

**Roanoke Prevention Planning Team**  
**2003 Youth Prevention Priorities**

**September 18, 2003**

## **Roanoke Prevention Planning Team 2003 Youth Prevention Priorities**

### **Mission Statement**

The mission of the Roanoke Prevention Planning Team (RPPT) is to facilitate the implementation of a unified and comprehensive approach to the development of youth services and prevention planning in Roanoke City.

### ***Relevant Risk Factors***

The RPPT membership represents a wide range of stakeholders that are informed professionals and experts working to improve the lives of Roanoke City youth. Four areas of youth risk behaviors prioritized by the membership were:

- Sexual activity
- Alcohol, tobacco and other substance abuse.
- Violence
- Mental health (particularly depression and suicide)

Subcommittees of professionals with expertise in each area of priority studied the information and data provided through surveys to identify the data that demonstrates areas of concern for the lives of Roanoke City youth. Each priority statement identifies the relevant risk factors from the data, briefly outlines the implications for the community and offers recommendations and strategies to guide prevention efforts in Roanoke City.

### ***Roanoke Prevention Planning Team Priorities***

Roanoke City youth are engaging in high-risk behaviors that will have far reaching negative consequences in their personal lives now and in the future. These behaviors will also have far reaching consequences for the City of Roanoke, its citizens, its economic growth and ultimately the quality of life in the valley. Studies have documented that high-risk behaviors among youth lead to increased rates of high school dropouts, juvenile offenders, foster care placements, and welfare dependency, all of which absorb vital financial resources that could be used to promote our community's positive growth and development. For example:

- Substance abuse and its related problems are among society's most pervasive health and social concerns. In 1995, the economic cost of alcohol and drug abuse was estimated at \$276 billion. This represents more than \$1,000 for every man, woman, and child in the United States to cover the costs of health care, motor vehicle crashes, crime, lost productivity, and other adverse outcomes (*Healthy People 2010*, a report from the U.S. Department of Health and Human Services).
- Age at onset of drinking strongly predicts development of alcohol dependence. About 40% of youth who start drinking at age 14 years or younger develop alcohol dependency at some point in their lives; while for those who start drinking at age 21 years or older, only about 10% develop alcohol dependency at some point in their lives. Adolescents aged 12 to 17 years who use drugs are more than twice as likely to cut class, steal, attack persons, destroy property and drop out of school, than those who do not use drugs. Drug and alcohol use by youth is also associated with delinquency, criminal behavior and high-risk sexual activity (*Healthy People 2010*, a report from the U.S. Department of Health and Human Services).
- Being the victim of violence as a child increases the chance of later delinquency and adult criminality by 40% (National Institute of Justice). Of the juveniles admitted to Virginia's juvenile corrections facilities in 1995, 32% had been victims of violence (Operation and Impact of Juvenile Corrections Services in Virginia, JLARC, 1997)
- There exists a critical link between untreated mental health issues and juvenile delinquency. In a 1995 study of 605 youth in Virginia's secure detention homes, 39.6% were determined to need mental health services to stabilize and improve their functioning (The Operation and Impact of Juvenile Corrections Services in Virginia, JLARC, 1997).
- During the last 5 years about 40% of all Chlamydia cases and 30% of all Gonorrhea cases (sexually transmitted diseases - STDs) occurred among youth ages 15-19 (VA Department of Health).

Informed prevention efforts are key to providing Roanoke youth with the assets and protective factors necessary to lead healthy and safe lives now, as well as in the future.

An understanding of human development, on the part of parents and caregivers, is an integral aspect for addressing each of the priority issues identified by the RPPT. Prevention strategies to address each issue should include support and education for parents to enable them to effectively respond to their children's needs. Additionally, to address prevention efforts at its most fundamental level, all prevention programming efforts should strive to incorporate the teaching of sound human development principles.

The RPPT priority statements identify the relevant risk behaviors in which youth are currently engaging and offers recommendations and strategies for prevention

efforts that can have a positive impact on changing potentially negative consequences into a safer, healthy and more vibrant community.

## Survey Information

The Roanoke Prevention Planning Team implemented the *Search Institute Profiles of Student Life: Attitudes and Behaviors* survey in the fall of 2000. This survey was administered to students in grades eight, ten, and twelve. The results of this survey would mark the beginning steps of a “unified and comprehensive approach” to prevention planning in Roanoke City. The data from this survey provided a wide range of information about how youth spend their time, their perceptions of school and community life, and their participation in risk-taking behavior.

In the fall of 2002, RPPT, in partnership with Roanoke City Schools, implemented the *Search Institute Profiles of Student Life* survey and the *Youth Risk Behavior Survey* in grades six, eight, ten and twelve, half of each grade completed one of these surveys. In addition to the youth assets information provided by the *Search*, the YRBS developed by the Center for Disease Control provides more detailed information about specific risky behaviors and other health and safety information.

Implementation of the two different surveys provides a more comprehensive “snapshot” of Roanoke City youth. The *Search* survey is based in the 40 developmental assets paradigm: the more of the identified developmental assets present in the life of youth the less likely they will engage in risk behaviors. The YRBS comes from the risk and protective factor paradigm: the more protective factors present for youth the more resilient they become to risk factors.

Administration of the *Search* survey in 2000 and 2002 provides the opportunity to begin identifying trends in youth behavior over time. Implementation of the *YRBS* enables the RPPT to look at national comparisons as well as comparisons to other Virginia communities with Roanoke City youth. For more detailed information about reliability, validity and implementation of the *Search* and *YRBS* surveys please refer to, *Brief Summary of Two Surveys* at the end of this report.

## Key Prevention Research Findings

- Research indicates that there are a number of *risk factors* that increase the chances of adolescents developing health and behavior problems (Hawkins & Catalano, 1992).
- Equally important is the evidence that certain *protective factors* and *assets* can help shield youngsters from problems. If we can reduce risks while increasing protection throughout the course of young people's development, we can prevent these problems and promote healthy pro-social growth (Hawkins, Catalano and Miller, 1992).
- One of the most effective ways to reduce children's risk is to strengthen their bond with positive, pro-social family members, teachers or other significant adults, and/or pro-social friends (Hawkins & Catalano, 1992).
- The earlier young people begin using drugs, committing crimes, engaging in violent activity, dropping out of school and/or becoming sexually active, the greater the likelihood that they will have problems with these behaviors later in life problems (Hawkins & Catalano, 1992).
- The use of "gateway drugs", tobacco, alcohol and marijuana, is a predictor of use of other "harder" illicit drugs and alcoholism (Hamburg et al., 1975)
- Young people 14 years old or younger who consume alcohol are twice as likely to have sex as those who abstain from alcohol, while teens in the same age group who use other illicit drugs are four times more likely to engage in sexual activity. Teen drinkers ages 15 and older are seven times more likely to have sex than non-drinkers, while teens in this age group who use other illicit drugs remain five times more likely (Columbia University, 1999).
- Being a victim of sexual abuse is a predictor of teen pregnancy and the abuse of alcohol and other drugs (Manlove, 1998).
- Female victims of sexual abuse are more likely to engage in voluntary sexual intercourse, to have more sexually permissive attitudes, to be younger at first intercourse and to have sex more frequently than similar girls who have not been molested (Network for Family Life Education, 1995).
- 74% of women who had intercourse before age 14 and 60% of those who had sex before age 15 report having had sex involuntarily (Alan Guttmacher Institute, 1997).
- Childhood abuse increases the odds of future delinquency and adult criminality overall by 40% (National Institute of Justice, 1992).

- Almost 60% of teens with a school-age pregnancy dropped out of school at some point between the 8<sup>th</sup> and 12<sup>th</sup> grades. 28% of these teen mothers dropped out before they became pregnant. Another 30% dropped out after becoming pregnant. The other 42% were still in school (Manlove, 1998).

## References

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Manlove, J. Child trends *Journal of Research on Adolescence (Vol.8, No.2)*, August, 1998.

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# Sexual Activity Priority Statement

Roanoke City High School students reported a higher percentage than the national average in those students ever having sexual intercourse, having engaged in sexual intercourse before age thirteen, having four or more sexual partners and having engaged in sexual activity within the last three months.

The impact for Roanoke can be seen in the teen pregnancy rate of 47.6 per 1000 females 10-19 years of age although recent data from the Center for Disease Control show that the national teen pregnancy rate is at an all time low.

Roanoke remains considerably higher than the statewide rate of 29.7 per 1000 females and the Healthy People 2010 target of 43 per 1000 females, in fact out of the 135 counties/cities in Virginia, Roanoke has the 17<sup>th</sup> highest teen pregnancy rate.

## ***Relevant Risk Factors***

- Most high school students (62.3%) reported having had sexual intercourse, with 23% reporting that they had used alcohol or other drugs before that occasion. One in four middle school students (24.6%) reported having had sexual intercourse.
- Of those students reporting ever having sexual intercourse, 6% said it occurred for the first time at the age of 11 or younger, while 12.9% said that they engaged in sexual intercourse before the age of 13 years. The majority of students said that it happened when they were 14 or 15 years old.
- Almost half the students (43%) reported that they had engaged in sexual intercourse with two or more different people during their lives and 21.9% reported having had sexual intercourse with four or more partners during their lifetime.

## **National Comparison**

Youth Risk Behavior Survey, fall 2002 Comparison with 2001 National High School Data

<b>Behavior</b>	<b>Roanoke</b>	<b>National</b>
Ever Had Sex	62.3%	45.6%
Sexual Intercourse Before Age 13	12.9%	6.6%
Four or more Partners During Lifetime	21.9%	14.2%

## **Implications**

The effect of teen pregnancy on Roanoke City can be viewed as having community wide consequences. Teen parents are more likely to need public assistance, abuse and/or neglect their children, never complete high school and have fewer employment skills. Babies born to a teen parent are at greater risk for: premature birth, birth defects, lower IQ's, low birth weight, as well as for learning and emotional disabilities.

It should be noted that while STD rates are not covered in this survey that the Roanoke Prevention Planning Team recognize and are concerned by the rates of STD's and HIV infection among adolescents. According to the American College of Obstetricians and Gynecologists (2003) nearly 4 million adolescents are infected by STD's each year, accounting for 25% of the 15 million new cases of STD's in the US annually.

## ***Recommendations***

- Prevention efforts should include changing social attitudes towards the delivery of comprehensive sexuality education from elementary school level to high school level.
- Changing responses and attitudes requires a philosophical agreement with all stakeholders, increasing community awareness and involving parents is imperative.
- Promote research-based information and adequate resources to schools and youth programs to ensure quality sexuality education delivered by qualified educators.
- Promote abstinence.

## **Strategies**

- Media campaigns to increase awareness of youth sexual behaviors.
- Evaluate the training experiences of teachers and other youth leaders that identify their ability to teach FLE/Sexuality Education.
- Offer the services of community agencies to local schools in the training of FLE to teachers and the teaching of FLE to students.
- Examine parental attitudes and concerns regarding school based FLE/Sex Ed for the purposes of prevention planning.

- Offer education services to parents at places of employment, churches or other locations.
- Disseminate information on sexual health at pediatric health care provider clinics as an opportunity to educate both child and parent.
- For those teens already sexually active, promote consistent and correct use of contraception.
- Offer creative ways for teens to express their struggles with peer pressure and dating dilemmas. The use of teen theater can stimulate discussion and workable solutions to the challenges teens face.
- Promote the expansion of comprehensive youth development programming at accessible, affordable, after-school settings and provide transportation as needed.

## Violence Priority Statement

Violence leads to violence. Research has shown that youth exposed to violence are at higher risk for a multitude of problems later in life. Youth who learn to problem solve by engaging in violent acts begin to believe as adults that violence is the only way to solve problems. The violence is likely to permeate all aspects of their life, their personal relationships as well as how they interact professionally. Studies of incarcerated adults have shown that a large percentage of inmates reported a childhood full of violence, either violence they engaged in or violence perpetrated on them.

### Relevant Risk Factors

- 16% of Roanoke City Youth report being physically hurt by a boyfriend or girlfriend and 11.5% report being forced to have sex.
- 30% report being physically harmed by someone in their family or someone they live with.
- 11% report feeling unsafe to go to school and 12.6% have been threatened or injured by a weapon at school.

### National Comparison

Youth Risk Behavior Survey, fall 2002 Comparison with 2001 National High School Data

<b>Behavior</b>	<b>Roanoke National</b>	
Report being physically hurt by a boyfriend of girlfriend.	16%	9.5%
Report being forced to have sex.	11.5%	7.7%
Report being physically harmed by someone in his or her family.	30%	N/A
Report feeling unsafe to go to school.	11%	6.6%
Report being threatened or injured by a weapon at school.	12.6%	8.9%

### Implications

- Violence engaged in youth typically continues into adulthood.
- Youth involved in violence are at higher risk of incarceration as a youth and adult.
- Youth who engage in violent problem solving strategies are more likely to teach those same strategies to their children, therefore perpetuating the cycle of violence.

### Recommendations

- The Roanoke City Prevention Planning Team feels it is the community's responsibility to increase provisions available to youth, within the school setting, that increase students' feelings of wellbeing.
- The community needs to increase the coping skills of youth through effective programming to address the issues of personal violence they may be experiencing.
- Provide youth with the skills to manage the violence and survive in the environments in which they live.
- Promote programs that encourage positive parenting skills and parent support.
- Promote family support programming that assists families before problems occur.
- Support community-policing efforts in high-risk neighborhoods.

## Strategies

- Teach children to identify violent behavior and how to report it.
- Promote education to youth on power/control dynamics in negative relationships.
- Engage the resources of local law enforcement agencies to identify causes of violence and work within communities to reduce incidents of violence.
- Identify natural leaders (in communities with high rates of violence) to be trained in conflict resolution and provide them with on-going support and training.
- Promote creative programming during leisure time activities that teach children more appropriate ways to resolve conflict.
- Promote the expansion of comprehensive youth development programming at accessible, affordable, after-school settings and provide transportation as needed.

## **Alcohol, Tobacco and other Drug Priority Statement**

Alcohol, tobacco and other drug use (ATOD) by youth stunts their emotional, social and developmental growth at the chronological age at which they begin regular substance use. When they drink alcohol and use drugs during their teen years, they do not learn how to develop positive relationships with peers, parents or others. ATOD using youth group (hang out) together and their common bond and primary activity becomes drug use. Many of the age-appropriate struggles, conflicts and situations that challenge and teach problem solving are missed due to the impairment, thus stopping the maturation process.

Research has consistently found that “the later in life a person engages in any risky behavior, the less likely they are to develop problems with that behavior”. This finding is critical to understanding the urgency about addressing substance abuse issues and teaching skills to children at very young ages, before pressure to experiment begins.

### **Relevant Risk Factors**

- Almost two thirds (63.5%) of high school students have tried cigarettes, most first doing so between the ages of 11 and 14 years old. More than one in five (21.6%) said they had at some point smoked daily for at least a month. Of those that smoked, 60.5% said they had tried to quit (indicating some degree of addiction). 13.4% of middle and 29.2% of high school students reported daily smoking.
- Students reported that in the month prior to the survey, 11.8% had at least 1 drink on 6 or more days and 25.1% reported binge drinking (consuming at least 5 drinks on a single occasion) at least 1 day. 15.6% of high school students and 18.6% of middle school students reported having their first drink of alcohol by age 10 and younger.
- About half of the students (49.5%) reported having used marijuana and almost a third (32.3%) reportedly used it 10 or more times. In the month prior to the survey, 28.5% of students reportedly used one or more times and 12.7% reportedly used 10 or more times.

## **National Comparison**

Youth Risk Behavior Survey, fall 2002 Comparison with 2001 National High School Data

### ***Behavior National***

### ***Roanoke***

Ever smoked daily for 30+ days	21.6 %	20.0 %
Had 5+ drinks once or more (last 30 days)	25.1 %	29.9 %
Ever used marijuana	49.5 %	42.4 %
Used marijuana in the last 30 days	28.5 %	23.9 %

## ***Implications***

The effects of youth substance use on Roanoke City are dismal. Substance using students do not learn but do cause discipline problems in the classroom, thus negatively effecting the learning environment for all of the students. The links are clear between substance abuse and academic failure, violence, teen pregnancy and dropping out of school. Young people under the influence of alcohol or other drugs are much more likely to engage in a wide range of risky and dangerous behaviors than they would if they were not drug impaired, or than their peers who do not use drugs. The most visible community impact of youth abusing alcohol and other drugs is driving under the influence, or being a passenger in a vehicle driven by someone who is drinking and/or drugging. This lethal combination too often results in life changing injuries and even death.

## **Recommendations**

- Focus prevention efforts on changing the community norm to not tolerating under age drinking or flagrant alcohol abuse by anyone.
- Provide the Police Department with the resources needed to enforce laws related to underage drinking and to conduct DUI checkpoints.
- Promote and fund research-based prevention programs focused on the prevention of alcohol, tobacco and other drugs in both school and community settings.
- Promote help for troubled children living with family members who use illicit drugs and/or abuse alcohol, through school and community based support groups and other research-based interventions.
- Hold all youth-focused programs accountable for producing results and celebrate the successes of prevention programs conducted by all community partners.
- Support and promote data gathering about youth risk behaviors and other family, school and community components that relate to our community's risk and protective factors.

## ***Strategies***

- Support Roanoke Area Youth Substance Abuse Coalition (RAYSAC) and other community groups that promote drug free schools and communities and actively participate in developing a community norm that does not tolerate underage ATOD use or substance abuse by anyone.
- Implement science-based prevention programs in Roanoke City Schools, community after-school clubs and other community settings. Evaluate programs and make changes based on these results. Promote the programs and their evaluation results.
- Promote implementation of science-based skill development programs that target specific topics necessary for youth to resist the many pressures to experiment with and use alcohol, tobacco and other drugs.
- Support the implementation of a survey designed to find out the values and opinions of parents about a variety of issues related to alcohol, tobacco and other drugs.
- Offer classes to parents that teach ways of communicating with their children about ATOD issues, sending a clear “no use” message and methods to help their kids deal with peer pressure and other challenges.
- Help parents communicate with their children about why it is important to adhere to the legal drinking age as well as providing positive role modeling regarding the responsible use of alcohol.
- Conduct a comprehensive community needs assessment that addresses both Roanoke City and the entire Roanoke Valley.
- Disseminate information about youth risk behaviors, community risk and protective factors and community resources.
- Reject billboards and other forms of visible advertisements for alcohol and tobacco products.
- Ensure that community events involving children and youth do not include alcohol and that local merchants do not sell alcohol to youth.
- Engage the community at all levels to send a consistent “no use” message to all of our children and youth.
- Teach youth about the value and role of the creative and performing arts regarding discovering one’s unique and special qualities.
- Assist children and youth in developing skills in self-expression and problem solving through use of the creative arts. Encourage other creative approaches that facilitate alternative expression of feelings, values and beliefs and that promote tolerance.
- Provide opportunities for youth to participate in a variety of experiences that help build self-confidence, cooperation and teamwork and that develop positive peer cultures.
- Promote the expansion of comprehensive youth development programming at accessible, affordable, after-school settings and provide transportation as needed.

## Mental Health Priority Statement

The third leading cause of death for young people nationally is suicide and the fastest growing age group for suicide is youth between 10 and 14 years old. A quarter of Roanoke City 6<sup>th</sup> and 8<sup>th</sup> graders indicated having seriously considered suicide. Roanoke City High School students are more likely to have attempted suicide and required medical treatment as a result of the attempt.

### Relevant Risk Factors

- About one in four Roanoke City Middle School students admitted to having seriously considered killing themselves.
- Roanoke City High School Students were more likely than the national group to report sad feelings, less likely to have made a suicide plan, and more likely to have attempted suicide (10.4% compared to 8.8% nationally) and to have required medical treatment as a result (3.9% compared to 2.6% nationally).

### ***National Comparison***

Youth Risk Behavior Survey, fall 2002 Comparison with 2001 National High School Data

Behavior	Roanoke	National
Felt sad or hopeless for 2+ weeks in a row	33.9 %	28.3 %
Seriously considered attempting suicide	17.7 %	19.0 %
Made a suicide plan	12.5 %	14.8 %
Actually attempted suicide	10.4 %	8.8 %
Suicide attempt required medical treatment	3.9 %	2.6 %

### ***Implications***

Depression is a silent and destructive illness, which left untreated, can lead to the very tragic loss of adolescent life. There is something seriously wrong when over a third of Roanoke City Youth feel hopeless.

### **Recommendations**

Therefore, prevention efforts targeting Roanoke City youth must include:

- Policies that enable parents to spend more time with their adolescent children without losing job security or income.
- Providing family support that helps parents use effective child-rearing practices such as parent information forums or parenting workshops.
- Adult sponsored youth development activities that value the individual youth, set clear and consistent rules, provide opportunities for active participation and promote a belief that youth are resources to be nurtured not problems to be solved.
- Promote in schools, smaller learning communities that nurture caring relationships among teachers and students.

### **Strategies**

- Promote the use of community mental health resources for identifying and treating youth depression.
- Promote structured after-school activities that provide a nurturing and supportive environment.
- Offer parent resources and information about adolescent depression and ways to communicate with their children.
- Provide opportunities for teachers, guidance counselors and any school personnel in contact with youth to learn to recognize and respond to signs of serious depression of youth that could lead to suicide.
- Promote activities that communicate to all youth their value and worth to the community.
- Promote the expansion of comprehensive youth development programming at accessible, affordable, after-school settings and provide transportation as needed.

## Conclusion

The statistics presented in this report paint a picture about the behavior of young people in our community and can be a powerful tool for community-wide decision-making and program planning. Addressing the challenges outlined in this document is a shared responsibility that requires the active participation of parents, schools, caregivers, youth workers, faith-based organizations, businesses, law enforcement and the community as a whole.

The Roanoke community has made a commitment to after-school programs and there are a number of excellent programs available for children and their families. However, based on the information presented in this document, it is not enough because only a small fraction of youth are being served by after-school programs. The data indicates that 55% of Roanoke youth are out with friends, "with nothing special to do" and that 58.8% watch television for over three hours a day.

Many people believe that youth are most likely to get into trouble at night or on weekends, but according to law enforcement, the hours from 3 to 6 PM on school days are the prime time for youth crime. It is also this time when children are most likely to experiment with sex, drugs and alcohol, (Parsons, Fight Crime: Invest in Kids 2003)

Years of research have proven that quality accessible after-school programs not only prevent crime and reduce risk-taking behavior but also increase school competency, graduation rates and earning potential. It is therefore recommended that Roanoke City prioritize increasing the availability of affordable, accessible after-school programs that incorporate best practices of: long term relationship building with positive role models, family involvement and skill development.

Support for investment in after-school programs is almost universal among law enforcement. More than 2,000 police chiefs, sheriffs and prosecutors of Fight Crime: Invest in Kids has called on Congress to expand after-school programs. So too have dozens of state and national law enforcement organizations, including the Fraternal Order of Police, the National District Attorneys Association and the International Association of Chiefs of Police, (Wilkinson, Fight Crime: Invest in Kids 2003).

We can pay now for after-school programs to invest in the future of our children and subsequently our City, or pay far more later for the consequences of high-risk behavior. **The choice is ours.**

For more information on this report please contact any RPPT Steering Committee member at their respective agency listed on the following page.

# ROANOKE CITY PREVENTION PLANNING TEAM

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