

Rural Youth Violence

It Is a Public Health Concern!

Judith C. Kulig, RN, DNSc¹

Deana Nahachewsky, RN, BN²

Barry L. Hall, PhD³

Ruth Grant Kalischuk, BN, MEd, PhD⁴

ABSTRACT

Youth violence is a significant issue for public health because of the potential for long-term impacts on individuals, families and communities. Limited exposure to violence is seen as a component of healthy living. However, there is limited understanding of violence from a public health perspective within rural communities. Rural refers to those communities with a population less than 10,000 outside the main commuting zone of a large urban area. Population health approaches, including the social determinants of health, are well supported by public health officials. Generating information about rural youth violence from a Canadian perspective would add to our understanding of these social determinants while providing guidance for policy and program development. Current understandings of youth violence are limited to an urban, and oftentimes, American perspective. An ongoing two-phase Canadian study on rural youth violence included qualitative interviews with 52 youth and the completion of a questionnaire that had been developed from the qualitative responses. The questionnaire has been completed by a larger sample of rural youth. The findings generated from this ongoing study will be useful in linking violence with social factors that impact health and thereby guide population health programs and policies. In this way, the role of public health to develop policies and implement programs will be directly influenced by evidence while addressing an ongoing public health concern.

MeSH terms: Rural communities; youth; violence; public health

La traduction du résumé se trouve à la fin de l'article.

1. Professor, School of Health Sciences, University of Lethbridge, Lethbridge, AB

2. University of Lethbridge

3. Professor, Faculty of Social Work, University of Calgary, Lethbridge Division, Calgary, AB

4. Associate Professor, School of Health Sciences, University of Lethbridge

Correspondence and reprint requests: Dr. Judith Kulig, School of Health Sciences, University of Lethbridge, 4401 University Drive West, Lethbridge, AB T1K 3M4, Tel. 403-382-7119, Fax: 403-329-2668, E-mail: kulig@uleth.ca

Acknowledgements: The authors acknowledge funding provided by the Alberta Heritage Foundation for Medical Research. Deana Nahachewsky received a CIHR Health Professional Student Research Award which supported her work on this project. The authors thank research assistants Tanya Hossli, Lindsay Hampton and Paul Armstrong for conducting the interviews; Tina MacQuarrie for preparing the transcripts; and graduate research assistant Lesley Masuk for assisting with data analysis. Our thanks are also extended to the students who participated in the interviews and surveys and the communities and school staff for their cooperation.

Violence among youth is a significant issue for public health because of the potential for long-term impacts on individuals, as victims and perpetrators, their families and communities. The fear of violent acts is of itself a major cause of anxiety,¹ requiring intervention by community mental health professionals. In addition, the injuries sustained from violent encounters have costly public health treatment consequences.² Of importance, within the determinants of health framework, limited exposure to violence is an essential component of healthy living.³ However, there continues to be little understanding of the effects of youth violence from a public health perspective, particularly within rural communities. In this instance, rural refers to those communities with a population under 10,000 outside the main commuting zone of a larger urban area.⁴ This definition includes communities that are rural, remote and/or northern. The authors of this paper note the deficit of information about youth violence within rural settings in a Canadian context, including no available statistics on violence that differentiate youth by geographic location,⁵ and refer readers to their ongoing Canadian study on this topic.⁶ The key message is that rural youth violence is a public health issue that needs to be addressed through population health approaches.

Population health approaches focus on the full range of factors that determine health and address the entire population within society.⁷ The Toronto Charter for a Healthy Canada⁸ has been presented as further evidence of the importance of social factors, such as early life and education in the creation of healthy individuals and families. The strength of a social factors approach is that health is recognized as linked to a number of inter-related variables.⁷

Definitions of violence include physical forms (i.e., sexual violence, involvement of weapons including body parts and knives⁹) or non-physical forms (i.e., bullying⁹). Some authors view violence as a violation of basic human rights in settings such as homes and schools.¹⁰ Youth violence is now being increasingly viewed as a major health problem that impacts many levels of local communities from policing to health care.^{11,12} Furthermore, if violence is acknowledged through a population health

approach, then resources such as multi-disciplinary implemented teen centres would be readily available to prevent and deal with this issue. For instance, the more successful programs include multiple agencies who are involved with youth.¹³

Violence is a concept that fits within the social factors framework and increasingly is discussed in government documents³ as a public health concern. The necessity of addressing crises in public health, including diseases such as SARS and West Nile Virus, reduces available opportunities and resources to deal with ongoing issues such as violence. However, there has been a documented need to review and strengthen the Canadian public health system,^{14,15} increasing the potential to systematically and appropriately address ongoing issues such as violence.

The importance of rural

The social factors noted above are considered within society as a backdrop but with little consideration for the differences between groups within society. Thus, urban-based policies and programs are often imposed upon rural communities. Examples of the uniqueness of rural communities include tangible aspects such as decreased access to services, as well as esoteric differences such as the nature of internal relationships between residents. Such subtleties have been generally not always well understood, acknowledged or addressed by health policies or the formal health care delivery system.

Several authors have noted differences in health status among rural individuals based upon their geographic location,^{16,17} but overall, there is limited information that documents the impact of rurality on health status or issues such as violence among youth.

Rural youth violence: Current understandings

Research on determining the characteristics and attributes of youth who are violent or who are involved in acts of violence is most often urban-based and does not explicitly address the inter-relationships with social factors.¹⁸ Behaviours exhibited at certain ages have been found to be a predictor of violence later in life. Once again, the findings have not been confirmed within rural populations. One study¹⁹ found that cer-

tain characteristics and behaviours associated with aggression, hostility and the like, that adolescents exhibited as early as age 10, were predictors of being subsequently involved with violence and violent acts. Another study showed that 4-7 year old children witnessing violence have a greater chance of displaying aggression.²⁰

Youths who engage in violence come from a variety of backgrounds.²¹ Family characteristics such as acceptance and engagement in violence²² and higher mobility rates²³ are both linked with children's involvement in violence in urban contexts, but are unknown in rural ones.

Bullying is considered a form of violence that, although not new, appears to be increasing in incidence, prevalence and brutality. Youth who bully others have also usually engaged in other types of negative and often illegal-type behaviours such as stealing and using alcohol and drugs. While bullying inclinations peak sometime during grades six and eight, an American study has shown that such tendencies and characteristics actually begin sometime in elementary school and continue to persist throughout one's high school years.²⁴ Other studies have documented that bullying is not an infrequent occurrence within rural communities.^{25,26}

There are gender differences when it comes to youth involvement in violence that also need to be examined through a rural lens. We need to determine if the current findings based in urban contexts – including that males are two to five times more likely than females to be involved in nearly all acts of violence²⁷ and that males and females are involved in different types of violence (i.e., physical versus verbal, respectively)²⁴ – are true for rural youth.

Gun carrying and its association with youth violence has been examined in rural Texas. Findings revealed that the prevalence of carrying a handgun by youth had increased by 138% in a seven-year time frame. For 53% of the participants, youth stated they carried guns to school because they were angry with someone and had thoughts about shooting that person, whereas 48% of the participants carried a gun to “feel safer”.²⁸

Differences in the risk-taking behaviours of rural, suburban or urban youth have revealed that the three health risk behaviours were use of substances (e.g., tobacco,

alcohol and illegal drugs), participation in sexual activity, and weapon carrying both in the school and in the community.²⁹

The only published Canadian study on rural youth violence was a self-administered questionnaire with 347 youth.³⁰ Youth exposed to violence as victims or perpetrators reported higher levels of depression and psychiatric problems such as poor self-esteem. The only other relevant Canadian study focussed on stress, coping and behavioural problems among urban and rural youth and found no significant differences between the two groups.³¹

Next steps: Generating information about rural youth violence

The authors are currently conducting a two-phase study within rural Alberta communities to address the lack of information regarding rural youth violence and to suggest policy implications for the public health system. Ethical clearance was provided by the third author's institution. Phase one included interviews with 52 youth in two resource-reliant rural communities.⁶

Phase two of the study involved the use of a questionnaire. Policy forums that allow discussion about the findings within the specific rural communities will be conducted in each of the four participating communities. Such forums are an essential component of addressing rural youth violence and determining appropriate population health strategies that will address the social factors related to violence.

In summary, rural youth violence is an issue that has not been adequately examined or understood from a population health approach. It is imperative that studies be undertaken in rural communities across the country. The generation of such information and the widespread dissemination of the findings will be useful for public health managers in order to develop policies and implement programs that help create a healthy society for individuals, families and communities.

REFERENCES

1. Middleton J. Crime is a public health problem. *Medicine, Conflict & Survival* 1998;14(1):24-28.
2. Mercy JA, O'Carroll PW. New directions in violence prediction: The public health arena. *Violence & Victims* 1988;3(4):285-301.
3. Federal/Provincial/Territorial Advisory Committee on Population Health. The

- Opportunity of Adolescence: The Health Sector Contribution. Ottawa, ON: Health Canada, 2000.
4. Statistics Canada. A Graphical Overview of Crime and Administration of Justice in Canada. 1997 (Available on-line at: www.statcan.ca/english/kits/justic/2-13.pdf).
 5. Statistics Canada. Youth Violent Crime. 1999 (Available on-line at: www.statcan.ca/Daily/English/991221/d991221c.htm).
 6. Kulig J, Hall B, Grant Kalischuk R. Violence among rural youth: A focus on health. Unpublished report, University of Lethbridge, 2003.
 7. Health Canada. Strategies for Population Health: Investing in the Health of Canadians. Halifax, NS: Health Canada, 1994.
 8. Toronto Charter for a Healthy Canada. Strengthening the Social Determinants of Health. 2003 (Available on-line at: www.centretownchc.org/Toronto_charter.htm).
 9. Pratt H, Greydanus D. Adolescent violence: Concepts for a new millennium. *Adolesc Med* 2000;11(1):103-25.
 10. Winett LB. Constructing violence as a public health problem. *Public Health* 1998;113(6):498-507.
 11. Breakey S, Wolf KA, Nicholas PK. Adolescent violence. *J Holistic Nursing* 2001;19(2):143-62.
 12. Mercy JA, Rosenberg ML, Powell KE, Broofan CV, Roper WL. Public health policy for preventing violence. *Health Affairs* 1993;12(4):7.
 13. Hausman A, Pierce G, Briggs L. Evaluation of comprehensive violence prevention education: Effects on student behavior. *J Adolesc Health* 1996;19(3):104-10.
 14. Canadian Coalition for Public Health in the 21st Century. Public health in the public interest. Ottawa, ON: Canadian Public Health Association, 2003.
 15. Frank J, Di Ruggiero E, Moloughney B. The future of public health in Canada: Developing a public health system for the 21st century (Available on-line at: www.cihr-irsc.gc.ca/e/institutes/ipph/19573.shtml).
 16. Pampalon R. Health discrepancies in rural areas in Quebec. *Soc Sci Med* 1991;33:355-60.
 17. Statistics Canada. The health of rural Canadians: A rural-urban comparison of health indicators. *Rural and Small Town Canada Analysis Bulletin* 2003;4(6):1-23.
 18. Kelley B, Beauchesne M. The impact of violence on children and adolescents. *Nurse News* 2001;18(4):38-42.
 19. Herrenkohl T, Maguin E, Hills K, Hawkins J, Abbott R, Catalano R. Developmental risk factors for youth violence. *J Adolesc Health* 2000;26(3):176-86.
 20. Moss K. Witnessing violence – aggression and anxiety in young children. *Supplement to Health Reports* 2003;14:53-66.
 21. Hill S, Drolet J. School-related violence among high school students in the United States, 1993-1995. *J School Health* 1999;69(7):264-72.
 22. Herrenkohl T, Maguin E, Hills K, Hawkins J, Abbott R, Catalano R. Developmental risk factors for youth violence. *J Adolesc Health* 2000;26(3):176-86.
 23. Ellickson P, McGuigan K. Early predictors of adolescent violence. *Am J Public Health* 2000;90(4):566-72.
 24. Ericson N. Addressing the problem of juvenile bullying. *Office of Juvenile Justice and Delinquency Prevention*, 2001:27.
 25. Hazler R, Hoover J. What do kids say about bullying? *Education Digest* 1993;58(7):16-21.
 26. Oliver R, Hoover J. The perceived roles of bullying in small-town Midwestern schools. *J Counseling & Development* 1994;72(4):416-21.
 27. Ellickson P, Saner H, McGuigan K. Profiles of violent youth: Substance use and other concurrent problems. *Am J Public Health* 1997;87(6):985-91.
 28. Kingery P, Pruitt P, Heuberger G. A profile of rural Texas adolescents who carry handguns to school. *J School Health* 1996;66(1):18-25.
 29. Atav S, Spencer G. Health risk behaviors among adolescents attending rural, sub-urban, and urban schools: A comparative study. *Fam Commun Health* 2002;25(2):53-64.
 30. Lai D. Violence exposure and mental health of adolescents in small towns: An exploratory study. *Can J Public Health* 1999;90(3):181-85.
 31. Elgar FJ, Arlett C, Groves R. Stress, coping, and behavioral problems among rural and urban adolescents. *J Adolesc* 2003;26:574-85.

Received: August 6, 2004
Accepted: March 10, 2005

RÉSUMÉ

La violence des jeunes est un important problème de santé publique, car elle peut avoir des effets à long terme sur les particuliers, les familles et les collectivités. Une faible exposition à la violence est considérée comme l'un des éléments d'un mode de vie sain. Cependant, on a peu étudié la violence selon une perspective de santé publique dans les collectivités rurales, c'est-à-dire les collectivités de moins de 10 000 habitants à l'extérieur de la principale zone de navettage d'un grand centre urbain. Les approches axées sur la santé de la population, y compris les déterminants sociaux de la santé, sont bien acceptées par les autorités de santé publique. Des données sur la violence des jeunes en milieu rural selon une perspective canadienne nous permettraient de mieux comprendre ces déterminants sociaux et nous aideraient à orienter l'élaboration des politiques et des programmes. Nos connaissances actuelles sur la violence des jeunes se limitent au milieu urbain et portent le plus souvent sur les États-Unis. On mène actuellement une étude canadienne en deux phases sur la violence des jeunes en milieu rural. Cette étude comprend des entretiens en profondeur avec 52 jeunes et un questionnaire élaboré à partir de leurs réponses qualitatives. Le questionnaire a été rempli par un échantillon plus vaste de jeunes des milieux ruraux. Les constatations de cette étude seront utiles pour établir des liens entre la violence et les facteurs sociaux qui influent sur la santé, et donc pour orienter les programmes et les politiques en santé de la population. Ainsi, les responsables de l'élaboration des politiques et de la mise en œuvre des programmes en santé publique pourront s'appuyer directement sur des données probantes lorsqu'ils se pencheront sur ce problème de santé publique persistant.

Speech-Language Pathology and Audiology Services for Seniors

According to Statistics Canada seniors represent the fastest growing segment of the population in Canada. This segment is expected to make up ¼ of the population (9.2 million Canadians) by 2041.

Speech-language pathologists and audiologists are important collaborative partners in the primary health care system, working to maximize communication and, in turn, participation in the community. Our professionals provide important services to seniors helping them optimize improved communications, health, independence, quality of life, safety and socialization. Using the services of a speech-language pathologist or audiologist helps ensure seniors can continue to enjoy engaging, productive and rewarding lives.

Check out CASLPA's website for a multimedia presentation that explores the types and causes of speech, language and hearing disorders often experienced by older adults, as well as solutions to these problems and identifies how audiologists and speech-language pathologists can help.



<http://www.caslpa.ca/english/resources/seniors.asp>

Find A Professional <http://www.caslpa.ca/english/profession/find.asp>