HL11.1 Attachment 3

Attachment 3: Risk and Protective Factors Associated with Community Violence

Overview of risk and protective factors

Community violence is a result of many interacting risk and protective factors that can increase or reduce the risk of becoming a victim or perpetrator of violence at four, nested levels of influence. Individual-level influences include biological factors and personal history factors. Interpersonal or relationship-level influences include relations with family, peers, or intimate partners. Community-level influences consider social relationships in their context (e.g., schools, neighborhoods, workplaces) including the role of group level social norms. Societal- or structural-level influences include broader societal norms and policies that can create conditions in which violence is encouraged or inhibited, and that can either help create, maintain, or reduce economic and social inequalities across groups in society. Individual-level influences are best understood when considered within the context of relationship (interpersonal), community, and societal factors.

Table 1 below identifies risk and protective factors that research shows are associated with community violence at these different levels. As community violence encompasses several other categories of violence, this table includes factors associated with the prevention of community violence, youth violence, gang violence, crime, and violence, in general. Many of these factors are also associated with other forms of violence, such as intimate partner violence, sexual violence, and intentional self-harm. Risk and protective factors vary at different stages of development, and can vary for males and females. Risk factors occurring in infancy or early childhood can significantly increase the likelihood of involvement in violence later in adolescence and adulthood. The more risk factors that are at play, the higher the likelihood of becoming engaged in violence, indicating there is a cumulative effect. Overall, the range of protective factors, at all levels, suggest many avenues for asset-based approaches to prevention of community violence.

Societal	Community	Interpersonal	Individual
Risk Factors			
 Racial/ethnic and gender inequities Poverty Weak economic safety nets Racism Harmful justice policies/practices Harmful educational policies/practices Firearms access Societal norms supportive of violence 	 Concentrated disadvantage Lack of economic opportunities Illicit drug trade Poor community design and housing conditions Community disempowerment High level of family disruption Lack of recreational opportunities High residential mobility High unemployment High rates of crime High rates of gun carrying and use 	 Low parental education and income Parental substance abuse/criminality Low parental involvement & supervision Harmful parenting practices Fractured support systems Exposure to violence/adversity Lack of social ties Antisocial peers Stress and conflict 	 Young male Poor academic achievement Low commitment to school Alcohol and drug use History of early aggressive behaviour Abused in childhood Trauma Learning disorder Impulsivity Low self-esteem Cognitive impairment Sense of alienation Perceived unfair treatment Antisocial beliefs & attitudes

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Societal	Community	Interpersonal	Individual
	 High rates of male incarceration Negative labelling by teachers Few teacher role models 	 Pre/postnatal risks (e.g. maternal substance use) Low attachment to parent/caregiver Involvement in gangs Social rejection by peers 	 Mental health issues History of engaging in violence Carrying a weapon Selling drugs Unemployment
Protective Factors			
 Racial/ethnic and gender equities Income security Equitable educational policies Equitable justice policies Societal intolerance of violence 	 Positive school environment/climate Collective efficacy Community design that incorporates green space and accessible public space Economic opportunities Recreational opportunities 	 Positive parenting Connectedness to family or adults outside the family Ability to discuss problems with parents Parental attachment Positive parent-child interactions High parental expectations about school performance Role modelling constructive coping Adequate social support Positive peer relationships Involvement in prosocial activities 	 High academic achievement Employment Employment potential Intolerant attitude toward deviance Attachment to school High educational aspirations Positive social orientation Popularity acknowledged by peers Social connectedness Self-esteem Sense of belonging Sense of hope Coping skills and problem-solving skills Highly developed social skills Highly developed skills for realistic planning Religious beliefs

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Local research on risk factors among youth in Toronto

Given that youth are most at risk for becoming involved in community violence, TPH reviewed a sample of Toronto-based research studies examining risk factors associated with violent behaviour in youth. Overall, these studies illustrate risks Toronto youth may face at the individual, interpersonal and community level, including mental health issues, poorer attachment to school or school climate, neighbourhood social disorder, and economic vulnerability. It is important to note that it is not possible to determine cause and effect with most of these studies. For instance, though it is possible that poor mental health could lead to violence, it is also possible that experiencing violence could lead to poor mental health, or that there is a bi-directional effect.

The TPH Student Survey (grades 7-12) data found that about one in five Toronto students (22%) had been in a physical fight at school and six percent of students had been threatened or injured with a weapon at school. Analyses of these data found an association between experiencing violence (being in a physical fight or being threatened with a weapon) and several psychosocial and demographic factors.¹ While there was consistency in how some psychosocial factors were associated with these two violence outcomes, there were also some differences. When controlling for age and sex, students who reported having been in a fight were more likely to report:

- low self-esteem;
- using drugs other than alcohol;
- having smoked;
- alcohol use (five or more drinks once a month or more);
- hurting themselves on purpose (i.e., self-harm);
- being male;
- being in grade 7 or 8 (compared to being in grades 9-12);
- lower 'socioeconomic access';^a and
- being born in Canada.

When controlling for age and sex, students who reported having been threatened with a weapon were more likely to report:

- using drugs other than alcohol;
- having smoked
- hurting themselves on purpose (i.e., self-harm);
- having considered suicide;
- being male;
- lower 'socioeconomic access';
- being born in Canada.

^a 'Socio-economic access' was assessed by asking students to rank their family's access to goods and services on a scale from one to ten. A family's ability to access goods and services is a reflection of a family's income level. At the highest point on the scale are the students who perceive their families as having the easiest access to housing, clothes, food, activities, and other possessions. At the lowest point on the scale are the people with the most difficult access.

Analyses of these data also showed differences between ethno-racial identity groups (Black, East Asian, Southeast Asian, South Asian/Middle Eastern, White students).^b Black students were more likely to have been in a physical fight than White, East Asian, and Southeast Asian students. White students were more likely to have been in a physical fight compared to East Asian and Southeast Asian students. White students. White students were just as likely to have been threatened with a weapon as Black students, but White and Black students were more likely to have been threatened with a weapon than any of the other groups.

Analyses of Toronto data from the 2006 International Youth Survey of grade 7-9 students found that:

- low parental monitoring, poor school performance, peer approval of illegal activities, and neighbourhood social disorder were consistently associated with perpetration of violence, substance use and property offenses;²
- school climate influenced students' violent behaviour over and above individual risk factors such as parental monitoring and school performance;³ and
- students with the least favourable attitude toward school or their neighbourhood were more likely to have the most violent attitude.⁴

Some local studies that included samples of youth at higher risk of violence found that:

- perceived discrimination and past involvement in violent and illicit activity increased the odds of violent offending; ^{5,6} and
- perceived social injustice, living on the street, lower socioeconomic status, and living in public housing were associated with criminal gang activity.⁷

A small local study in an inner city neighbourhood found that social media enables violence that is not bound by geography or place of residence, and that it also enables new strategies for managing risks, one's image and reputation. ⁸ Anecdotal evidence highlights the frequency with which community violence is instigated or facilitated through online interactions, and that signs of escalation are often missed by potential responders who do not have a presence online where conflicts are occurring.⁹

Finally, a Statistics Canada 2006 study of violent crime committed by youth in Toronto indicated the influence of certain neighbourhood characteristics. Rates of violent crime by youth (based on accused rates) were higher in neighbourhoods where the local population was economically vulnerable and neighbourhoods where there was high residential mobility.¹⁰

Risk factors and the role of trauma

There are different pathways by which structural factors create the conditions that can either increase or reduce the risks for community violence at the community, interpersonal, and individual level. There is growing evidence that the experience of trauma, and early trauma as a result of adverse childhood experiences (ACEs), is an important pathway.

Material deprivation, exposure to violence in the home, and repeated exposure to community violence are considered some ACEs.^{11,12} ACEs are associated with various health- and mental health-related outcomes across the lifespan, such as substance use, broken relationships, self-injury, depression, anxiety, or post-traumatic stress disorder.^{12,13} If undiagnosed or untreated, these outcomes can place traumatized individuals on a negative life trajectory. It can affect an individual's social and economic

^b Weighted regression analyses were conducted using White students as the comparison group.

opportunities and create risks of victimization or violent behaviour, perpetuating the cycle of violence and trauma.^{12,13} ¹³

Trauma can also be manifested and have impacts at the community or collective level.^{12,14} The Adverse Community Experiences and Resilience (ACE/R) Framework identifies collective trauma as not simply the total number of individuals in a community who have experienced trauma, but also the combined and synergistic impact of regular occurrences of interpersonal, historical, and intergenerational violence.¹⁴ It also includes continual exposure to structural violence, defined as economic and social inequalities that limit meeting one's basic needs. Collective trauma can undermine both individual and community resilience and be another pathway to community violence. The ACE/R framework identifies symptoms of collective trauma and opportunities for healing and building community resilience by making changes to the social/cultural, physical/built, and economic environments; for instance, via rebuilding social relationships to address damaged social networks, reclaiming and improving deteriorated public spaces, and using workforce development to address poverty.

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