

History of violence

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Jerimiah Neyland stood next to his locker as classmates traded blows in the hallway.

On his way home from school, Neyland saw women buy drugs behind the gas station and men pass by with pistols snug in their waistband.

Exposure to crime was just part of growing up in Flint, Mich., one of America's most dangerous cities per capita, based on FBI violent crime statistics.

"After awhile, you just start to understand that this is the norm," said Neyland, a Flint native. "It was kind of sad. My mindset growing up was that I had to do good so I could get out of Flint."

"I realized that Flint really isn't so bad, and that if it's going to get better, people like me need to get off our high horses and give back to the community as best we can. Our city may not be the greatest place, but we can fix it."

That mentality changed when Neyland discovered Youth Empowerment Solutions (YES), a program led by the University of Michigan and community groups that provides youth with opportunities for meaningful involvement in preventing youth violence and creating community change.

Instead of leaving Flint, Neyland stayed to help beautify his hometown. He built gardens, painted murals in public parks and worked on projects that steered neighborhood youth away from violence.

“I realized that Flint really isn’t so bad, and that if it’s going to get better, people like me need to get off our high horses and give back to the community as best we can,” he said. “Our city may not be the greatest place, but we can fix it.”

YES is one of a number of U-M programs that target youth violence, identified by the U.S. Centers for Disease Control and Prevention (CDC) as the second-leading cause of death for adolescents and young adults ages 15-24.

Prevention efforts



Youth violence is a significant public health concern, as 700,000 young people visit a hospital emergency ward each year due to assault.

In an effort to stop youth violence, the CDC funded seven National Centers of Excellence in Youth Violence Prevention, one of which is based at U-M.

The Michigan Youth Violence Prevention Center (MYVPC), which oversees YES and other programs, studies youth violence prevention approaches, collects and analyzes surveillance data, and fosters community partnerships to develop, implement and evaluate promising prevention efforts.

The center last year concluded a four-year intervention in Flint, where Director Marc Zimmerman and his U-M colleagues teamed with community organizations to employ a combination of existing programs that ranged from youth empowerment to targeted mentoring.

Their efforts seem to have paid off:

- Young people in a selected intervention area were 25 percent less likely to be victims of a violent assault than those in a comparison area.
- This was accompanied by a 38-percent decrease in youth assault-related injuries from those in the selected area seeking treatment in the local emergency room.



Marc Zimmerman

Justin Heinze

“By focusing on individual skill development, family relations and environmental change, we had a better chance of reducing youth violence than if we focused on just one of those,” said Zimmerman, who also is a professor of health behavior and health education.

The CDC recently renewed its five-year MYVPC grant, so U-M researchers can continue working in communities stricken by youth violence, like Flint, Youngstown, Ohio and Camden, NJ.

“Interventions that can help empower communities to create vibrant, safe spaces will promote healthy futures for all residents,” said Justin Heinze, research assistant professor in health behavior and health education who works with Zimmerman on MYVPC projects. “Many of the resources that helped these programs to be effective were already present in the intervention

community and would likely be available in communities all over Michigan and the U.S. It tells me that Flint and cities like it already have the capacity to begin to change youth violence outcomes.”

Patient intervention



Rebecca Cunningham has seen a lot of familiar faces come through the hospital.

One day, a 16-year-old was carted in with a gunshot wound to his abdomen. A few months later, that same boy returned after a neighborhood brawl left him with internal bleeding.

“It’s a vicious cycle that has become somewhat routine for many adolescents and young adults living in urban communities,” said Cunningham, who was an emergency physician at Hurley Medical Center in Flint for 15 years.

A research project led by Cunningham and her U-M colleagues aims to change that.

“When kids involved in street violence used to come through our hospital, there was no clear protocol like there was with child abuse or domestic violence,” said Cunningham, now a professor of health behavior and health education, as well as an emergency medicine physician at U-M. “We would essentially stitch them up and wish them luck.”

Cunningham tried a different approach.

Youth from a high-risk neighborhood in Flint were handed brochures before being released from Hurley’s emergency department. The brochures featured information on everything from violence to sexually transmitted diseases.



Rebecca Cunningham

Youth from a nearby neighborhood were handed the same brochures, but they also participated in a 30-minute brief intervention led by a U-M research assistant.

“We used a motivational interviewing approach in an effort to help kids come up with their own strategy to stay safe and avoid violence,” Cunningham said. “These brief, yet structured counseling sessions focused on empowering youth to make better choices and adopt conflict resolution strategies. Our goal was to facilitate lasting behavioral changes.”

So far, it’s worked. Two months after their hospital visit, youth who participated in the intervention reported a 10 percent reduction in aggressive violent behaviors, as compared to youth who only received the brochure. The same group also reported an 8 percent increase in their ability to avoid fights.

Cunningham and her colleagues packaged the intervention so that hospitals outside of Flint can implement the program in their own emergency departments. And considering each intervention costs less than a bag of saline, demand from communities nationwide is high.

“If we can prevent even just a few children from coming back to the emergency department with serious, life-threatening injuries, then we’ve done our job,” she said.

Future plans



Do you plan to go to college?

The answer could vary greatly based on the safety of your neighborhood.

Sarah Stoddard and her U-M School of Public Health colleagues analyzed survey data to see whether early exposure to community violence influenced the educational aspirations of Flint youth.

Twenty years ago, U-M researchers, led by Marc Zimmerman, began a 12-year study that followed a group of Flint teens from 9th grade through early adulthood. The teens were asked about their exposure to community violence, educational aspirations, attitudes about violence and violent behavior in the 12 months before they entered 9th grade. The surveys were repeated in 12th grade and at age 22.

Researchers found that young African-American men who set educational goals by the time they enroll in high school are more likely to avoid violence. But remove educational aspirations and factor in early exposure to violence, and the likelihood for youth to engage in violent behavior increases later in life.



“I think sometimes in Flint, kids don’t see the opportunities that are out there,” said Stoddard, assistant professor of nursing at U-M. “They see drug deals, violence and the negative consequences surrounding this type of activity. If we can expose them to positive messages and offer them opportunities to better their future, it could change their entire outlook on life.”

Research shows that 80 percent of young people living in large, urban areas are witness to violence, and 70 percent are victims. And this exposure often translates into more acceptance and use of violence.

These numbers don’t sit well with Stoddard, which is why she developed an intervention in which she works with teens in urban communities like Flint and Detroit, encouraging them to identify their strengths and set future goals. She recently spoke to a group of teens from populations underrepresented in nursing about the variety of career options in the health care industry, and how educational goals can benefit their future.

“I went into adolescent health for a reason—to engage with young people and hopefully make a difference in their life,” she said. “In some ways, my role at U-M is to train the next generation of nurses, researchers and educators.”