

# Serious Youth Violence and Vulnerability

## *The Crime Paradox and a Public Health Approach*

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Director of Public Health

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# Overview

Public Health Approach to violence

Scope of the report

Trends in youth violence

Risk factors

Causal factors

What works?

What's missing?

What needs to change?

## Youth Violence and Vulnerability *The Crime Paradox and a Public Health Response*

Annual Report of the Director of Public Health 2019/20



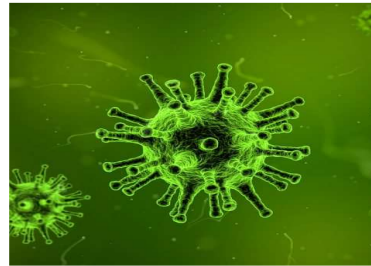
Author: Ian Wake, Director of Public Health, Thurrock Council

# Public Health Approach to Tackling Violence

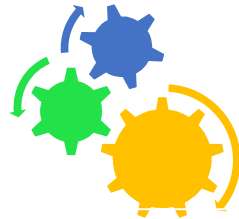
approach that seeks to improve health and safety of all individuals by addressing underlying factors that increase the likelihood that an individual will become a victim or perpetrator of violence.

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In addition, public health aims to provide the maximum benefit for the greatest number of people. Programmes for prevention of violence based on the public health approach are designed to expose a small segment of a population to prevention measures and to reduce violence at population level.

WORLD HEALTH ORGANISATION



Communicable Disease



Whole Systems Approach



Data and Intelligence

## 1. Surveillance

What is the problem?

Define the violence problem through systematic data collection.

## 2. Identify risk and protective factors

What are the causes?

Conduct research to find out why violence occurs and who it affects.

## 4. Implementation

Scaling up effective policy and programmes

Scale-up effective and promising interventions and evaluate their impact and cost effectiveness.

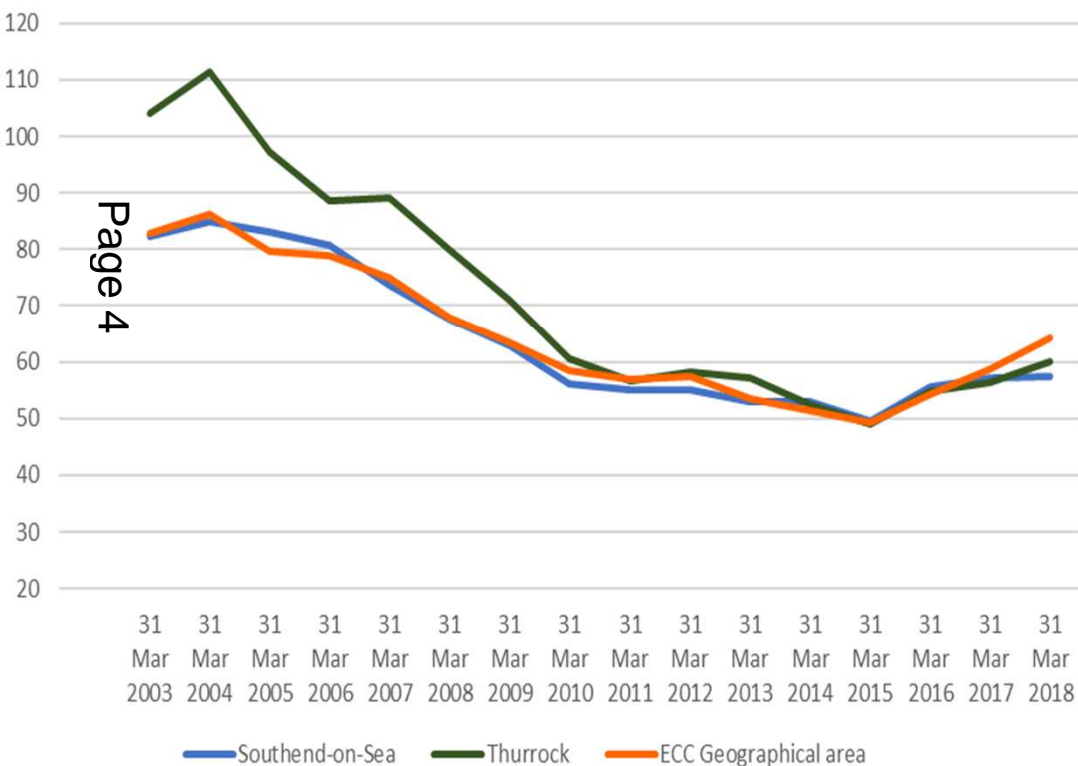
## 3. Develop and evaluate interventions

What works and for whom?

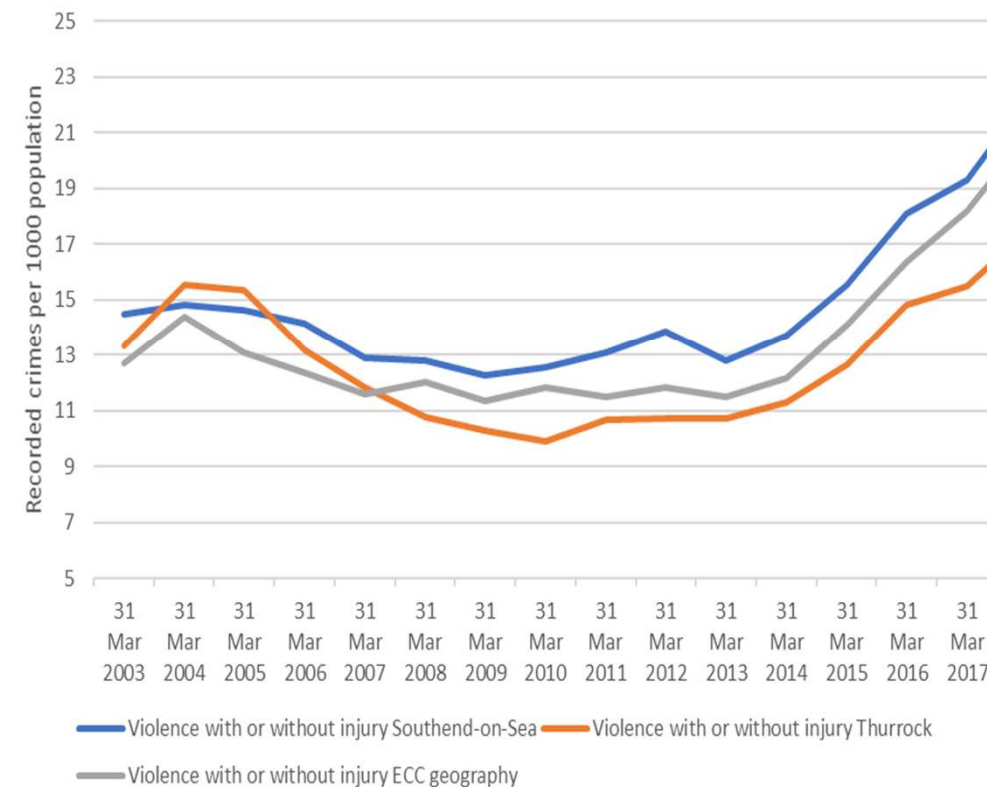
Design, implement and evaluate interventions to see what works.

Source: WHO, 2010

Rate per 1000 population of recorded crime excluding violence, weapons, robbery, sexual offences and drugs crime

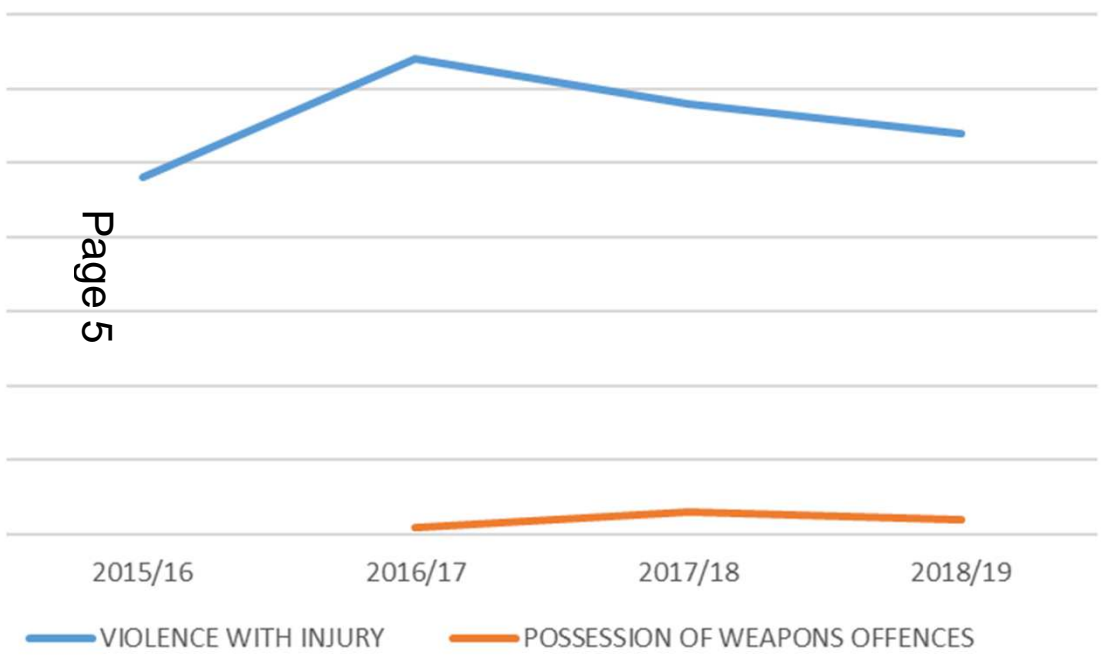


Rate of Recorded Crimes of Violence with or without Injury per 1000 population

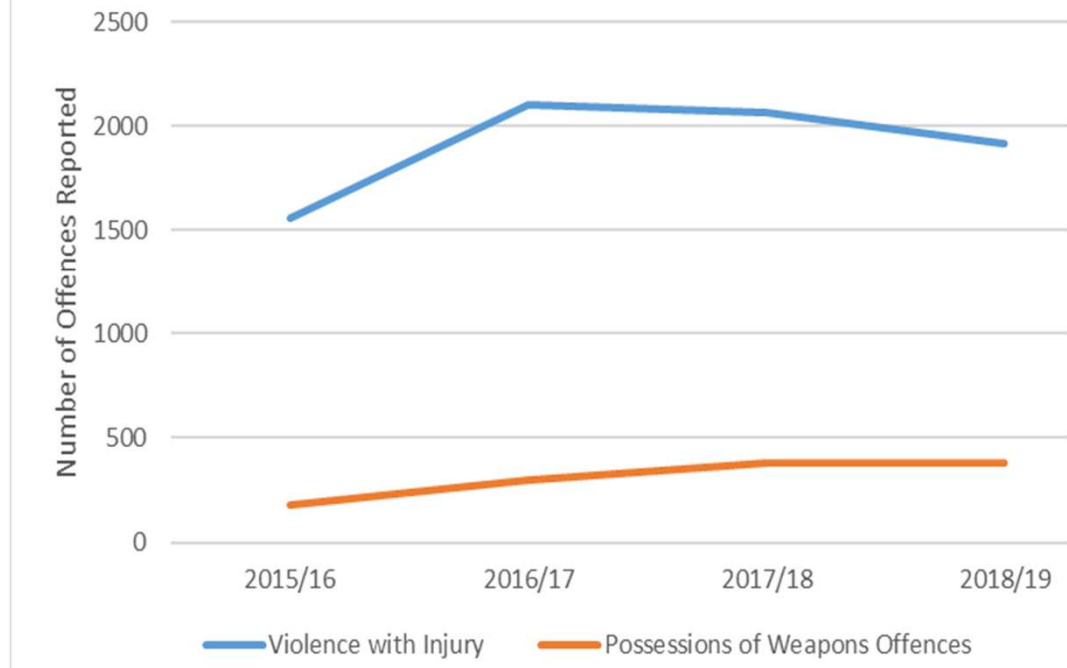


# Trends in Youth Violence and Weapons Offences

Violence with injury / Possessions of Weapons Offences: Young People Aged 10-24 in Thurrock

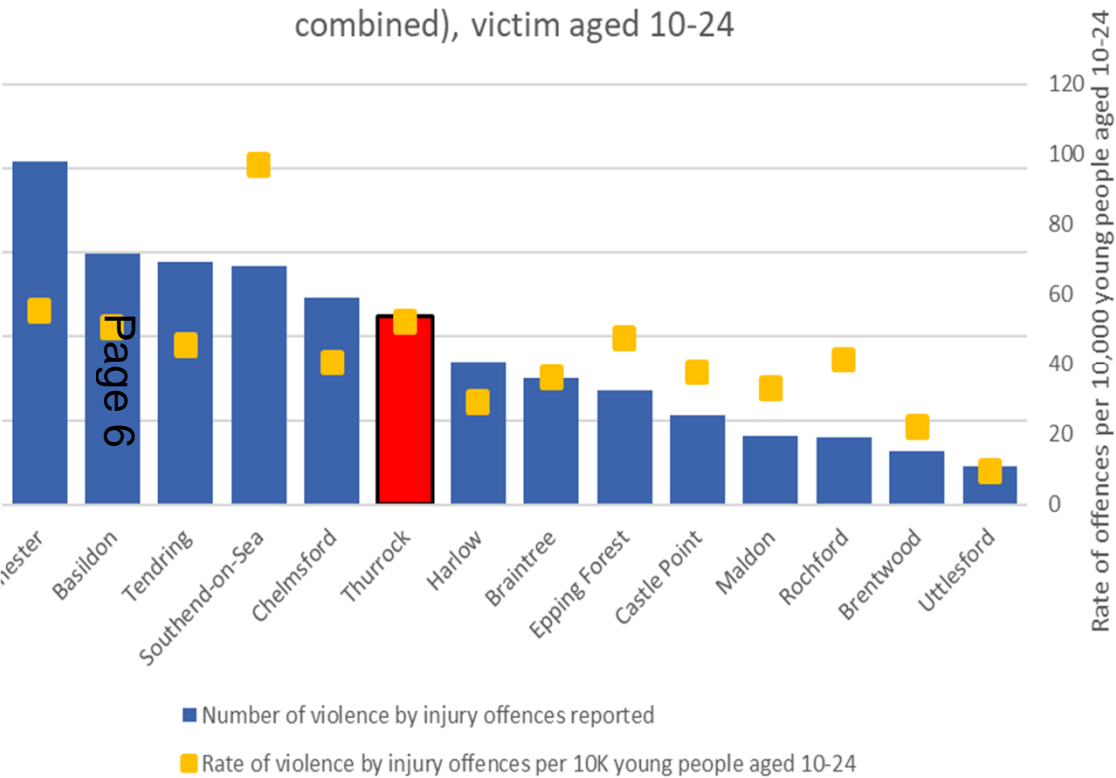


Violence with injury / Possession of Weapons Offences. Young People Aged 10-24 in Greater Essex

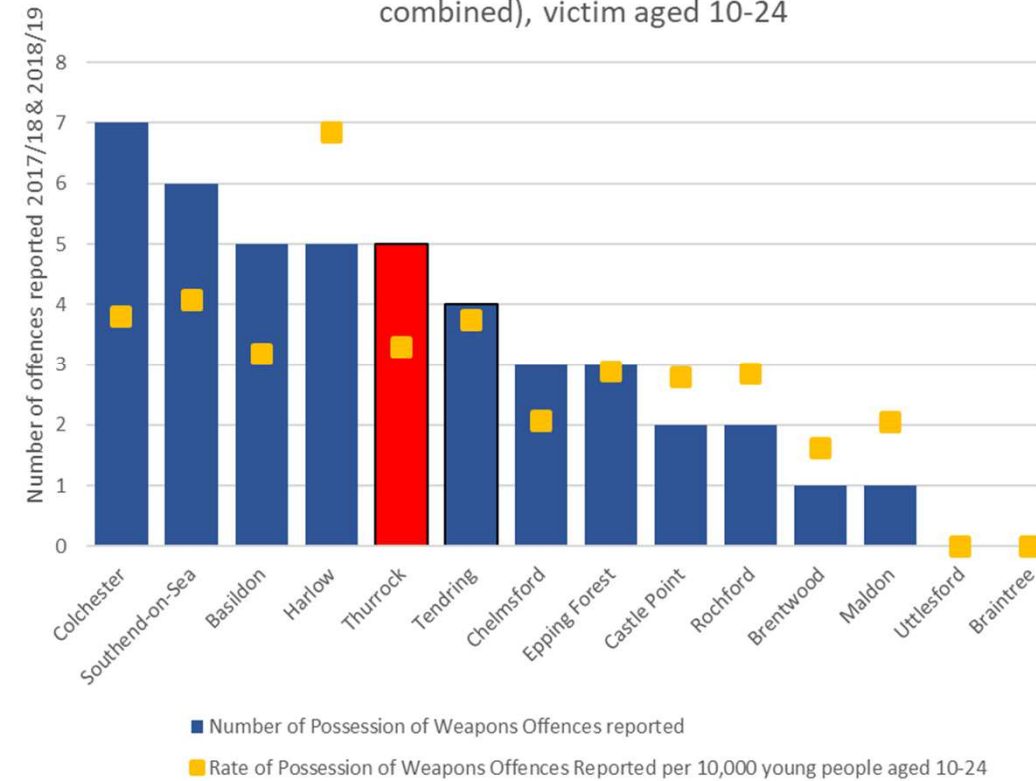


# Youth Violence and Weapons Offences by Dis

Violence with Injury Reported Offences (2017/18 and 2018/19 data combined), victim aged 10-24



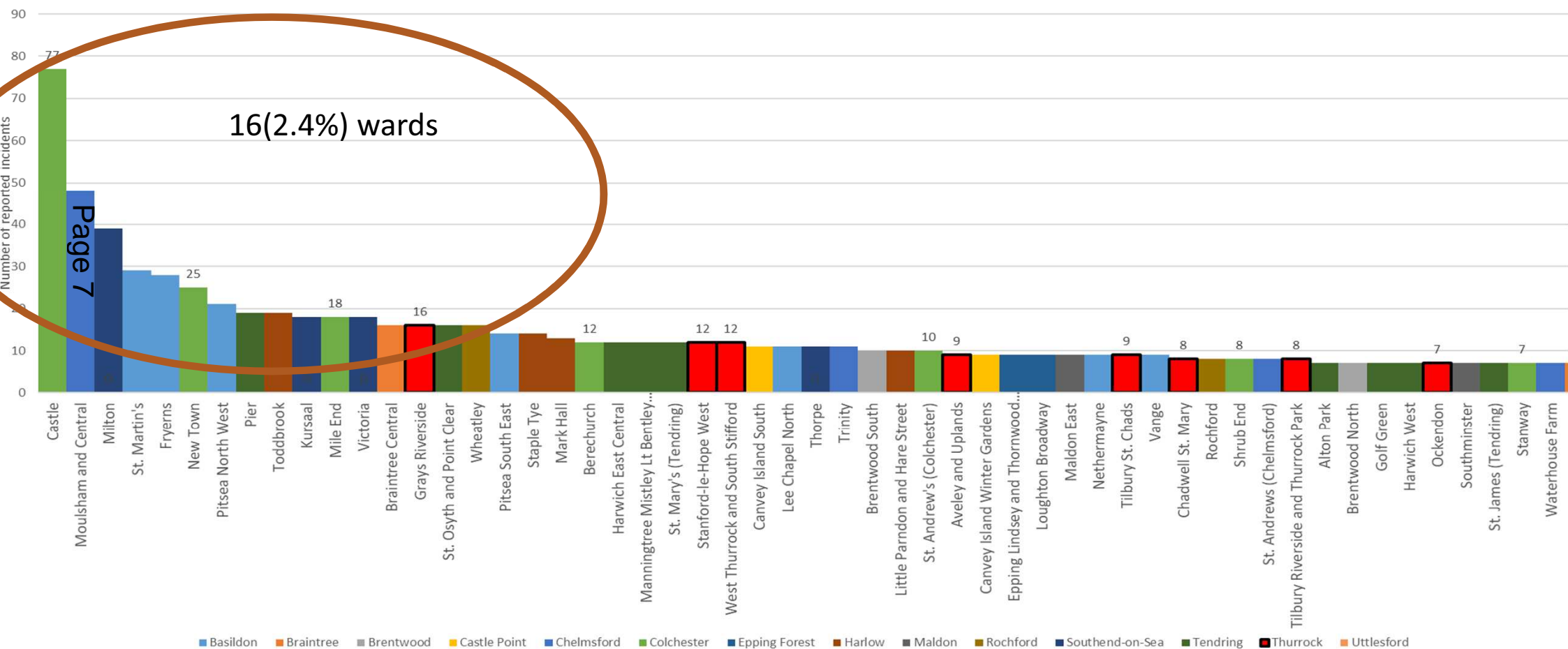
Possessions of Weapons Offences (2017/18 and 2018/19 data combined), victim aged 10-24



# Youth violence is still highly concentrated in small geographical a

237/665 wards (35.6%) had one or more reported incidents in the last two years

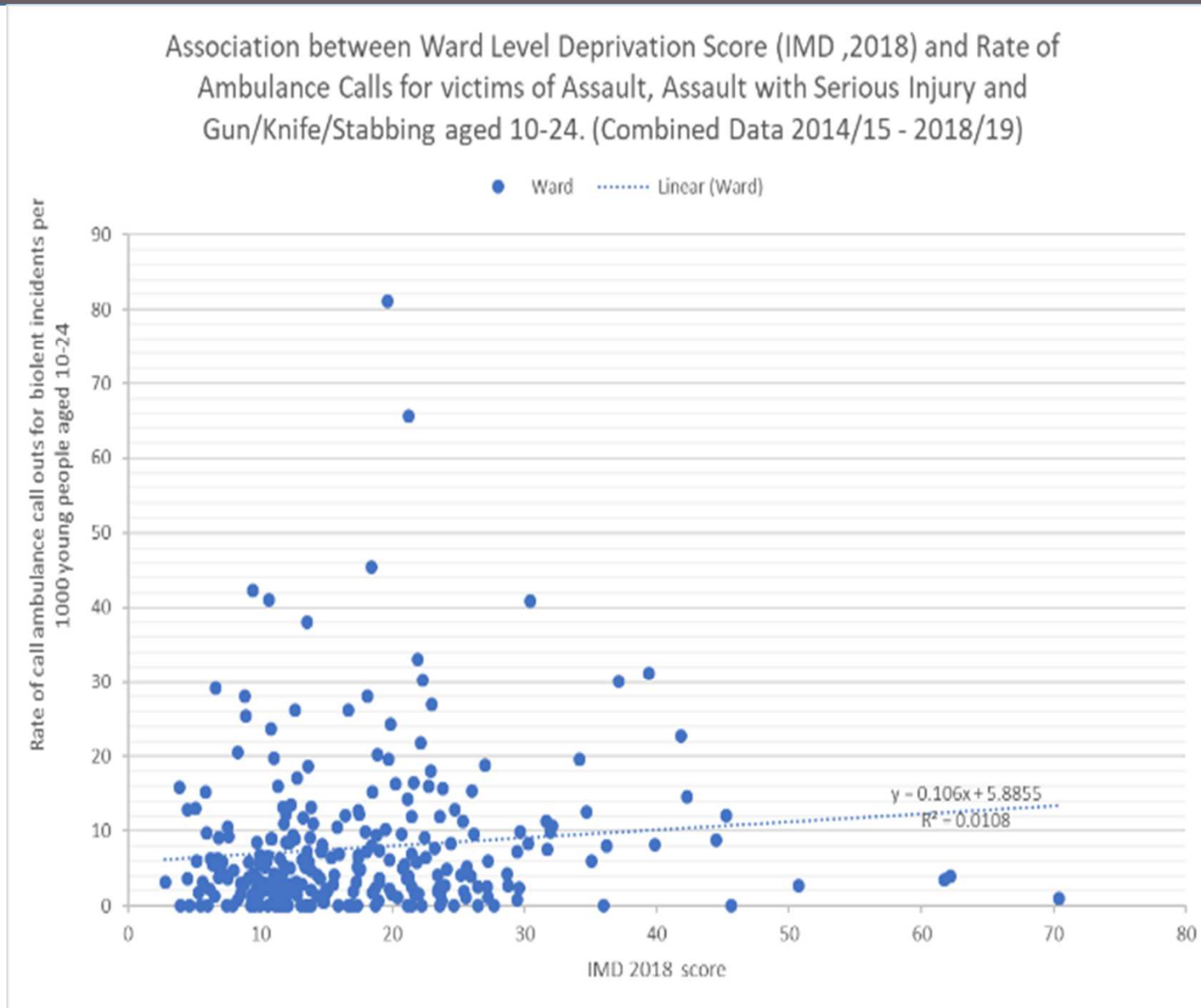
Violence with Injury: Number of reported incidents by Ward, Victim Aged 10-24, Excludes Domestic Violence. 2017/18 - 2018/19 Combined Data





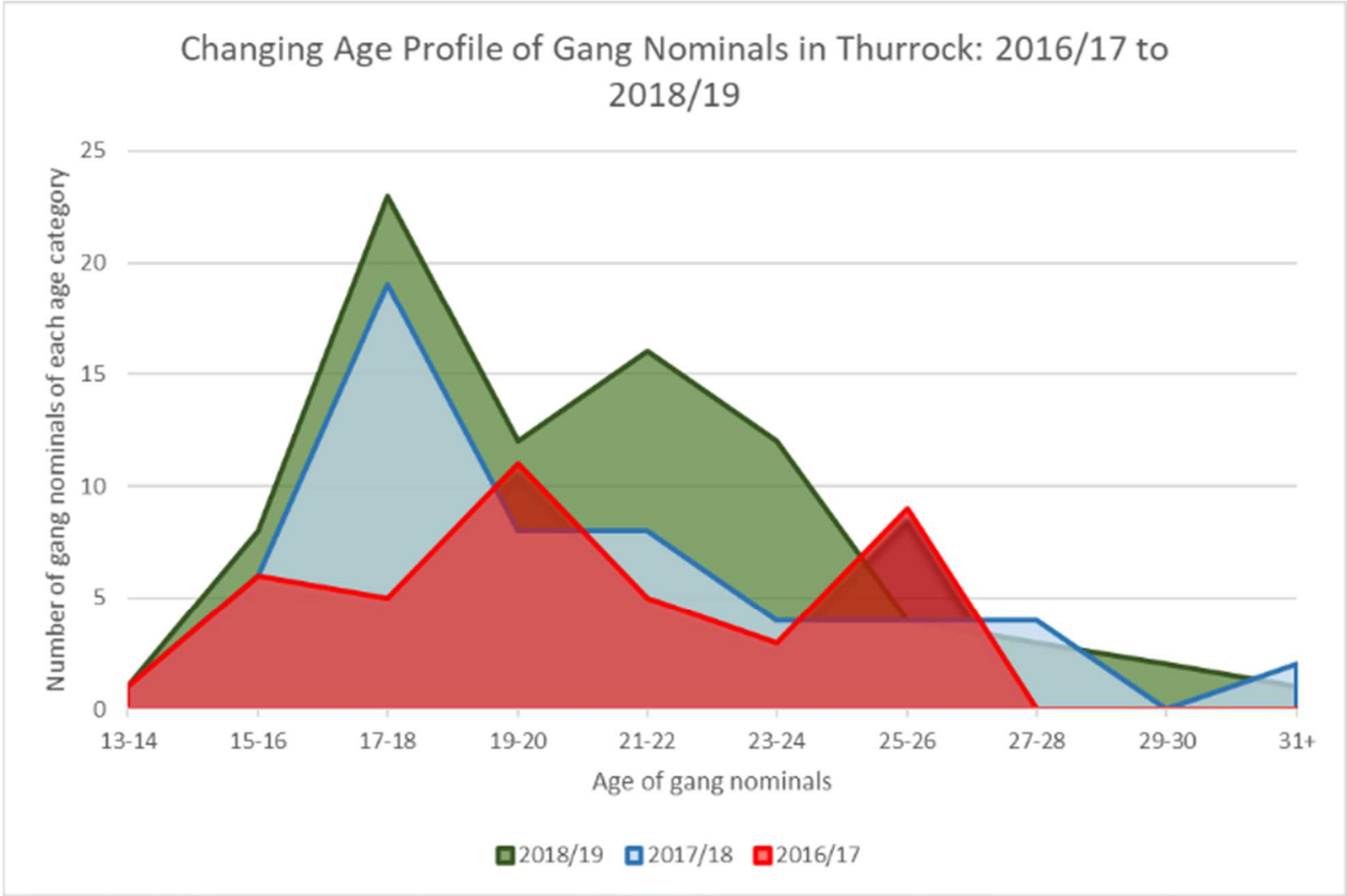
# Predictors of future violence at ward

Ward deprivation is a very poor predictor of violence





...the “Communicable Disease of Gang Cul



# Vulnerabilities

# Risk Factors from the Published Evidence

## Gang Involvement



### Individual

Cannabis Use (ages 10-12)  
Displaced aggression traits (ages 13-15)  
Anger Traits (ages 13-15)

Conduct disorders (ages 0-6)  
Hyperactivity (ages 0-2 and 7-9)  
Lack of guilt and empathy (ages 3-9 and 13-25)  
Physical violence and aggression (ages 3-12)  
Anti-social beliefs (ages 7-12 and 16-25)  
High alcohol/drug misuse (ages 7-9 and 16-25)  
Delinquent behaviour (ages 16-25)



### Family

Family poverty (ages 0-2 and 7-25)  
Broken home/change in care giver (ages 7-9)  
Poor parental supervision (ages 7-12)  
Delinquent siblings (ages 13-25)  
Poor parental supervision (ages 13-25)  
Low parental aspirations for child (ages 16-25)



### School

Low academic achievement in Primary School (ages 7-12)  
Learning Disability (ages 10-12)  
Frequent Truancy (ages 7-15)  
Low academic aspirations (ages 7-9)  
Low school attachment (ages 7-25)  
Low school commitment (ages 10-15)



### Peer Group

Delinquent peers (ages 7-25)  
Association with gang involved peers (ages 16-25)  
Association with friends with behavioural problems (ages 10-12)  
Peer rejection (ages 7-25)



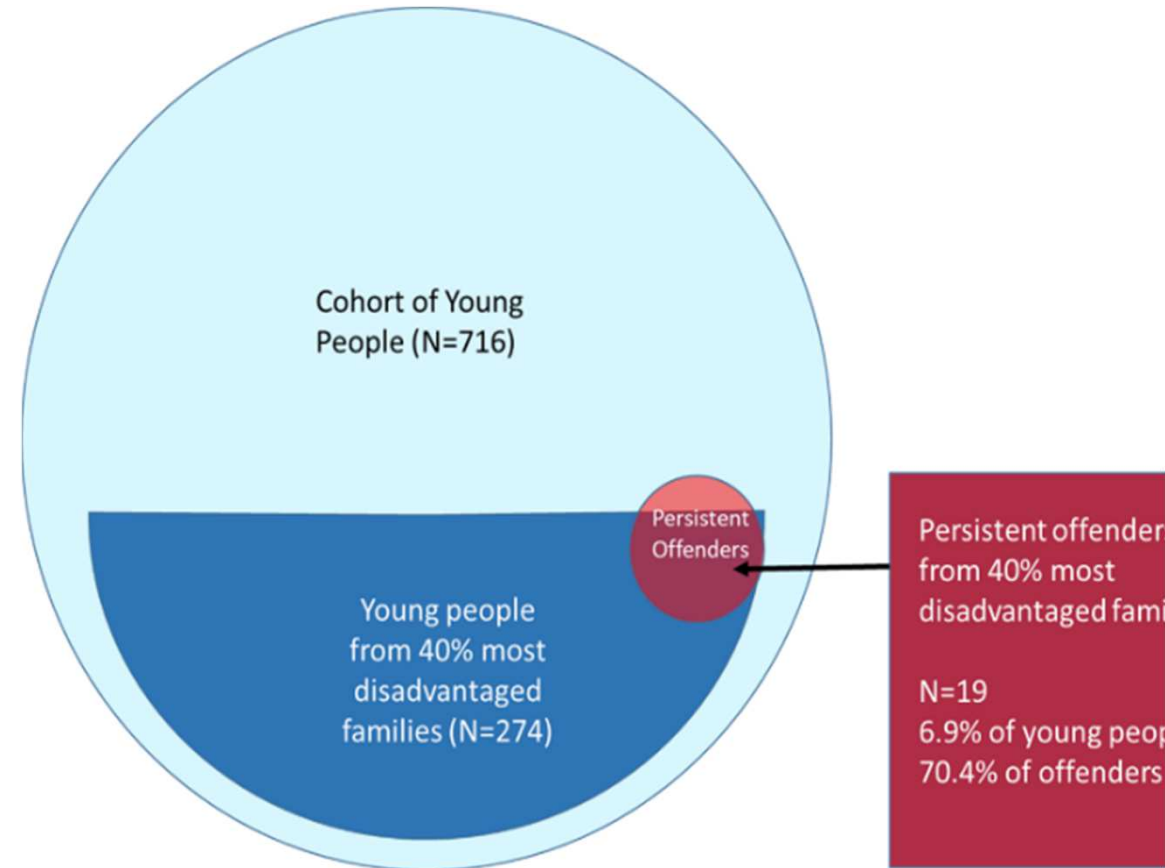
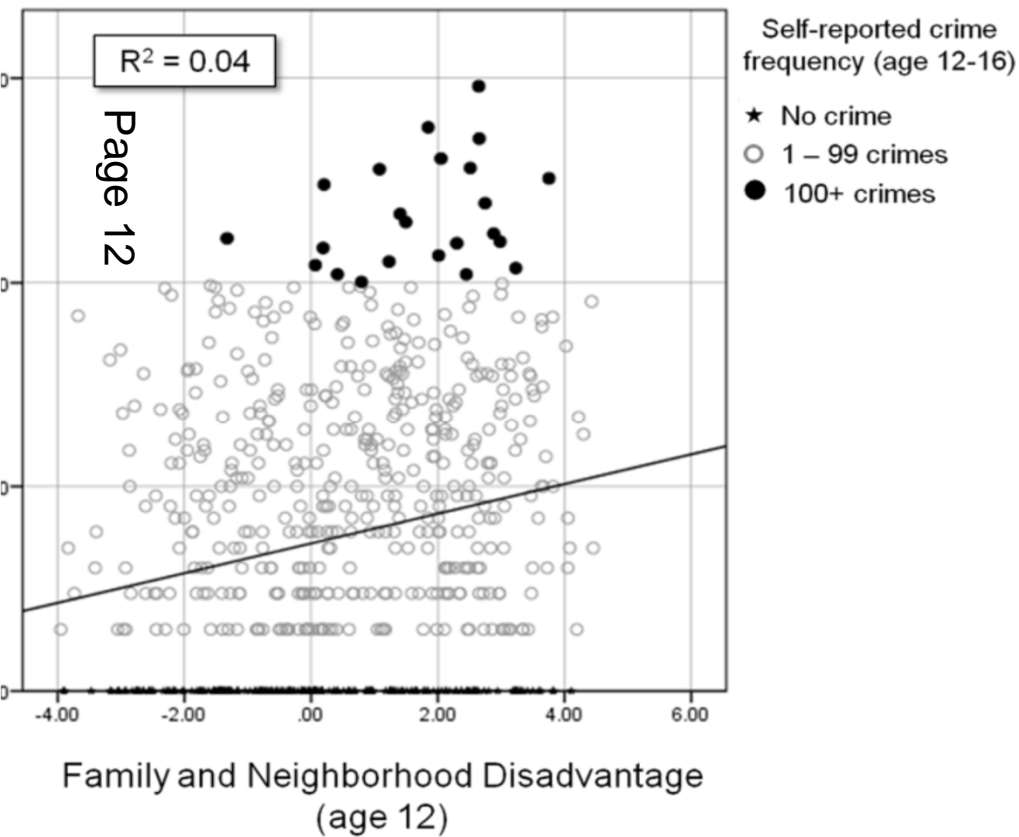
### Community

Cannabis availability (ages 10-12)  
Living in a neighbourhood with many youths in trouble (ages 10-12)  
Availability of/exposure to/use of drugs in the neighbourhood (ages 13-25)  
Low neighbourhood attachment (ages 16-25)  
Economic deprivation of neighbourhood (ages 16-25)

# Causal Factors: Deprivation and The Crime Paradox

is the crime paradox?

borough Longitudinal Study



### Being exposed to a criminogenic environment

**Unstructured / unsupervised time spent in city centres/other locations with poor community cohesion or lack of positive social values**

- School exclusion /truancy (ages 7-25)
- Neighbourhood disorganisation (ages 10-12)
- Poor quality housing (ages 13-15)
- Poor family supervision (ages 7-25)
- Low level of family supervision (ages 10-12)

**Having peers who have an existing propensity to involvement in crime**

- Delinquent peers (ages 7-25)
- Association with gang involved peers
- Gang membership (ages 13-25)

### Developing an individual crime propensity

**Low scores on personal morality**

- Previously committed offences (ages 7-9)
- Aggression (ages 7-9 & 13-15)
- Positive attitude to delinquency (ages 10-12)
- Anti-social behaviour (ages 10-12)
- High psychopathic features (ages 13-25)
- Previously committed crime (ages 7-9 & 13-25)
- Parental anti-social behaviour (ages 10-12)

**Low levels of self-control**

- Troublesome (ages 7-12)
- High level of daring (ages 10-12)
- Substance misuse (ages 7-9 & 16-25)
- Conduct disorder (ages 3-6)
- Poor parent-child communication (ages 0-2)

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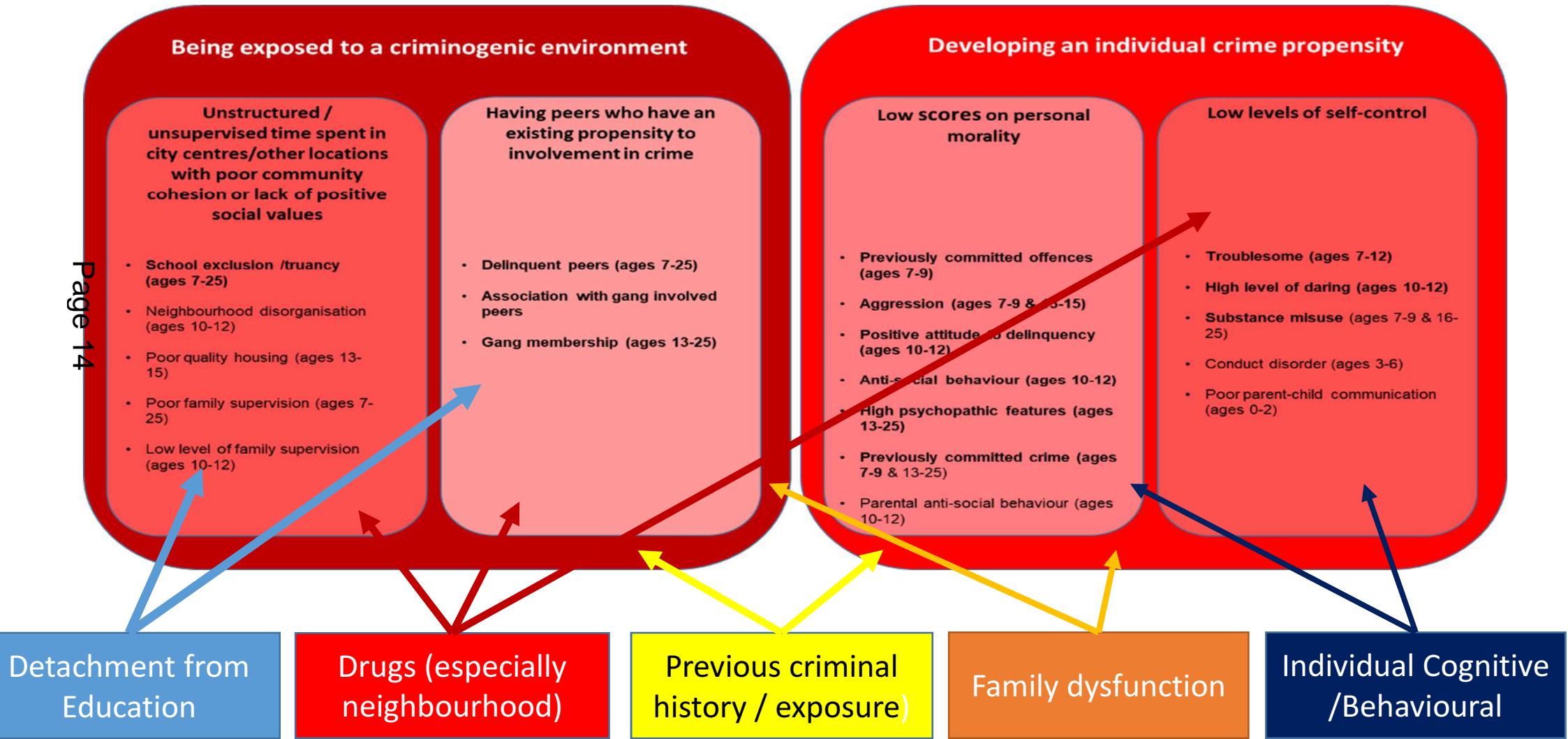
Detachment from Education

Drugs (especially neighbourhood)

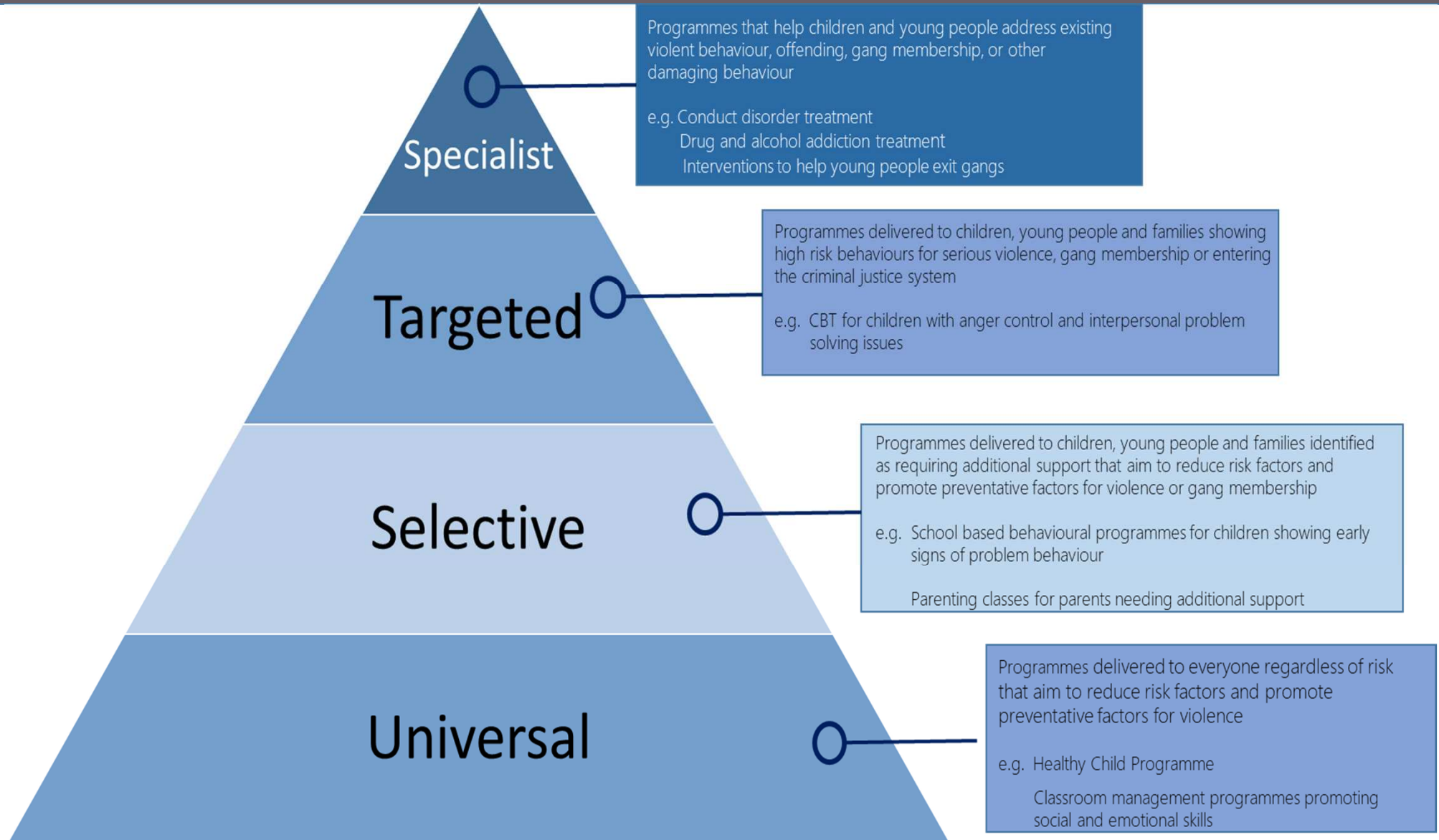
Previous criminal history / exposure

Family dysfunction

Individual Cognitive /Behavioural



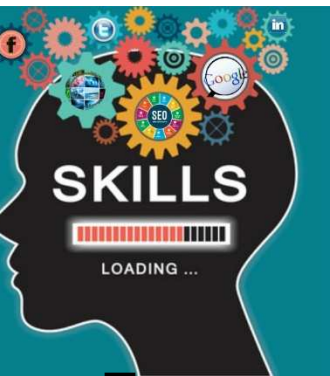






Promote family environments that support healthy development	Provide quality education early in life	Strengthen youth skills in communication, empathy, problem solving, conflict resolution and EI	Connect youth to adults and activity that role model positive behaviour	Address the wider determinants of serious youth violence and gang membership	Intervene early to reduce harms of exposure to violence and violence risk behaviours	Prevent gang membership and crime caused by gangs	Enforce the law to disrupt and deter violent offenders and crime connected with gangs
	<p>High quality early years education for children and families</p> <ul style="list-style-type: none"> <li>• <i>Perry Pre-school Programme</i></li> <li>• <i>Healthy Child Programme</i></li> </ul>	<p>Universal based classroom programmes to develop skills</p> <ul style="list-style-type: none"> <li>• <i>Incredible years Teacher Classroom Management</i></li> <li>• <i>PATHS Elementary Curriculum</i></li> <li>• <i>Positive Action emotional learning programme</i></li> <li>• <i>The Good Behaviour Game (classroom management)</i></li> </ul>	<p>Development of universal access meaningful activity for young people out of school hours</p>	<p>Enhance and maintain the built environment including increased lighting, improved accessibility to social spaces, increased security, creation of green space</p> <p>Upskill professionals and parents to better engage young people on the dangers of social media</p>			
<p>Childhood home visiting programmes:</p> <ul style="list-style-type: none"> <li>• <i>Family Nurse Partnership</i></li> </ul> <p>Parenting skill and family relationship programmes</p> <ul style="list-style-type: none"> <li>• <i>Family Foundations</i></li> <li>• <i>Incredible Schools 4 Years Triple P (level 1)</i></li> <li>• <i>Strengthening Families Programme 10-14</i></li> </ul>	<p>Support for children with additional identified development needs</p> <ul style="list-style-type: none"> <li>• <i>Doodle Den</i></li> <li>• <i>Let's Play in Tandem</i></li> </ul>	<p>Skills development programmes targeted at children and young people with additional identified needs.</p> <ul style="list-style-type: none"> <li>• <i>Helping the non-compliant child</i></li> <li>• <i>Incredible Years Dinosaur School Child Training</i></li> <li>• <i>Treatment Foster Care Oregon Adolescent (TFCO)</i></li> </ul>	<p>After-school activity programmes aimed at young people with additional needs</p> <ul style="list-style-type: none"> <li>• <i>LA BEST Programme</i></li> <li>• <i>After School Matters (ASM)</i></li> </ul>	<p>Reduce the concentration of retail outlets selling alcohol in geographical areas with a high prevalence of violent crime</p>			
			<p>Mentoring Programmes for youth at risk of / engaged in violence/gang related activity</p> <ul style="list-style-type: none"> <li>• <i>BBBS</i></li> </ul>	<p>Community development and street outreach activity with high risk youth, gang members and wider communities affected.</p> <p>Monitoring social media platforms to gain intelligence on youth violence, together with intervention through outreach</p>	<p>Intervention to address high risk abusive behaviour in parents</p> <ul style="list-style-type: none"> <li>• <i>Level 5 Pathways Triple P</i></li> </ul> <p>A&amp;E based assessment and onward referral for young people admitted for injury linked to youth violence/gang activity</p>	<p>Opportunities Provision including tutoring, supplementary education, job training and preparation, job development and other programmes designed to increase economic or educational opportunities available to gang involved youth.</p>	<p>Highly targeted stop and search activity with the purpose of detecting crime</p>
				<p>Action to disrupt or take down harmful social media content including that which promotes or glamorises violence, drug dealing or gangs.</p> <p>Drug Addiction/treatment</p>	<p>Clinical intervention to reduce harms from violence exposure</p> <ul style="list-style-type: none"> <li>• <i>Trauma focused CBT</i></li> </ul> <p>Screening/support for neuro-disability including traumatic brain injury</p> <p>Specialist support for adolescent violent offenders/those at risk of offending</p> <ul style="list-style-type: none"> <li>• <i>Multi-systemic therapy</i></li> <li>• <i>Family functional therapy</i></li> </ul>	<p><i>Pulling Levers</i> whole system approach to gang disruption.</p> <ul style="list-style-type: none"> <li>• <i>Gang Injunctions</i></li> </ul>	<p><i>Gang Injunctions.</i></p>

# Key Gaps in Service Prov

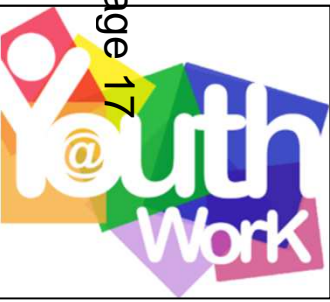


## Breadth and reach

- EI
- Conflict resolution
- Impulse control
- Behaviour management



Links with built environment  
- Strategic but not reactive



## Reach



Individual initiatives but no  
comprehensive strategic  
approach

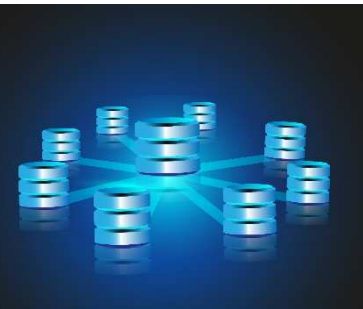


## Reach



Breadth and reach  
  
Integration

## Other key findings



Inadequate data integration

Inadequate systematic surveillance



Targeted approach too "downstream"

- Thresholds set too high
- Too reactive
- Lack of proactive approach to risk



Lack of strategic response

Geographical targeting?

Evidence base?



Lack of Whole Systems Approach

"Interventionitis"

Poor evaluation

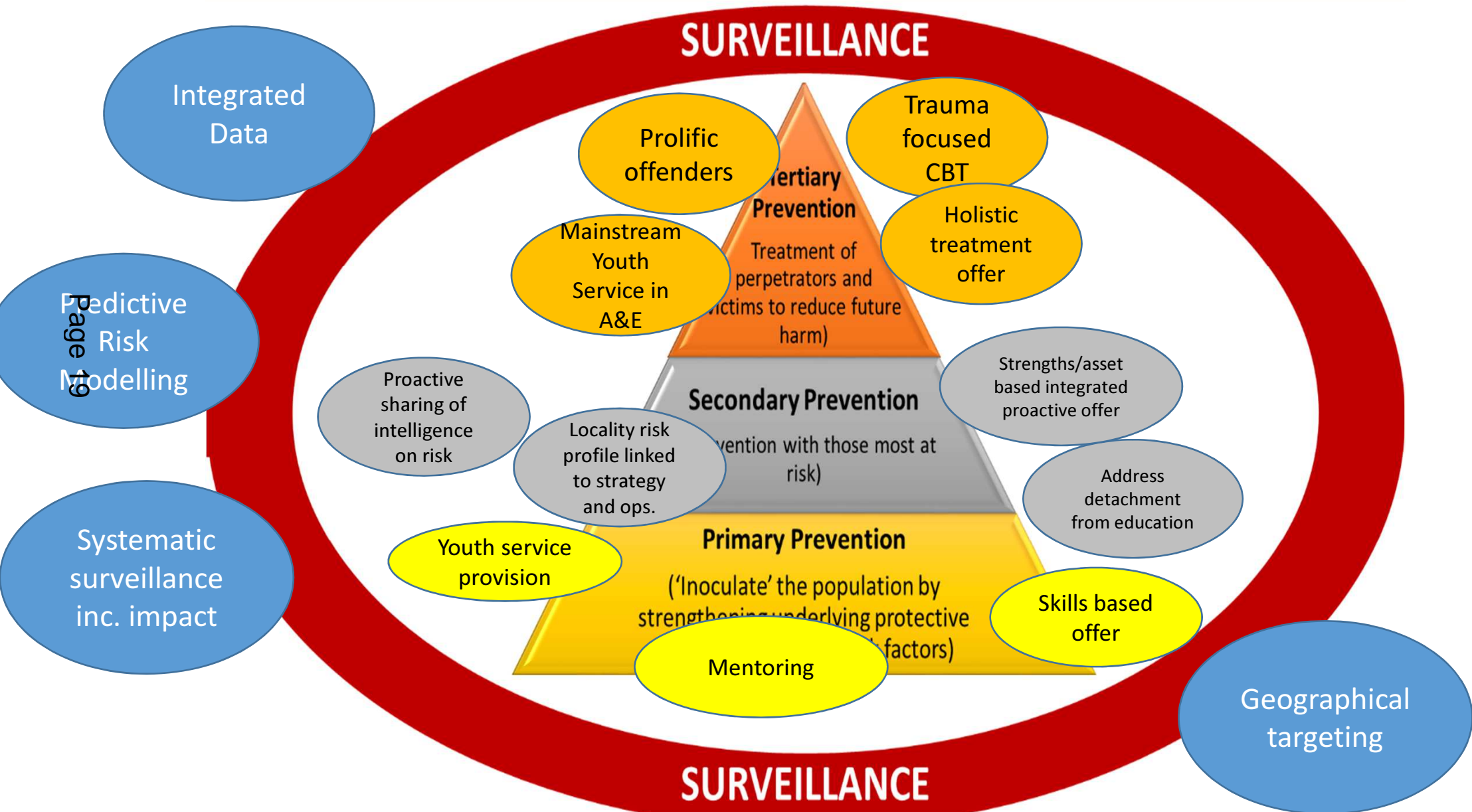
Individual treatment focus

Silo'd services

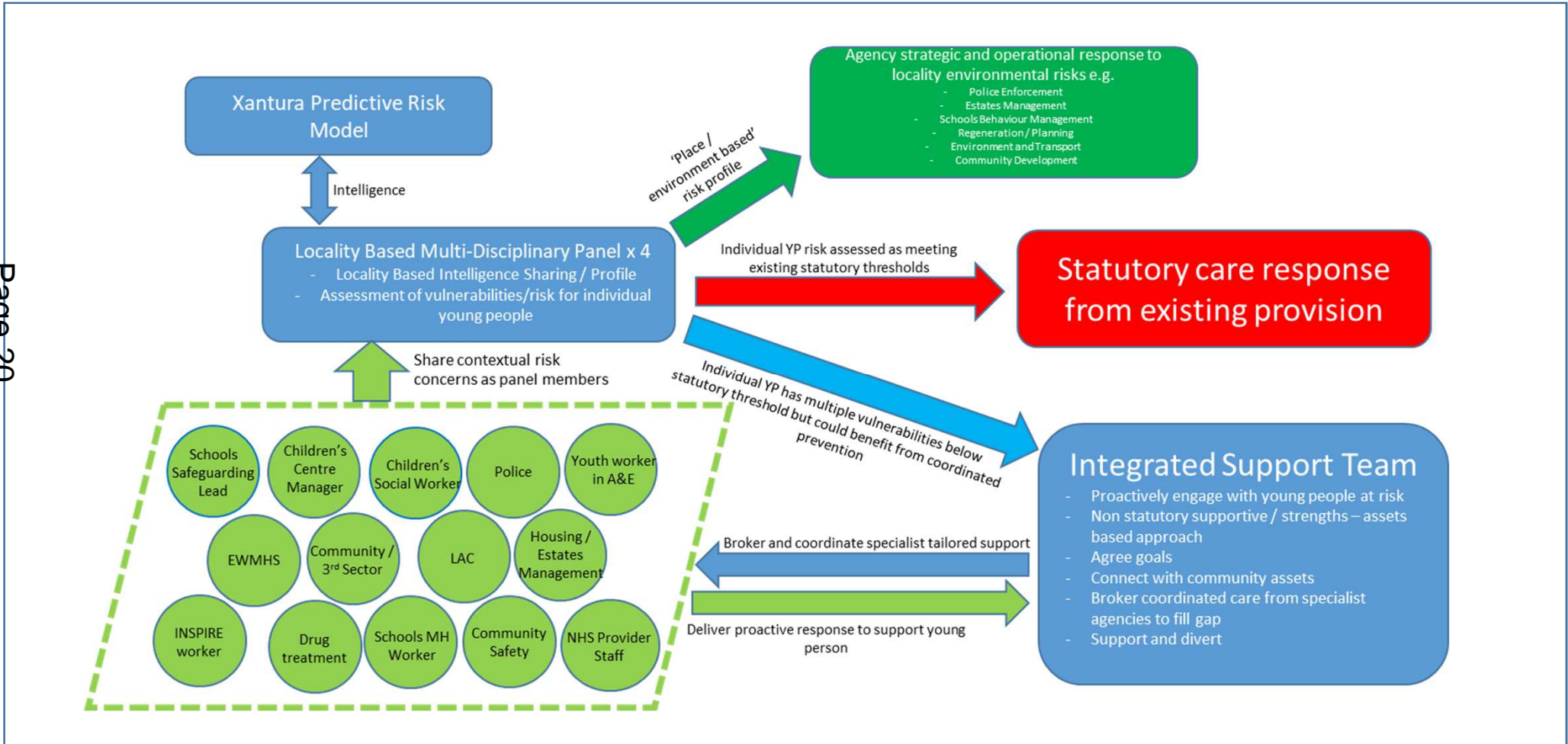


Inadequate sharing of intelligence on risk between agencies

Inadequate 'place based' risk profile

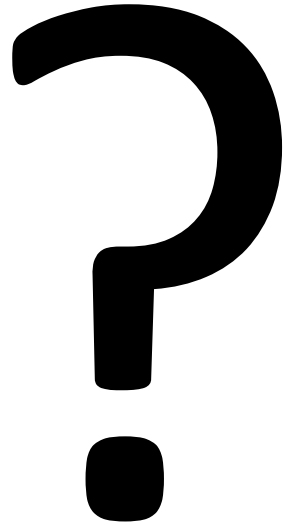






*“When a flower doesn’t bloom, fix the environment in which the flower grows, not just the flower”*

Alexander den Heur



Questions