

WORKSESSION January 28, 2013

To: Honorable Mayor and Members of the City Council

From: Christine Daniel, City Manager

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Subject: Violence Prevention

The City of Berkeley suffered 4 homicides in 2013, as well as other violent crimes including robbery and assault. The homicide victims and perpetrators were young men. According to the World Health Organization, one of the most significant factors for reducing violence in a society is the guidance and discipline of children as they mature¹. This guidance comes from individuals, family, school, community and institutions. The purpose of this workshop and report is to facilitate a discussion about youth violence in Berkeley. The report will cover some of the risk factors and impacts of violence, the prevalence of violence in Berkeley, and some of the current prevention strategies. While this report is not a comprehensive analysis of youth violence, it provides context and information to assist Council in addressing this important community issue.

Violence is a complex and multi-faceted subject. It can be physical, psychological, sexual, or involve deprivation or neglect. It can manifest as self-inflicted violence, interpersonal violence or collective violence. It also has significant physical and psychological consequences for the victim, perpetrator, witness, family and community. Successful prevention and intervention strategies must address violence from the perspective of all those who are affected. It is a community effort and requires an understanding of risk factors for violent behavior and the impacts of violence. Research demonstrates that it is possible to intervene and interrupt an individual's progression toward violence by developing and implementing strategies to address the underlying causes of violent behavior³

Many of the risk factors for violence are evident early in life and provide a critical opportunity for intervention. There are risk factors that can be modified or mitigated more easily than others. Risk factors for violence include racial inequality, gender inequality, harmful use of alcohol, and the absence of safe, stable, and nurturing

¹ Krug et al., "World report on violence and health", World Health Organization, 2002.

² Krug et al., "World report on violence and health", World Health Organization, 2002.

³ WHO / Liverpool JMU Centre for Public Health, "Violence Prevention: The evidence", 2010

relationships between children and parents.⁴ Fortunately, because violence is often a learned behavior, it can be unlearned. Addressing factors early on that are correlated with violence later in life can help significantly reduce the future incidence of violence.

This work session is designed to provide some insight into youth violence and associated risk factors, an outline of the public health framework for addressing youth violence, a sense of the scope of the problem in Berkeley and a greater understanding of some of the measures the City of Berkeley and the Berkeley Unified School District are taking to address factors that can lead to violent behavior.

Violence Defined.

Youth violence involves children, adolescents, and young adults between the ages of 10 and 24 years old. Violence is "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, which either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development, or deprivation. An important aspect of this definition is that it includes a person's intention to commit the violent act itself, regardless of the outcome it produces. This encourages the development of prevention and intervention strategies that precede violent action.

Violent acts are on a spectrum and include aggressive behaviors such as verbal abuse, bullying (including cyber bullying), hitting, slapping, or fist-fighting, as well as serious violent acts such as aggravated assault, robbery, rape, and homicide (with or without weapons) that can lead to serious injury or death⁷ There are three primary targets of violence: self-directed violence in which an individual can inflict violence upon him/herself; Interpersonal violence in which violence can be inflicted by another individual or by a small group of individuals; and Collective Violence which can be inflicted by larger entities such as states, institutions or organized political groups. The nature of violent acts includes physical, sexual, psychological and/or involve deprivation or neglect.⁸

Risk Factors for Youth Violence

Risk factors can be associated with the Individual, family, and/or negative peer/social influences. The factors below are <u>risk</u> factors and <u>not determinants</u> of youth violence.

Individual Risk Factors

- History of violent victimization
- Involvement with drugs, alcohol or tobacco
- Poor behavioral control

⁴ WHO / Liverpool JMU Centre for Public Health, "Violence Prevention: The evidence", 2010

 $^{^{5}\,\}underline{\text{http://www.cdc.gov/violenceprevention/youthviolence/riskprotective factors.html}}$

^{6.} Krug et al., "World report on violence and health", World Health Organization, 2002

⁷ http://www.cdc.gov/violenceprevention/youthviolence/riskprotectivefactors.html

 $^{^{8}}$ Krug et al., "World report on violence and health", World Health Organization, 2002.

Family Risk Factors

- Exposure to or victim of violence or conflict in the family
- · Childrearing: authoritarian, harsh, lax, or inconsistent
- Low parental involvement
- Parental substance abuse or criminality

Peer/Social Risk Factors

- Negative peer pressure
- Social rejection by peers
- Diminished economic opportunities
- High concentrations of poor residents
- Low levels of community participation
- Socially disorganized neighborhoods

As with Risk Factors, there are also Protective Factors that help reduce the chances of violent behavior. These include:

- Connectedness to family or other adult
- Commitment to school (child and parent)
- Involvement in social activities
- Ability to discuss problems with parents
- Frequent shared activities with parents
- Consistent presence of parent during at least one daily activity

Impacts of Violence

The effects of violence don't end with the violent incident itself and can create physical and emotional trauma for all involved. This includes the victim, perpetrator, witness, family and community. Exposure to violence can have a serious, often lifelong, impact on psychological and social functioning and often leads to trauma, fear, interruption of brain development, poor school performance, poor health outcomes and high-risk behaviors.

Scope of Youth Violence in Berkeley

The Berkeley Police Department collects data on juvenile detentions (ages 17 and under). About 5% of the total arrests in Berkeley involve juveniles. Of those, approximately 11% were arrested for Robbery, 9% for Assault, 4% for weapons and 2% for aggravated assault. Approximately 47% of the juvenile offenders are Berkeley residents and 85% are male. In 2013, there were a total of 296 juvenile offenders in Berkeley who were arrested by Berkeley police.

Preventing Violence

While school-associated violent deaths represent less than 1% of all homicides and suicides that occur among school-aged children, many violence prevention programs are centered in schools for very practical reasons. A high percentage of Berkeley's youth, for example, are on school campuses daily. Schools can implement interventions, set policies, and alter physical surroundings to minimize risk factors for

⁹ http://www.cdc.gov/violenceprevention/youthviolence/riskprotectivefactors.html

violence. In collaboration with the City and other community institutions, schools can be a model environment for violence prevention efforts.¹⁰

Violence Prevention Framework

A useful frame for violence prevention efforts is one of public health. Violence prevention from a public health perspective does not mean the City of Berkeley Public Health Division per se – it simply means approaching violence through the lens of public health principles and practices. This comports with the general frame of the Alive and Free trainings that the City and the School district currently fund in which violence is treated as a communicable disease.

There are three essential public health prevention strategies:

- **Primary Prevention.** Methods designed to prevent violence before it occurs. The goal is to reduce both the incidence and prevalence of violence.
- **Secondary Prevention.** Methods that focus on addressing the more immediate responses to violence. The event has occurred, the goal is to address immediate issues resulting from the violence and mitigate harm.
- **Tertiary Prevention.** Methods that focus on long-term care in the wake of violence, such as rehabilitation and reintegration, and attempts to lessen trauma or reduce long-term disability associated with violence.

At its core, a public health approach is an evidence-based and systematic process. One of the most critical aspects of a public health approach to prevention is the ability to identify underlying causes rather than focusing upon more visible "symptoms." This provides for the development and testing of effective approaches to address the underlying causes and thus eradicate "symptoms." The Public Health approach includes the following four steps:

- 1) **Define the Problem** using statistics that accurately describe the nature and scale of violence, the characteristics of those most affected, the geographical distribution of incidents, and the consequences of exposure to such violence.
- 2) **Investigate Why the Problem Occurs** by determining the causes and correlates of violence, the factors that increase or decrease the risk of its occurrence (risk and protective factors) and the factors that might be modifiable through intervention.
- 3) **Explore Ways to Prevent the Problem** by using the above information to design, monitor and assess the effectiveness of violence prevention strategies through outcome evaluations.

¹⁰ http://www.cdc.gov/violenceprevention/youthviolence/riskprotectivefactors.html

¹¹ Krug et al., "World report on violence and health", World Health Organization, 2002.

4) **Disseminate Information on the Effectiveness of Programs and Increase the Scale of Proven Effective Strategies** by properly evaluating violence prevention and interventions for their effectiveness and then sharing the results. This includes adapting strategies to local contexts and subjecting them to rigorous re-evaluation to ensure their effectiveness in the new setting¹².

The goal is always to prevent a violent event from occurring in the first place but if the violent event has already happened, the goal is to intervene and prevent further harm.

Efforts that Address Youth Violence

The four homicide victims of 2013 were generally young men, some of whom had gone to Berkeley High. In response to these murders, City of Berkeley, Berkeley Unified School District and Berkeley Community Leaders came together to address violence prevention in a way that was holistic and preventative and created a Violence Prevention Working Group. Over the years, there have been many community efforts to address youth violence in Berkeley. For example, Berkeley's faith community has actively worked for years to prevent violence, has respond to it when it occurs and provides essential community and familial support in its wake. Community based organization that work with youth have built critical interpersonal connections with at-risk youth which have been important in preventing some youth violence. BOCA brought Alive and Free trainings to the City of Berkeley in August of 2011. Thirty (30) people were trained including staff from BUSD, Lifelong, BOCA, RISE, BYA and the City of Berkeley. The Violence Prevention Working Group are currently meeting to discuss violence prevention strategies.

The Community, the City and Berkeley Unified School District all address youth violence prevention from their respective vantage points. The following are a list of some of the current efforts undertaken in the City. However, given the concentration of youth on school campuses and the potential for effective and targeted interventions, the primary emphasis is on the Berkeley Unified School District's programs.

City of Berkeley

The City of Berkeley provides a plethora of services that address many of the risk factors for youth violence. The City's Parks, Recreation and Waterfront Department provides hundreds of recreation programs to thousands of youth per year during out-of-school time. They provide numerous scholarships and provide experiences that some young people might not otherwise have. These include day and residential camps, sports teams, recreation centers, teen programs and programs for preschoolers and toddlers. These programs provide constructive alternatives for youth and teach important interpersonal and developmental skills. In addition, the city provides services to over 1600 youth though the High School Health Center at Berkeley High School and at the High School Health Clinic at BTEC. Finally, the City provides a multitude of service programs that support the entire family system including housing, health and mental health services.

 $^{^{12}\} http://www.c\underline{dc.gov/violenceprevention/youthviolence/riskprotective factors.html}$

Berkeley Unified School District

Given the significant presence of community youth, Schools are an excellent context in which to provide violence prevention interventions. Berkeley Unified School District provides programs that address violence directly as well as the risk factors for violence. The following are specific BUSD prevention and intervention programs.

Culturally Responsive Positive Behavior Intervention

Positive behavioral expectations are taught, acknowledged, and reinforced school-wide. This program intentionally addresses conditions in school which perpetuate power and privilege to some, leads school staff towards reflection on culture and attitudes, and readjusts practices to meet the needs of students.

Mental Health Services

Mental health support is provided at all BUSD schools through a variety of funding sources and providers including the City of Berkeley via Berkeley Mental Health and School-based clinics, as well as community providers such as LifeLong Medical, Bay Area Community Resources, the Child Therapy Institute and Children's Hospital. All BUSD middle schools and high schools have credentialed counselors. BUSD also has a McKinney-Vento counselor who provides support for homeless BUSD students

Non-Violent Crises Prevention and Intervention (CPI)

CPI focuses on the safe management of disruptive and assaultive behavior. Many BUSD staff, including Administrators, many Special Education teachers and Support Staff, Safety Officers and Campus Monitors, Secretaries, and staff who work with students with high emotional needs have received CPI training.

On Campus Intervention (OCI)

OCI provides intervention counseling for trauma and/or behavioral issues, mediation, limited counseling for substance use (1 on 1 and/or small group), a School Resource Police Officer; Youth Court and Incident reporting (e.g. bullying, sexual harassment, theft, etc.)

Welcoming Schools

The Welcoming Schools curriculum addresses family diversity, gender stereotyping, and name-calling and has been implemented in all BUSD elementary schools. BUSD's Board recently approved a Gender Identity and Access policy which ensures the rights of transgendered students.

Anti Bullying

BUSD's Board approved an anti-bullying policy two (2) years ago and now has a BHS Intervention Counselor certified as an Olweus Bullying Prevention trainer. Several BHS staff and middle school vice principals and counselors have participated in Olweus Bullying Prevention training. A bullying survey was administered to all students at BHS in spring 2013.

Toolbox Socio-emotional Program

The Toolbox Project is a research-based, community-tested, social-emotional learning (SEL) curriculum that fosters the development of resilience, self-mastery, and empathy

in K–6 students and above. Toolbox was implemented at Malcolm X last fall and will be implemented in the near future at John Muir.

Alcohol, Tobacco and Other Drugs (ATOD)

Tobacco Use Prevention Education (TUPE) Grant provides ATOD prevention and intervention education and counseling at King, Longfellow, and Willard Middle Schools, Berkeley Technology Academy, and Berkeley High School. Project ASPIRE through New Bridge provides ATOD prevention/intervention education and counseling at Willard Middle School and Berkeley Technology Academy. Health Centers at Berkeley High School and Berkeley Technology Academy provide medical and mental health support and referrals to services for ATOD

Restorative Justice

Restorative Justice, through SEEDS Community Resolution Center, has been provided at Longfellow Middle School and Rosa Parks Elementary School in recent years. Restorative Justice support through SEEDS has been added to King and Willard Middle Schools and Malcolm X Elementary School this school year. Restorative Justice Community Conferencing, which is used as an alternative to expulsion, has been provided through Community Works West for the past 2 years.

Alive and Free

More than 100 BUSD staff will be trained in Alive & Free by June 2014, including Administrators, Teachers, Safety Officers and Campus Monitors, Counselors, Parent Liaisons, and After-School Coordinators. All BTech students participate in Alive & Free with Dr. Marshall and staff every Wednesday. Students who have engaged in risky behavior participate in the LifeLines Academy (grades 8-12) or LifeLines Prep Academy (grades 4-7) as an intervention and/or an alternative to suspension or expulsion.

BACKGROUND

In August 2013, as a result of the recent homicides in Berkeley, the City, BUSD and Community came together to discuss how to prevent youth violence in the City of Berkeley. The result was a Violence Prevention Action Team that includes Councilmembers, School Board members, community leaders, City Officials, BUSD Officials and community-based organizations. The purpose of the group is to look at effective violence prevention strategies that can be implemented for Berkeley youth. Three of the four homicides in Berkeley occurred in Councilmember Maio's district and as a result, Councilmember Maio requested a Council Workshop on violence prevention.

FINANCIAL IMPLICATIONS

None

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