

Developing a Center for Hispanic Youth Violence Prevention.

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Youth violence is a serious public health problem, described by the Surgeon General's Report on Youth Violence (2001). Homicide is the second cause of death for the 15 – 24 age population in the USA and Puerto Rico; intentional injuries also result in significant morbidity. Youth are at greater risk of being victims than perpetrators of violence. African American and Hispanic youth are at particular risk. Effective, community-based initiatives to prevent youth violence are necessary to interrupt the cycle of violence. In 2000, the

Centers for Disease Control and Prevention of the Department of Health and Human Services awarded grants to establish ten Academic Centers of Excellence for Youth Violence Prevention. This article describes the development of the Center for Hispanic Youth Violence Prevention, of the FILIUS Institute of the University of Puerto Rico.

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Youth violence has become a serious problem in today's society. The Surgeon General's Report on Youth Violence recommends a public health approach to understand and deal with youth violence and calls for action. (1). In spite of a steady decline in criminal acts perpetrated by youth, this population remains at risk for being victims of crime. (2). Homicide is the second cause of death in the 15 – 24 years age group and fourth cause of death after the first year of life. Suicide is also an important cause of mortality in youth and young adults (Table I). As a whole, intentional injuries result in significant morbidity, permanent handicaps and loss of income in this population.

A review of the literature reveals that there are several risk factors associated to youth violence; poor parental monitoring; gender; hyperactive or oppositional behavior; high risk behaviors such as alcohol or illicit drug abuse; poor academic performance; gang membership; poor parent- child relationship; exposure to violence; adverse socioeconomic circumstances; a history of child abuse have been reported. (3,4,5,6,7,8) The interaction of individual, family and community risk factors contribute to the development of youth violence which may at times,

Table 1. Causes of death in USA by age (1999)

Cause of death	1-9 years old	10-14 years old	15-24yr old
First	Unintent. injuries	Unintent. injuries	Unintent. injuries
Second			Homicide
Third		Homicide	Suicide
Fourth	Homicide	Suicide	

manifest as school violence. On the other hand, there are protective factors that appear to contribute to the prevention of youth violence: adequate parental monitoring and supervision; strong parent- child relationship; effective communication skills and ability to relate with peers; empathy; and high self-esteem have been described. (9,10)

The Youth Risk Behavior Survey (YRBS) is a tool used by the Centers for Disease Control and Prevention to identify high risk behavior in high school students across the United States. The 1999 survey revealed that one of every three students (35.7%) had been in a physical fight during last 12 months. The survey also disclosed that:

- 17.3% of high school students had carried a weapon in the last 30 days; compared to 18.7% of Hispanic students
- 6.9% had carried a weapon on school property (7.9% of Hispanic students)

In the same survey, several items had a higher prevalence in Hispanic students. While only 5.2% of students missed school because they felt unsafe, *twice* as many Hispanic students (11.2%) felt unsafe. Hispanic students reported

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they felt sad or hopeless almost everyday for > 2 weeks more often (37%) than other students (28.3%).

It is of great concern that almost half of Hispanic female students (46%) reported these symptoms, compared to 35.7% of all females. Almost one of five Hispanic students (18.9%) had attempted suicide in the last 12 months, compared to 8.3% of the overall student population.

In 2000, the CDC established ten Academic Centers of Excellence to address 2010 Healthy People priority areas 7 (Injuries and Violence Prevention) and 23 (Mental Health). The primary objectives were to:

1. Partner with community agencies for community-wide surveillance of youth violence
2. Conduct risk and protective factor research in youth violence
3. Conduct trials of empirically-based community strategies
4. Develop multidisciplinary collaborations
5. Provide training in violence prevention
6. Identify and partner with community-based organizations to formulate a community-based plan to address violence prevention

The CDC sponsored five Comprehensive Centers and five Developing Centers. (Table II) The comprehensive centers were initially funded for five years and the developing centers for three years. The Center for Hispanic

Table 2. Academic Centers of Excellence in Youth Violence Prevention

Developing centers	Comprehensive centers
University of Michigan (Flint)	Harvard University
University of California at San Diego	Columbia University
University of Southern California	John Hopkins University
Commonwealth University of Virginia	University of Alabama at Birmingham
University of Puerto Rico	University of Hawaii

Youth Violence Prevention of the FILIUS Institute of the University of Puerto Rico is a developing Academic Center of Excellence with four specific aims:

- To build the infrastructure to develop a comprehensive research agenda for future implementation of effective, school/ community-based violence prevention strategies in high risk Hispanic communities.
- To develop two culturally-sensitive, Hispanic youth violence prevention curriculums to be used by academic institutions that educate professionals in the health and education fields and serve Hispanic communities.

- To establish a network of academic institutions that will collaborate in the development and dissemination of Hispanic youth violence prevention initiatives.
- To develop a strategic plan for a coordinated community response to violence affecting Hispanic youth.

The Center's mission is to lead the promotion, development and implementation of effective community initiatives directed at the prevention of Hispanic youth violence, to facilitate optimum physical, social and emotional development of youth, through research, education and close collaboration between academia, schools and the community. To accomplish this mission, the Center recruited an interdisciplinary team of researchers from social psychology, epidemiology and the health and education fields. The Center also has an Advisory Board of professionals from the community.

During the first 18 months, the Center has had many accomplishments. The most important include: an extensive literature review; eight focus groups to identify risk and protective factors and develop a strategic community plan to prevent youth violence; development and administration of a questionnaire survey to over 240 students and teachers; development of youth violence prevention competencies for health and education university students and an introductory course for students in the health field.

The Center has also faced many challenges; we can mention several of them: defining interdisciplinary tasks and establishing a realistic timetable; obtaining updated government statistics and coordination with other agencies for approval of proposed activities and instruments. An ongoing challenge is the ability to develop the physical and economic infrastructure to expand research activities.

In conclusion, we would like to make the following recommendations for future research initiatives in this field: further research to determine violence risk & protective factors in Hispanic youth; development of culturally sensitive instruments; development/testing of effective, culturally competent preventive strategies in Hispanic populations is warranted; and interdisciplinary research is essential for developing community-based youth violence prevention initiatives. It is also very important to make these research initiatives viable, that additional economic resources be allocated for these preventive initiatives.

Resumen

La violencia juvenil es un serio problema de salud publica así descrito por el Informe del Cirujano General

sobre la Violencia en la Juventud. El homicidio es la segunda causa de muerte en la población entre 15-24 años en Estados Unidos y en Puerto Rico y las lesiones intencionales también resultan en una morbilidad significativa. La juventud Hispánica y la Afro-Americana están a riesgo particular de estas. Iniciativas comunitarias efectivas para prevenir la violencia en los jóvenes se necesitan para interrumpir el ciclo de la violencia. En el 2001 el Centro de Control y Prevención de enfermedades del Departamento de Servicios Humanos y Sociales otorgó donativos para establecer 10 Centros de Excelencia Académica para la Prevención de Violencia en la Juventud. Este artículo describe el desarrollo del Centro para la Prevención de Violencia en la Juventud Hispánica, del Instituto Filius de la Universidad de Puerto Rico.

References

1. US Department of Health and Human Services. Youth Violence: a Report of the Surgeon General, 2001
 2. Educators for Social Responsibility. Kid's Conscious Acts of Peace (2001). The Scoop on Violence and Kids. <http://www.esrnational.org/cap/elementary.html>.
 3. Singer et al. Contributors to violent behavior among elementary and middle school children. *Pediatrics*. 1999; 104: 878-884.
 4. Price E. Teacher's perceptions of violence in public schools: the Met Life survey. *American Journal of Health Behavior*. 1997; 21(3): 176-186.
 5. Orpinas P, et al. Parental influences on student's aggressive behaviors and weapon carrying. *Health Educ Behav* 1999; 26: 774-787.
 6. Hastings JE, Hamberger LK. Sociodemographic predictors of violence. *Psychiatr Clin of North Am* 1997; 20: 323-335.
 7. Youssef et al. Violence among school children in Alexandria. *Eastern Mediterranean Health J*. 1999; 5: 282-298.
 8. Hanish LD, Guerra NG. The roles of ethnicity and school context in predicting children's victimization by peers. *Am J Community Psychol* 2000; 28: 201-223.
 9. Fitzpatrick. Fighting among America's youth: a risk and protective factors approach. *J of Health Soc Behav*. 1997; 38: 131-148.
 10. Ellickson PL, McGuigan KA. Early predictors of adolescent violence. *Ame J Public Health*. 2000; 90: 566-572.
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