LESSON TITLE — A SOUND MIND: PREVENTING VIOLENCE & BUILDING OUR COMMUNITIES

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LESSON DESCRIPTION: In this lesson, learners explore violence and mental health from a biopsychosocial perspective based upon the impact of ACEs (Adverse Childhood Experiences). The biopsychosocial model allows learners to view violence prevention via an interdisciplinary model that looks at the interconnection between biology (genetic, biochemical, etc.), psychology (mood, personality, behavior, etc.), and socio-environmental factors (cultural, familial, socioeconomic, medical, etc.). The model specifically examines how these aspects play a role in topics ranging from health (i.e. mental illness) and disease models (i.e. alcoholism, substance abuse) to human development (i.e. predisposal to violence).

TIME REQUIRED: 30 minutes

Target Age Group: 14 – 18 years of age (High School)

GENERAL LESSON OUTCOMES:

- Use critical thinking skills to understand the effects of violence on mental health, the effects of mental health on violence, the learning environment and the community at large.

- Develop a deeper understanding of how ACEs (Adverse Childhood Experiences) influence violence and mental health.

- Exercise social responsibility and decision-making that implements protective factors for perpetration, prevention strategies and values
the objective of achieving safer schools and communities along with promoting the well-being of all children, youth, and families.

LESSON OUTLINE BY MAJOR TOPIC:
DEFINITION OF TERMS
FAST FACTS
RISK AND PROTECTIVE FACTORS
PREVENTION STRATEGIES
RESOURCES/GETTING HELP
Violence and Mental Health

Teen Health Week – A SOUND MIND: Preventing Violence & Building Our Communities

Learning Objectives:

Students participating in this lesson will gain...

- Critical thinking skills to understand the effects of violence on mental health, the effects of mental health on violence and how both may negatively affect the learning environment and the community at large.

- A deeper understanding of how ACEs (Adverse Childhood Experiences) influence violence and mental health.

- Insight concerning how to exercise social responsibility and decision-making that implements protective factors for perpetration, prevention strategies and values the objective of achieving safer schools and communities along with promoting the well-being of all children, youth and families.

Lesson Duration: 30 minutes

Target Age Group: 14 – 18 years of age (High School)

Class Preparation: Review the key terms with the class before beginning. Print out the ACE questionnaire and give each student a copy. Print out the protective factors and risk factors lists and give a list of risk factors and a list of protective factors to each group once ACE questionnaire is completed and groups are established.

Key Terms:

- **Protective Factors** – are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact

- **Risk Factors** – are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes.
• **Perpetration** – the act of committing a crime or a violent or harmful act.

• **Mental Health** – includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices.

• **Violence** – behavior involving physical force intended to hurt, damage, or kill someone or something.

• **ACEs (Adverse Childhood Experiences)** – Adverse Childhood Experiences (ACEs) come in many forms, from physical and mental abuse to neglect and household dysfunction. An ACE score is a tally of different types of abuse, neglect, and other hallmarks of a rough childhood.

• **Toxic stress** – can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support.

**Lesson Overview:** In this lesson, learners explore violence and mental health from a biopsychosocial perspective based upon the impact of ACEs (Adverse Childhood Experiences). The biopsychosocial model allows learners to view violence prevention via an interdisciplinary model that looks at the interconnection between biology (genetic, biochemical, etc.), psychology (mood, personality, behavior, etc.), and socio-environmental factors (cultural, familial, socioeconomic, medical, etc.). The model specifically examines how these aspects play a role in topics ranging from health (i.e. mental illness) and disease models (i.e. alcoholism, substance abuse) to human development (i.e. predisposition to violence).

**Part One – Opening Activity: ACE questionnaire (5 – 7 minutes)**

• Give each student a copy of the ACE questionnaire and once they have completed answering the (10) questions, have them tally their score.

• Separate the class into (3) groups based upon their ACE score. Group 1 (ACE score 7+), Group 2 (ACE score 4 – 6), Group 3 (ACE score 0 – 3)

Research shows that the adversity we experience as children can affect us into adulthood. Challenges children face in school, life – and ultimately with their health – are often the symptoms of ACEs and toxic stress. According to the Adverse Childhood Experiences study, the rougher your childhood, the **higher** your score is likely to be and the **higher** your risk for later health problems. The good news is, the earlier we can identify that a child is experiencing ACEs and toxic stress, the sooner children and families can be connected to the services they need to prevent or heal the effects.

**Sources:** [https://aces toohigh.com/got-your-ace-score/](https://aces toohigh.com/got-your-ace-score/)  
[https://centerforyouthwellness.org/health-impacts/](https://centerforyouthwellness.org/health-impacts/)

Economic Hardship is the Most Common Adverse Childhood Experience By far, the most common ACEs in all 50 states are economic hardship, and parental divorce or separation (Table 2). Nationally, just over one in four children ages birth through 17 has experienced economic hardship somewhat or very often. Only in Iowa, Michigan, and Vermont is divorce more prevalent than economic hardship (in Wyoming and Oklahoma they are equally prevalent). In most states (45), living with a parent who has an alcohol- or drug-use problem is the third-most-prevalent ACE (national prevalence is about one in ten children). Death of a parent is experienced by three percent of children nationally and is relatively rare in all states; only in the District of Columbia and Mississippi is prevalence greater than five percent (seven and six percent, respectively).
Attachment G ACEs

Adverse Childhood Experience (ACE) Questionnaire

Client Name: ________________________________  DOB: ________________

Date Completed: _____________________

1. Did/Does a parent or other adult in the household often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

   Yes  No  If yes enter 1 ________

2. Did/Does a parent or other adult in the household often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

   Yes  No  If yes enter 1 ________

3. Did/Does an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you?

   Yes  No  If yes enter 1 ________

4. Did/Do you often feel that... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?

   Yes  No  If yes enter 1 ________

5. Did/Do you often feel that... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

   Yes  No  If yes enter 1 ________

6. Were your parents ever separated or divorced? Yes  No  If yes enter 1 ________

7. Was/Is your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

   Yes  No  If yes enter 1 ________

8. Did/Do you live with anyone who was a problem drinker or alcoholic or who used street drugs?

   Yes  No  If yes enter 1 ________

9. Was/Is a household member depressed or have mental health issues or did a household member attempt suicide? Yes  No  If yes enter 1 ________

10. Did a household member go to prison?

    Yes  No  If yes enter 1 ________

Now add up your “Yes” answers: ________ This is your ACE Score
Table 2. Four Most Common Adverse Childhood Experiences (and percentage prevalence) Among Children Ages Birth through 17, Nationally, and by State

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Violence Prevention
Risk and Protective Factors

Risk Factors for Perpetration

Risk factors are characteristics linked with youth violence, but they are not direct causes of youth violence. A combination of individual, relationship, community, and societal factors contribute to the risk of youth violence. Research on youth violence has increased our understanding of factors that make some populations more vulnerable to victimization and perpetration.

Individual Risk Factors

- History of violent victimization
- Attention deficits, hyperactivity, or learning disorders
- History of early aggressive behavior
- Involvement with drugs, alcohol, or tobacco
- Low IQ
- Poor behavioral control
- Deficits in social cognitive or information-processing abilities
- High emotional distress
- History of treatment for emotional problems
- Antisocial beliefs and attitudes
- Exposure to violence and conflict in the family

Family Risk Factors

- Authoritarian childrearing attitudes
- Harsh, lax, or inconsistent disciplinary practices
- Low parental involvement
- Low emotional attachment to parents or caregivers
- Low parental education and income
- Parental substance abuse or criminality
- Poor family functioning
- Poor monitoring and supervision of children

Peer and Social Risk Factors

- Association with delinquent peers
- Involvement in gangs
- Social rejection by peers
- Lack of involvement in conventional activities
- Poor academic performance
- Low commitment to school and school failure

Community Risk Factors

- Diminished economic opportunities
- High concentrations of poor residents
- High level of transiency
  - High level of family disruption
  - Low levels of community participation
  - Socially disorganized neighborhoods
Violence Prevention
Risk and Protective Factors

Protective Factors for Perpetration

Protective factors may lessen the likelihood of youth violence victimization or perpetration. Identifying and understanding protective factors are equally as important as researching risk factors.

Individual Protective Factors

- Intolerant attitude toward deviance
- High IQ
- High grade point average (as an indicator of high academic achievement)
- High educational aspirations
- Positive social orientation
- Popularity acknowledged by peers
- Highly developed social skills/competencies
- Highly developed skills for realistic planning
- Religious beliefs

Family Protective Factors

- Connectedness to family or adults outside the family
- Ability to discuss problems with parents
- Perceived parental expectations about school performance are high
- Frequent shared activities with parents
- Consistent presence of parent during at least one of the following: when awakening, when arriving home from school, at evening mealtime, or when going to bed
- Involvement in social activities
- Parental/family use of constructive strategies for coping with problems (provision of models of constructive coping)

Peer and Social Protective Factors

- Possession of affective relationships with those at school that are strong, close, and prosocially oriented
- Commitment to school (an investment in school and in doing well at school)
- Close relationships with non-deviant peers
- Membership in peer groups that do not condone antisocial behavior
- Involvement in prosocial activities
- Exposure to school climates with the following characteristics:
  - Intensive supervision
  - Clear behavior rules
  - Consistent negative reinforcement of aggression
  - Engagement of parents and teachers
Part Two: What are risk and protective factors for perpetration? (5 – 7 minutes)

- Allow the students to review the list of risk factors. Have each group circle every risk factor that applies to their group and discuss among themselves. Assign a spokesperson for their group. Have each group share their top (3) risk factors. Are there commonalities among the groups regarding the top 3?

- Allow the students to review the list of protective factors. Have each group circle every protective factor that applies to their group and discuss among themselves. Have the spokesperson for each group share their top (3) protective factors. Are there commonalities among the groups regarding the top 3?

- Have each group share how they believe the risk factors contribute to mental health problems and how the protective factors can minimize or eliminate mental health problems.

(Source: https://www.cdc.gov/violenceprevention/pdf/STRYVE_2_page-FINAL_2012-a.pdf)

Part Three: What are youth violence prevention strategies? (10 minutes)

Youth violence is a serious problem that can have lasting harmful effects on victims and their family, friends, and communities. The goal for youth violence prevention is to stop youth violence from happening in the first place. Preventing youth violence requires addressing factors at all levels of the social ecology—the individual, relational, community, and societal levels.

Have the class brainstorm ways to achieve the following. Write responses on a flip chart or the board.

- Promote family environments that support healthy development.
- Provide quality education early in life.
- Strengthen youth’s skills.
- Connect youth to caring adults and activities.
- Create protective community environments.
- Intervene to lessen harms and prevent future risk.

(Source: https://www.cdc.gov/violenceprevention/youthviolence/prevention.html)

Part Four: Debrief

To assess whether students completed the learning objectives, have students answer (individually or as a class) the following review questions:

- What are ACEs (Adverse Childhood Experiences) and how might they influence youth violence and mental health?
- What types of risk factors might a student experience?
- What are examples of effects that violence has on mental health?
- What are examples of the effects that someone's mental health may have on violence?
- How can these factors negatively affect the learning environment and the community at large?
- How can protective factors for perpetration be implemented to achieve safer schools and communities along with promoting the well-being of all children, youth and families?
- How feasible are the prevention strategies discussed? Why or why not?