

# Chapter 11: Violence



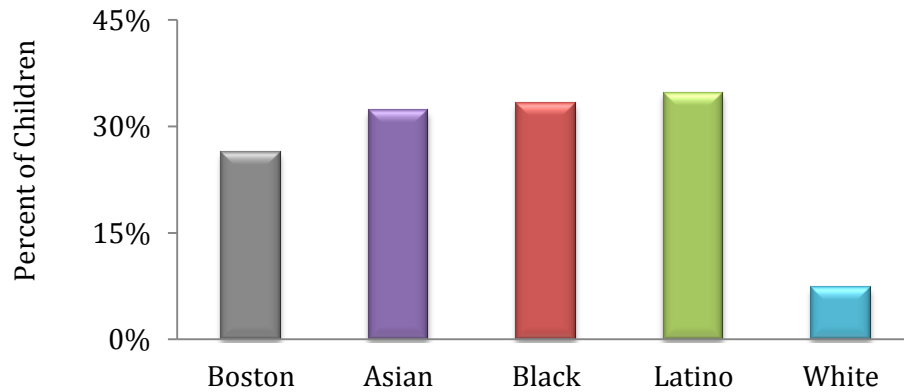
# Violence

Violence is the use of physical force with the intention of causing death, disability, injury, or harm (1). Low income communities, people of color, women, and youth are all disproportionately affected by violence (1). Stopping the cycle of violence requires a change in the societal structures that perpetuate it. Acts of violence most often occur in areas of chronic poverty, community disorganization, and low school connection, where high rates of violence seem “normal”. Violent acts are a type of learned behavior in response to environmental influences and social norms that can be reversed or not learned at all (2).

When an individual is constantly exposed to violence, one method of processing the experiences is to accept the act as a normal part of social life (3). Chronic exposure to violence, at home (even from what is seen on television) (4), or in the community, can lead to desensitization (32). As they are bombarded with images of violence, it may be difficult for young minds to make sense of them. The stress and internal conflict can lead to aggression, but it may also manifest in other harmful ways. Substance abuse, learning problems, anxiety, depression, and/or disordered eating habits and obesity have all been tied to victimization and exposure to violence (6) (7). In addition, many adolescents who commit violent crimes have often been victimized as children. Such experiences are connected to delinquency and violent behaviors in later life (8) (9). Furthermore, adolescents may feel pressure from peers to engage in gang violence, drug use, or petty crime, which may discourage healthy relationships and academic achievement. Sometimes, violence is spurred by a desire for coercion, belonging, and power, as is often the case with bullying (10).

Violence makes it difficult to feel safe, leading to anxiety and depression, less physical activity in communities, and increasing social isolation coupled with community distrust (1,11). When parents living in Boston were surveyed by the Boston Public Health Commission in 2012, up to 37% of parents said that they never or only sometimes felt their child was safe where they live and play (12). Violence prevention requires comprehensive solutions and attention from multiple stakeholders and sectors: public health, law enforcement, the healthcare community, schools, and community-based organizations. Most importantly, prevention needs to include families and neighborhoods who hold the power and potential to positively change their environments (13). Prevention efforts can focus on developing individual skills to avoid violence and strengthening community linkages to create more protective systems. For instance, universal, school-based programs to reduce violence by developing skills to reduce aggression and emphasize emotional self-awareness, emotional control, self-esteem, positive social skills, social problem solving, conflict resolution, or team work have been shown to decrease rates of violence among school-aged children and youth (14, 15).

**Figure 11.1 Parents/Caregivers Who Felt Child was Unsafe\* in Neighborhood by Race/Ethnicity, Ages 0-17, 2012**



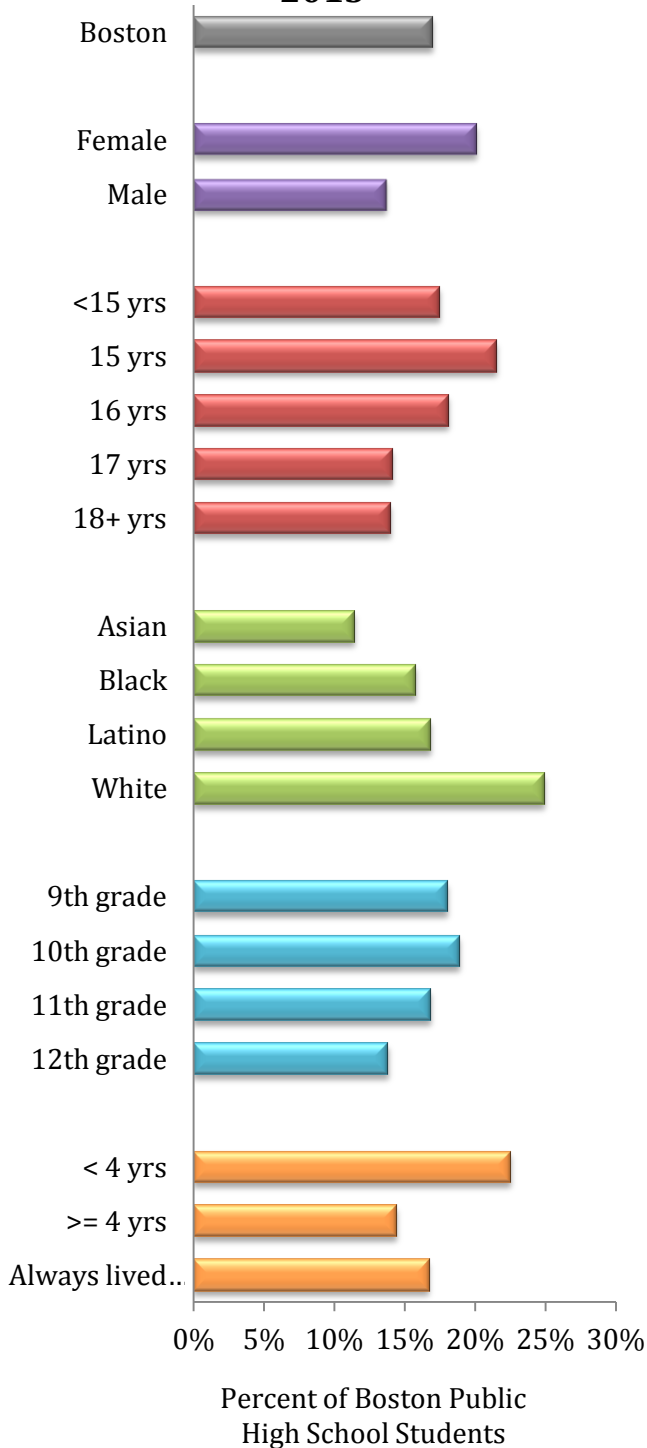
| Boston      | Asian       | Black       | Latino      | White      |
|-------------|-------------|-------------|-------------|------------|
| 26.3%       | 32.2%       | 33.3%       | 34.8%       | 7.3%       |
| (23.2-29.4) | (12.1-52.3) | (27.3-39.2) | (28.3-41.3) | (4.5-10.2) |

\*Parents/caregivers reported that they felt that child is either sometimes or never safe in community or neighborhood.

DATA SOURCE: Boston Survey of Children's Health, 2012, Boston Public Health Commission

In 2012, 26% of Boston children ages 0-17 lived in households where their parent/caregiver felt that his or her child was unsafe in their neighborhood. Higher percentages of Asian, Black, and Latino children compared to White children lived in households where their parent/caregiver felt his/her neighborhood was unsafe.

**Figure 11.3 Bullied at School or Electronically in the Past 12 months by Selected Indicators, 2013**



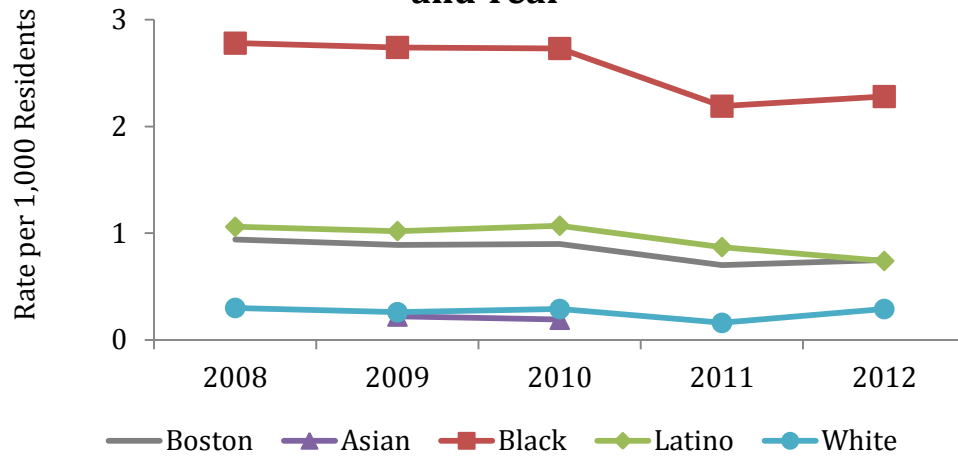
In 2013, 17% of Boston public high school students had been bullied either in school or electronically in the past 12 months.

|                            |                   |
|----------------------------|-------------------|
| Boston                     | 17.0% (13.9-20.1) |
| <b>Gender</b>              |                   |
| Female                     | 20.1% (15.8-24.4) |
| Male                       | 13.7% (10.2-17.2) |
| <b>Age of Student</b>      |                   |
| 14 years or Younger        | 17.5% (8.9-26.1)  |
| 15 years                   | 21.5% (15.4-27.7) |
| 16 years                   | 18.1% (11.7-24.6) |
| 17 years                   | 14.1% (9.6-18.6)  |
| 18 years or Older          | 14.0% (7.9-20.1)  |
| <b>Race/Ethnicity</b>      |                   |
| Asian                      | 11.4% (5.8-17.0)  |
| Black                      | 15.8% (11.2-20.3) |
| Latino                     | 16.8% (12.7-20.9) |
| White                      | 24.9% (18.0-31.9) |
| <b>Grade Level</b>         |                   |
| 9th grade                  | 18.0% (11.7-24.2) |
| 10th grade                 | 18.9% (13.1-24.7) |
| 11th grade                 | 16.8% (12.4-21.3) |
| 12th grade                 | 13.8% (7.4-20.1)  |
| <b>Time Living in U.S.</b> |                   |
| Less than 4 years          | 22.5% (13.0-31.9) |
| 4 years or more            | 14.4% (10.0-18.9) |
| Always lived in US         | 16.7% (13.4-20.1) |

DATA SOURCE: Youth Risk Behavior Survey, 2013, Centers for Disease Control and Prevention

The percentage of students who had been bullied either at school or electronically was similar for males and females, among age groups, among grade levels, and for number of years of residence in the U.S. With respect to race/ethnicity, the percentage of students who were bullied either at school or electronically was significantly lower for Asians when compared with Whites.

**Figure 11.4 Nonfatal Assault-Related Gunshot/Stabbing Emergency Department Visits by Race/Ethnicity and Year\***



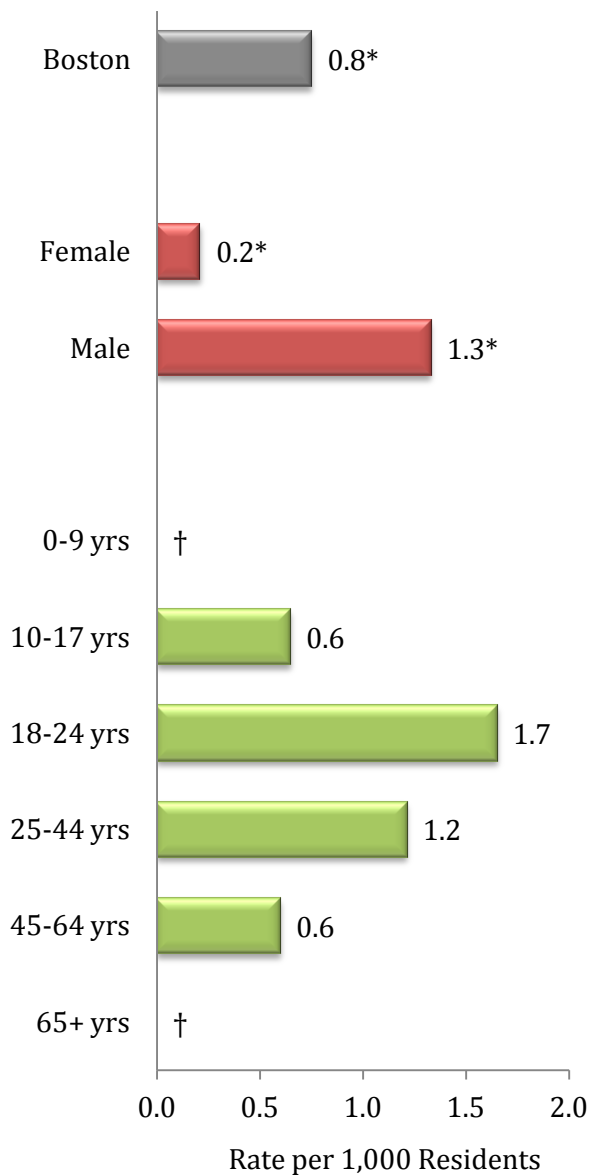
\*Age-adjusted rates, per 1,000 residents

NOTE: Rates were not presented for Asian residents for 2008, 2011, and 2012 due to the small number of cases. Rates for Asian residents for 2009 and 2010 are based on counts of less than 20 and should be interpreted with caution.

DATA SOURCE: Acute Hospital Case Mix Databases, Massachusetts Center for Health Information and Analysis

In 2012, the Boston nonfatal assault-related gunshot/stabbing emergency department visit rate was 0.8 per 1,000 residents. This rate has decreased since 2008. The rate for Black and Latino residents has also decreased from 2008-2012. The rate for White residents did not change over these 5 years and was 0.3 in 2012. In 2012, the rate for Black (2.3) and Latino (0.7) residents was higher compared to the rate for White residents.

**Figure 11.5 Nonfatal Assault-Related Gunshot/Stabbing Emergency Department Visits by Selected Indicators, 2012**



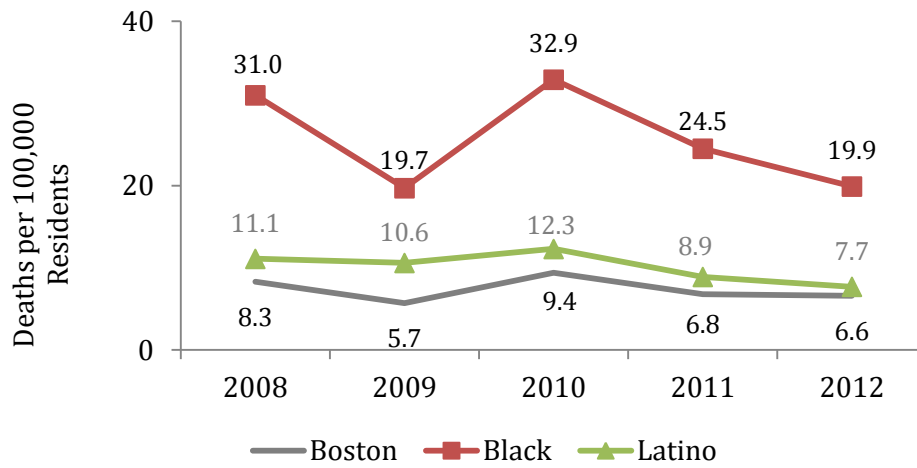
In 2012, the nonfatal assault-related gunshot/stabbing emergency department visit rate for Boston was 0.8 per 1,000 residents. The age-adjusted rate for females (0.2) was lower than the rate for males (1.3). The crude rate for residents ages 18-24 years was 1.7. The rates for those ages 10-17(0.6), 25-44 (1.2), and 45-64 (0.6) were all lower than the rate for 18-24 years in 2012.

\*Age-adjusted rates, per 1,000 residents

† Rates are not presented for those ages 0-9 and 65 years or older due to the small number of cases.

DATA SOURCE: Acute Hospital Case Mix Databases, Massachusetts Center for Health Information and Analysis

**Figure 11.6 Homicide by Race/Ethnicity and Year\***



\*Age-adjusted rates

NOTE: Rates are not presented for Asian residents for 2008-2012 or for White residents for 2008-2011 due to the small number of cases. Gray text represents rates based on counts less than 20 and should be interpreted with caution. Black text represents rates based on counts of at least 20.

DATA SOURCE: Boston Resident Deaths, Massachusetts Department of Public Health

In 2012 the Boston homicide rate was 6.6 per 100,000 residents. In 2012 the homicide rate was 19.9 for Black residents and 7.7 for Latino residents, which were both significantly higher than the rate of 2.0 for White residents. There was no significant change in the Boston, Black or Latino homicide rate from 2008 to 2012.

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