

Shlomo Ben-Ami, to develop a national agenda for violence prevention in the Israeli society. This newly established committee will focus on the following issues: 1. Family violence, 2. Violence against women, 3. Youth violence (including outside of school), 4. Violence on the streets, and 5. Violence in other settings (e.g., in the work place, in sports, political violence, etc.). The committee will focus on all stages of prevention, i.e., primary, secondary and tertiary prevention. The task is far from easy. For a strategy to be successful it has to include four vital elements: (1) A detailed national long-term systematic cross-disciplinary agenda for the reduction of violence; (2) An identified national authority (agency) that has the mandate to coordinate all activities across the respective ministries and organizations relevant to the program. This agency should be *accountable* for achieving the goals of violence reduction; (3) A reasonable allocation of resources; (4) A scientific surveillance system to monitor the efficacy of the national strategy over time.

We have much more to do, but I am cautiously optimistic, having seen the significant progress made by the Israeli society during the past year.

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A CROSS-NATIONAL STUDY OF YOUTH VIOLENCE IN EUROPE

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Daily youth violence has been identified as one of the main epidemics affecting the health, safety and well being of adolescent school children during the prime time of their youth. Over the past decade and a half, the issue of youth violence has been treated very differently in North America and in Europe. The topic of violence among young people gained public attention in the United States and Canada due to the increase in homicide incidents in which kids killed kids. This became an epidemic, especially among inner-urban black male young populations. Consequently, most of the attention of violence prevention research and programs on the national level in the USA were targeted at issues related to gun control, prevention of access of firearms into schools and prevention of gang violence. These efforts were framed within Public Health under the area of **Prevention of Intentional Injuries**.

It was only in 1989 that the Centers for Disease control in Atlanta defined the highest priority risk behaviors associated with intentional injuries among youth as: 1. Involvement in physical fights, 2. Being injured in a fight, and 3. Carrying any type of weapon. These highest priority risk behaviors were included in the US-Youth Risk Behavior Surveillance System, and became an official target for change toward the year 2000 objectives in health.

The Europeans, on the other hand, were not very interested in the issue of gun control. The issue of "carrying weapons" was perceived as not being a problem among European youth. In fact, when a suggestion was made to include the measure of weapon carrying in the European cross-national youth survey in 1990, it was rejected instantly. Despite the lack of interest in the weapon issue, the Europeans invested many efforts in an attempt to prevent bullying behavior in schools. The leading person in this effort was Dan Olweus from the University of Bergen in Norway, together with several research teams in England and other Nordic countries. Over the years, new strategies

emerged in Europe to reduce the burden of bullying in schools, resulting in quite an impressive array of evaluation studies showing dramatic changes in bullying patterns in places where interventions were implemented.

During the late 80s and early 90s, the Americans were ignoring daily violence such as vandalism and bullying, while focusing primarily on the more severe behaviors of weapon carrying, gang violence and fight injuries. The Europeans, during that period of time, focused almost solely on bullying and its effects on school perceptions and well-being.

The World Health Organization's Health Behavior in School-Aged Children (WHO-HBSC) cross-national study provided the opportunity to bring these two distinct orientations together. The HBSC is a European-based study on health-related behaviors and psychosocial risk and resilience factors associated with them. It began as a cross-cultural study of four countries interested in studying the determinants of smoking among young adolescents. Currently, 37 countries are participating in the HBSC under the auspices of the European Office of the World Health Organization.

These countries include most of Western Europe, including the English, French and German components, all the Nordic countries, Mediterranean countries such as Portugal, Spain, Greece and Israel, about eight Eastern European countries, and the two Northern American countries of Canada and the United States.

The HBSC is a school-based survey implemented every four years in all participating countries simultaneously, using a mandatory methodological protocol. The survey is administered to nationally representative samples of 11, 13 and 15 year old school children who fill in a detailed standardized self-administered questionnaire. The data collected from all countries are pooled together at the data coordinating center in Norway and are analyzed cooperatively by all participating research teams.

The conceptual framework guiding the study is rooted in the behavioral and social sciences. Health related behavioral patterns, such as smoking, drinking, eating habits, physical activity, drug use, unsafe sexual behaviors, bullying, use of seat belts and helmets, are studied together with mental and physical health and well-being outcomes. The information on these "dependent variables" is gathered within a very rich environment of data on self perceptions, and perceptions related to the three main social settings that have the most influence on children as they grow up: 1. The family, 2. The school, and 3. Their peers.

Using theoretical models and paradigms such as the socialization theory or the "psychosocial factors in health" framework, an array of very important research questions is being studied in a cross-cultural environment. The epidemiology of specific health or behavioral outcomes (on the left hand side of the model) can be analyzed, enabling sub-populations at risk and trends to be identified over time. Questions related to the effects of child characteristics such as self-image or other behaviors can be studied too. The most unique type of questions in the HBSC relate to risk and resilience factors stemming from relationships in the family, perceptions of school and school climate and patterns of socialization, providing an opportunity to carry out a cross-national analysis and identify universal influences on adolescents' lives and to learn from the success or failure of particular national policies or prevention strategies.

Over the past decade, the HBSC has been used to inspire research and policy in various areas of adolescent well-being. To date, it has become the backbone of policy and program development in school health of the World Health Organization, serving as a meeting point for researchers and other adolescent health professionals to brainstorm about ways to improve the quality of life of young people.

The topic of bullying at school has been included in the mandatory part of the HBSC study since the late 80s. The measures included were adopted from the work of Dan Olweus in Norway and they include measures of the frequency of being victimized by bullying at school and the frequency of participating in bullying someone else in school. The data provided by these measures afforded for the first time a window into the burden of daily violence among school children in Europe, and allowed each country to compare the level of bullying among their respective pupils with that registered in other countries.

In 1994, the Israeli HBSC research team developed a youth violence package that was based on both the HBSC bullying measures and the USA Youth Risk Behavior Surveillance system. This package included measures of the most important dimensions of daily violence among youth such as: bullying, vandalism, involvement in physical fights, intentional injuries, victimization from verbal and physical attacks, and carrying weapons. This package was used as a supplement to the 1994 Israeli HBSC survey implemented on a nationally representative sample of 11-17 year old youth.

In 1995, the USA carried out the first US-HBSC survey in which they too used the combined youth violence package, enabling the comparison of data between Israel and the USA.

In June of 1995, the first national report on youth violence was submitted to the Israeli Minister of Education and to the Knesset Educational Committee. Despite the fact that the Israeli youth presented very positive patterns in several vital areas, the data on youth violence was extremely alarming. However, it took another four years and another national HBSC study to convince the public and the policy makers that significant action has to be taken immediately.

The findings from the 1998 HBSC survey tell the story of a population of adolescents living in a society undergoing social change. Over the years they were deprived of systematic guidance on how to cope with frustration and conflict in their daily lives without having to resort to verbal and physical abuse. The currently unfolding story is one of daily violence among Israeli school children.

Table 1 presents the percentage of students aged 11, 13 and 15 years who were bullied at least once during the school term, shown by country. The rates vary from 15.7% for Swedish kids to over 68% of school children in Lithuania. Israel is ranked 8th from the bottom, with 50% reporting victimization from bullying. Israel is also ranked 8th in repeated bullying, with 23% of the youth reporting victimization from bullying three times or more during the school term.

A similar comparison is shown for involvement in bullying someone else.

Table 2 presents the percentage of students who bullied someone else at least once during the term. Rates vary from about 14% for England and Sweden to over 60% for Germany, Lithuania, Greenland, Denmark and Austria. Israel is ranked 11th from the bottom with 43% of students involved in bullying.

The data presented in Tables 1 and 2 provide an insight into the reasons for cross-national variations in youth violence rates. We failed to find any geographic, linguistic, cultural, geopolitical or other social characteristic that is unique. Among the high rate countries are Western and Eastern European countries, including a representative of the Nordic countries. The countries with low rates are also politically and socially heterogeneous. There is only one explanation we found. All the countries that we know from the scientific literature or from national reports have implemented during the past decade a serious national systematic program or strategy to reduce youth violence or to

Table 1
 Percent of students who have been bullied at school at least once during this term, by country

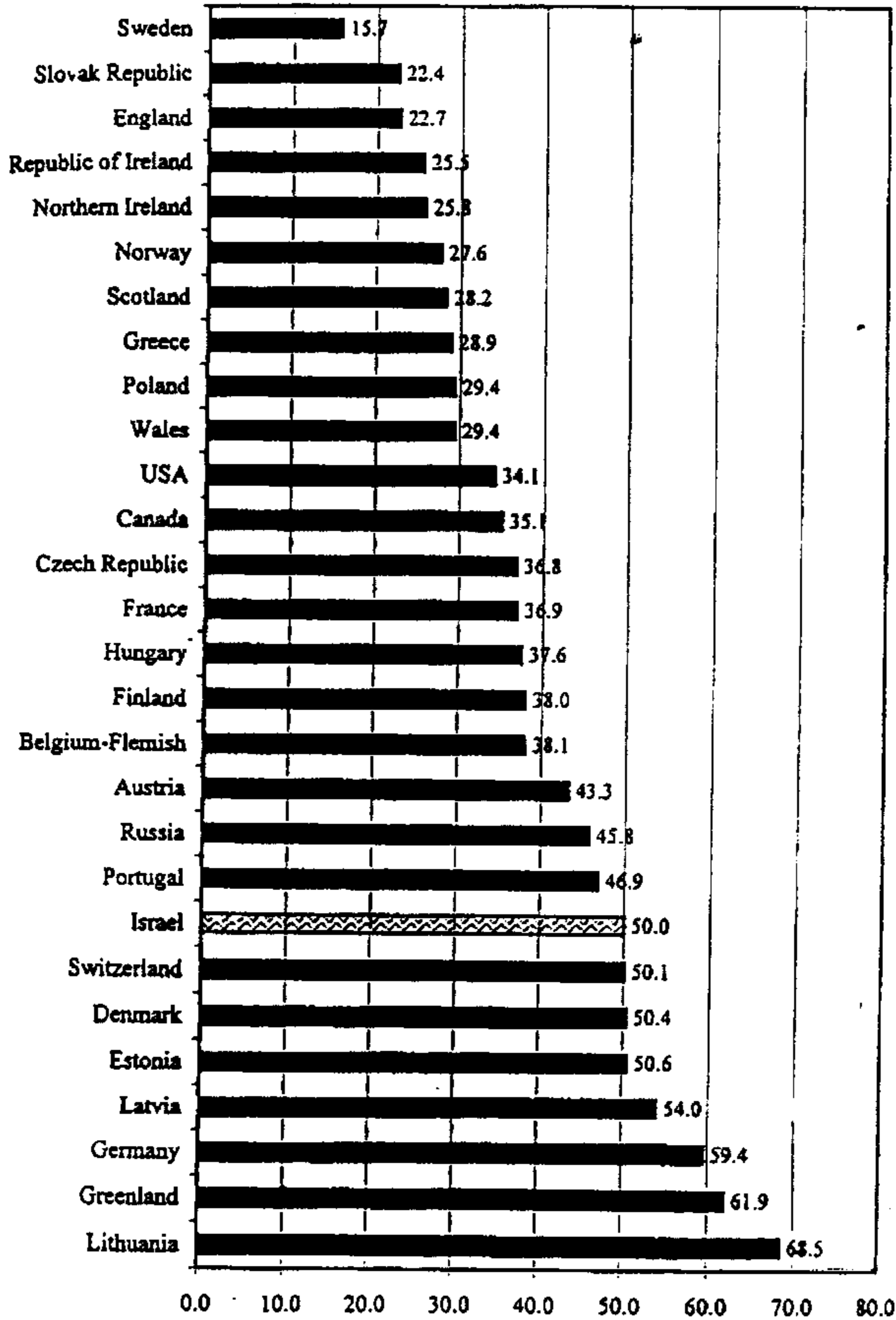
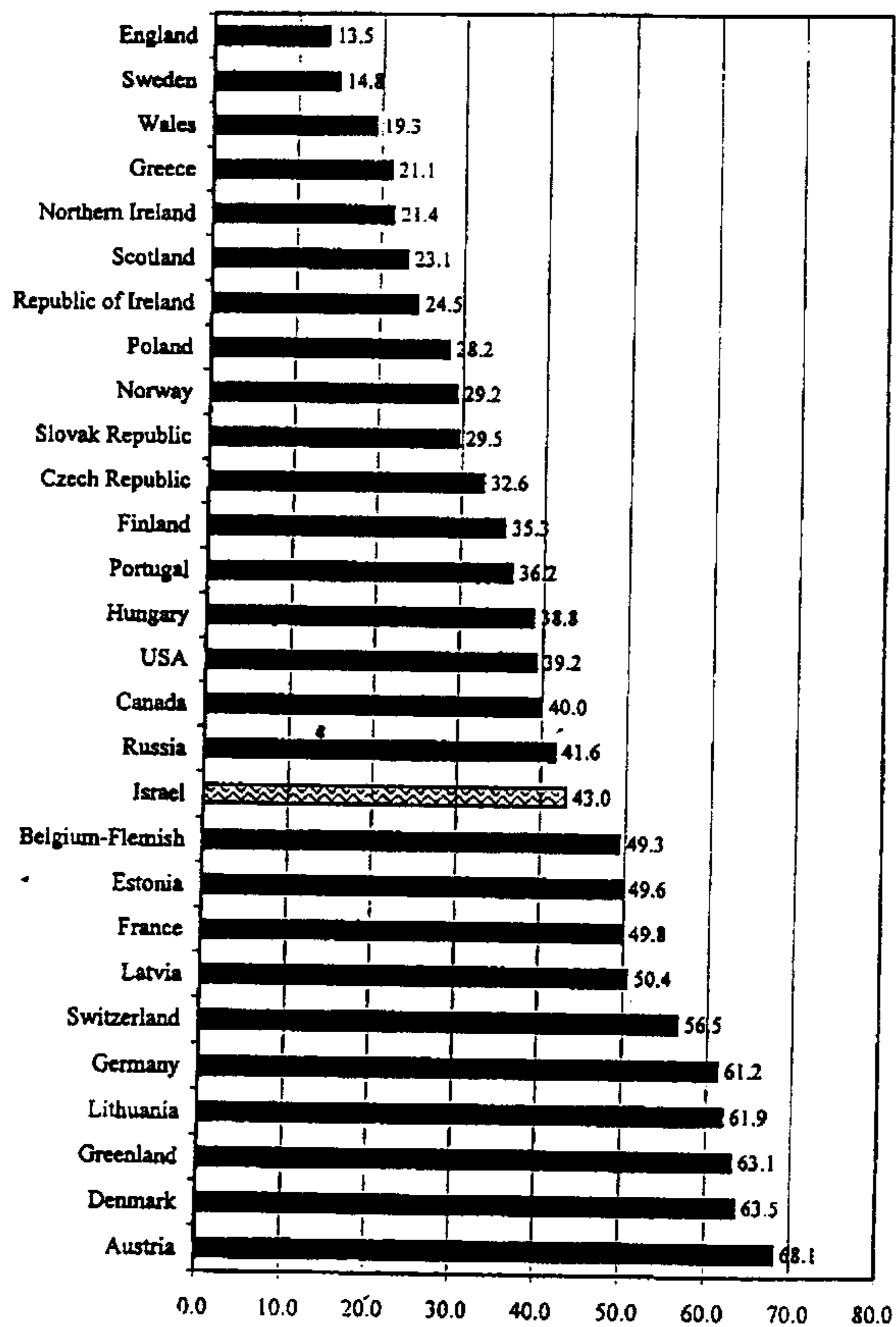


Table 2
 Percent of students who have bullied someone else at school at least once during this term, by country



improve adolescent health and well-being are all in the low-rate area of the graph. This includes countries like Norway, Poland, England, Sweden, Wales and others. The countries in the high-rate area of the graph, including Israel, have not yet implemented a national multi-disciplinary program to address the issue. This is good news, since the implications are that, if it works correctly, a country can in fact reduce youth violence rates significantly.

The most significant change was found for the USA. In 1993, the National Center for Injury Control and Prevention at the Centers for Disease Control published their recommendations for a National Strategy to prevent injuries among the American population. A major part of that program was dedicated to the reduction of youth violence. This national program was funded by Congress and was implemented steadily since 1994. In 1994, on *all measures* of youth violence that were included in the surveys conducted in Israel and in the USA, American youth had higher rates than the Israelis, suggesting that the problem of adolescent violence was much worse in the American society as compared to Israel. Four years later, in 1998, on all measures of youth violence, the American youth show *significantly lower* rates than those registered for Israeli youth. This is using exactly the same items and methodology in both countries in both points of time.

Even in a country known for having a serious problem of violence among their youth, change can be achieved by implementing a systematic national policy.

Table 3 shows selected measures of youth violence among Israeli studies, comparing rates in 1994 to those reported in 1998. Contrary to the perceptions aired in the public media, the HBSC data suggest that there was no increase in youth violence in Israel between 1994 and 1995. In fact, there is a slight non-significant decline in rates for all but one variable. The rate of youth violence in the Israeli youth population was therefore stable during this period. This came as no surprise to the research team. Our report in 1995 presented an alarming situation and, since no national policy to reduce the problem was developed, there was no reason to believe that the picture would change.

The rates of violence in Israel remained stable over those four years, whereas the rates in the USA declined rapidly. I am much more optimistic today following the actions carried out by the Israeli Government following the release of the 1998 data.

Table 3
Comparison of violence rates between 1994 and 1998: Jewish pupils

	1994	1998
<u>At School</u>		
Victim of bullying at school at least three times	21.6	18.2
Involved in bullying at school at least three times	16.2	15.1
Injured by stick, knife or weapon	4.5	4.4
Injured by a hit, slap or painful push	38.2	37.4
Took money or objects by force	5.9	9.0
<u>At Various Locations:</u>		
Participated in physical fighting	46.3	41.9
Injured during physical fight	9.2	9.5
Injured by stick, knife or weapon	8.2	5.3
Carried any type of weapon during past month	13.6	12.7

Table 4
Logistic regression models predicting youth violence with smoking and drinking behaviors: HBSC-Israel 1998, grades 6 - 10

	Bullied Someone Else 3+	Was Bullied 3+	Injured During A Fight	Carried A Weapon P30D
Male	3.17	1.72	3.46	4.88
Grade	0.84	0.78	0.78	0.90
Ethnicity (1 Jewish 2 Non-Jewish)	1.66	1.59	5.00	2.12
Weekly Smoking	2.10	1.16	2.38	3.35
Binge Drinking	2.34	1.61	4.66	4.67
N	7,815	7,823	7,738	7,807

* All Odds Ratio presented in this table were statistically significant at P<0.05

Some additional points of interest resulting from the analysis of the Israeli youth violence data are shown in Tables 4, 5 and 6.

The following investigation was carried out to look at the relationship between smoking and drinking and the involvement in youth violence. Table 4 presents the Odds Ratios of fitting logistic regression models predicting four behaviors related to violence: 1. Bullied someone else three times or

Table 5
Results of multivariate logistic regression model analyses: negative perceptions of school climate

	<i>Carried Weapon at Least Once Over the Past Month</i>		<i>Bullied Another Pupil at School Three Times or More</i>	
	Odds Ratio	Rate Per Hundred	Odds Ratio	Rate Per Hundred
No Negative Perceptions	1.00	8.1	1.00	11.8
One Perception	1.36	10.7	1.08	12.6
Two Perceptions	1.67	12.8	1.57	17.4
Three Perceptions	2.68	19.1	1.87	20.1
Four Perceptions	2.81	19.8	1.88	20.1
Five Perceptions	2.72	19.3	1.99	21.1
Six Perceptions	2.88	20.2	2.13	22.2
Seven Perceptions	2.90	20.3	2.41	24.4
Eight Perceptions	2.69	19.1	1.77	19.2
Nine Perceptions	3.90	25.5	2.05	21.5
Ten Perceptions	5.10	30.9	2.80	27.3
Eleven Perceptions	9.75	46.1	2.98	28.6
Twelve Perceptions	7.23	38.8	2.67	26.4
Thirteen Perceptions	25.97	75.0	4.16	38.7
	N=7,974		N=8,001	

Table 6
Results of multivariate logistic regression model analyses: Number of perceptions of disconnectedness from parents

	<i>Carried Weapon at Least Once Over the Past Month</i>		<i>Bullied Another Pupil at School Three Times or More</i>	
	Odds Ratio	Percent Rate	Odds Ratio	Percent Rate
No Perceptions of Disconnectedness	1.00	11.7	1.00	15.0
One Perception	1.26	14.4	1.00	14.9
Two Perceptions	1.48	16.4	1.31	18.8
Three Perceptions	3.65	32.7	2.60	31.5
Four Perceptions	2.46	24.6	2.08	26.9
Five Perceptions	3.60	32.4	1.56	21.6
Six Perceptions	4.19	35.8	3.20	36.2
Seven Perceptions	3.68	32.8	4.94	46.6
Eight Perceptions	4.82	39.0	2.99	34.6
	N = 7,974		N = 8,001	

more, 2. Was bullied three times or more, 3. Was injured during a fight, and 4. Carried a weapon during the past 30 days. Smoking at least one cigarette a week and binge drinking (drinking five drinks or more on one occasion) were included in the model "over and above" the effects of gender, grade and ethnicity.

An Odds Ratio of 2.00 is regarded in Public Health as an indicator of a major risk factor. The findings presented here show that both smoking and drinking have partial effects greater than two on three out of the four violence variables. The only variable in which the Odds Ratio is less than two is the victimization measure. Young persons who smoke or binge drink are twice as likely to bully other young persons, and are three or four times more likely to get injured in a fight or carry a weapon compared to peers that do not smoke or "binge" drink. This suggests an extremely strong association between these three behaviors.

THE INFLUENCE OF SCHOOL

The HBSC study collected information on the perceptions of young people towards school using 13 distinct measures. These items covered five dimensions of school life: 1. General perceptions, 2. Perceptions of the school rules and regulations, 3. Perceptions of teacher-pupil relations, 4. Perceptions of personal achievements and 5. Perceptions of the social climate at school. Negative perceptions in all five dimensions predicted involvement in violence. However, the most meaningful finding related to the accumulation of negative perceptions of school, regardless of the dimension they present. We counted the number of items for which the respondents provided an answer that indicates a negative perception of school. Respondents varied from students with zero negative perceptions to students with 13 negative perceptions. A logistic regression model was fitted to the data to demonstrate how the probability of being involved in youth violence increases as a function of the amount of negative perceptions of school, regardless of the specific dimensions.

The table shows that the Odds Ratios for carrying a weapon increase from one for kids with no negative perceptions to over 25 for kids with 13 negative perceptions. The findings also show that youth that have just three negative perceptions of school (regardless of the specific dimension) are already more than twice more likely than youth with no negative perceptions to carry a weapon. A similar effect is shown for bullying behavior.

This finding explains why rates of school violence declined in schools that implemented interventions aimed at improving the school setting, despite the fact that these interventions were very different in nature across documented schools. Namely, it does not matter in what area of school life the improvements are made, so long as they result in less negative perceptions of school as a whole.

A similar analysis was carried out regarding the relationships with parents. Respondents were asked eight questions regarding the amount of involvement of parents in their daily life. For example: To what extent do you feel you can talk with your mother about things that bother you? Or: To what extent are your parents encouraging you to do well at school? We counted the number of answers that each respondent gave to these items that indicate disconnectedness from their parents. Students ranged from zero negative perceptions of parent-child relations to eight negative perceptions.

Table 6 shows the results of the logistic regression models. As with school, here too, the more negative the perceptions, the higher the probability of involvement in violence. Students with only three negative perceptions are already more than twice as prone to violence than those with no negative perceptions. This finding is consistent with findings from the American Youth Study indicating a strong protective effect of connectiveness with parent on a list of risk-taking behaviors.

The data of the Israeli and American youth violence supplements to the HBSC survey are still being analyzed and findings are being used to guide the development of policy and programs to address the issue more effectively.

The increased awareness of the importance of addressing violence among youth has resulted in a commitment of the WHO-HBSC project to include a "Focus Package on Youth Violence" in the next cross-national survey to take place in the year 2001. The conceptual model guiding the development of this future study is presented in Figure 1.

Based on the conceptual framework of the HBSC, the 2001 survey will include a host of measures related to victimization, perpetration of violence and consequences of youth violence. This data will provide a unique opportunity to investigate the roots of youth violence across many more cultures in an attempt to develop better policies and programs to address the issue.

WHAT IS BEING DONE ABOUT THE ISSUE OF YOUTH VIOLENCE IN ISRAEL

Following a cluster of several highly publicized incidents of youth stabbings, the Minister of Education established a public committee to investigate the issue of youth violence and recommend a national strategy to reduce school violence among Israeli children and youth. The committee, chaired by the current Minister of Science, Mattan Vilnai, submitted its report in August 1999; this recommended a detailed national program to reduce violence in the educational system. These recommendations were accepted by the current Minister of Education and were circulated to all school principals at the start of the current school year for immediate implementation.

In September 1999 the Prime Minister of Israel appointed a new committee of Ministers, headed by the Minister of Internal Security, Prof.

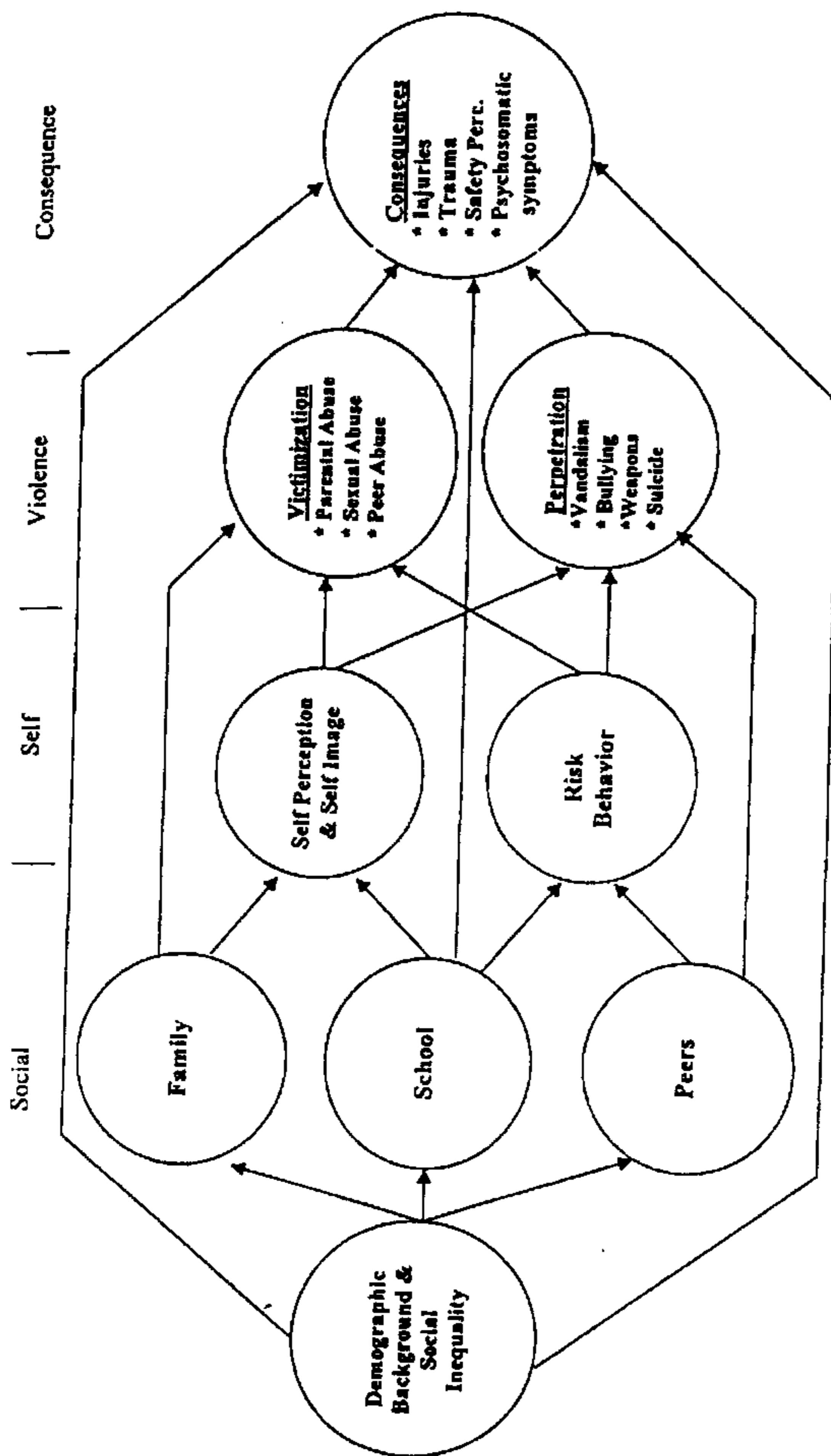


Fig. 1: Psychosocial determinants of adolescent violence: An empirical path model for the development of the WHO-HBSC - 2001 Focus package on violence and injury prevention