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House Standing Committee on Family, Community, Housing and Youth
Inquiry into the impact of violence on young Australians

Introduction to the Centre for Adolescent Health

The Centre for Adolescent Health is Australia's leader in responding to the health problems that affect young people between the ages of 10 and 24 years. We are part of the Royal Children's Hospital, closely linked to The Murdoch Children's Research Institute and The University of Melbourne.

The vision of the Centre for Adolescent Health is ***'making the difference to young people's health'*** through our core business of ***'advancing adolescent health knowledge, practice and policy'***.

The Centre for Adolescent Health has integrated its work across 3 clusters;

1. **Adolescent Health Services**
   Specialist and multidisciplinary primary health and other clinical services and peer support programs that deliver high quality health care services to young people in various settings including hospital, community based settings and in detention.
2. **Learning, Innovation and Community Practice**
   Workforce development and working collaboratively with communities to build the capacity of professionals, organisations and communities to enhance the wellbeing of young people.
3. **Research**
   The focus of much of the Centre's research is into health risk behaviours and factors which protect young people from harm. Most of the Centre for Adolescent research is undertaken within the Healthy Development theme of the MCRI at the Royal Children's Hospital

The impact of violence on young Australians: A research perspective

Rates of violence in Australian youth exceed 10% (Hemphill et al., 2007), and peak in mid-to late-adolescence (Bond et al., 2000). Young people are the most likely age group to be victims of crime, and over 7000 young people are hospitalised each year due to injuries caused by violence (Australian Institute of Health and Welfare, 2007), with this figure increasing over time. Crime costs Australian society at least $36 billion dollars per annum (Rollings, 2008). Youth violence can be defined in different ways but is generally defined as externally directed towards others (e.g., physical assaults, bullying, cyberbullying). Violence is increasingly recognised as a significant public health problem (Prothrow-Stith, 2007) and violence results in deaths, and physical and psychological injuries that are clearly public health issues. Further, youth violence can contribute to social problems such as mental health problems, unemployment, domestic violence and child abuse (Herrenkhol, Kosterman et al, 2007; Odgers et al., 2007). Hence, youth violence has relevance not only to the individual perpetrator and his/her victim(s) and their families but also to children's and women's health by increasing the risk of early adult progression to child maltreatment and intimate partner violence (Herrenkohl, Kosterman et al., 2007).

Internationally, crime and mental health prevention programs are adopting a "developmental pathways" approach (Farrington, 1996; Tremblay & Craig, 1995; National Crime Prevention, 1999). *Risk factors* are prospective predictors that increase the likelihood that an individual or group will engage in adverse outcomes (National Crime Prevention, 1999). *Protective factors* both directly decrease the likelihood of antisocial behavior (Jessor, Turbin & Costa, 1998) and mediate or moderate the influence of risk factors (Garmezy, 1985; Rutter, 1985). Risk and protective factors cover five major domains including communities, families, schools, peer groups, and within individuals (Catalano & Hawkins, 1996). Community risk factors include legal and normative

expectations for behavior and indicators of neighbourhood disorganization. Family history of antisocial behavior and poor family management practices are exemplars of family level risk factors. Within the school setting, academic failure and low commitment are influential. Individual and peer factors include constitutional factors (e.g., lack of impulse control), association with antisocial peers, and early involvement in problem behavior. Protective factors at the family, school and community levels include opportunities to engage in prosocial activities and recognition for prosocial involvement as well as attachment, and healthy beliefs and clear standards (Catalano & Hawkins, 1996). While the developmental pathways approach recognises that multiple risk and protective factors across different levels of influence (individual, family, peers, school, and the community, socioeconomic status) are important, few studies have examined the impact of the range of influences within the one project.

The research team at the Centre for Adolescent Health, led by Sheryl Hemphill and in collaboration with colleagues from the University of Washington, is studying the development of violence perpetrated by young people through large longitudinal studies such as the International Youth Development Study. Our work examines the impact of social contextual factors on violent behaviour. Through this work, we have shown that the factors influencing the development of violence in Australian young people is similar to those found to be important in the United States. This in turn suggests that effective prevention programs developed in the United States might be applicable in Australia – it remains important for this to be tested through well-designed research studies.

The ways the community responds to violent behaviour engaged in by young people is also important. Our team has investigated the impact of school suspension and police arrests on violent behaviour 12 months later in Year 7 and 9 students in Victoria and Washington State. We found that students who had been suspended from school were 70% more likely to engage in antisocial behaviour 12 months later. This effect was found even after examining the role of established influences such as family conflict and association with violent peers. Finding less punitive ways of dealing with challenging student behaviour may be one way to reduce violence in our young people.

Socioeconomic disadvantage is also an important influence on the development of violent behaviour and interventions that target underlying determinants of low socioeconomic status show strong efficacy in reducing adolescent violence (e.g., Toumbourou et al., 2007).

Strategies to reduce violence and its impact on young Australians

A. Evidence-based literature review

The following information is taken from an extensive evidence-based literature review carried out by researchers at the Centre for Adolescent Health in 2008. The review aimed to identify published peer-reviewed evaluations that included developed and tested programs designed to reduce crime and violence within metropolitan city centres and entertainment precincts. Only carefully evaluated, well-described interventions using longitudinal designs and/or randomised allocation to treatment and a control condition were selected.

Results from the literature review indicated that multi-component strategies incorporating interventions from multiple areas, such as targeted policing, community mobilisation, and working with licensed premises are most effective in reducing violence / assaults. Therefore, the role of policing and local community organizations in reducing assaults appears to be most effective when incorporated as part of a broader multi-component approach.

1. Policing: Targeted Policing and Community Policing Strategies

Targeted policing involves analysing data to determine "hot spots" where and when the most violence occurs and placing officers in those places at those times. Community policing generally refers to approaches which aim to form and maintain bonds between the police and the community in an effort to prevent crime.

Summary of evidence: Positive outcomes showing a reduction in violent crime have been consistently published for targeted policing strategies. Evidence on the role of community policing in reducing violent crime is limited and further research is required.

Examples:

- Alcohol linking programs involving officers recording extra information to link assaults to specific venues, then directing extra police attention (29), (23)
- Police crackdowns in small geographic areas followed by maintenance targeting to enable other community and civic organisations to address quality of life and social problems (10, 48, 54),
- Community policing plans involving problem solving training and community-police partnership programs (9).

Evidence on Outcomes:

- Strong evidence for the implementation of targeting policing approaches to reduce violence (29, 9, 23, 10, 48, 54).
- Good evidence from Australia and the UK for the effectiveness of linking violent incidents to individual venues as a basis for targeted policing approaches to significantly reduce violence (29, 55).
- Police crackdowns followed by maintenance targeting shown to be very effective in reducing violence in the US (10, 48, 54, MacDonald, 2002) without causing any displacement effect to neighbouring areas (48).
- Generally, community policing plans appear to have little effect on reducing violence, although there may be some effect on other types of crime (9), (MacDonald, 2002)

Key elements for success:

- Maintaining targeted policing of identified hot-spots and high-risk venues;
- Follow up of identified high-risk venues and locations with audits and public reporting.

2. Community organizations: Community Mobilisation

Community partnerships and mobilisation encompass a diversity of programs that seek to prevent crime and violence by using participatory processes to involve local authorities, leaders, organisations, groups and members of the community in a common purpose.

Summary of Evidence: When used as the primary strategy for prevention, community mobilization approaches show little evidence for reducing violence/crime. However, the review of evidence-based literature revealed that such approaches are generally incorporated as part of more effective multi-component strategies.

Example:

- only one kind of community mobilisation approach had been implemented and evaluated as the primary violence prevention approach: the Neighbourhood Warden program; consisting of a collection of neighbourhood warden schemes; evaluation included 84 warden schemes implemented across England and Wales, and included comparison control communities (47).

Evidence on outcomes:

- associated with reductions in crime and fear of crime (both personal and property crime), compared to slight increases in the control areas.
- showed good initial evidence of being a cost-effective option for reducing crime.
- however, less evidence of an impact on youth antisocial behaviour (47).

Key elements for success:

- The presence of trained uniformed, semi-official wardens at a neighbourhood level;
- Wardens worked with residents of the community;
- Focus of program on developing the community (eg. activities to encourage community involvement and community pride) to reduce crime, fear of crime, and antisocial behaviour.

3. Multi-component interventions

Multi-component interventions include larger-scale programs that aim to reduce violence / assaults by incorporating interventions from multiple areas, such as targeted policing, community mobilisation, and working with licensed premises.

Summary of Evidence: Evidence shows sustained decreases in levels of violence in long-running, cost-effective projects.

Examples:

- The Targeting Alcohol and Street Crime (TASC) project was a 2 year project implemented in Wales, involving numerous components including data linkage, working with licensed premises; public education;
- The Stockholm Prevents Alcohol and Drug Problems (STAD) project in Sweden was a 10 year multi-component program. The project involved 3 key components including community mobilization, working with licensed premises and identifying high risk settings.

Evidence on Outcomes:

- TASC project: Showed a decrease in violent incidents in the target area (42); associated with substantial reductions in assaults in licensed premises (20)
- STAD project: substantial and sustained decrease in violent crime.(19); Strong acceptance into communities based on factors such as adoption, sustainability, key leader support, structural changes, and compliance. (51); Cost analysis indicated financial savings are considerable (49)

Key elements for success:

- High-level key stakeholders and authorities must be invested in the project.
- Data linkage of hospital and incident data, which indicates “hotspots” and informs targeted policing approaches.
- Working with licensed premises to ensure (i) licensed venue owners are supportive and responsive to the intervention; and (ii) venue staff training is undertaken.

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B. Adolescent Forensic Health Service

The Adolescent Forensic Health Service (AFHS) is a program of the Centre for Adolescent Health, Royal Children's Hospital. AFHS provides health and rehabilitative

services to young people aged 10-21 years involved in the Youth Justice System in Victoria.

There is a high prevalence of violent offending amongst young people involved in the youth justice system. The Department of Human Services, Youth Justice and Youth Services Branch, Youth Justice Health Service Review, Dec 2007 showed for example:

- A 2006-7 survey revealed 60% of Youth Justice clients orders involved physical violence;
- Custodial clients are more likely than community clients to have committed a violent offence, 75% compared to 54% of clients in a community setting;
- Clients from a CALD background were more likely to have committed a violent offence; and
- Clients under a child protection order were more likely to have committed an offence which involved threat of violence.

AFHS work with young people who are both perpetrators and victims of violent behaviour. Through our programs we aim to reduce violence and its impact among young Australians in a number of ways:

- Motivate young people to see both the short-term and long-term gains they can achieve by addressing their violent behaviour;
- Challenge violent supportive attitudes and beliefs;
- Provide interventions to assist young people to effectively manage their aggressive and violent behaviours;
- Provide opportunities for young people to practice pro-social behaviours; and
- Assist young people to identify their individual strengths, capabilities and aspirations so they are able to lead healthier lives.

Our Be Real About Violence (BRAVE) program is specifically designed to reduce violent behaviour by young people. BRAVE is an 8-week cognitive behavioural program targeted at young people who have been found guilty by the court of committing a violent offence. The program was established in 2005 by AFHS and DHS. Between May 2005 and July 2009, 32 programs were delivered (12 Custodial clients / 20 Community based Youth Justice Order clients) with a total of 192 participants.

Experience of delivering BRAVE has informed us that youth violence often emanates from multiple risk factors particularly;

- Substance use/abuse
- Low SES background
- History of poor academic performance
- History of ‘familial distress’
- Association with an antisocial peer-group
- Mental health issues (e.g., trauma, depression,)
- History of abuse (e.g., physical, sexual and emotional)
- Poor attachment to parents and poor parental monitoring

Seldom do these risk factors occur in isolation, instead the presence of these risk factors frequently occur together forming an interconnected web, with each risk factors potentially resulting from and causing the other.

BRAVE is delivered in an experiential way designed to engage participants. It follows four modules:

1. Getting to know what anger and violence really are
2. Violence doesn't 'just happen', learning how I become violent
3. Becoming violence free (strategies to manage violence)
4. Where to from here? (risk factors and relapse prevention)

Currently AFHS is funded to deliver 12 BRAVE programs per year - three per metropolitan region and three at Melbourne Youth Justice Centre. Referral numbers for the program are high. The program is due to be formally evaluated next year.

Through our Forensic Mental Health program AFHS also provides individual psychological interventions to young people engaged in violent behaviour. Experience from this program has indicated similar risk factors to those highlighted above and that there is a huge demand for this type of service within the Youth Justice system.

Experience of working with young people in custody tells us that the risk of violence amongst young people in these environments is significant. Within custody AFHS is working through our health promotion strategy to promote pro-social behaviours within each custodial unit community and reduce incidents of violence. Particular interventions provided alongside Youth Justice staff include; safety plans, behaviour management plans, violence prevention health education, unit health promotion plans and individualised health intervention plans.

AFHS therefore has a number of strategies, including a program to address sexual violence (MAPPS), to address violent behaviours. We are keen to work with other agencies to develop a more co-ordinated response to how to reduce the level of youth violence. At present, for example, there does not appear to be a coherent strategy across Government and agencies working with young people to address violent behaviour. A violence prevention strategy that covers prevention through to intervention and clearly identifies what strategies and programs are present at each stage to address youth violence would make a significant impact to collectively addressing this issue.

In addition, the level of resources available to agencies to address this issue needs to be assessed. Our experience of managing referrals for our group and individual program us that demand significantly outweighs supply.

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In the paper listed above, we have shown that the factors that influence the development of violent behaviour are similar in Victoria and Washington State. This suggests that evidence-based violence prevention programs developed in North America may be applicable to the Australian context. This study also showed that school suspension increased by 70% the likelihood of violent behaviour 12 months later, over and above the other factors examined.

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