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Virginia Early Childhood Policy Center

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Violence in the Lives of Virginia's Children: Impacts and Implications

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Violence comes in many forms including intimate partner violence, sexual violence, child maltreatment, bullying, suicidal behavior, elder abuse, and neglect. While each of these forms of violence have differences, they are implicitly interconnected and can share the same root causes. Violence can occur under one roof or it can happen within a community. An individual can experience varying forms of violence simultaneously or during different stages of life. Deborah Prothrow-Stith, MD, from the Harvard School of Public Health states, “Gang violence is connected to bullying is connected to school violence is connected to intimate partner violence is connected to child abuse is connected to elder abuse. It’s all connected.”¹ While 2017 statistics on violent crime rate showed Virginia at 208.2 offenses per 100,000 people and only less safe than New Hampshire, Vermont, and Maine², there is still a vital need to explore the impact violence has on children in order to build a better, safer future for Virginia’s next generation.

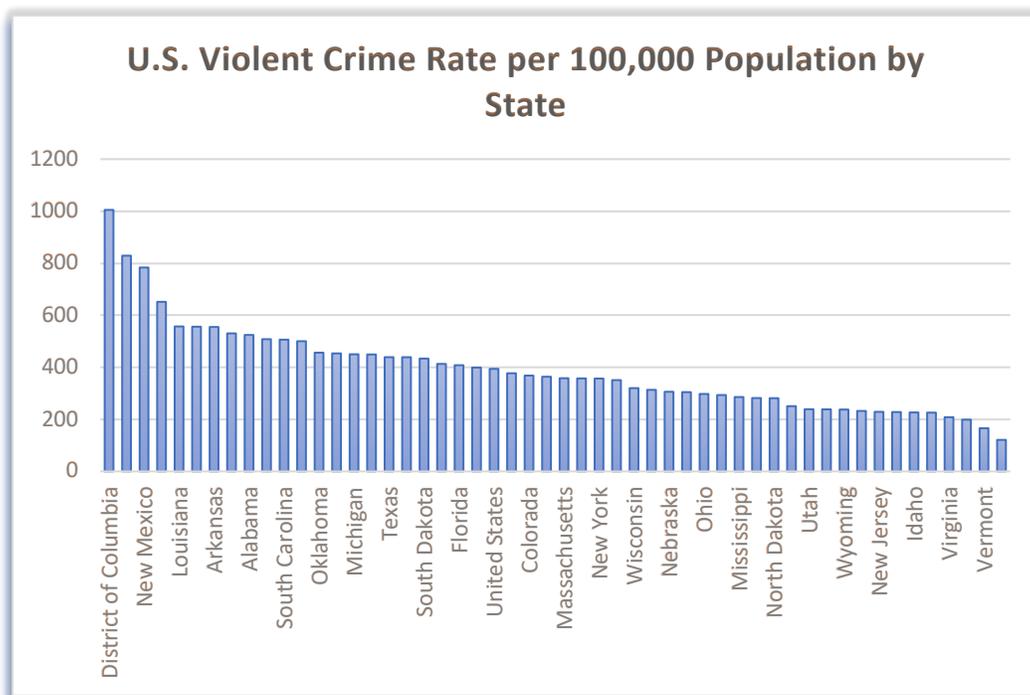


Figure 1. U.S. violent crime rate by state per 100,000 people, 2017, Source: Statista, The Statistics Portal.

Howard Spivak, MD, director of Division of Violence Prevention described the powerful influence that experiences in early childhood have on creating a “substantially higher risk for involvement with violence, be it interpersonal, youth violence, intimate partner violence, dating

¹ Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

² Statista. (2018). Reported violent crime rate in the U.S. in 2017, by state. Retrieved from <https://www.statista.com/statistics/200445/reported-violent-crime-rate-in-the-us-states/>

violence, or child abuse.”³ Based upon this understanding we determined a need to examine the current state of violence in the lives of Virginia’s children, with a special focus on gun violence--purposeful or accidental. This report concludes by identifying state resources and providing key objectives aimed at improving safety from violence and harm for all of Virginia’s children.

Violence in the Lives of Children

Children experiencing safe, stable, and nurturing environments during the early childhood years are likely to learn a variety of healthy social emotional skills that protect against violence which include empathy, impulse control, anger management and problem-solving. Conversely, growing up in a persistently threatening environment can cause children to respond aggressively more frequently than children who grow up in safe, stable, and nurturing environments.⁴ Furthermore, when children are exposed to domestic violence and child abuse, a vicious cycle can be created and maintained, as these children are more likely to be involved in violence as perpetrators (up to 6.6 percent for females and 11.9 percent for males) and victims throughout adolescence and adulthood.⁵

The psychological and social effects of exposure to violence are not the only aspects of harm that children may incur. In 2016 young children endured nearly 50,000 nonfatal violence-related injuries in the U.S. with 71 of those injuries occurring in Virginia⁶ as shown in Figures 2 and 3 by age. Nationally, injuries to infants under one year accounted for only nine percent of all injuries, yet in Virginia, this age group accounts for 75% of the injuries incurred by children under ten. Virginia’s statistic is not surprising when considering other data. In 2014, children less than one year had the highest rate of victimization at 24.4 per 1,000 children of the same age, nationally. Approximately 80 percent of the children that die from abuse are under four years old.⁷ What is evident from these statistics is that Virginia’s youngest are the most vulnerable.

³ Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

⁴ Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention Oakland, CA: Prevention Institute.

⁵ Children’s Hospital of Philadelphia Research Institute. (2018). Domestic Violence and Child Abuse. Retrieved from <https://injury.research.chop.edu/node/317#.W-XDeWhKjIV>

⁶ Virginia Department of Health. (2018). Injury Hospitalizations (2016 and Later). Retrieved from <http://www.vdh.virginia.gov/voirs/hospitalizations-2016-and-later/>

⁷ Children’s Hospital of Philadelphia Research Institute. (2018). Domestic Violence and Child Abuse. Retrieved from <https://injury.research.chop.edu/node/317#.W-XDeWhKjIV>

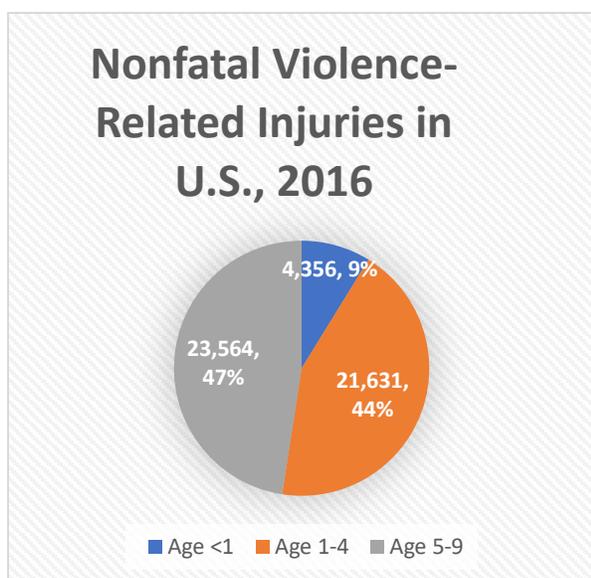


Figure 2. U.S. nonfatal violence-related injuries by age, 2016. Source: Centers for Disease Control and Prevention.⁸

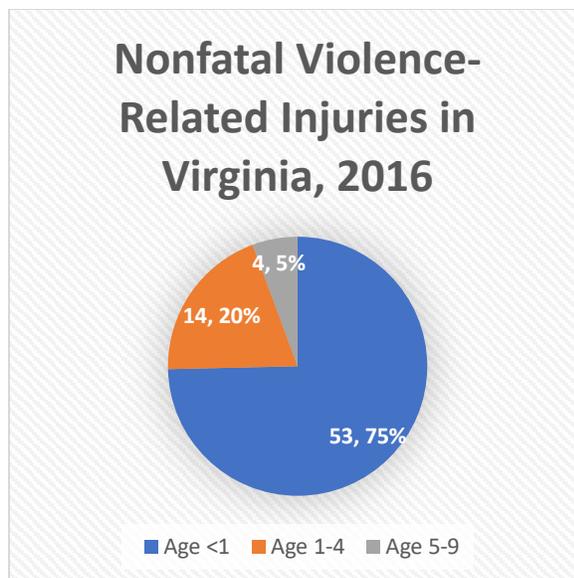


Figure 3. Virginia nonfatal violence-related injuries by age, 2016. Source: Virginia department of Health.⁹

Youth Violence

Youth violence is a public health problem that affects young people, their families, schools, and communities across the United States every day. Typically, youth violence involves young people assaulting peers and can take many forms. Instigating fights, threats with weapons, and gang-related violence are a few examples of youth violence and young people may be involved as a victim, offender, or witness. The resulting harm can include physical injuries or even death, psychological harm, increased medical costs, and overall disruption within a community.¹⁰

The Virginia Department of Education annually reports all discipline, crime and violent offenses occurring in Virginia's public PreK-Grade 12 schools. Table 1 offers counts of documented offenses related to student on student violence, while Table 2 shows fluctuations of this violence from the 2014-2015 to 2015-2016 school years. A total of 9,900 incidents against students were documented for this most recent school climate report, representing 6.61 percent of all incidents and reflecting a decrease from 2014-2015 of -2.47 percent; or 251 incidents.¹¹

⁸ Centers for Disease Control and Prevention. (2018). Nonfatal Injury Data. Retrieved from <https://www.cdc.gov/injury/wisqars/nonfatal.html>

⁹ Virginia Department of Health. (2018). Injury Hospitalizations (2016 and Later). Retrieved from <http://www.vdh.virginia.gov/voirs/hospitalizations-2016-and-later/>

¹⁰ Centers for Disease Control and Prevention. (2017). Youth Violence: Definitions. Retrieved from <https://www.cdc.gov/violenceprevention/youthviolence/definitions.html>

¹¹ Virginia Department of Education. (2017). Discipline, Crime, and Violence Annual Report School Year 2015-2016. Retrieved from http://www.doe.virginia.gov/statistics_reports/school_climate/discipline_crime_violence/15-16_annual_report.pdf

| Incidents of Violence Related Discipline (PreK-Grade 12), 2015-2016 School Year | | |
|--|--------------|--------------------------------|
| Offense | Count | Percent of all offenses |
| Threatening a student (physical or verbal threat or intimidation) | 4,220 | 2.82 |
| Assault against student/No weapon | 2,897 | 1.94 |
| Bullying | 2,694 | 1.8 |
| Assault/Battery against student without injury | 1,153 | 0.77 |
| Bomb Threat | 205 | 0.14 |
| Bringing look-alike gun to school/school event | 201 | 0.13 |
| Malicious wounding without a weapon | 53 | 0.04 |
| Assault against student- firearm or other weapon | 48 | 0.03 |
| Sexual battery against a student | 34 | 0.02 |
| Other firearms (firearms other than handguns, rifles/shotguns) | 15 | 0.01 |
| Possession of stun gun | 11 | 0.01 |
| Bringing handgun to school/school event | * | * |
| Bringing rifle/shotgun to school/school event | * | * |

*Numbers of 10 or less are suppressed due to the personally identifiable nature of the information.

Table 1. Incidents of School-based, Violence-Related Discipline across Virginia, 2015-2016.

Source: Virginia Department of Education.

| Comparison of Violence-Related Incidents Against Students (PreK-Grade12), 2014-2015 to 2015-2016 | | | | |
|---|------------------------|------------------------------|----------------------------|------------------------------|
| Offense | 2014-2015 Count | 2014-2015 Percent | 2015-2016 Count | 2015-2016 Percent |
| Threatening student (physical or verbal threat or intimidation) | 4,110 | 40.49 | 4,4220 | 42.63 |
| Assault against student/No weapon | 3,202 | 31.54 | 2,897 | 29.26 |
| Bullying | 2,754 | 27.13 | 2,694 | 27.21 |
| Assault against student- firearm or other weapon | 36 | 0.35 | 48 | 0.48 |
| Sexual battery against a student | 39 | 0.38 | 34 | 0.34 |

Table 2. Comparison of Incidents Against Students, 2014-2015 to 2015-2016 School Years.
Source: Virginia Department of Education.

Across the United States, homicide (assault) is reported as the third leading cause for death in children ages 0-4.¹² Additionally, in 2016, an estimated 1,750 children died from abuse and neglect in the United States with the highest mortality in infants (< 1 year of age)¹³. Reported 2016 data from the Virginia Department of Health’s Office of the Chief Medical Examiner found that child homicide deaths increased by 12.1% when compared to 2015 data. Children ages nine and younger represented 22 of the children who lost their lives by homicide in 2016.¹⁴ Figure 4 indicates deaths by age.

¹² Centers for Disease Control and Prevention. (2017). National Center for Health Statistics: Child Health. Retrieved from <https://www.cdc.gov/nchs/fastats/child-health.htm>

¹³ Children’s Hospital of Philadelphia Research Institute. (2018). Domestic Violence and Child Abuse. Retrieved from <https://injury.research.chop.edu/node/317#.W-XDeWhKjIV>

¹⁴ Virginia Department of Health. (2018). Office of the Chief Medical Examiner Annual Report 2016. Retrieved from <http://www.vdh.virginia.gov/content/uploads/sites/18/2018/03/OCME-2016-Annual-Report.pdf>

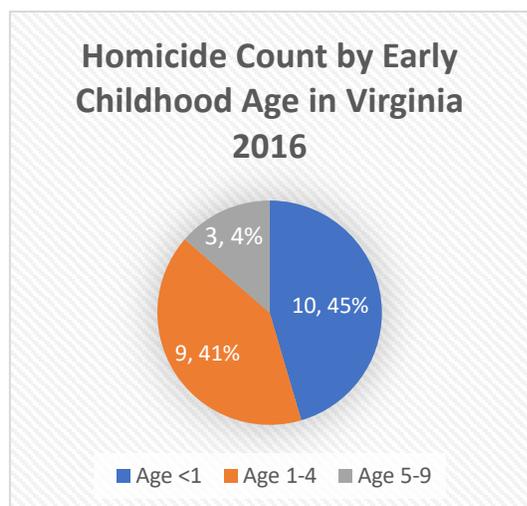


Figure 4. Homicide in early childhood.
Source: Office of the Chief Medical Examiner Annual Report 2016.

A correlating statistic explains that the second most common method of child homicide in 2016 was death by gunshot wounds (45.4%). According to the Office of the Chief Medical Examiner’s report, 40 children died by gunshot wound in 2016, either purposefully or accidentally.¹⁵ Unsecured or accessible guns pose an enormous risk to children’s safety, when tragic shootings and unintentional discharges occur. It is important to examine firearm access prevention laws in Virginia and compare to other states to determine how those laws may or may not adequately protect children.

Child Access Prevention and Virginia Gun Law

A 2018 study from the Giffords Law Center to Prevent Gun Violence found that 4.6 million minors in the US live in homes with at least one loaded, unlocked firearm.¹⁶ Child Access Prevention (CAP) laws are meant to control children’s access to firearms. The laws take a variety of forms from strict to weak. Twenty-seven states and Washington D. C. have enacted child access prevention laws. Virginia is one of them. The strongest laws impose criminal liability when a minor is likely to gain access to a negligently stored firearm regardless of whether the minor actually gains access. The weakest CAP laws merely prohibit certain persons, such as parents or guardians, from directly providing a firearm to a minor. There is a range of laws that fall somewhere between these two examples, such as imposing criminal liability for negligently stored firearms, but only where the child uses the firearm and causes death or serious injury. Weaker laws impose penalties only in the event of reckless, knowing or intentional conduct by the adult. Virginia is one of these states with weaker CAP laws.

Thirteen of the states, including Virginia, have CAP laws that only prohibit persons from intentionally, knowingly, and/or recklessly providing some or all firearms to children. Specifically, Virginia law prohibits anyone from recklessly leaving a loaded, unsecured firearm in such a manner as to endanger the life or limb of any child under the age of 14.¹⁷ It is also unlawful for any person knowingly to authorize a child under the age of 12 to use a firearm except when the child is

¹⁵ Virginia Department of Health. (2018). Office of the Chief Medical Examiner Annual Report 2016. Retrieved from <http://www.vdh.virginia.gov/content/uploads/sites/18/2018/03/OCME-2016-Annual-Report.pdf>

¹⁶ Giffords Law Center to Prevent Gun Violence. (2018). Child Access Prevention. Retrieved from <https://lawcenter.giffords.org/gun-laws/policy-areas/child-consumer-safety/child-access-prevention/>

¹⁷ Va. Code Ann. § 18.2-56.2 Retrieved from <https://lawcenter.giffords.org/child-access-prevention-in-virginia/>

under the supervision of an adult.¹⁸ For purposes of this rule, “adult” means a parent, guardian, or similar person or a person 21 years or over who has the permission of the parent, guardian, or similar person to supervise the child in the use of a firearm.¹⁹

The map of Virginia (Figure 5) shows the locality of instances from 2017 and 2018 where a child under the age of eight accessed a gun and fired it, resulting in unintentional death or injury. For example, in Richmond, Virginia, a mother took some medication and fell asleep when her four-year-old son found a gun in the closet and unintentionally fatally shot himself.²⁰ In a similar incident in Henrico County occurred when a seven-year-old boy found a gun near some candy and accidentally shot his five-year-old sister, who soon died from the wound.²¹

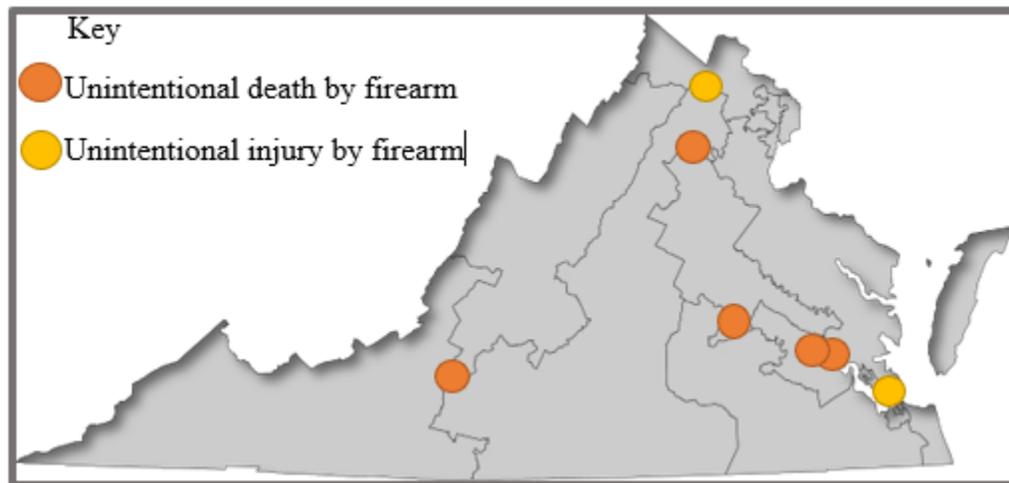


Figure 5. Map of accidental injury and death of a child under age 8 by firearm in Virginia. Source: Every Town for Gun Safety.

It is important to understand that parents often underestimate children’s knowledge about the location or prevalence of firearms that are in the home. A study by Baxley and Miller showed that 75 percent of first and second graders knew where the guns were kept in their homes and 36 percent of the children admitted to handling them. These findings are in direct contrast to a common parental belief that children are unaware of location of firearms within the home.²² This discrepancy between children’s knowledge and parental beliefs speaks to the level of importance of educating all members of households with firearms on-site. States with active Child Access Prevention (CAP) laws have lower rates of unintentional death by firearm.²³

¹⁸ Va. Code Ann. § 18.2-56.2(B) Retrieved from <https://lawcenter.giffords.org/child-access-prevention-in-virginia/>

¹⁹ *Id.* Retrieved from <https://lawcenter.giffords.org/child-access-prevention-in-virginia/>

²⁰ Every Town for Gun Safety. (2018). #NotAnAccidentIndex. Retrieved from <https://everytownresearch.org/notanaccident/4159/>

²¹ Every Town for Gun Safety. (2018). #NotAnAccidentIndex. Retrieved from <https://everytownresearch.org/notanaccident/4159/>

²² Baxley, F. & Miller, M. (2006). Parental misconceptions about children and firearms. *Arch Pediat Adolesc Med*, 160(5), 542-547.

²³ Children’s Hospital of Philadelphia Research Institute. (2017). ASK Day: A question that can’t wait. Retrieved from <https://injury.research.chop.edu/blog/posts/ask-day-question-can%E2%80%99t-wait#.W-crXWhKjIV>

Pediatricians and other health care professionals can take a direct role in educating families about the importance of gun safety in the home. June 21 is national Asking Saves Kids (ASK) day, which reminds pediatricians to ask the important question of parents: “Is there an unlocked gun where your kids play?” By asking parents this simple yet direct question, an open discussion about guns and safety where children play in the home, and also in the homes of friends and relatives can occur.²⁴

Resources and Strategies

The Virginia Department of Health uses the programs STRYVE and VetoViolence, both created by the CDC, to address domestic and youth violence. Examining additional programs that offer violence prevention strategies could fill gaps and supplement existing programs with additional strategies. CDC offers research-based strategies to assist states and communities with reducing youth violence in *A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors*. Specific ways to advance strategies through programs, policies and practices are included, along with evidence for each of the approaches in preventing youth violence and associated risk factors.²⁵ Strategies are intended to be implemented together and reinforce each other; examples of these are offered in Table 3.

²⁴ Children’s Hospital of Philadelphia Research Institute. (2017). ASK Day: A question that can’t wait. Retrieved from <https://injury.research.chop.edu/blog/posts/ask-day-question-can%E2%80%99t-wait#.W-crxWhKjIV>

²⁵ Centers for Disease Control and Prevention. (2018). Youth Violence: Prevention Strategies. Retrieved from <https://www.cdc.gov/violenceprevention/youthviolence/prevention.html>

| Preventing Youth Violence, CDC | |
|--|---|
| Strategy | Approach |
| Promote family environments that support healthy development | <ul style="list-style-type: none"> • Early childhood home visitation • Parenting skill and family relationship programs |
| Provide quality education early in life | <ul style="list-style-type: none"> • Preschool enrichment with family engagement |
| Connect youth to caring adults and activities | <ul style="list-style-type: none"> • Mentoring programs • After-school programs |
| Create protective community environments | <ul style="list-style-type: none"> • Modify the physical and social environment • Reduce exposure to community-level risks • Street outreach and community norm change |
| Intervene to lessen harms and prevent future risk | <ul style="list-style-type: none"> • Treatment to lessen the harms of violence exposures • Treatment to prevent problem behavior and further involvement in violence • Hospital-community partnerships |

Table 3. Strategies for preventing youth violence. Source: Centers for Disease Control and Prevention.²⁶

Additionally, the National Center for Biotechnology Information (NCBI) for advancement of science and health offered several specific prevention strategies for communities in a 2015 article addressing violence in the United States. The following strategies in Table 4 differ from CDC’s technical package.

²⁶ Centers for Disease Control and Prevention. (2016). A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors. Retrieved from <https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf>

| Violence Prevention Strategies, NCBI | |
|---|--|
| Strategy | Approach |
| School-based social emotional learning (SEL) approaches | <ul style="list-style-type: none"> • Adopt and implement universal SEL program • Universal bullying prevention program |
| Early Childhood Visitation, Nurse-Family partnerships | <ul style="list-style-type: none"> • Nurses visit home during pregnancy, after birth, and first few years of life • Support women for improved health, support, child care, educational attainment, and employment |
| Parent Training | <ul style="list-style-type: none"> • Trainings focus on child development, communication, behavior management skills, and bonding |
| Public Policy | <ul style="list-style-type: none"> • Increasing alcohol prices by 10% has been associated with a 5% beer, 6.4% wine, and 6.9% liquor decrease in consumption • Restricting alcohol outlet density |

Table 4. Violence prevention strategies. Source: NCBI²⁷

In addition to the technical package strategies offered by the CDC, The *Essentials for Childhood Framework* is another resource proposing many strategies for communities who want to improve children’s environments so they can grow to be healthy, productive citizens. The framework has four goal areas shown in Table 4. Within each goal, the framework suggests research-based strategies to achieve that goal.

²⁷ Sumner, S. A., Mercy, J. A., Dahlberg, L. L., Hillis, S.D., Kleven, J., & Houry, D. (2015). Violence in the United States: Status, Challenges, and Opportunities. *National Center for Biotechnology Information*, 314(5), 478-488. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4692168/>

Currently, CDC’s Division of Violence Prevention is funding five state health departments which include California, Colorado, Massachusetts, North Carolina, and Washington to implement the four goals in the *Essentials for Childhood* Framework. They are using a collective impact process. Furthermore, CDC also offers assistance and training to several other states that are engaged at varying levels with the *Essentials for Childhood* Framework. State health departments:

*Coordinate and manage partnerships with other organizations involved in assuring positive environments for children.

*Work with partners across sectors to align strategies.

*Identify, coordinate, monitor and report on the strategies implemented by multi-sector partners.

*Document state-level impact of these efforts.²⁸

| Goals for Safe, Stable, Nurturing Environments for Children | |
|---|---|
| Goal 1 | <ul style="list-style-type: none"> Raise awareness and commitment to promote safe, stable, nurturing relationships and environments and prevent child maltreatment |
| Goal 2 | <ul style="list-style-type: none"> Use data to inform actions |
| Goal 3 | <ul style="list-style-type: none"> Create the context for healthy children and families through norms change and programs |
| Goal 4 | <ul style="list-style-type: none"> Create the context for healthy children and families through policies |

Table 4. *Essentials for Childhood* framework goals. Source: CDC.

Implications and Objectives for Supportive Practices

At this time, Virginia is not one of the funded states implementing the *Essentials for Childhood* framework’s four goals. Further examination of this resource by the state of Virginia, and possible implementation at some level, may lead to additional support from CDC, a leading national organization supporting healthy environments for young children.

Pediatricians and other health care professionals serving young children are a powerful resource for Virginia. The role of the pediatrician and health care professionals is vital to the prevention of violence and injury, whether it is accidental or intentional. The American Academy of Pediatrics (AAP) recommends that pediatricians become familiar with their program *Connected Kids: Safe, Strong, Secure*, which offers guidance for addressing violence prevention within the context of routine health care for children. Information is offered about screening for risks regarding exposure to violence, firearms and bullying, and it provides resources for treatment and

²⁸ Centers for Disease Control and Prevention. (2014). *Essentials for Childhood, Steps to Create Safe, Stable, Nurturing Relationships and Environments*. Retrieved from https://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf

counseling that are community-based. Additionally, the program can be utilized to assist pediatricians with local and national policymaker collaboration to help prevent violence in youth.²⁹

A final suggestion for reducing violence, injury and fatality in the lives of Virginia's children is to consider more stringent CAP laws. As described earlier in this report, CAP laws take a variety of forms. A strict CAP law imposes criminal liability when a minor could gain access whether the minor actually gains access or not. A quasi-experimental study conducted by the research organization RAND, reported supportive evidence identifying how strict child-access prevention laws reduce unintentional firearm injuries and deaths among children.³⁰ Lawmakers in Virginia should look to such evidence to determine the potential impact to be found in strengthening existing CAP laws in an effort to further protect its youngest population.

The health and safety of children in the early years sets the foundation for a lifetime of healthy growth and wellbeing. Undoubtedly, a child's social-emotional health and feelings of security are an integral part of a child's development during the early years. As such, ensuring the health and safety of Virginia's young children is vital for ensuring a thriving Commonwealth on into the future.

²⁹ Committee on Injury, Violence, and Poison Prevention. (2009). Role of the Pediatrician in Youth Violence Prevention. *AAP*, 124(1). Retrieved from <http://pediatrics.aappublications.org/content/124/1/393>

³⁰ RAND Cooperation. (2018). What Science Tells Us about the Effects of Gun Policies. Retrieved from <https://www.rand.org/research/gun-policy/essays/what-science-tells-us-about-the-effects-of-gun-policies.html>