

2022

Reducing Violent Crime in Dallas, Texas

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COUN 6785: Social Change in Action:
Prevention, Consultation, and Advocacy

Social Change Portfolio

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OVERVIEW

Keywords: violence, Dallas, Texas, adolescents, exposure, trauma

Reducing Violent Crime in Dallas, Texas

Goal Statement: This project targets adolescent males aged 10-18 years who have been exposed to violence using Multisystemic Therapy-Prevention to reduce violent crime in Dallas County, Texas, by 10% in five years.

Significant Findings: According to recent statistics published for Dallas County, Texas, violent crime presents the most prominent health challenge. It reveals an almost 30% increase in violent crimes per person above the national average (*Dallas (DAS) County, Texas*, n.d.). Given that the problem of violent crime is typically young and male and that 99% of perpetrators report having been victims of violence themselves, the target population for this project is adolescent males exposed to violence (Walsh, 2020). Key findings indicate that Multisystemic Therapy-Prevention programs have been successfully applied in evidence-based programs in several locations in the United States. This project includes recommendations for including Multisystemic Therapy-Prevention programs, diversity and ethical considerations, and several ideas regarding advocacy for the targeted population.

Objectives/Strategies/Interventions/Next Steps: The objective is to reduce violent crime in Dallas County, Texas, by 10% over five years by implementing a Multisystemic Therapy-Prevention program targeting adolescent males aged 10-18 that have been exposed to violence. This strategy utilizes insight regarding protective and risk factors gained from research and social-ecological contexts, with interventions occurring at the individual, relationship,

community, and societal levels. The next steps include implementing the prevention program accompanied by an advocacy action plan in partnering with the Dallas County District Attorney's Office to ensure that every judge is required to review an assessment of every perpetrator's adverse childhood experiences before any judgment or sentencing.

INTRODUCTION

Reducing Violent Crime in Dallas, Texas

~~According to recent statistics published for Dallas County, Texas, violent crime presents~~ the most significant challenge and deviation from national averages. The most recent data points collected reveal 515 violent crimes per 100,000 people compared to the national average of 399, revealing an almost 30% increase (*Dallas (DAS) County, Texas*, n.d.). Given that the peak age-crime involvement is younger than 25 for all crimes reported in the FBI's Uniform Crime Report (Ulmer & Steffensmeier, 2014), I believe our best attempts at preventing violent crime must begin at an early age. My specialization in this curriculum is in trauma, and I think that traumatic events and adverse childhood experiences directly impact the future likelihood of violent acts. The theoretical underpinning for the connection between these topics lies in my belief and experience that hurt people end up hurting people. While not conclusive, trauma-informed theories provide some empirical basis for significant heterogeneity between victims and outcomes (Walsh, 2020). However, we know that the type of trauma that young men are more likely to be exposed to is violent, and the outcomes are more likely to be aggressive (Walsh, 2020). Accordingly, I think that an increase in mental health care for children and adolescents affected by trauma could prevent and lower violent crime in Dallas County.

PART 1: SCOPE AND CONSEQUENCES

Reducing Violent Crime in Dallas, Texas

The target I have selected within my community of Dallas County, Texas, is the public health/mental health problem of violent crime. The prevalence rate of violent crime occurring in Dallas County in 2016, the last available statistical year, reveals that 515 violent crimes occurred per 100,000 people in the population (*Dallas (DAS) County, Texas*, n.d.). Compared to the national average of 399 violent crimes per 100,00 people, Dallas County residents experience an almost 30% increase per year. From 2007 through 2016, Dallas County has trended higher in violent crime than both the state of Texas and the nation in each year (*Dallas (DAS) County, Texas*, n.d.). There have been changes to the problem over time. In 2007, Dallas County experienced a 47.3% increase in violent crime above the national average, and in 2016, that rate decreased to almost 30% (*Dallas (DAS) County, Texas*, n.d.). While this reflects a downward trend over the years, the remaining constant trend is that the prevalence of violent crime in Dallas County is higher than the national average.

The consequences of increased violent crime in Dallas County upon physical health include the potential for premature death or non-fatal injuries. People who survive violent crimes endure physical pain and suffering. Repeated exposure to crime and violence may be linked to increased adverse health outcomes (Margolin et al., 2010).

The mental health consequences of exposure to violent crime can be severe, and this is the basis of my prevention attempt. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes regardless of whether they are victims, direct witnesses, or hear about the crime in their community (Rhonda Jones-Webb & Melanie Wall, 2008). Children exposed to violence can experience anxiety, depression, behavioral problems, and post-traumatic stress disorders (Fowler et al., 2009). I believe that these very

children who are affected by violence more often end up repeating violence more frequently than their non-exposed peers. In a nationally representative U.S. sample, 99% of perpetrators of violence had reported being victims of violence themselves (Walsh, 2020).

Social and familial consequences can be considered through the social disorganization theory pioneered by Shaw and McKay (Errol et al., 2021). This theory attributes changes in family structure and stability of the community as reflective of criminal activity. Single-parent households, urbanization, and disruption of family networks can lead to a lack of guardianship or supervision over youth behavior, leading to higher crime rates (Errol et al., 2021). This lack of supervision can also lead to higher delinquency rates, affecting educational consequences like high school graduation rates. Dallas County falls five percentage points below the national average in high school completion (*Dallas (DAS) County, Texas*, n.d.).

The economic consequences of violent crime are enormous. While I don't have specific cost estimates for Dallas County, the money spent on police protection, legal and adjudication services, and corrections programs, including incarceration, is a large part of city and county budgets. These costs don't even include the direct economic losses suffered by crime victims, including medical care costs, lost earnings, and property loss/damage (McCollister et al., 2010). This Social Change Portfolio aims to reduce violent crime in Dallas County by gaining access and providing trauma therapy to children in the community who have experienced trauma and are more likely to become perpetrators of violent crime.

PART 2: SOCIAL-ECOLOGICAL MODEL

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The social-ecological model expounds upon and provides a framework for the idea that human development occurs through the interaction between individuals and their environments. In this model, the spaces in which people interact have generally been labeled as the individual, relationship, community, and social environments. This model reveals that a set of individual characteristics does not just determine human behavior but is heavily influenced by the individual's interaction and perception of several different environments. Further, the model shows that what matters for behavior and development is the environment as the individual perceives it, rather than existing in another's objective reality (Bronfenbrenner, 1979). Urie Bronfenbrenner founded this theory and has been said to agree with Kurt Lewin in suggesting that "if we want to change behavior, we have to change environments" (Bronfenbrenner, 1979).

Individual Level

The disruption of development and impact on behavior revealed by children's exposure to violence is complex. Exposure to violence affects a child's physical health and safety, psychological adjustment, and academic achievement at the individual level (Margolin & Gordis, 2000). This exposure can lead to risk factors, including emotional and behavioral disorders (Margolin & Gordis, 2000). At the individual level, children's exposure to violence is particularly disruptive because it can interfere with the timing of typical developmental trajectories (Margolin & Gordis, 2000). This exposure may lead to initial effects like anxiety, depression, or post-traumatic stress disorder symptoms (Margolin & Gordis, 2000). However, these initial effects may result in secondary reactions by disturbing a child's natural progression through the developmental tasks they face (Margolin & Gordis, 2000).

A recent study indicates that the most impactful protective factor at the individual level for children exposed to violence is self-regulation. Self-regulation refers to an individual's

ability to manage their emotions, impulses, and behavior (Yule et al., 2019). Exposure to violence and other trauma, especially for young children, has detrimental effects on the developing brain (Yule et al., 2019). These effects can disrupt the development of regulatory systems, including thinking skills like working memory and emotion regulation (Yule et al., 2019). This study helped to reveal that the protective role of self-regulation is reliably related to healthy functioning in children exposed to violence (Yule et al., 2019).

Relationship Level

Especially as a developing child, the role of family members becomes the most influential aspect at the relationship level. Depending on the situation's complexity and circumstances, these relationships can be either risk factors or protective factors. Exposure to violence as a child can alter the developing assumptions that are critical to learning to trust others and form secure attachment relationships, which occurs most frequently and earliest at the familial level (Margolin & Gordis, 2000). Distress in young children exposed to violence can be observed through changes in behavior, including sleep disturbances, irritability, emotional pain, fears of being alone, and regression in toileting behavior and language skills (Margolin & Gordis, 2000). Protective functions from family members can include protecting the child from danger, making their world predictable and safe, and leading their responses in unknown or threatening situations (Margolin & Gordis, 2000). Ultimately, warm and caring relationships with parents and other family members can provide the emotional and helpful support necessary for children exposed to violence (Yule et al., 2019).

Community Level

Schools are the environment where children spend the most time at the community level. Much like the family dynamics, the school environment can often become a risk factor or

protective factor for school-aged children exposed to violence. These children often have disorganized and insecure attachments to their primary caregivers and might have poor role models for the necessary, appropriate social interactions required in the school setting (Margolin & Gordis, 2000). However, if these kids can self-regulate and adapt to these settings, recent research suggests that having quality friendships can help buffer the effects of maltreatment on children's self-esteem (Margolin & Gordis, 2000). Understanding the social difficulties of these children can be an important protective factor to improving their development and experiences with peers (Margolin & Gordis, 2000). Unfortunately, school-age children with violent backgrounds have been found to be less pro-social, more aggressive, and negative when interacting with their classmates. They tend to be rated by their peers as less popular, more rejected, aggressive, and disruptive (Margolin & Gordis, 2000).

Societal Level

The societal level within the social-ecological model includes the social and cultural norms that interact with the individual. Exposure to community violence has been shown to influence children's later violent behavior, revealing increased risk factors for boys' aggression and depression (Margolin & Gordis, 2000). Culture influences values, beliefs, and norms surrounding violence and affects how children understand and label their own experiences (Margolin & Gordis, 2000). However, involvement in a religious organization has shown to be a protective factor (Yule et al., 2019). The positive messages of gratitude, tolerance, and acceptance often associated with religious and spiritual traditions may help teach children more effective strategies for resolving difficulties than violence (Yule et al., 2019). Additionally, extra-curricular activities outside of school may expose children to supportive adults and peers through activities that promote competence, accomplishment, and teamwork (Yule et al., 2019).

PART 3: THEORIES OF PREVENTION

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The prevention theory that I believe makes the most sense to apply to a prevention program aimed at lowering violent crime in Dallas County, Texas, is Multisystemic Therapy-Prevention (MST-PREV). As previously stated, my target for this prevention attempt is adolescents, based upon the belief that children affected by violence end up repeating violence more frequently than their peers, and 99% of perpetrators of violence report having been victims of violence themselves (Walsh, 2020). Multisystemic Therapy-Prevention is an appropriate fit because it is an intensive family-and community-based treatment that addresses the multiple causes of severe antisocial behavior, specifically in juvenile offenders (*Blueprints Programs – Blueprints for Healthy Youth Development*, n.d.). MST-PREV is appropriate for the problem because it addresses the behavior within family, peers, school, and neighborhood systems. MST-PREV is suitable for the population because it focuses on adolescents.

Early sessions reveal the strengths and weaknesses of the adolescent, the family, and their interactions outside the family, such as peers, friends, school, and parental workplace. Problems identified are targeted for change by using the strengths in each system (*Blueprints Programs – Blueprints for Healthy Youth Development*, n.d.). At the family level, MST-PREV targets barriers to effective parenting, enhances parenting competence, and promotes affection and communication among the family members (*Blueprints Programs – Blueprints for Healthy Youth Development*, n.d.). At the peer level, MST-PREV often seeks to decrease affiliation with delinquent and drug-using peers and increase associations with positive peer influences (*Blueprints Programs – Blueprints for Healthy Youth Development*, n.d.). At the school level,

MST-PREV focuses on positive communication lines between parents and teachers, parental monitoring of the adolescent's performance, and structuring after-school hours to support academics (*Blueprints Programs – Blueprints for Healthy Youth Development*, n.d.). At the individual level, MST-PREV uses cognitive behavioral therapy to modify adolescents' social skills, belief systems, and motivational systems while encouraging them to deal successfully with peer pressure (*Blueprints Programs – Blueprints for Healthy Youth Development*, n.d.)

Multisystemic Therapy-Prevention has been demonstrated to work successfully in an evidence-based program in South Carolina. MST-PREV was used and compared against usual services to treat 84 serious juvenile offenders and their families (Henggeler et al., 1992). Adolescents in this program that received MST-PREV had fewer arrests and self-reported offenses and spent an average of 10 fewer weeks incarcerated (Henggeler et al., 1992). Additionally, the families that received MST-PREV reported increased family cohesion and decreased aggression in adolescents' peer interactions (Henggeler et al., 1992).

Multisystemic Therapy-Prevention was also successfully applied in an evidence-based program in Missouri. This study examined the criminal and civil court outcomes of 176 serious and violent juvenile offenders for over 20 years (Sawyer & Borduin, 2011). MST-PREV demonstrated diminished adolescent behavior problems reported by the mothers of the individuals (Sawyer & Borduin, 2011). MST-PREV in this program led to 70% fewer arrests and convictions and fewer days in confinement (Sawyer & Borduin, 2011). MST-PREV also demonstrated that it affected the closest sibling to the target of the MST-PREV, revealing fewer arrests and convictions than the control group siblings (Sawyer & Borduin, 2011).

An additional theory that might serve this project's prevention attempt is Social Cognitive Theory. This theory stresses the importance of the social environment upon an individual's

motivation, learning, and self-regulation (Schunk & DiBenedetto, 2020). Social Cognitive Theory could be particularly useful in this application, given its focus on self-efficacy. Especially since research has demonstrated, as previously discussed, that self-efficacy is a protective factor for this population and problem, Social Cognitive Theory might have the positive impact on behavior this project seeks.

PART 4: DIVERSITY AND ETHICAL CONSIDERATIONS

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While the focus of this paper is upon the broad population of adolescents, a particular subgroup within that population that is impacted by violence at increased rates is the African American community. Homicide has been the leading cause of death for African American adolescents in the first decade of the twenty-first century (Reese & Vera, 2007). In 2002 alone, homicide resulted in the premature loss of approximately 291,000 years of life for African Americans based upon an average life expectancy in the United States of 75 years (Reese & Vera, 2007). Recent research reveals through government documents and reports and criminological research studies that there's an elevated risk of involvement in violence for African American adolescents, especially in our nation's largest cities, including Dallas (Rojas-Gaona et al., 2016).

Based upon my research, one of the most effective mechanisms to increase the cultural relevance of a prevention program requires including the target program participants in the planning, implementation, and evaluation of the program (Reese & Vera, 2007). One of the best examples of this mechanism in action has been referenced from Multisystemic Therapy-Prevention (MST-PREV), which has already been discussed in this portfolio. The authors of

MST-PREV made certain to include the family members of their program participants as full collaborators in treatment planning, focusing on the family support systems, and removing barriers to service by providing in-home services (Reese & Vera, 2007). Another important mechanism for increased cultural relevance is the need for programs to demonstrate effectiveness in well-designed, randomized, controlled trials conducted by independent investigators (Reese & Vera, 2007). This level of empirical support lends a level of scientific soundness that ensures that the program is specifically responsive to the targeted population (Reese & Vera, 2007).

There are, of course, ethical considerations to be addressed when attempting to implement an intervention into a community. Assuming that they operate as intended, health promotion efforts alter the developmental experiences of those involved (Blank et al., 2003). Adding informed consent to the recruitment and implementation procedures can add legitimacy to the program (Blank et al., 2003). Multisystemic Therapy-Prevention, as previously described, addresses the ethical issue of stakeholder collaboration by including the family members of the adolescent target in the process. An additional consideration that can often be seen is that prevention interventions are introduced at a systems level, while the problems are defined at the individual level (Blank et al., 2003). Our responsibilities as counselors regarding diversity and ethical considerations can be found in the very beginning of the ACA Code of Ethics Preamble. The requirement to honor diversity and embrace a multicultural approach in support of people within their social and cultural contexts is part of the backbone of the code (American Counseling Association, 2014).

More specifically, an ethical issue that should be considered when offering MST in prevention is regarding section "C" of the ACA code of ethics, which compels counselors to utilize practices based on "rigorous research methodologies." (ACA, 2014). While MST-PREV

has been widely used and accepted throughout the U.S., recent research demonstrates mixed results. Additionally, the study revealed further issues such as deeper consideration of cultural differences, the need for larger sample sizes, and better documentation (Markham, 2018).

PART 5: ADVOCACY

Reducing Violent Crime in Dallas, Texas

~~————The social institution in which children and adolescents spend the most time are their~~
schools. According to the last domain of the Multicultural and Social Justice Counseling Competencies (MSJCC) guidelines (i.e., IV. Counseling and Advocacy Interventions), competent counselors should explore with clients the extent to which social institutions are supportive (Ratts et al., 2016). A potential barrier at this level is the accuracy and effectiveness of communication between the clients and school staff. Often there is miscommunication between teachers and administrators, the child or adolescent, and the family. An advocacy action that could be taken to address this problem is a meeting attended by all parties, led by the counselor, in which agreed upon positive lines of communication are established (*Blueprints Programs – Blueprints for Healthy Youth Development*, n.d.). Moving forward, a system by which parental monitoring of the student's school performance could be established in an online format in which parents can see their child's grades and any comments left by the teacher at any time.

At the community level, a barrier to addressing the problem of reducing violence in Dallas County, Texas, lies in the fact that children affected by violence end up repeating violence more frequently than their peers. A study conducted in the United States revealed that 99% of perpetrators of violence report having been victims of violence themselves (Walsh, 2020).

According to the Counseling and Advocacy Interventions domain of the MSJCC guidelines, competent counselors take the initiative to explore with their clients how community norms, values, and regulations embedded in their society hinder their growth and development (Ratts et al., 2016). An advocacy action that I would like to address the problem is conducting qualitative and quantitative research specifically in Dallas County to evaluate how community norms, values, and regulations influence these clients (Ratts et al., 2016).

At the level regarding public policy, a barrier to addressing the target problem of reducing violent crime is applying punishment to the perpetrator of violence without understanding the totality of circumstances that led to the violence. According to the Counseling and Advocacy Interventions domain of the MSJCC guidelines, competent counselors assist with creating local laws and policies that promote multiculturalism and social justice (Ratts et al., 2016). The advocacy action I would take to address the problem would be meeting with local social workers, prosecutors, and judges to help them see that a proper psychological and historical evaluation should be considered prior to every case's trial or plea bargain. The perpetrator's exposure to violence as a developing child and adolescent should be considered before judging their character and actions. Perhaps eventually, a law or court procedure could be implemented that required every judge to order and review an assessment of the perpetrator's adverse childhood experiences, administered by an independent mental health professional, prior to any sentencing.

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