

# Information for the Recommitment for the Comprehensive Strategy for Children, Youth, and Families Forum

Prepared by the City of San Diego Commission on Gang Prevention and Intervention

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## IMPACT OF COMMUNITY VIOLENCE ON CHILDREN, YOUTH, AND FAMILIES

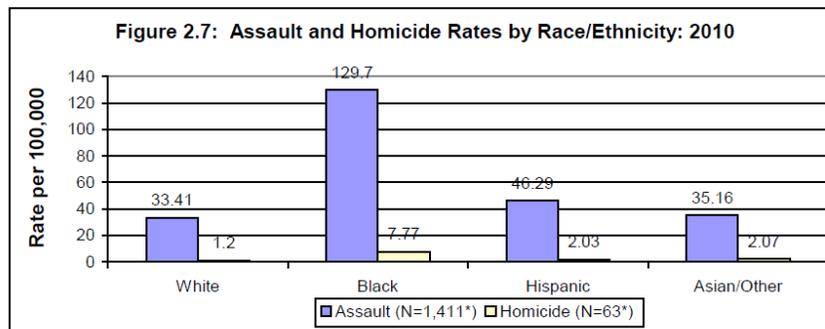
The City of San Diego Commission On Gang Prevention and Intervention researches information and supports community-response efforts. This is in response to our concern of the impact of gang-related community violence. We recognize the serious impact community **violence** has on those victimized and on those exposed to violence. In addition to the physical and emotional impact, the effect of community violence interferes with healthy child development, school attendance, academic achievement, worker productivity, and family and social structures. The following provides research and a story involving San Diego children, youth, and families, who have been impacted by this trauma.

## COMMUNITY VIOLENCE INFORMATION

Research shows that violent interpersonal injuries cluster strongly in teenagers and young adults. Persons aged 15-34 years sustained 62% of assaults and 49% of homicides.

Figure 2.7 illustrates the rate per 100,000 population. The highest number of assaults and homicides are seen among the White and Hispanic populations, respectively. The rates shown in figure 2.7, however, show that the Black population is at the highest risk of injury and death from assault.

### *San Diego County Trauma System Report: 2010*



## COMMUNITY VIOLENCE/ MENTAL HEALTH

"In brief, a child becoming a victim of gun violence can develop PTSD. There is also evidence to support that exposure to gun violence can cause children to externalize the problem and begin to view the act of committing

violence as a problem solving mechanism. There is also some evidence that shows that children will begin to desensitize and become emotionally detached as exposure to gun violence increases." <sup>1</sup>

## **IMPACT OF VIOLENCE ON CHILD DEVELOPMENT**

"We found that children who witnessed more community violence were also likely to behave aggressively two years later, regardless of their age. For older children (in grades 4 to 6), witnessing community violence not only led to more aggressive behavior, but also to greater endorsement of beliefs that aggression was acceptable, and more time spent fantasizing about aggressive acts. It may be that witnessing serious violence on a regular basis requires a type of coping strategy to minimize fear, particularly for children. Fantasizing about violent acts, and thinking about it as an acceptable behavior that is a normal part of life, may serve to desensitize children to its true consequences. Although this may make it easier for them to cope with witnessing violent acts in their neighborhoods, it may also make violence seem more like a regular part of life, leading to increases in their own aggressive behavior. Our findings suggest that efforts to reduce community violence may lead to reductions in aggressive behavior among schoolchildren. In addition, for those children who are exposed to community violence, interventions are needed to weaken beliefs that aggressive behavior is acceptable." <sup>2</sup>

Individuals who come from past histories of physical and sexual abuse, who have criminally involved families, and participate in substance misuse, have an increased chance of being incarcerated and experiencing traumatic events. Many incarcerated individuals come from neighborhoods inundated with illicit substances and gang activity. As in prison, to survive in economically disadvantaged neighborhoods, individuals often participate in street politics. As a result, it is nearly impossible to avoid witnessing and at times participating in physical violence and various other illegal activities, which often result in increased vigilance, emotional numbing, increased substance use, and other means of coping with those chaotic environments. Many of these coping skills can become symptoms of posttraumatic stress disorder (PTSD).<sup>3</sup>

Fourteen years after the publication of the DSM–III, the DSM–IV was published, to be followed shortly by the evidence-based text revision (DSM–IV–TR) in 2000 (APA, 2000). Significant advances in PTSD theory and research enabled the DSM–IV–TR PTSD committee to change the primary diagnostic criteria to include a response of intense fear, helplessness, or horror in reaction to the traumatic event as well as to improve upon the original symptom triad. The physical, emotional, and interpersonal problems associated with individuals who have co-occurring substance use and trauma disorders are alarming. This becomes even more alarming when the overlap between trauma correlates and the criminogenic risk and needs principles used to identify an individual's potential for success in treatment and risk of criminal recidivism are compared.<sup>4</sup>

Marlowe (2007) defines criminogenic risks as the characteristics of criminal offenders that increase the likelihood of a relapse to drug misuse and decrease the likelihood for success in treatment, thus increasing the chance of recidivism. The most notable high-risk factors include an earlier onset of substance abuse (especially prior to age 14) or crime (especially prior to age 16), attempting rehabilitation at a younger age

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<sup>1</sup> Fowler, Patrick J., et al, "Community Violence: A Meta-Analysis on the Effect of Exposure and Mental Health Outcomes of Children and Adolescents," *Development and Psychopathology* 21 (2009):227-259

<sup>2</sup> Summarized from *Child Development*, Vol. 74, Issue 5, *Community Violence Exposure, Social Cognition, and Aggression Among Urban Elementary School Children* by N.G. Guerra, L.R. Huesmann, and A. Spindler. Copyright 2003 The Society for Research in Child Development, Inc. All rights reserved.

<sup>3</sup> PTSD first appeared as a diagnosis in the *Diagnostic and Statistical Manual of Mental Disorders Version III (DSM–III)* in 1980 (American Psychiatric Association [APA], (3<sup>rd</sup> ed.) Washington, DC.; Author.

<sup>4</sup> American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders (4th ed. text revision)*. Washington, DC: Author.

(especially before 24 years of age), a recidivist criminal record, previous unsuccessful attempts at rehabilitation, and a co-existing diagnosis of antisocial personality disorder.<sup>5</sup>

More strikingly similar are an individual's psychosocial/criminogenic needs, which are an individual's areas of dysfunction that, if improved, can considerably reduce the likelihood of continued involvement in substance misuse and criminal behaviors (Marlowe, 2007). Notable high-need factors include compulsive addiction to drugs or alcohol, psychiatric pathology, emotional trauma, brain injury, chronic medical conditions, and illiteracy. For many individuals who go untreated for co-occurring substance misuse and trauma, it is only a matter of time before they enter the revolving doors of the criminal justice system. Nearly all individuals who participate in substance use treatment programs have experienced psychological trauma. Trauma exposure rates for individuals in both inpatient and outpatient, voluntary and mandated drug treatment programs are near 100 percent (Farley, Golding, Young, Mulligan, & Minkoff, 2004).<sup>6</sup>

## **ONE LOCAL STORY IMPACTING MANY LIVES**

### **Triple Shootings/Double Homicide on June 30, 2012 in City Heights**

At dusk, on Saturday, June 30<sup>th</sup>, 2012, three men were shot at point blank range. One individual was shot in the head, fell to the ground, and was shot four more times. Stephen McClendon, age 34, and Rickquese McCoy, age 18, lost their lives that evening. Another young man, 17 years old, would be disabled. He now has the mind of a 5 year old and has seizures.

The community was forever changed.

Many children and their families were outside enjoying the beautiful day when this crime occurred. Over 40 shots were fired in succession. Followed by the scene of the dying and the screams of their loved ones, the entire block was immobilized in fear. The densely populated block, which housed approximately 500 residents, was highly traumatized.

These shootings occurred half a block from Hamilton Elementary School on 44<sup>th</sup> Street. For weeks, residents would not leave their homes. With many diverse cultures residing on this block, hundreds of children, teenagers, parents, and senior citizens were affected. They describe experiencing difficulties concentrating, depression, social isolation, and impaired relationships as a result of their trauma.

The accumulative trauma continues to have an impact on those residing on the 2600/2700 block of 44<sup>th</sup> Street. Residents are working closely working with law enforcement and community advocates to reduce the level of fear and instill a sense of hope. Nearing one year after the triple shootings and double homicides, the residents continued their long journey towards healing.

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<sup>5</sup> Marlowe, D. B., (2007) Section on Criminal Justice Research, Treatment Research Institute. August 23, 2007. Written testimony to the Commission. Najavits, L. M. (2002). Seeking safety: A treatment manual for PTSD and substance abuse. New York: Guilford Press.

<sup>6</sup> Farley, M., Golding, J. M., Young, G., Mulligan, M., & Minkoff, J. R. (2004). Trauma history and relapse probability among patients seeking substance abuse treatment. *Journal of Substance Abuse Treatment*, 27, 161–167.