that high school youth reported on the RIYRBS (Fig. 3). While there was roughly a 20% increase in self-reported teen dating violence from 2003 to 2005, the increase was not statistically significant.

Figure 3

Percentage of High School Students Reporting That They Have Experienced Violence, by Type of Violence, Rhode Island Youth Risk Behavior Survey, 2003 & 2005



Data Source: RI Youth Risk Behavior Survey, 2003, 2005; Center for Health Data and Analysis, RI Dept. of Health

Additional information on assaults (both physical and sexual) and non-fatal self-harm injuries can be obtained from Hospital Discharge Data (HDD). The HDD data set detects the more serious cases of assault and self-harm, given that many of these incidents are not severe enough to require hospitalization. During the years 1999-2003, the hospitalization rate for self-harm injuries among 15–24 year olds was 97.1/100,000; for assault injury hospitalizations, the rate was 59.7/100,000². Compared to older age groups, those 15–24 years old sustain higher rates of hospitalization for both self-harm and assault².



***A Report on the
State of Youth
Violence in
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Identifying
Risk and
Protective
Factors***



A Report on the State of Youth Violence In Rhode Island: Identifying Risk and Protective Factors

Shared Risk and Protective Factors for Youth Violence

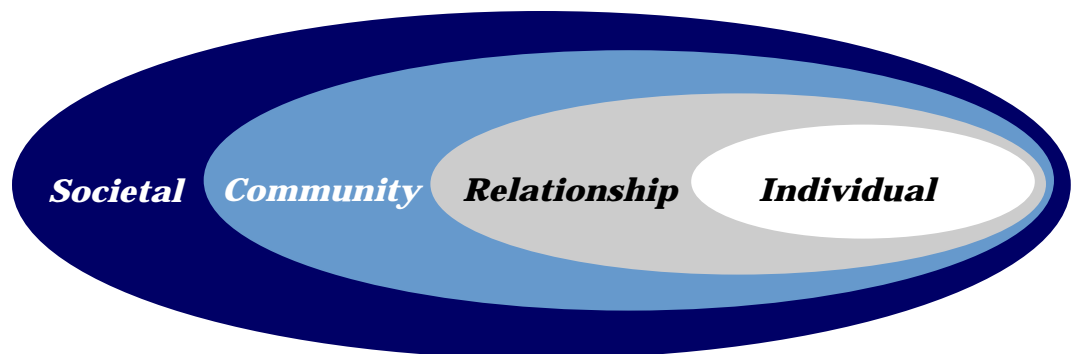
Risk and protective factor data are used to prioritize prevention efforts by identifying the underlying predictors of youth violence. Good prevention strategies take into consideration that one isolated risk factor need not by itself contribute to violence, but rather a number of risk factors may work together to engender violent behavior. The different types of violence, and other risky health behaviors such as substance abuse, teen pregnancy, and delinquency share many of the same risk and protective factors.

The Ecological Framework for Understanding Violence

Individuals largely act within the context of their experiences and environment. As a result, risk and protective factors for youth violence are categorized by ecological level, with the understanding that these factors, within and across each context, heavily influence each other. The risk and protective factors addressed by the ESCAPE program cross cut all of the ecological levels; societal, community, relationship, and individual (Fig. 4).

Figure 4

The Ecological Framework for Understanding Violence



The following description of the Ecological Model for Understanding Violence is taken from the CDC's "Sexual Violence Prevention: Beginning the Dialogue", 2004.²⁷

Individual-level influences are biological and include personal history factors that increase the likelihood that an individual will become a victim or perpetrator of violence. For example, factors such as attitudes and beliefs that support sexual violence; hostility towards women; childhood history of sexual abuse or witnessing family violence; alcohol and drug use. (Dahlberg and Krug 2002)

Interventions for individual-level influences are often designed to target social and cognitive skills and behavior and include approaches such as counseling, therapy, and educational training sessions. (Powell et al. 1999)



A Report on the State of Youth Violence In Rhode Island: Identifying Risk and Protective Factors

Interpersonal relationship-level influences are factors that increase risk as a result of relationships with peers, intimate partners, and family members. For example, association with sexually aggressive peers; family environment that is emotionally unsupportive, physically violent or strongly patriarchal. (Dahlberg and Krug 2002)

Interventions for interpersonal relationship-level influences could include family therapy, bystander intervention skill development, and parenting training. (Powell et al. 1999)

Community-level influences are factors that increase risk based on community and social environments and include an individual's experiences and relationships with schools, workplaces, and neighborhoods. For example, general tolerance of sexual assault; lack of support from police or judicial system; poverty; lack of employment opportunities; weak community sanctions against perpetrators.

Interventions for community-level influences are typically designed to impact the climate, systems, and policies in a given setting.

Societal-level influences are larger, macro-level factors that influence sexual violence such as gender inequality, religious or cultural belief systems, societal norms, and economic or social policies that create or sustain gaps and tensions between groups of people. For example, inequalities based on gender, race, and sexual orientation. (Dahlberg and Krug 2002)

Interventions for societal-level influences typically involve collaborations by multiple partners to change laws and policies related to sexual violence or gender inequality. Another intervention would be to determine societal norms that accept violence and to identify strategies for changing those norms. (Powell et al. 1999)

Impacting on Shared Risk and Protective Factors to Prevent Violence

As a means of preventing violence, the ESCAPE program focuses on reducing risk and enhancing protective factors that are shared across the different types of violence identified in this report (e.g. sexual assault, teen dating violence, suicide, etc.) . The following is a list of prioritized risk and protective factors for youth violence identified by Enhancing State Capacity to Address Child and Adolescent Health through Violence Prevention (ESCAPE):

Risk Factors:

1. Poverty
2. Exposure to Violence
3. Poor Emotional Health
4. Alcohol and Other Drug Use
5. Early Initiation of Violent Behavior
6. Poor Family Connectedness

Protective Factors:

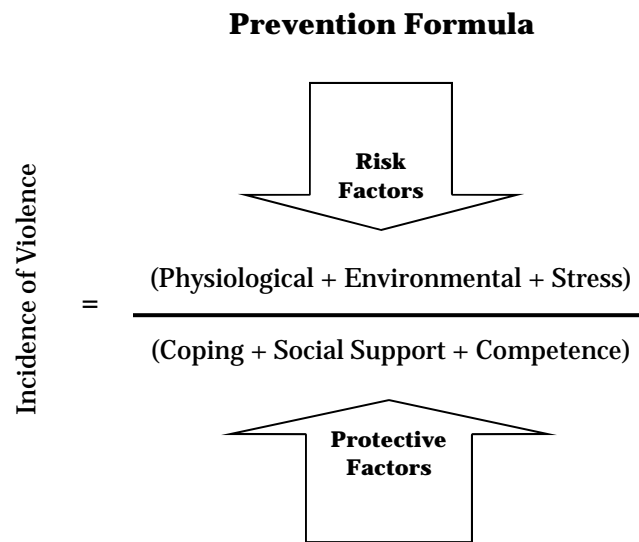
1. Adequate Adult Supervision
2. Social Capital
3. Safe & Supportive School Climate
4. Good Academic Achievement
5. Good Family Management Practices



A Report on the State of Youth Violence In Rhode Island: Identifying Risk and Protective Factors

A conceptual model proposed by George Albee, one of the pioneers in the field of primary prevention work, suggests that if we can prevent or reduce risk factors while promoting or increasing protective factors we can lower the incidence of violence and other adverse health effects in a population (Fig. 5). In the absence of protective factors, risk reduction strategies alone may not help to decrease violent behavior.

Figure 5



(adapted from the conceptual model by George Albee)

Identifying and addressing the risk and protective factors for youth violence in a meaningful way will ideally enhance prevention efforts in Rhode Island. The following section describes each risk and protective factor addressed by the ESCAPe program, and includes data which show the prevalence of these factors among the State's youth.



A Report on the State of Youth Violence In Rhode Island: Identifying Risk and Protective Factors

Risk Factors for Youth Violence

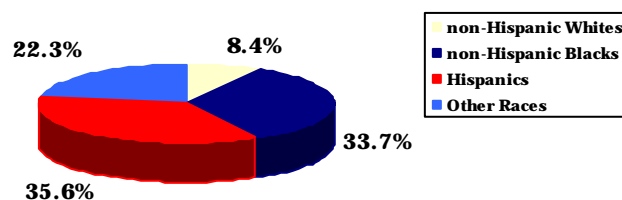
Poverty

Poverty has consistently predicted youth involvement in crime and violence. In several studies, low family income was associated with self-reported violence by teens, and higher rates of juvenile convictions for violent offenses^{13, 14, 7}. In Rhode Island during 2004, a full 37% of Rhode Island children were living in families where their parent or parents did not have full-time, year round employment¹⁵. During this same time period, approximately 21% of state residents under age 18 were living below the poverty line¹⁵. The number of children living below the poverty line in Rhode Island appears to be growing. Since 1990, Rhode Island's child poverty rate has increased by 50% (from 14% in 1990 to 21% in 2004)¹⁶.

In Rhode Island, the racial disparities in youth violence are similar to the racial disparities in poverty status. Compared to non-Hispanic White children and adolescents, more than four times as many non-Hispanic Black and Hispanic children and adolescents live below the poverty line¹⁵. Hispanics represent the highest percentage of Rhode Island youth (under age 18) living in poverty, followed by non-Hispanic Blacks, and non-Hispanic Whites. All other races make up 22.3% of Rhode Island youth living in poverty (Figure 6)¹⁵.

Figure 6

Racial Composition of Children (Under Age 18) Living Below the Poverty Line, Rhode Island, 2004



Data Source: American Community Survey, US Bureau of the Census, 2004

Exposure to Violence

Exposure to violence in the home and in one's community increases a child's risk for engaging in violent behavior¹⁰. Studies indicate that child maltreatment is one of the strongest predictors of the perpetration of violence later in life⁷. Between 1999 and 2003, there were approximately



A Report on the State of Youth Violence In Rhode Island: Identifying Risk and Protective Factors

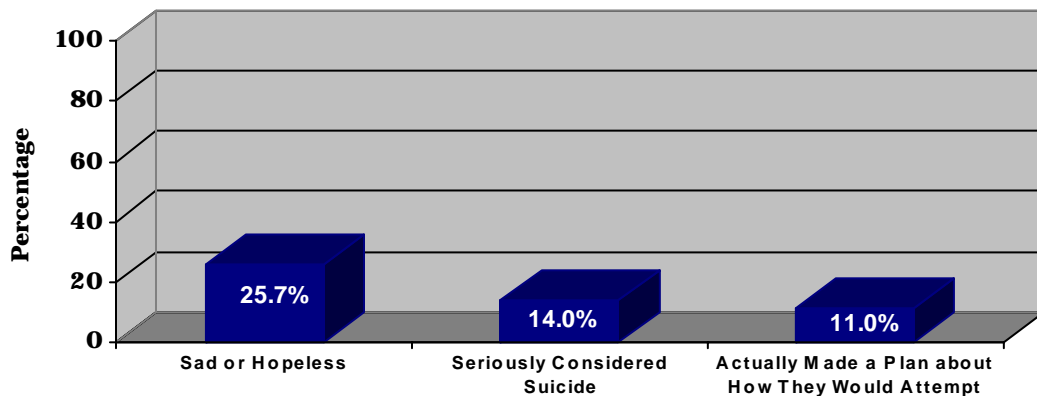
1,365* incidents of substantiated child abuse in Rhode Island per every 100,000 children under the age of 18¹³. Evidence also suggests that youths, particularly males, who witness domestic violence in the home may be more likely than others to commit acts of violence in adulthood¹⁹. In Rhode Island during the year 2003, there were 2,043* incidents of domestic violence reported to police where children and adolescents were present¹⁸.

Poor Emotional Health

Poor emotional health, or the presence of a mental health disorder, is a salient risk factor for self-harm and/or suicide attempt. Studies demonstrate that over 90% of teen suicide attempters have a mental or behavioral health disorder¹⁶. According to the results of the 2005 Rhode Island Youth Risk Behavior Survey (YRBS), more than a quarter of high school students reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some of their usual activities (Figure 7). Additionally, 14% of students reported that they seriously considered attempting suicide, and 11% actually made a plan about how they would attempt suicide (Figure 7).

Figure 7

Percentage of High School Students Reporting Poor Emotional Health, RIYRBS, 2005



Data Source: RIYRBS, Center for Health Data and Analysis, RI Department of Health, 2005

Emotional disabilities are also risk factors for youth violence. Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and general concentration problems and restlessness may increase risk of violence. One longitudinal study found that 15% of boys who exhibited restlessness and concentration difficulties at age

*Estimates may include duplicate counts.



A Report on the State of Youth Violence In Rhode Island: Identifying Risk and Protective Factors

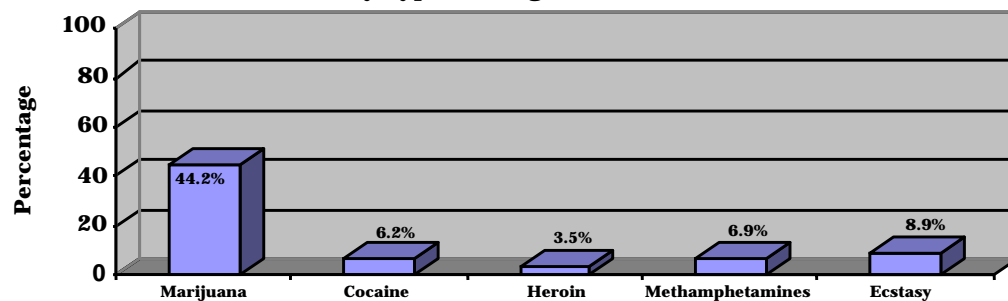
13 were arrested for violence by age 26¹⁷. Other studies have found that children with hyperactivity problems or attention deficits at age 10, 14, or 16, had double the risk of engaging in violent behavior at age 18¹⁴. While Rhode Island is lacking good measures for determining the prevalence of general concentration difficulties and restlessness among youth, the Rhode Island Department of Education keeps record of all students receiving special education for emotional disabilities, including ADD, ADHD, and ODD. During the 2004 – 2005 school year, approximately 19 students per 1,000 were receiving special education for emotional disabilities²⁰.

Involvement in Alcohol or Other Drugs

In their longitudinal study of risk and protective factors for youth violence, Resnick, et. al. (2004) found that baseline youth alcohol and marijuana use were significant predictors of violent behavior one year later⁷. SAMHSA's National Survey on Drug Use & Health (2001) also demonstrates a relationship between alcohol and other drug use and violence. Just over 48% of youths aged 12 to 17 who used an illicit drug during the previous year also reported engaging in violent behavior, a percentage almost twice as high as youths who did not report using an illicit drug (26.6%)²³.

Figure 8

Percentage of High School Students Reporting Lifetime Use of Illicit Drugs, by Type of Drug, RIYRBS, 2003



Data Source: RIYRBS, 2003; Center for Health Data and Analysis Rhode Island Department of Health

Results of the 2003 RIYRBS, indicate that 26.8% of high school students engaged in binge drinking at least one time in the 30 days preceding the survey, and that 44.2% of youth surveyed reported any lifetime use of marijuana⁵. Other drug use was reported in much smaller numbers (Fig. 8).

Early Initiation of Violent Behavior

Research indicates that early onset of violence and delinquency is strongly associated with more serious and persistent violent behavior. In one study, Farrington (1995) found that a full 50%



A Report on the State of Youth Violence In Rhode Island: Identifying Risk and Protective Factors

of males between the ages of 10 and 16, who were adjudicated for a violent offense, had a violent crime conviction by age 24¹⁴. During 2004, there were 432* arrests for assault offenses per every 100,000 Rhode Island juveniles²¹.

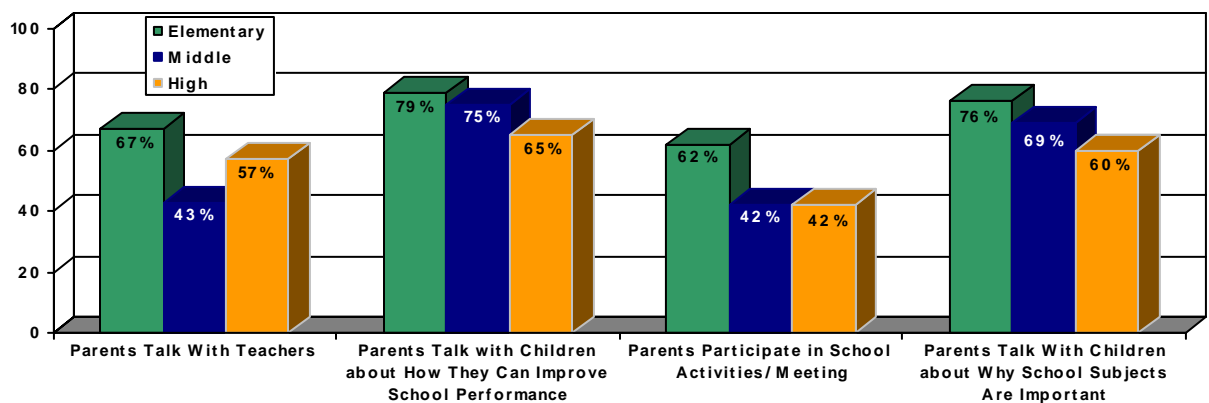
Non-arrest data also show the pervasiveness of violent behavior among teens in Rhode Island. Information from the Rhode Island Department of Education's School Disciplinary Database for the 2004-2005 school year indicates that there were 56 suspensions per every 1,000* students for the following: fighting, assaulting another teacher or student, hate crimes, and bomb threats²⁰.

Poor Family Connectedness

Low levels of family connectedness can also be a risk factor for youth violence and other teen risky behaviors⁸. Measures of parental engagement and parent-child communication serve as good indicators of the strength of connectedness among families. Figure 9 presents Rhode Island students' self-reported measures of parental engagement / communication. During the 2004-2005 school year, 67% of elementary students, 43% of middle school students, and 57% of high school students reported that their parents communicated with their teachers about how they were doing in school; 79% of elementary students, 76% of middle school students, and 66% of high school students reported that their parents actively spoke with them about ways to improve their school performance; 62% of elementary students, and 42% of both middle and high school students reported that their parents participate in school activities and meetings; and 76% of elementary students, 69% of middle school students, and 60% of high school students reported that their parents talk with them about why school subjects are important.

Figure 9

Parental Engagement/Communication Measures, SALT, 2004



Data Source: School Accountability for Learning and Teaching, 2004; University of Rhode Island

*Estimates may include duplicate counts.



A Report on the State of Youth Violence In Rhode Island: Identifying Risk and Protective Factors

of elementary school students, 68% of middle school students, and 60% of high school students reported that their parents spoke with them about why school subjects are important in the “real world”²². Other indicators of family connectedness include measures of family stability. According to Rhode Island KIDS Count, during the year 2004, there were 770 Rhode Island youths per 100,000 under the age of 21 living in out-of-home placement¹⁶. During the same time period, a full 5,503 grandparents in Rhode Island reported having primary responsibility for raising their minor grandchildren (under age 18) ¹⁵.

Protective Factors for Youth Violence

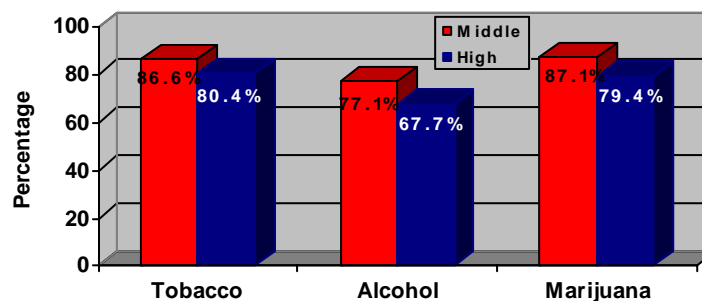
Good Family Management Practices

Young people who have strong family support, and who feel that adults have confidence in their abilities perform better in school, and are less likely to engage in risky behavior²⁴. High parental expectations about school achievement, within a structured, supportive environment, provide youth with the tools they need for academic success²⁴. According to the 2004 SALT survey, approximately 81% of high school students report that their parents believe that they will definitely or probably graduate from high school, and roughly three-quarters (73%) of high school students report that their parents believe that they will definitely or probably go on to college²².

Solid family management practices, such as setting clear expectations for children’s behavior, and disapproval of problem behaviors, predict fewer problems with youth delinquency and substance abuse in later years^{7, 24}. In 2003, results of the Youth Tobacco Survey (YTS) indicate that 86.6% of Rhode Island middle school students and 80.4% of Rhode Island high school students report that their parents made it clear that they expect them not to use tobacco (Fig.10). Information from the same survey suggest that parents are setting clear messages about abstaining from

Figure 10

Percentage of Students Reporting That Their Parents Have Set Clear Expectations about Abstaining from Substance Use, by Level of Schooling, and Type of Substance, YTS, 2003



Data Source: Youth Tobacco Survey, 2003; Center for Health Data and Analysis, Rhode Island Department of Health



A Report on the State of Youth Violence In Rhode Island: Identifying Risk and Protective Factors

marijuana use as well, however, slightly fewer parents set clear messages about abstaining from alcohol use (Fig. 10).

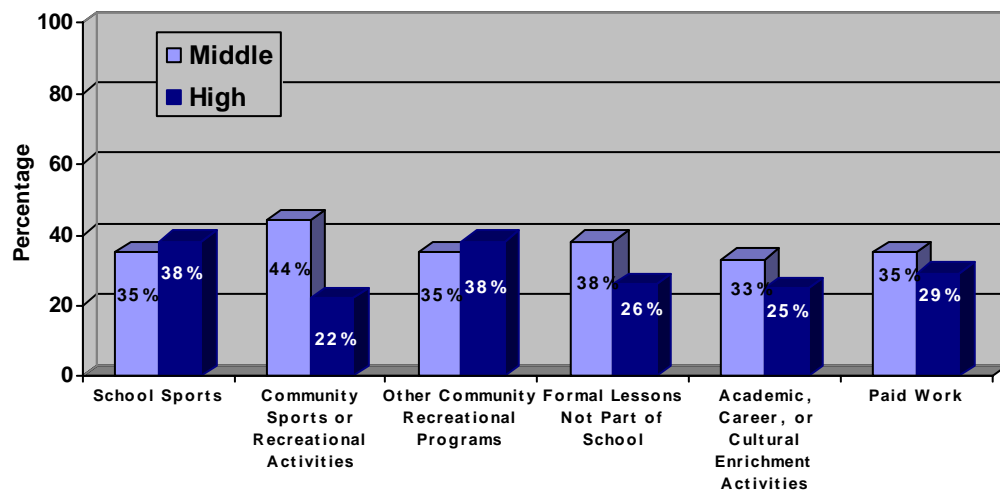
Adult Supervision

Providing youth with more adult supervision can be an important way to lessen the amount of time children and adolescents have to engage in risky behaviors and can reduce the effects of delinquent peer influence²⁴. This may include increasing the amount of time youth spend in adult-supervised after school activities and/or the amount of time youth spend with their caregivers after school. According to results of the 2004 SALT survey, 77% of elementary school students report spending no more than three hours by themselves after school, one or two days per week²². Percentages of students who report spending time by themselves after school increase with succession to higher levels of schooling. Only 40% of high school students report spending no more than three hours by themselves after school, one or two days per week²².

Research indicates that structured enrichment activities with high levels of adult supervision provide the greatest potential for healthy youth development¹¹. Figure 11 shows the percentages of Rhode Island students in middle and high school who actively participate in after school activities, by type of activity. It is important to note that the exact amount of adult supervision youth receive in these activities is unclear.

Figure 11

Percentage of Students Reporting That They Participate in After School Activities, by Type of Activity and Level of Schooling, SALT, 2004



Data Source: School Accountability for Learning and Teaching, 2004; University of Rhode Island



A Report on the State of Youth Violence In Rhode Island: Identifying Risk and Protective Factors

Social Capital

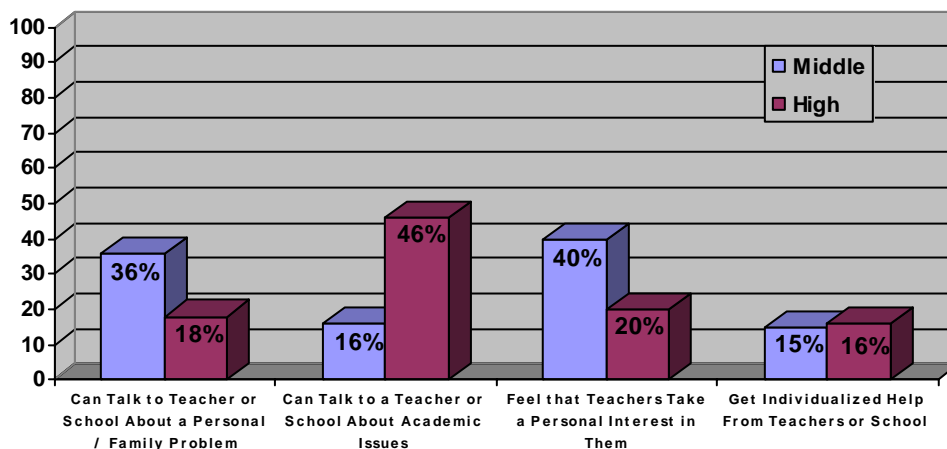
Social capital refers to “social networks, norms of reciprocity, trustworthiness, and mutual assistance that tie individuals into groups and communities”¹². Creating these roles for youth, to influence changes in community practices and/or norms, can serve as a protective factor for youth violence. While many social capital measures for youth in Rhode Island are not currently captured by state-level data sources, information on youth participation in volunteer work indicates that only 10% of middle school students, and 17% of high school students actively spend time volunteering in their schools and communities²². Additional information about youth involvement in their communities may be sought through qualitative measures, or the use of non-traditional data sources, such as youth focus groups.

Safe and Supportive School Climate

Positive school-related experiences such as high levels of school bonding and safe, supportive school environments may help to promote healthy youth development and protect children and adolescents from participating in risky behaviors such as violence⁸. Fostering protective school environments involves, in part, forming strong bonds between students and their schools. Students may feel connected with their school through their relationships with teachers and school administration. During the 2004-2005 school year, 46% of high school students felt that they could talk with their teachers most of the time or always about academic issues, yet only 16%

Figure 12

Percentage of Students Reporting Positive Experiences at School, by Level of Schooling, SALT, 2004



Data Source: School Accountability for Learning and Teaching, 2004; University of Rhode Island

of middle school students report the same (Fig. 12). Just 15% of middle school students and 16% of high school students report receiving individualized help from their school or teachers.



A Report on the State of Youth Violence In Rhode Island: Identifying Risk and Protective Factors

Forty percent of middle school students and 20% of high school students feel that teachers take a personal interest in them; and 36% of middle school students and 18% of high school students feel that they can talk to their teachers about a personal or family problem most of the time or always (Figure 12).

A statewide priority is to ensure that every student is safe while in school, and while traveling to and from school. A safe school climate protects against violence and other risky behaviors. Fear of being hurt or bullied in school is associated with low levels of school engagement and non-attendance. In 2004, 34% of elementary school students, 40% of middle school students, and 27% of high school students in Rhode Island reported that they feared being hurt or bothered at school at least once in the 12 months preceding the SALT survey²². Additional information from the SALT survey indicates that 6% of elementary school students, 7% of middle school students, and 12% of high school students carried a weapon with them to school on at least one occasion²².

Academic Achievement

Students who perform well in school are at a lower risk for engaging in violent behavior. Studies have demonstrated a statistically significant relationship between poor academic achievement and violent behavior⁸. Overall, Rhode Island has a graduation rate of 82.8% and a school attendance rate of 89.8%²⁰. Although the majority of the state's youth graduate from high school, state academic proficiency exams show mixed results. Of elementary students, 73% achieved basic understanding on English standards and 70% achieved basic understanding on Math

Table 2

Percentage of Students Achieving Proficiency on Academic Standards Exams by Level of Schooling, 2004

Level of Schooling	Academic Proficiency Exams	
	Math	English
Elementary School	70%	73%
Middle School	58%	58%
High School	58%	49%

Data Source: Rhode Island Department of Education, Infoworks!, 2004-2005

standards (Table 2). These numbers are not as positive for middle and high school students. On English proficiency exams, only 58% of middle school students and 49% of high school students achieved basic understanding, and on Math proficiency exams, 58% of both middle and high school students achieved basic standards (Table 2). Rhode Island middle and high school



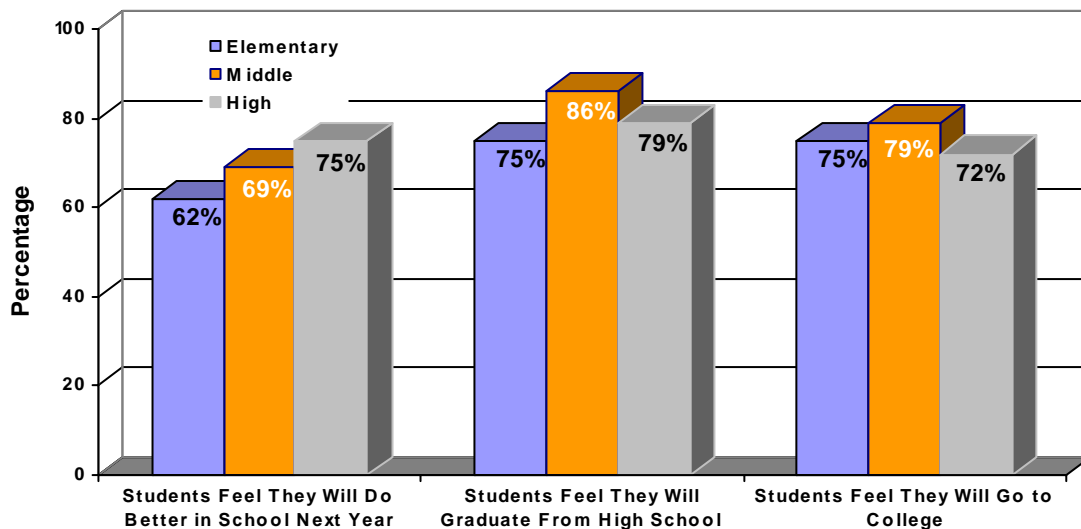
A Report on the State of Youth Violence In Rhode Island: Identifying Risk and Protective Factors

students have the lowest rates of academic achievement among the six New England states²⁰.

Self-reported good academic self-discipline, such as the amount of time spent doing homework, and good academic self-efficacy are signs of a student's desire and confidence to perform well in school, and are tied to his/her overall achievement scores²⁴. During the 2004-2005 school year, 28% of Rhode Island middle school students and 40% of Rhode Island high school students reported spending at least one hour per night doing homework on a weeknight¹⁵. Figure 13 presents student self-reported measures of academic self-efficacy. While these numbers vary by level of schooling, most students report that they believe they will perform better in school in the coming year (Fig. 14). Seventy-five percent of elementary school students, 86% of middle school students, and 79% of high school students feel that they will graduate high school, and roughly three-quarters of all students surveyed feel that they will go on to college (Figure 13).

Figure 13

Percentage of Students Reporting Good Academic Self-Efficacy, by Level of Schooling, RI SALT, 2004



Data Source: School Accountability for Learning and Teaching, 2004; University of Rhode Island

The relationship between good self-esteem or good self-efficacy and violent behavior, however, is somewhat unclear. While these constructs do predict levels of academic achievement (a protective factor for youth violence), good self-efficacy may or may not be directly associated with a decreased propensity for violent behavior. In fact, one study indicates that higher self-esteem may actually place females at an increased risk for the perpetration of violence⁸. The same study shows no association between self-esteem and violence perpetration among young males⁸.



***A Report on the
State of Youth
Violence in
Rhode Island:
Identifying and
Developing
Prevention
Strategies***



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

****Levels of Prevention:***

In the field of public health, violence prevention and intervention strategies can be categorized into three levels: primary, secondary, and tertiary (This prevention terminology is also known as universal, indicated, and selected.). Each level has a unique and important approach to preventing youth violence. What follows is a brief overview of the application of each approach:

Primary Prevention (Universal): Reinforcing Protective Factors

- Attempts to serve those individuals who have not yet developed risk factors for violence.
- Looks at root causes, conditions, and environments for ways to proactively eliminate the possibility of violence.
- Strives to build internal and external developmental assets (protective factors) so that violence will not develop.

Secondary Prevention (Selected): Reducing Risk

- Addresses attitudes and behaviors, focusing on early identification and intervention to reverse risk factors or reduce their impact.
- Aims to keep at-risk individuals from engaging in violent activity.
- Typically focuses on strengthening the individual and his or her relationships.

Tertiary Prevention (Indicated): Managing Crisis Situations

- Serves those individuals who have already perpetrated or been affected by violence.
- Relates to reactive efforts and interventions.
- Intends to help prevent additional violent activity and/or negative consequences that occur as a result of violence.

Given that Public Health prevention aims to provide the maximum benefit for the largest number of people, many public health youth violence prevention efforts are focused on primary prevention.

*Adapted from Youth Violence Prevention and Intervention Fact Sheet: National Youth Violence Prevention Resource Center



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

Best Practices for Youth Violence Prevention

Public health practitioners promote the use of model programs in our efforts to reduce the burden of injury and violence. Blueprints for Violence Prevention, an initiative of the Center for the Study and Prevention of Violence (CSPV) at the University of Colorado at Boulder, sets a gold standard for implementing exemplary, research-based violence, delinquency, and drug prevention programs. Programs must demonstrate each of the following to be considered a model program: quantitative evidence of a reduction in violence based on a strong evaluation design, sustained effects that extend past the life of the intervention, and multiple site replication (i.e. produce the desired effect in multiple settings with diverse populations). The key to program effectiveness is maintaining fidelity to the original program design when implemented in new settings. To date CSPV has identified 11 Model Programs and 18 Promising Programs for the prevention of youth violence²⁵. To guide recommendations for the CAVPAC statewide, strategic plan for youth violence prevention, the ESCAPE Management Team, in collaboration with the Children's Safety Network (CSN), identified the Blueprints Model Programs currently being implemented in Rhode Island. National Blueprints Model Program representatives were contacted to confirm the purchase of program materials, and ESCAPE and CSN staff followed up with local contacts to confirm that Blueprints Programs were in fact being implemented in Rhode Island. **Table A** identifies the Blueprint Programs currently being implemented in Rhode Island.

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides a National Registry of Evidenced-based Programs and Practices (NREPP) that identifies Model Programs for substance abuse prevention. The SAMHSA Model Programs have been demonstrated to reduce not only substance abuse, but other high-risk behaviors as well. Many of the SAMHSA Model Programs overlap with the Blueprints Model Programs. **Table B** identifies SAMHSA Model Programs being implemented in Rhode Island with State Incentive Grant funds and administered by the Rhode Island Department of Mental Health, Retardation & Hospitals.

In addition to the 'Model' programs identified above, a broader range of Rhode Island prevention programs that impact the shared risk and protective factors for youth violence were identified. The Rhode Island Violence Prevention Network (RIVPN) is a consortium of prevention professionals working to prevent violence, substance abuse, and other risky health behaviors in the state. The ESCAPE Management Team developed a survey to gather information from RIVPN members. Of interest were those programs that either impact directly, or indirectly, on the shared risk and protective factors for youth violence. The survey also gathered information about the program design and if any of the surveyed programs were incorporating elements of the above referenced 'Model' youth violence prevention programs into their program design. To identify programs not included in RIVPN, a Web search was



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

conducted. All survey responses were put into a database. **Table C** identifies the efforts of Rhode Island's many prevention practitioners who incorporate one or more Model Program components into their initiatives. Of the 47 agencies that responded, 23 indicated they are implementing one or more elements of a Blueprints Model Program. Of note is that the majority of programs listed in **Table C** indicated that they address one or more risk and protective factors for youth violence. For more information on Rhode Island violence prevention programs, visit the RI Violence Prevention Network web site listed below.

The following Web sites provide more information on Model Programs and local prevention programs being implemented in Rhode Island:

Blueprints Model Programs <http://www.colorado.edu/cspv/blueprints/model/overview.html>

SAMHSA Model Programs <http://www.modelprograms.samhsa.gov/template.cfm?page=default>

Directory of Rhode Island Programs that Impact Directly or Indirectly on Youth Violence Prevention <http://www.rivpn.org/directory.htm>



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

Table A: Blueprints Model Programs Currently Being Implemented in Rhode Island

Children's Safety Network, August 2006

Color Key for Chart Below:

Light Blue = Yes, this program is being implemented in Rhode Island

Gray = Not being implemented in Rhode Island.

Program Name	Implemented in RI? (Yes/No)	Contact information for program	Contact info for RI site
Midwestern Prevention Project	No	Mary Ann Pentz, PhD Institute for Prevention Research Dept of Preventive Medicine University of Southern California 1000 So Fremont Ave Unit 8 Alhambra, CA 91803 626-457-6691	
Big Brothers/Big Sisters of America	Yes	Keoki Hanson Big Brothers/Big Sisters of America Research & Program Development 230 North 13 th Street Philadelphia, PA 19107 (215) 567-7000 national@bbbsa.org	Big Sisters of RI: www.bigsistersri.org Big Brothers of RI: (410) 432-9955
Functional Family Therapy	No	Doug Kopp Functional Family Therapy, LLC 2538 57 th Avenue SW Seattle, WA 98116 (206) 409-7198 dkfft@msn.com	
Life Skills Training	Yes	Gilbert Botvin, Ph.D National Health Promotion Associates, Inc. 411 Westchester Ave White Plains, NY 10604 (800) 293-4969 (toll free) (914) 421-2525 LSTinfo@nhpanet.com	Sharon.Tourini: stourini@mhrh.ri.gov
Multisystemic Therapy	Yes	Marshall Swenson, MSW, MBA MST Services, Inc. 710 Johnnie Dodds Blvd. Suite 200 Mount Pleasant, SC 29464 (843) 856-8226 (x215) ms@mstservices.com	Mark C. Dumas, MST Supervisor Psychological Centers, Inc. Middletown, RI 401-447-4616 marckdumas@psychologicalcenters.com



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

Table A: Blueprints Model Programs Currently Being Implemented in Rhode Island (continued)

Children's Safety Network, August 2006

Program Name	Implemented in RI? (Yes/No)	Contact information for program	Contact info for RI site
Nurse-Family Partnership	No	Nurse-Family Partnership National Office 1900 Grant Street, Suite 400 Denver, CO 80203-4307 (866) 864-5226 (toll free) (303) 327-4240 in@nursefamilypartnership.org	
Multidimensional Treatment Foster Care	No	Howard A. Liddle, Ed.D Professor, Epidemiology & Public Health, and Psychology Center for Treatment Research on Adolescent Drug Abuse University of Miami School of Medicine 1400 N.W. 10 th Avenue, Suite 1108 P.O. Box09132 Miami, FL 33101 (305) 243-6434 hliddle@med.miami.edu	
Olweus Bullying Prevention Program	Yes	Marlene Snyder, Ph.D Institute on Family and Neighborhood Life Clemson University 158 Poole Agricultural Center Clemson, SC 29634 (864) 710-4562 nobully@clemson.edu www.clemson.edu/olweus or Sue Limber slimber@CLEMSON.EDU	Tyler Page TPC Consulting 228 Hull Cove Farm Road Jamestown, RI 02835 Phone: 401-423-8081 Fax: 401-923-8081 Email: wtp4@aol.com Erika Cannon Outreach & Education Advocate Elizabeth Buffum Chace Center P.O. Box 9476 Warwick, RI 02889 Phone: 401-738-9700 Email: erikac@ebchouse.org



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

Table A: Blueprints Model Programs Currently Being Implemented in Rhode Island (continued)

Children's Safety Network, August 2006

Program Name	Implemented in RI? (Yes/No)	Contact information for program	Contact information for RI site
Promoting Alternative Thinking Strategies	No	Carol A. Kusche, Ph.D Psychoanalyst and Clinical Psychologist PATHS Training, LLC 927 10 th Avenue East Seattle, WA 98102 (206) 323-6688 ckusche@comcast.net	
The Incredible Years	Yes	Carolyn Webster-Stratton, Ph.D. Director, Parenting Clinic University of Washington 1411 Eighth Avenue West Seattle, WA 98119 (206) 285-7565 (888) 506-3562 (Toll Free) incredibleyears@comcast.net or Lisa St. George: Incredibleyears@comcast.net	Stephanie Shepard, Ph.D. Bradley Early Childhood Clinical Research Center Brown Medical School Department of Psychiatry and Human Behavior Office Phone: 401-793-8723 Office Fax: 401-793-8799 Stephanie_Shepard@Brown.edu Sharon Tourini: stourini@mhrh.ri.gov
Project Towards No Drug Abuse	No	Steve Sussman Institute for Health Promotion and Disease Prevention Department of Preventive Medicine University of Southern California 1000 South Fremont Ave Unit 8, suite 4121 Alhambra, CA 91803 (626) 457-6635 ssussma@usc.edu or Luanne Rohrbach: rohrbac@usc.edu Project TND website: http://tnd.usc.edu	



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

Table B: SAMHSA Model Programs Currently Being Implemented in Rhode Island

State Incentive Grant, Rhode Island Department of Mental Health, Retardation, and Hospitals, October 2006

Agency	Site – City/Town	Programs							
		Brief Strategic Family Therapy	I Can Problem Solve (ICPS)	Incredible Years	Life Skills	Project Alert	Project Northland	Raising a Thinking Child	Strengthening Families
Capital City Community Centers	Birchwood School – North Providence				X				X
Capital City Community Centers	Nathan Bishop Middle School - Providence				X				X
Capital City Community Centers	Ricci School - North Providence				X				X
Capital City Community Centers	Delsesto/Springfield Middle -School - Providence				X				X
Capital City Community Centers	Roger Williams Middle School - Providence				X				X
Capital City Community Centers	Nathaniel Greene Middle School - Providence				X				X
Capital City Community Centers	Oliver H Perry Middle School -Providence				X				X
Chariho Task Force	Chariho Middle School -Richmond				X	X			
Child & Family Services of Newport	Joseph A Gaudet Middle School Middletown				X				X
Comprehensive Community Action, Inc.	Head Start - Cranston			X					
Diocese of Providence	Assumption Church - Providence			X					



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

Table B: SAMHSA Model Programs Currently Being Implemented in Rhode Island (continued)

State Incentive Grant, Rhode Island Department of Mental Health, Retardation, and Hospitals, October 2006

Agency	Site – City/Town	Programs							
		Brief Strategic Family Therapy	I Can Problem Solve (ICPS)	Incredible Years	Life Skills	Project Alert	Project Northland	Raising a Thinking Child	Strengthening Families
Diocese of Providence	Proyecto Esperanza - Central Falls			X					
East Bay Mental Health Center	East Bay Regional Referrals - East Bay								X
Narragansett Youth Task Force	Pier Middle School - Narragansett			X					
Providence Housing Authority	Providence Housing Projects - Providence		X		X			X	
Rhode Island Hospital	CVS Highlander - Providence								X
RIEAP	Bridgham Middle School – Providence								X
RIEAP	Gilbert Stuart Middle School- Providence								X
South Kingstown Partnership for Prevention	Broadrock Middle School - South Kingstown						X		
South Kingstown Partnership for Prevention	Curtis Middle School - South Kingstown						X		
Stopover Services of Newport County	Stopover Services - Newport	X							



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

Table C: Rhode Island Youth-Focused Prevention Programs Based on Model Programs

Organization Program Name	Contact Person	Interventions / Programs										
		Active Learning Techniques	Big Brother/Big Sister Program	Functional Family Therapy	Life Skills Training	Multisystemic Therapy	Nurse-Family Partnership	Multidimensional	Bullying Prevention	Promotes Alternative Thinking	Incredible Years	Project Towards No Drug Abuse
Adolescent Self Sufficiency Collaborative (ASSC)	Susan O'Donnell	X			X							
After-school PHA Youth	Judy Walker	X			X							
Big Brothers of Rhode Island			X									
Big Sisters of Rhode Island			X									X
Botvin's "LIFE SKILLS"	Wendy Sousa				X							
Child & Family Outpatient Services II - MDFT Therapy	Jeffrey Noll	X	Refer	X	X	X				X		
Children's Friend and Service I -Early Head Start	Nicole Herbert						X					
Conflict Resolution Class and Peer Meditation Program – West Warwick HS	Carol Tucker	X			X				X	X		
Corporation for National Service – Foster Grandparent Program	Vincent Marzullo	X				X			X	X		X
Domestic Violence Resource Center of South County -	Courtney Cummings	X		X	X				X	X	X	
IOWA Strengthening Families Program - Ages 10-14	Kerri Kelly	X			X							X



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

**Table C: Rhode Island Youth-Focused Prevention Programs
Based on Model Programs (continued)**

Organization Program Name	Contact Person	Interventions / Programs										
		Active Learning Techniques	Big Brother/Big Sister Program	Functional Family Therapy	Life Skills Training	Multisystemic Therapy	Nurse-Family Partnership	Multidimensional	Bullying Prevention	Promotes Alternative Thinking	Incredible Years	Project Towards No Drug Abuse
John F. Kennedy School Guidance (Grades K-4)	Rosemary Davidson		Refer				X		X	X		
RI Department of Health - Men2B	Jan Shedd	X							X			
RI Employee Assistance Program -Student Assistant Services	Sarah Dinklage	X										X
RI Student Assistance Services	Charles Cudworth	X							X	X		
Sexual Assault & Trauma Resource Center - Keeping Kids Safe	Sandra Malone	X			X				X	X		
Stopover Services of Newport County, Inc	Keller DiLuglio			X	X	X				X		
Tides Family Services	Rob Archer	X		X		X						
UPTYME Prevention Service	Lorraine Kaul								X	X		
Women's Center of RI - I Can Problem Solve	Julie Rawlings	X							X	X		
Women's Center of RI - Safe Dates	Julie Rawlings	X								X		
Youth Responsibility	Hlee Thao	X			X							X
Youth Violence Prevention & Intervention	John Reis								X			



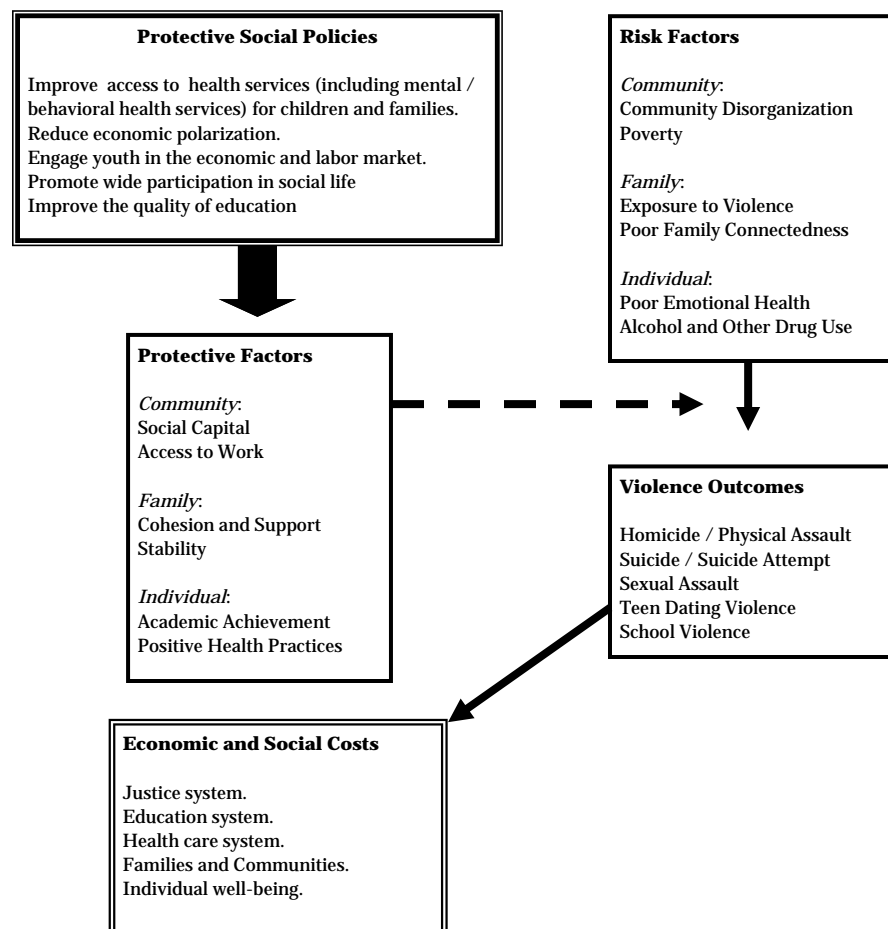
A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

Rhode Island Policies that Impact Risk and Protective Factors for Youth Violence

Societal-level factors such as societal norms, economic practices, and social institutions influence laws and policies in ways that strengthen some individuals, and hinder the growth and development of others. Protecting the well-being and development of all youth is a collective undertaking, requiring the efforts of concerned youth and adults, prevention practitioners, and policymakers equally. While much effort in the field of youth violence prevention has focused on developing effective prevention programs, not much is known about the impact of state and community-level policies and practices on youth violence. Many policies currently in place are not set up to be preventive, but instead are reactive in nature and have punitive consequences rather than protective effects on youth. **Figure A** presents a conceptual model for the prevention of youth violence through protective social policies.

Figure A

A Conceptual Model for the Prevention of Youth Violence



Adapted from: Centre for Youth & Society, University of Victoria; <http://www.youth.society.uvic.ca/activities/research/cahr/>



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

An inventory of current laws and policies that may have an impact on youth violence, and/or the shared risk and protective factors for youth violence, was conducted to guide recommendations for the Child and Adolescent Violence Prevention Advisory Committee (CAVPAC) statewide, strategic plan for youth violence prevention. Laws and policies were compiled through a comprehensive search of the Rhode Island state general laws and state agency regulations databases. Additional policy-level interventions not captured by the search were identified by policy expert members of the CAVPAC Policy Subcommittee. **Table D** details the Rhode Island general laws and state policies currently in place that may influence youth violence.



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

Table D: Current RI Policies and Practices

Area of Impact	Regulation/Law Title, and/or Number
Restricting availability/ access to weapons	<p>Title: Sale, Transfer, or Delivery of firearms to minors General Law: Chapter 11-47 Subject: (a) It shall be unlawful within this state for any person to sell, transfer, give, convey, or cause to be sold, transferred, given or conveyed any firearm to any person under eighteen (18) years of age, when the person knows or has reason to know that the recipient is under eighteen (18) years of age, except for the limited purposes set forth in §§ 11-47-33 and 11-47-34 and with the prior approval or consent of the parent or legal guardian of the minor. (b) Every person violating this section shall be punished, upon conviction, by imprisonment for not less than ten (10) years and not more than twenty (20) years. The prohibitions of this section shall not apply to any federally and state licensed retail dealer who makes reasonable efforts to verify a purchaser's age and shall not apply to the sale of an air rifle, air pistol, "blank gun" or "BB gun."</p>
	<p>Title: Possession of firearms by minors General Law: Chapter 11-47-33 Subject: (a) It shall be unlawful within this state for any person under eighteen (18) years of age to possess and use any firearm unless he or she shall hold a permit as provided in § 11-47-34, and unless the person is in the presence of a parent or guardian or supervising adult at any regular and recognized camp or rifle range approved by the Rhode Island state police or by the chief of police of the city or town in which the camp or rifle range is located; provided, that this provision shall not apply to minors engaged in lawful hunting activity under the supervision of a parent or guardian or qualified adult, minors participating in Reserve Officer Training Corps programs, ceremonial parade activities, competitive and target shooting, participants in state militia activities and minors participating in a basic firearms education program; provided, further, that a person under eighteen (18) years of age may carry a firearm, unloaded, in a suitable case to and from his or her home and the camp or range and from the camp or range to other camp or range when accompanied by a parent, guardian or supervising adult. (b) For purposes of this section only, "qualified adult" means any person twenty-one (21) years of age or older and permitted by law to possess and use the firearm.</p>
	<p>Title: sale of ammunition to minors General Law: Chapter 11-47-31 Subject: (a) It shall be unlawful within this state for any person to sell, transfer, give, convey, or cause to be sold, transferred, given or conveyed any ammunition, including any priming charge of powder, propelling charge of powder, or any form of missile or projectile to be ejected from a firearm to any person under eighteen (18) years of age when the person knows or has reason to know that the recipient is under eighteen (18) years of age, except for the limited purposes set forth in §§ 11-47-33 and 11-47-34 and with the prior approval or consent of the parent or legal guardian of the minor. (b) Every person violating this section shall be punished, upon conviction, by imprisonment for a term not to exceed ten (10) years. The prohibitions of this section shall not apply to any federally and state licensed retail dealer who makes reasonable efforts to verify a purchaser's age and shall not apply to the sale of ammunition for an air rifle, air pistol, "blank gun" or "BB gun."</p>
	<p>Title: possession of ammunition by a minor General Law: Chapter 11-47-32 Subject: Except as provided in § 11-47-33, it shall be unlawful within this state for any person under eighteen (18) years of age to possess and use ammunition, including any priming charge of powder, propelling charge of powder, or any form of missile or projectile to be ejected from a firearm.</p>



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

Table D: Current RI Policies and Practices (continued)

Area of Impact	Regulation/Law Title, and/or Number
Restricting availability/ access to weapons (cont'd.)	<p>Title: Possession of firearm(s) on school grounds General Law: Chapter 11-47-60 Subject: (a) No person shall have in his or her possession any firearm or other weapons on school grounds. (b) For the purposes of this section, "school grounds" means the property of a public or private elementary or secondary school or in those portions of any building, stadium, or other structure on school grounds which were, at the time of the violation, being used for an activity sponsored by or through a school in this state or while riding school provided transportation.</p>
	<p>Title: Possession of weapon(s) on school grounds—notification General Law: Chapter 11-47-60.2 Subject: (a) If a student is found to be carrying a weapon, as defined in § 11-47-42, a firearm or replica of a firearm, or commits an aggravated assault on school grounds as defined in § 11-47-60, the principal or designee shall immediately notify the student's parents and the local police and turn the weapon over, if any, to the local enforcement agency.</p>
Expanding access and improving insurance coverage for child mental health / substance abuse services and other school/home based behavioral services	<p>Title: CHILD Care Assistance Program <i>Comprehensive CHILD Care Services</i> Agency: Department of Human Services Subject: Similar to the federal Head Start program, the CCCSP is targeted at reaching low-income (family income below 108% of the federal poverty level) and at-risk children during a critical stage in the early learning and development process – ages 3 and 4. Income eligible children may be enrolled even if their parents are not working or participating in education and training. Children and their families enrolled in CCCSP will receive developmentally appropriate early education programs as well as critical support services over and above those provided in traditional child-care settings. Support services provided include children's health, nutrition and safety programs, mental health services and support for children with disabilities and family education and empowerment programs.</p>
	<p>Title: Substance Abuse Treatment Services Policy Agency: Department of Children, Youth and Families Subject: Provides protocols for funding substance abuse services for youth and families involved with DCYF who experience problematic use of alcohol and other drugs.</p>
	<p>Title: Medical Assistance (MA) Funded MENTAL HEALTH Services: Client Eligibility and Provider Guidelines Agency: Department of Children, Youth and Families Subject: The Rhode Island Medicaid State Plan provides for community MENTAL HEALTH services for children who are eligible for Medical Assistance (MA) and enrolled in the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Approved providers that comply with federal and state regulations regarding payment and treatment planning and documentation provide clinical community diagnostic and treatment services for eligible clients with MENTAL or emotional disorders.</p>
Services, support and follow-up for at-risk families	<p>Title: Delinquent and Dependent Children, Family Court Proceedings General Law: 14-1-32.4 Subject: If the court finds that a child is delinquent or wayward for any violation of the Rhode Island Controlled Substances Act, chapter 28 of title 21, the court may order the child, his or her parent(s), guardian(s), and/or other lawful custodian(s) to participate in a program of counseling designed to attempt to remedy the conditions which led to the child's coming before the court.</p>



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

Table D: Current RI Policies and Practices (continued)

Area of Impact	Regulation/Law Title, and/or Number
Services, support and follow-up for at-risk families (cont'd.)	<p>Title: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program Agency: Department of Children, Youth and Families Subject: The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, a federally mandated program operated by the state, provides comprehensive HEALTH services to all children under age twenty-one (21) who are eligible for Medical Assistance. EPSDT provides for Early prevention care, Periodic EVALUATION of HEALTH Screening for HEALTH defects, Diagnosis of HEALTH problems, and Treatment and continuing care. It is the policy of the Department to enroll all eligible children in the EPSDT program.</p>
	<p>Title: Comprehensive Emergency SERVICES Agency: Department of Children, Youth and Families Subject: Comprehensive Emergency SERVICES (CES) is a system of coordinated community-based SERVICES designed to meet emergency needs of children and their families who are experiencing a crisis that threatens to disrupt the FAMILY unit. CES provides a time-limited (60-day) voluntary alternative to placement for families who reside in the targeted regions. This service is provided without regard to income level. CES seeks to maintain children in their own homes with the provision of appropriate SERVICES during crisis situations.</p>
	<p>Title: MENTAL HEALTH EVALUATION and Counseling Services Agency: Department of Children, Youth and Families Subject: A mental health evaluation can assist in planning for a child in the care of the Department. Information derived from a mental health evaluation can aid in planning for permanency, establishing eligibility for services, and supporting legal action. The Department provides resources to obtain a psychological evaluation or a clinical assessment that may include a psychiatric evaluation. Mental health counseling is utilized to provide specialized clinical services in the treatment of physically or sexually abused children, physically or sexually abusive parents, emotionally disturbed children, and family problems.</p>
Policies that foster safe school environments	<p>Title: Student discipline codes for harassment, intimidation, or bullying General Law: 16-21-26 Subject: The board of a school district of a public school shall adopt a policy prohibiting harassment, intimidation, or bullying at school. The policy shall specifically prohibit harassment, intimidation and bullying by students at school and address prevention of an education about such behavior. The policy shall be adopted through a process that includes representation of parents or guardians, school employees, volunteers, pupils, school administrators and community representatives.</p>
	<p>Title: Right to a safe school General Law: 16-2-17 Subject: Each student, staff member, teacher, and administrator has a right to attend and/or work at a school which is safe and secure, and which is conducive to learning and which is free from the threat, actual or implied, of physical harm by a disruptive student. A disruptive student is a person who is subject to compulsory school attendance who exhibits persistent conduct which substantially impedes the ability of other students to learn or otherwise substantially interferes with the rights stated above, and who has failed to respond to corrective and rehabilitative measures presented by staff, teachers, or administrators.</p>
Policies that foster safe community environments	<p>Title: Penalty for loitering on curfew street General Law: 11-9-12 Subject: Any minor under sixteen (16) years of age, not accompanied by an adult person, who shall loiter on any curfew street after being directed by any police constable to cease loitering, shall be fined not exceeding five dollars (\$5.00).</p>



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

Table D: Current RI Policies and Practices (continued)

<i>Area of Impact</i>	<i>Regulation/Law Title, and/or Number</i>
Policies that foster safe community environments	<p>Title: Neighborhood crime prevention act General Law: 42-96.1 Subject: The Act makes funds available for neighborhood crime prevention activities, and is intended to develop and support more positive attitudes among neighborhood residents, foster a stronger sense of neighborhood identity, and encourage an active participation by residents to prevent crime and increase the probability of criminal apprehension.</p>
	<p>Title: Designation of curfew streets General Law: 11-9-11 Subject: The police commissioners of any city or town having a police commission, and the chief of police of any other city or town, may designate certain streets in the city or town as curfew streets. No minor under sixteen (16) years of age shall be allowed to loiter on any curfew street after 9 o'clock (9:00) p.m., unless accompanied by some adult person.</p>
Restricting minors' availability/access to alcohol and other drugs.	<p>Title: RI Liquor Liability Act, Liability for reckless service of liquor General Law: 3-14-7 Subject: (a) A defendant who recklessly provides liquor to a minor is liable for damages proximately caused by that minor's consumption of the liquor. (b) A defendant who recklessly serves liquor to a visibly intoxicated individual is liable for damages proximately caused by that individual's consumption of the liquor. (c) Service of liquor is reckless if a defendant intentionally serves liquor to an individual when the server knows that the individual being served is a minor or is visibly intoxicated, and the server consciously disregards an obvious and substantial risk that serving liquor to that individual will cause physical harm to the drinker or to others.</p>
	<p>Title: Possession of alcohol by underage persons General Law: 3-8-10 Subject: Any person who has not reached his or her twenty-first (21st) birthday and has in his or her possession any beverage as defined in this title shall be fined one hundred fifty dollars (\$150) to seven hundred fifty dollars (\$750) for the first offense, three hundred dollars (\$300) to seven hundred fifty dollars (\$750) for the second offense, and four hundred fifty dollars (\$450) to seven hundred fifty dollars (\$750) for the third or subsequent offense. In addition, any person who violates this section may be required to perform community service and shall be subject to a minimum sixty (60) day suspension of his or her driver's license, and upon a second offense may be ordered to undergo a substance abuse assessment by a licensed substance abuse professional.</p>
	<p>Title: Penalty for liquor violations relating to underage persons General Law: 3-8-5 Subject: Any person who sells or suffers to be sold or delivered any beverage to a person who has not reached his or her twenty-first (21st) birthday either for his or her own use or the use of his or her parents or any other person, or allows any person who has not reached his or her twenty-first (21st) birthday to drink beverages on premises licensed under this title or suffers or allows any persons who have not reached their eighteenth (18th) birthday to sell or serve any beverage on the premises shall for the first offense be subject to a fine of two hundred fifty dollars (\$250); for the second offense, be subject to a fine of five hundred dollars (\$500), and for the third and any subsequent offense, be subject to a fine of seven hundred fifty dollars (\$750). In the event that there are no offenses in three (3) successive years from the date of the last offense, then the next offense shall be treated as a first offense. Nothing in this chapter shall be construed to prevent licensees from hiring any person who has reached his or her eighteenth birthday.</p>



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

Rhode Island's Capacity to Prevent Youth Violence

Over the years, Rhode Island has been awarded multiple federal grants that have built state capacity for evidence-based, youth-focused primary prevention interventions that promote systems level change by increasing protective factors and decreasing risk factors. Programs such as the Strategic Prevention Framework/State Incentive Grants (SPF SIG), Domestic Violence Prevention Enhancement and Leadership Through Alliances Program (DELTA), Education Data Exchange Network (EDEN), and Rape Prevention and Education (RPE) have all built state capacity for the primary prevention of youth violence. These programs are represented in the Child and Adolescent Youth Violence Prevention Advisory Committee (CAVPAC), the ESCAPE advisory body, and their representatives played a key role in developing and prioritizing prevention recommendations. The proposed recommendations will, in part, serve to enhance the state infrastructure to integrate a wider range of risk and protective factors for violent behavior in activities that will promote community and societal level change. All of the aforementioned programs incorporate elements of the recommendations into their current activities, lending resources to implement proposed recommendations. While there are many programs in Rhode Island contributing to implementation capacity, a selection of key programs / initiatives are highlighted below:

Safe Rhode Island (SRI):

The Rhode Island Department of Health's (HEALTH) commitment to violence and injury prevention was demonstrated over 15 years ago by a proposal for federal funding to establish the injury prevention program now called Safe Rhode Island (SRI) in the Office of Health Promotion (OHP). SRI received a Core Injury award from CDC in 2002 and was refunded in 2005 for \$600,000 over five years to build state capacity. HEALTH has continued to prioritize injury and violence prevention by adopting them as one of ten leading 2010 health indicators.

A "blue ribbon" advisory committee identified suicide prevention as one of three priorities for the state injury plan. SRI provided the impetus for state suicide prevention efforts, which are being implemented in the state. Beatriz Perez, MPH, SRI Manager and ESCAPE Principal Investigator, led a Rhode Island contingent to a regional planning workshop for suicide that laid the groundwork for on-going initiatives to integrate suicide prevention into existing programs and protocols such as the Health Education curriculum and screening tools at the RI Training School.

Office for Family, Youth, and School Success (OFYSS):

A key partner, OFYSS participates in the Father and Family Network, a coalition of organizations that support and advocate for fathers; Department of Health the RI Children's Cabinet Youth Development Advisory Council (YDAC), a forum for coordinating state-level youth development



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

planning and implementation the RI After-school Plus Alliance to promote healthy development of children and youth through public policy for high quality after-school programming; manages Men2B, a support and capacity building project to mold effective role models and mentors for boys funded annually by \$265,000 in state and federal funds manages www.parentlinkRI.org a website for parents of adolescents. These important linkages will contribute to state capacity for the prevention of youth violence, through the promotion of healthy youth development.

The Coalition Against Domestic Violence (CADV):

CADV is the only organization in RI dedicated to the prevention of domestic violence. It is a strong grass roots coalition with a proven track record in advocacy to prevent domestic violence. CADV recognizes the importance of embracing youth violence prevention in its mission. Since 1998, CADV has implemented primary prevention programs through its member agencies. Currently, there are programs in ten RI communities that include school- and community-based education on teen dating violence, bullying, healthy relationships, etc. CADV is funded from 2003 - 2008 to build capacity for primary prevention of violence. CADV passes approximately \$500,000 in federal and private violence prevention funds, including **CDC DELTA** money, annually to member agencies. As a result, Rhode Island community organizations dedicated to addressing domestic violence issues are forming their own coalitions, such as the **Women's Center of Rhode Island's, Partnership for Healthy Kids, Providence**, made up of grassroots and local agencies, dedicated to promoting healthy youth development.

Executive Office of Health & Human Services (EOHHS):

The Rhode Island Strategic Prevention Framework/ State Incentive Grant (SPF SIG) managed by the Executive Office on Health and Human Services. The EOHHS was established for the purpose of facilitating coordination and collaboration among the five state departments administering health and social services in the state. The SPF initiative is designed to address substance problems, including those experienced by child and underage populations, by expanding existing initiatives and enhancing Rhode Island's capacity to create a sustainable, and technically sound state prevention infrastructure. SPF SIG works to institutionalize an infrastructure consisting of:

1. Data driven decision making and establishment of a state epidemiology workgroup;
2. Culturally appropriate, evidence-based programs and environmental strategies; delivered through partnerships with minority community-based organizations and community prevention coalitions;
3. A training and technical assistance system across five health and human service state agencies;
4. and CSAP's Strategic Prevention Framework, principles of youth development and data-driven decision making.



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

The SPF SIG grant will fund up to fifteen (15) municipal coalitions to implement “comprehensive community-based prevention” (i.e. multiple strategies implemented across multiple domains). The Substance Abuse and Mental Health Services Administration (SAMHSA) funded SPF SIG in 2004 for five years in the amount of \$11.75 million to build capacity for primary prevention of substance abuse.

Rape Prevention & Education Program (RPE):

For almost two decades, HEALTH has contracted with the Sexual Assault & Trauma Resource Center of RI (SATRC) for prevention education programs to children, adults, and professionals. SATRC’s *Keeping Kids Safe* program provides classroom presentations as well as education and training for parents, teachers, school personnel, community groups, and other professionals working with children. The RPE program includes community capacity building through education programs for parents, school personnel and community organizations, as well as a public relations campaign about sexual violence prevention.

CDC has funded RPE since 1985 at approximately \$150,000 per year to build state capacity for the prevention of sexual violence. In 2006, the RPE program, in accordance with best practices supported by CDC, is shifting its focus to primary prevention. Program goals are to:

1. Reduce first time victimization and perpetration of sexual violence and reoccurrences of victimization;
2. Engage community groups in Rhode Island to view sexual violence as a public health issue and then build a foundation in their communities to address the issue; and
3. Increase public awareness of the behaviors and attitudes that lead to the first time perpetration of sexual violence.

Rhode Island Department of Elementary and Secondary Education (RIDE):

Since 1986, RIDE’s Safe and Drug Free Schools Program, places drug and violence prevention programs in all public and some private schools. Annually, \$1.53 million is distributed to schools. The Office of School Support and Family Engagement is beginning to implement the US Department of Education Data Management Grant, an plan integrated data system that will enhance the State’s capacity to and implement appropriate services addressing the prevention of substance abuse, violence, and other youth risky behaviors. A single data warehouse to collect and store data from across state agencies will be created, facilitating the development of a more accessible system for data analysis and dissemination. Data will allow RIDE to enhance the capacities of communities to use data in planning to address substance abuse, school crime and violence prevention. An exceptional element of this project will be the creation of a set of web-based analytic tools based on *Risk and Protective Factors*, which will enhance the planning value of the data collected within a prevention framework. These analytic tools will have



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

extended value beyond the state in furthering national commitments for use of data-driven and evidenced based prevention practices. In 2005, the US Department of Education funded RIDE for \$1.5 million over three years to develop and implement this data network.

Rhode Island Children's Cabinet:

The Children's Cabinet was created in 1991. The Cabinet, established in statute and convened by the Governor, is chaired by the current Governor's Director of Policy and composed of state human service agency directors. Their charge is to reform the state's health and human service system, making it more responsive to community and family needs.

The Children's Cabinet established the Youth Development Advisory Committee (YDAC) in 2003. The ESCAPe CAVPAC is a Sub-committee of YDAC. As the planning and advisory committee of the RI Children's Cabinet, the YDAC has the following functions:

- Recommending methods and strategies for coordination, resource leveraging and/or redirection of funding in response to state and community initiatives;
- Promoting implementation of effective and promising prevention/youth development practices;
- Ensuring opportunities for community members to create and review and impact policy, regulations, and program elements;
- Serving as a liaison between state and local community leaders;
- Serving as an advocate and information resource on best and promising practices models, and professional development opportunities for state and local initiatives;
- Promoting strategies to develop formal collaborative, outcome driven models based on shared decision-making and involving diverse stakeholders;
- Informing, advising and developing continuity and collaboration for needed services, challenges, solutions, and resources at the state and local levels, and
- Engaging schools, community, faith-based and business organizations as collaborators with families in developing and providing comprehensive services to create supportive environments.

The Rhode Island Violence Prevention Network (RIVPN):

RIVPN coordinates existing prevention efforts through convocations, a database of violence prevention practitioners, and a website with a directory of programs. One of the goals of the ESCAPe program is to partner with RIVPN to update their *Directory of Youth Violence Prevention Programs* and to incorporate more RI programs reflecting ESCAPe priorities, such as addressing shared risk and protective factors for youth violence. Funding is generated primarily through membership drives, donations and in-kind support of member organizations.



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

State Strategic Framework and Recommendations for Youth Violence Prevention

Rhode Island Report Card

To guide the development of recommendations for inclusion in the state strategic plan for youth violence prevention, ESCAPe staff in collaboration with the CAVPAC developed *The Rhode Island Report Card: Signals for Success*. The Report Card “grades” the state on each youth violence indicator (data, programs, policies, and capacity) and provides an integrated look at the areas where a strategic plan can impact the risk and protective factors for youth violence. *The Rhode Island Report Card: Signals for Success* is included in Appendix A of [A Report on the State of Youth Violence in Rhode Island](#).

In addition to using the Report Card to guide the development of prevention strategies, recommendations were also adapted from the following sources: *The World Report on Violence and Health*, WHO¹; *The Surgeon General's Report on Youth Violence*, U.S. Public Health Service²; *Healthy People 2010*, US Department of Human Services³; and *A Healthier Rhode Island by 2010*, RI Department of Health⁴.

Criteria for Prioritizing Recommendations

Recommendations were prioritized using the following criteria:

1. Level of impact (i.e. the overall effect that the strategy would have on reducing the impact of youth violence; Does the prevention strategy influence several risk/protective factors?)
2. The complexity of the effect (i.e. short-term vs. long-term effect), and
3. The feasibility of implementation (i.e. Would implementation require legislative change? Would implementing the recommendation be within the sphere of the CAVPAC's control? Would there be fiscal ramifications as a result of implementing the recommendation?).

Youth Violence Strategic Prevention Framework

The youth violence prevention framework for Rhode Island youth is meant to guide:

- **Parents, caregivers, and other adults** to support the developmental needs of youth.
- **Professionals** in the public and private sectors who work with children, adolescents, and/or young adults, youth groups, or youth populations at-risk for violence.
- **Policy makers** including school administrators, legislators, heads of state agencies, and those people responsible for creating statutes, rules, and regulations that ensure the health and safety of youth.



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

The strategic prevention framework for Rhode Island is composed of seven goals and five objectives. Recommendations are broad reaching and comprehensive to encourage implementation by as many key stakeholders in youth health promotion / violence prevention as possible. Timelines for objectives and recommendations have not been established in recognition of the fact that effective program implementation is often dependent upon available resources. Agencies and organizations are encouraged to prioritize and adopt youth violence prevention interventions consistent with their missions. Specific implementation plans, including measurable objectives, should be further developed by stakeholders based on this broad framework.

Framework Goals and Objectives

The goals of the framework are to:

- I. Reduce the RI homicide rate from 3/100,000 to 2/100,000 by the year 2010 (Healthy Rhode Island 2010 objective for all Rhode Islanders)²⁶.***
- II. Reduce the RI suicide rate from 10/100,000 to 4/100,000 by 2010 (Healthy People 2010 objective for all Rhode Islanders)²⁶.***
- III. Reduce the RI adolescent suicide attempt rate.***
- IV. Reduce the percentage of RI high school students reporting they have been in a physical fight.***
- V. Reduce the percentage of RI elementary, middle, and high school students reporting they have experienced violence at school.***
- VI. Reduce the percentage of RI high school students reporting that they have been victims of intimate partner violence.***
- VII. Reduce the percentage of RI high school students reporting that they have been victims of sexual assault.***

The purposes of the framework objectives are to:

- I. Develop and expand prevention strategies that impact the shared risk/protective factors between YV and other child/adolescent negative health outcomes through capacity building, community coordination, and systems change.***
- II. Enhance youth violence data collection and data accession.***
- III. Build the science base to assess youth violence and monitor trends.***
- IV. Increase public health infrastructure to help sustain statewide youth violence prevention initiatives.***



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

Objective I: Develop and expand prevention strategies that impact the shared risk/protective factors between YV and other child/adolescent negative health outcomes through capacity building, community coordination, and systems change.

General Prevention Strategies

- 1.1 Promote the adoption and/or expansion of evidence based culturally appropriate youth violence prevention strategies as well as promote the implementation of youth development practices and effective and promising prevention interventions that will ensure fidelity to original design when taken to scale.
 - 1.1.1 Increase awareness of these programs.
 - 1.1.2 Increase the capacity of community organizations to select and implement evidence based prevention programs.
 - 1.1.3 Provide training and certification programs for prevention personnel.
 - 1.1.4 Devise incentives for communities to invest in tested programs.
- 1.2 Promote sound program and policy evaluation to determine if the YV initiative is working as intended, thereby increasing capacity for implementation.
 - 1.2.1 Devise incentives for programs to engage in the evaluation process.
 - 1.2.2 Provide technical assistance to community organizations to help with the design and implementation of evaluations.
 - 1.2.3 Pool resources to support the evaluation process.
- 1.3 Build the capacity of the community to advocate for and implement youth violence prevention initiatives.
 - 1.3.1 Establish a centralized prevention resource center, coordinated at the state agency level that will provide technical assistance to community organizations implementing primary prevention/health promotion initiatives targeted toward children and adolescents in Rhode Island.
 - 1.3.2 Advance community organizing efforts around prevention/health promotion initiatives targeted toward children/adolescents in part by promoting more collaboration between dominant community organizations and smaller, grassroots level agencies, particularly those that provide preventive services to underserved communities.
- 1.4 Change societal norms about youth violence and how it should be addressed.
 - 1.4.1 Educate all community sectors, working in partnership with other youth development initiatives, about a risk and protective factor framework.
 - 1.4.2 Increase broad-based acceptance that many risk/protective factors that contribute to or mitigate violence are shared by multiple youth violence outcomes, and other negative health outcomes such as substance abuse, delinquency, teen pregnancy, etc.
 - 1.4.3 Promote preventive rather than reactive and/or punitive strategies to reduce youth violence.



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

The following broad set of suggested prevention strategies for Objective I are organized based on the Ecological Model for Understanding Violence, a comprehensive model which provides a context for understanding the risk and protective factors for violence and their associated strategies for prevention across four levels: individual, relationship, community / school, and societal.

Individual Strategies

- 1.5 Implement evidence based social development programs (particularly those that emphasize social skills and competency) at all educational levels, including pre-school, and through community-based organizations.
 - 1.5.1 Equip children with the skills they need to deal effectively with difficult social situations such as being bullied.
 - 1.5.2 Help children to solve problems nonviolently by enhancing their social relationships with peers.
 - 1.5.3 Teach children how to interpret behavioral cues.
 - 1.5.4 Help to improve conflict resolution skills among children/adolescents.

Relationship Strategies

- 1.6 Expand policies, practices, and evidence-based programs that promote effective parent-child relationships.
- 1.7 Promote initiatives that foster positive adult-child relationships.
- 1.8 Support school-home partnerships that strengthen communication between the school and parents, encourage parental engagement in school activities, and build parent-teacher relationships.

Community / School Strategies

- 1.9 Identify youth exposed to risk factors early on and improve the referral process to appropriate support services and preventive interventions.
 - 1.9.1 Implement uniform, evidence based screening in school-based health centers, state agency youth intake/assessment centers, and community health clinics, including community mental health centers.
- 1.10 Expand access and improve health insurance coverage for youth behavioral health/substance abuse services and other school/home based behavioral services.
 - 1.10.1 Establish third party reimbursement mechanisms to facilitate primary care provider participation in the behavioral health screening and assessment process.
 - 1.10.2 Work with hospitals, community mental health centers, and other behavioral health service providers to increase their capacity to provide appropriate treatment to children and adolescents in need of behavioral health services.
- 1.11 Provide safe school environments for children and adolescents.



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

- 1.11.1 Create smaller classroom units, more supportive school-child interactions, and/or greater flexibility in instruction.
- 1.11.2 Improve school wide security.
- 1.11.3 Promote school wide campaigns aimed at clarifying and communicating norms about behaviors by establishing school rules and improving the consistency of their enforcement.
- 1.11.4 Improve access to after-school programs to extend adult supervision.
- 1.12 Provide safe community environments for children and adolescents.
 - 1.12.1 Foster positive police-youth relations through awareness training aimed at impacting police norms regarding prevention.
 - 1.12.2 Improve community policing to focus resources on proven techniques to decrease crime, such as increased directed patrols in crime hot spots and proactive arrests of serious repeat offenders.
 - 1.12.3 Promote programs that create safe routes for children on their way to and from school.
 - 1.12.4 Promote policies and practices that reduce the availability of alcohol to minors in their communities.

Societal Strategies

- 1.13 De-concentrate poverty
 - 1.13.1 Support and develop job creation / training programs for disadvantaged youth.
 - 1.13.2 Develop and expand programs and practices for youth that promote educational success and broaden career opportunities, particularly for youth in underserved communities.
- 1.14 Create active roles for youth to shape policies and practices that influence their lives, their schools, and the communities in which they live.
 - 1.14.1 Encourage and train youth to be effective advocates.
 - 1.14.2 Promote youth initiatives that build social capital.

Objectives II and III are methodology objectives. Methodology refers to the advancement of the science of youth violence prevention. Improved data collection and surveillance of youth violence, enhanced research on risk and protective factors for youth violence, evaluation of prevention programs and interventions to determine effectiveness, and the development of new prevention technologies are all methodologies needing support. Sound scientific methodology allows practitioners to better identify target populations in highest need of prevention programs and services, assists practitioners in determining the appropriateness of interventions for their target population/s, and links positive outcomes to specific interventions as opposed to unknown external factors.

Objectives II and III list data collection activities and recommended research for youth violence prevention.



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

Objective II: Enhance youth violence data collection and data accession.

- 2.1 Create uniform standards for defining and measuring youth violence (YV), its associated risk/protective factors.
- 2.2 Create uniform standards for defining and measuring demographic information, with specific focus on race/ethnicity and sexual orientation.
- 2.3 Continue to expand the collection of YV risk/protective factors on existing data collection instruments and/or create new survey instruments to fill in the gaps in data collection and enhance surveillance of youth violence.
- 2.4 Encourage state agencies/community organizations working with at-risk youth to begin collecting, or to improve collection of YV risk/protective factor data to better detect at-risk youth who may not be captured through school-based surveys.
- 2.5 Give incentives to agencies/organizations collecting YV indicators to more readily share data to help prevent youth violence.
- 2.6 Collect data to be able to appropriately identify lesbian, gay, bisexual, and transgender youth needs.

Objective III: Build the science base to assess youth violence and monitor trends.

- 3.1 Conduct more cross-cultural research on the causes, development and prevention of youth violence, in order to explain the large racial/ethnic variations in levels of youth violence and to understand the cultural influences on youth violence.
- 3.2 Develop studies to determine the validity and relative advantages of using official records, hospital records and self-reports to measure youth violence.
- 3.3 Develop studies to determine which risk/protective factors have differential effects on the persistence, escalation, de-escalation and terminating of violent offending at various ages.
- 3.4 Conduct more research to identify factors that protect against youth violence.
- 3.5 Conduct research to be able to appropriately identify lesbian, gay, bisexual, and transgender youth needs.
- 3.6 Conduct more research on female involvement in youth violence.
- 3.7 Develop more longitudinal studies that measure a broad range of risk and protective factors, so as to further the knowledge of developmental pathways to youth violence.
- 3.8 Conduct more research to provide a better understanding of how social and macroeconomic factors might effectively be modified to reduce youth violence.
- 3.9 Produce estimates of the total cost to society of youth violence, so as better to assess the cost-effectiveness of prevention and treatment programs.
- 3.10 Establish institutions to organize, coordinate and fund research on youth violence.



A Report on the State of Youth Violence In Rhode Island: Identifying and Developing Prevention Strategies

- 3.11 Develop more studies that investigate intimate partner violence among youths to identify patterns that predict continuation of such behaviors into adulthood and design new types of interventions targeting this form of violent behavior.
- 3.12 Encourage more cross-disciplinary research on the causes and consequences of youth violence, and develop more cross-disciplinary strategies to prevent violence toward or among youth.
- 3.13 Encourage more cross-level research designs that enable researchers to examine individual, family, and community factors simultaneously.

The purpose of Objective IV is to improve the capacity for youth violence prevention in Rhode Island. The following recommendations will facilitate the identification of state and partner infrastructure and increase public health support for statewide youth violence prevention efforts.

Objective IV: Increase infrastructure to sustain youth violence prevention initiatives.

- 4.1 By 2010, leverage State violence prevention resources to expand violence prevention programming.
 - 4.1.1 Develop a 'business plan' for state-level support of youth violence prevention.
 - 4.1.2 Create partnerships with high-level stakeholders.
 - 4.1.3 Continue to facilitate buy-in from high-level state/community agency administrators and politicians.
 - 4.1.4 Expand the Rhode Island Children's Cabinet Youth Development Advisory Committee's (YDAC) reach to coordinate implementation of recommendations of like violence prevention programs in Rhode Island.

The purpose of Objective V is to impart awareness and understanding of effective prevention strategies and resources. Dissemination recommendations involve strategies for maximizing the communication of information related to youth violence prevention.

Objective V: Disseminate knowledge about effective youth violence prevention strategies.

- 5.1 Create a statewide dissemination plan.
 - 5.1.1 Utilize statewide advisory committees, such as the CAVPAC and YDAC, to assist in the dissemination process.
 - 5.1.2 Highlight effective youth violence prevention initiatives on the worldwide web, on both the Department of Health's website and websites of partners in violence prevention.
- 5.2 Convene youths, families, researchers, and both private and public organizations, including policy makers committed to reducing the incidence of youth violence (YV) for a periodic YV Prevention Summit.
 - 5.2.1 Improve public awareness of effective YV prevention interventions and highlight success stories of youth involved in these programs.
 - 5.2.2 Improve public awareness of the costs and consequences of youth violence on society.



***A Report on the
State of Youth
Violence in
Rhode Island:
Future
Directions***



A Report on the State of Youth Violence in Rhode Island: Future Directions

How are Rhode Island's Youth Doing?

Fifteen criteria were examined in preparation for this report. These criteria include data collection, program implementation, protective policies, state capacity for action, poverty, exposure to violence, emotional health, alcohol and drug use, violent behavior, family connectedness, adult supervision, social capital/volunteerism, school climate, academic achievement, and parental attitudes and management. Eleven of the 15 criteria received a red light, indicating a high potential for causing harm (See Rhode Island Report Card: Signals for Success, Appendix A). Our findings suggest that RI youth are at great risk for increased violence, substance use, school failure, disabling mental and behavioral health problems, and death if we do not consider novel solutions to these harmful conditions.

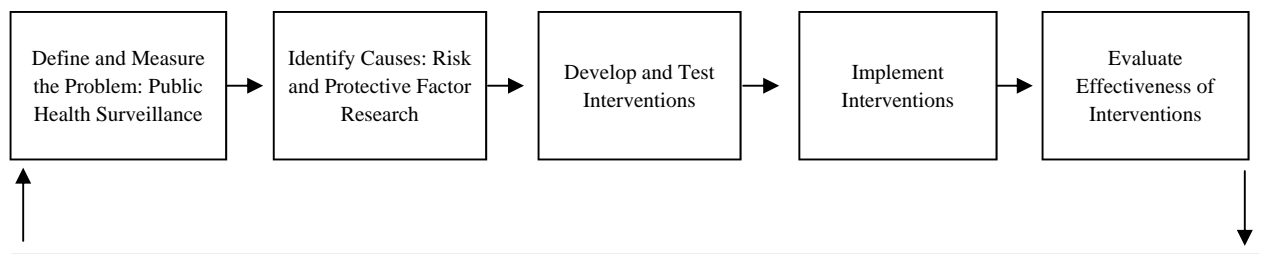
The youth violence prevention recommendations created by the CAVPAC attempt to go beyond the status quo and support evidence-based and/or systems level approaches to the prevention of youth violence. Specific steps for carrying out recommendations have purposefully been left out of this report to allow for as much flexibility and creativity in program implementation as possible. However, practitioners are asked to be mindful of the public health method (detailed in the following section) as they carry out recommendations.

Implementation of Recommendations

The public health approach to prevention, detailed in Figure B, consists of the following five steps:

Figure B

The Public Health Approach to Prevention



Public Health Surveillance is the systematic collection, analysis, and interpretation of data. The Domestic Violence and Sexual Assault Dataset (DV/SA) is an example of a current violence surveillance system in Rhode Island. The DV/SA system collects and computerizes police reported incidents of domestic violence and sexual assault in a way that is conducive to tracking and analyzing the problem at a given point and time, or over the course of time. **Identifying**



A Report on the State of Youth Violence in Rhode Island: Future Directions

risk factors, those factors leading to, or associated with, violence **and/or protective factors**, those factors that reduce the likelihood of violence, inform the development of effective interventions. For example, research into the causes of perpetration of intimate partner violence (IPV) show that communities with high unemployment rates tend to have higher rates of IPV compared to communities with low unemployment rates²³. One isolated risk factor may or may not by itself contribute to violence. For example, it is important to determine the range of factors that increase the risk of perpetration to inform the **development and testing of specific interventions**. Ideally, these interventions will lower the incidence of IPV through simultaneously reducing risk and promoting protection against violence. An example of a targeted intervention to decrease the rate of IPV in communities with high unemployment rates may be a job skills training initiative with a concurrent mass media campaign designed to shift social norms about traditional gender roles. Once wide scale **implementation** takes place, ongoing **evaluation** is essential to demonstrate program effectiveness. Additionally, evaluation results can be used to defend or justify funding, demonstrate accountability, improve program efforts and/or adjust the program design as needed.

A Future Vision for Youth Violence Prevention in Rhode Island

While we still have some work to do in promoting the primary prevention of violence among youth, a number of state agencies and community organizations identified in this report are working hard to enhance state capacity for evidence-based, primary prevention programs that promote systems level change (See “Rhode Island’s Capacity to Prevent Youth Violence” section beginning on page 38). Additionally, the Rhode Island Children’s Cabinet Youth Development Advisory Committee is creating a conceptual framework to improve youth outcomes (See Appendix B). The Rhode Island Children’s Cabinet has set goals to ensure that all children enter school ready to learn, leave school prepared to lead productive lives, are safe in their homes, families, and communities, and live in families that are economically secure. Too many of Rhode Island’s youth and their families, however, are dealing with teen pregnancies, violence, substance use, school failure, accidental injury and death, disabling mental and behavioral health problems and life threatening obesity. Many of these problems are disproportionately represented in minority and poor families that lack equal access to community assets, as identified in this report.

To build protective factors and an effective response to these problems, Rhode Island needs leadership with a shared actionable vision that includes common strategic investments and long-term goals that can be measured with common indicators of success. Any actionable vision for youth must reflect the understanding that youth are people, not problems. They need nurturance and guidance. They need coordinated systemic investments made by families, schools, businesses, public officials, support systems and communities at large. These must be sustained integrated investments that address their basic human needs for love, health, safety, competency, independence, purpose and meaning. Culturally competent strategies that



A Report on the State of Youth Violence in Rhode Island: Future Directions

strengthen the family and community capacity to address these fundamental needs of youth will prevent problems and produce successful people.

This framework is intended to build on the work being done in RI to address the needs of children and families in the early childhood period. The adolescent framework is based on a strong theoretical construct that is inclusive, supported by current research and practice, and aligned with national initiatives for youth success. The framework is not a linear model with specific strategies tied to specific outcomes. Effective youth development strategies build individual, family and community assets that cut across all risk taking behaviors and support all long-term goals for youth success. The purpose of the framework is to:

- Provide RI Children's Cabinet state departments with a communications tool and a shared actionable vision, with recommended strategies and measurable outcomes that will lead to an integrated planning and decision-making process to improve common outcomes for youth.
- Provide RI Children's Cabinet state departments with a set of essential strategies against which to assess gaps and/or lack of capacity to improve outcomes for all youth.
- Provide RI advocates and service providers with a set of essential strategies that have Children's Cabinet endorsement and can be used to engage legislators, the business community, faith organizations and others in a positive youth agenda in a comprehensive, coordinated, strategic and priority-driven manner.

The Report on the State of Youth Violence in Rhode Island creates a common ground for violence prevention practitioners to move collaboratively towards this framework, and towards decreasing youth violence in Rhode Island.

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State of Youth
Violence in
Rhode Island:
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***A Report on the
State of Youth
Violence in
Rhode Island:
List of
Acronyms***



A Report on the State of Youth Violence in Rhode Island: List of Acronyms

ADD –	Attention Deficit Disorder
ADHD –	Attention Deficit Hyperactivity Disorder
CADV -	Coalition Against Domestic Violence
CAVPAC -	Child and Adolescent Violence Prevention Advisory Committee
CCCSP -	Comprehensive CHILD Care Services Program
CDC –	Center for Disease Control
CES -	Comprehensive Emergency Services
CSAP –	Center for Substance Abuse Prevention (SAMHSA)
CSN -	Children's Safety Network
CSPV -	Center for the Study and Prevention of Violence
DCYF -	Department of Children, Youth and Families
DELTA -	Domestic Violence Prevention Enhancement and Leadership Through Alliances Program
EDEN -	Education Data Exchange Network
EPSDT -	Early and Periodic Screening, Diagnosis, and Treatment
ESCAPE -	Enhancing State Capacity to Address Child & Adolescent Health Through Violence Prevention
HEALTH -	Rhode Island Department of Health
KIDS –	Rhode Island Kids Count
MA –	Medical Assistance
MHRH -	Mental Health, Retardation, and Hospitals
MST -	Multisystemic Therapy
NCHS -	National Center for Health Statistics
ODD –	Operational Defiant Disorder
OFYSS -	Office for Family, Youth, and School Success
OHHS -	Office of Health & Human Services



A Report on the State of Youth Violence in Rhode Island: List of Acronyms

OHP -	Office of Health Promotion
PIRE -	Pacific Institute for Research and Evaluation
Project TND -	Project Towards No Drug Abuse
RIDE -	Rhode Island Department of Elementary and Secondary Education
RIVPN -	Rhode Island Violence Prevention Network
RPE -	Rape Prevention and Education
SALT –	Student Accountability for Learning and Teaching
SAMHSA –	Substance Abuse and Mental Health Services Administration
SATRC -	Sexual Assault & Trauma Resource Center of RI
SIDS -	Sudden Infant Death Syndrome
SPF SIG -	Strategic Prevention Framework/State Incentive Grants
SRI -	Safe Rhode Island
WISQARS -	Web-based Injury Statistics Query and Reporting System
YDAC -	Youth Development Advisory Council
YRBS –	Youth Risk Behavior Survey
YTS –	Youth Tobacco Survey
YV –	Youth Violence



***A Report on the
State of Youth
Violence in
Rhode Island:
List of Tables
and Figures***



A Report on the State of Youth Violence in Rhode Island: List of Tables and Figures

<i>Tables</i>	<i>Table Title</i>	<i>Page</i>
Table 1	Leading Causes of Death by Age, Rhode Island, 1999–2003	5
Table 2	Percentage of Students Achieving Proficiency on Academic Standards Exams, by Level of Schooling, 2004	19
Table A	Blueprints Model Programs Currently Being Implemented in Rhode Island	25
Table B	SAMHSA Model Programs Currently Being Implemented in Rhode Island	28
Table C	Rhode Island Youth-Focused Prevention Programs Based on Model Programs	30
Table D	Current Rhode Island Policies and Practices	34
<i>Figures</i>	<i>Figure Title</i>	<i>Page</i>
Figure 1	Homicide and Suicide Rates, by Age, Rhode Island, 1999-2003	6
Figure 2	Youth Homicide Rates, by Race, Rhode Island & United States, 1999-2003	6
Figure 3	Percentage of High School Students Reporting That They Have Experienced Violence, by Type of Violence, RIYRBS, 2003 & 2005	7
Figure 4	Ecological Framework for Understanding Violence	9
Figure 5	Prevention Formula	11
Figure 6	Percentage of Children Under Age 18 Living in Poverty, by Race, Rhode Island, 2004	12
Figure 7	Percentage of High School Students Reporting Poor Emotional Health, RIYRBS, 2005	13
Figure 8	Percentage of High School Students Reporting Lifetime Use of Illicit Drugs, RIYRBS, 2003	14
Figure 9	Parental Engagement / Communication Measures, SALT, 2004	15
Figure 10	Percentage of Students Reporting That Their Parents Have Set Clear Expectations about Abstaining From Substance Use, by Level of Schooling and Substance Type, YTS, 2003	16
Figure 11	Percentage of Students Reporting That They Participate in After School Activities, by Type of Activity and Level of Schooling, SALT, 2004	17
Figure 12	Percentage of Students Reporting Positive Experiences at School, by Level of Schooling, SALT, 2004	18
Figure 13	Percentage of Students Reporting Good Academic Self-Efficacy, by Level of Schooling, SALT, 2004	20
Figure A	A Conceptual Model for the Prevention of Youth Violence	32
Figure B	The Public Health Approach to Prevention	50

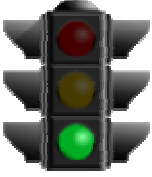
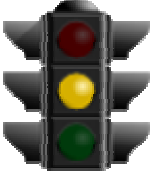
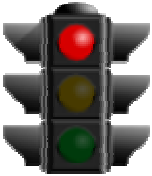
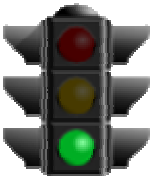


***A Report on the
State of Youth
Violence in
Rhode Island:
Appendix A***



Rhode Island Report Card: Signals for Success







An Assessment of Data Collection, Prevention Programs, Policies, and State-level Capacity for Youth Violence Prevention

Contributing Factor	Data Source	Findings	Grade Signal
Collection of Accessible Data That Assesses Youth Development in Rhode Island	Kids Count; Vital Records; Uniform Crime Report; RI Violent Death Reporting System; Child Death Review; RI Hospital Discharge Data; Youth Risk Behavior Survey; RI Supreme Court Domestic Violence Training & Monitoring Unit; School Accountability for Learning and Teaching; RI Department of Education, InfoWorks!	Rhode Island has many sources of quality data being collected by a broad spectrum of agencies throughout the state. Data on a broad range of violence outcomes and the majority of risk and protective factors for youth violence are collected, analyzed and disseminated regularly.	 <i>Green</i>
Implementation of Evidenced-based programs in Rhode Island	Blueprints for Violence Prevention, an initiative of the Center for Study and Prevention of Violence at the University of Colorado, Boulder; Children's Safety Network; Rhode Island Violence Prevention Network	Five of the 11 programs identified by the University of Colorado Center for the Study and Prevention of Violence as "Blueprint Model Programs" are being implemented at sites in Rhode Island. Other programs based on the "Blueprint" model are also being implemented, but without fidelity to the original program design, because they have been adapted to meet Rhode Island needs.	 <i>Yellow</i>
Protective Policies in Rhode Island	Children's Safety Network; RI State General Laws and State Agency Regulations; Child and Adolescent Violence Prevention Advisory Committee Policy Subcommittee	While there are some policies designed to prevent youth violence, their impact on children youth and families has not been evaluated. Few policies in Rhode Island have been developed to support healthy youth development. As a result, more protective policies are needed.	 <i>Red</i>
Rhode Island's Readiness to Implement Youth Violence Prevention Strategies	Safe RI & Office For Family, Youth and School Success, Dept. of Health; RI Dept. of Ed.; Coalition Against Domestic Violence; RI Executive Office of Health and Human Services; Rape Prevention & Education; RI Children's Cabinet; RI Violence Prevention Network; Lifespan Community Health; Brown University	The ESCAPE planning process provided compelling evidence that Rhode Island is ready and committed to implement the state strategic plan to prevent youth violence. Multiple federal grants have been secured that build state capacity for evidence-based, primary prevention initiatives that promote systems level change.	 <i>Green</i>



Rhode Island Report Card: Signals for Success

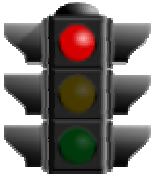
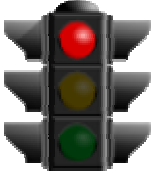
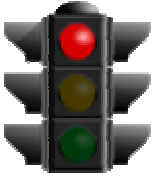
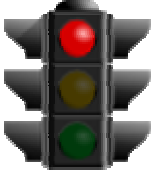
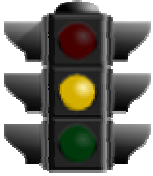
Shared Risk and Protective Factors for Youth Violence

Risk & Protective Factors	Data Source	Findings	Grade Signal
1. Poverty	American Community Survey, US Bureau of the Census	Since 1990, the number of Rhode Island children living in poverty has increased by 50%, from 14% in 1990 to 21% in 2004 ² .	 <i>Red</i>
2. Exposure to Violence	Domestic Violence/Sexual Assault Dataset, Rhode Island Supreme Court Domestic Violence Training and Monitoring Unit	During 2004, there were 2,043 domestic violence incidents reported to police where one or more children were present ⁴ .	 <i>Red</i>
3. Poor Emotional Health	Rhode Island YRBS, Center for Health Data and Analysis, Rhode Island Department of Health	In 2005, 25.7% of Rhode Island high school students reported feeling sad or hopeless almost every day for two weeks or more. 14% reported that they seriously considered attempting suicide, while 11% made a plan for how they would attempt suicide ¹ .	 <i>Red</i>
4. Alcohol and Other Drug Use	Rhode Island YRBS, Center for Health Data and Analysis, Rhode Island Department of Health	In 2003, 26.8% of Rhode Island high school students surveyed engaged in binge drinking at least one time in the 30 days preceding the survey, and 44.2% of youth surveyed reported any lifetime use of marijuana ¹ .	 <i>Red</i>
5. Early Initiation of Violent Behavior	Rhode Island Justice Commission, Juvenile Justice Statistics	During 2004, there were 432 assault-related arrests per every 100,000 RI juveniles ⁷ .	 <i>Red</i>
6. Poor Family Connectedness	KidsCount, The Annie E. Casey Foundation; US Census Bureau, American Community Survey	During the year 2004, there were 770 Rhode Island youths per 100,000 under age 21 living in out-of-home placement ³ . During the same time period, a full 5,503 grandparents in Rhode Island reported having primary responsibility for raising their minor grandchildren (under age 18) ² .	 <i>Red</i>



Rhode Island Report Card: Signals for Success

Shared Risk and Protective Factors for Youth Violence

Risk & Protective Factors	Data Source	Findings	Grade Signal
7. Adult Supervision	School Accountability for Learning and Teaching survey (SALT), University of Rhode Island	In 2004, 77% of elementary school students, 57% of middle school students, and 40% of high school students reported spending less than 3 hours, 1 to 2 days per week by themselves after-school ⁶ .	 <i>Red</i>
8. Social Capital	School Accountability for Learning and Teaching survey (SALT), University of Rhode Island	In 2004, 10% of Rhode Island middle school and 17% of Rhode Island high school students engage in volunteer activities through their school or community ⁶ .	 <i>Red</i>
9. School Climate	School Accountability for Learning and Teaching survey (SALT), University of Rhode Island	In 2004, 34% of Rhode Island elementary school students, 40% of Rhode Island middle school students, and 27% of Rhode Island high school students reported that they feared being hurt or bothered at school ⁶ .	 <i>Red</i>
10. Academic Achievement	RI Department of Education, Infoworks!	In 2004, 49% of Rhode Island high school students achieved basic understanding on English standards and 58% achieved basic understanding on Math standards ⁵ .	 <i>Red</i>
11. Favorable Parental Attitudes / Good Family Management Practices	School Accountability for Learning and Teaching survey (SALT), University of Rhode Island	In 2004, 79% of elementary school students, 75% of middle school students, and 65% of high school students reported that their parents actively spoke with them about ways that they could improve their performance in school ⁶ .	 <i>Yellow</i>



Rhode Island Report Card: Signals for Success References & Grading Criteria

RI Grade Signal Criteria:

The determination of how Rhode Island is doing on each of the categories identified in the Report Card is based on a consensus building process undertaken by the Child and Adolescent Violence Prevention Advisory Committee (CAVPAC).

Green = *Doing Well*

Yellow = *Needs Improvement*

Red = *High Potential for Causing Harm*

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***A Report on the
State of Youth
Violence in
Rhode Island:
Appendix B***



Youth Development & Risk Prevention Conceptual Framework

Youth Development & Risk Prevention Conceptual Framework for RI Youth Aged 9 to 25
Draft 2/13/07

