

# Standardized violence-prevention programs may not prevent teen fighting, findings suggest

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UT Southwestern Medical Center investigators have uncovered new insights on adolescent fighting: what triggers it, and how to stem it.

Varied real-life factors pile on daily to put teens on edge: destructive behaviors like drug abuse, drinking or high-risk sexual encounters; poverty; academic troubles; and even depression. Data analyzed by researchers at UT Southwestern suggests that when teens perceive support from their families and/or schools, it can help mitigate violence.

"Our findings tell us that it's unlikely that traditional cookie-cutter violence-prevention programs will be effective for everyone," said Dr. Rashmi Shetgiri, instructor of pediatrics at UT Southwestern and lead author of a new study, available online and in the September/October issue of [Academic Pediatrics](#).

The analysis of more than 4,000 respondents suggests that violence prevention programs targeted to specific teen populations may be helpful in curbing aggression.

The researchers found that Caucasian and Latino teens who reported either smoking or [alcohol consumption](#) were more likely to fight, as were African-Americans living below the poverty threshold.

In addition, the study is the first to suggest that depression may increase

the risk of fighting for Latino youth. Dr. Shetgiri said that finding is significant because prior investigations have shown that Latino adolescents have higher rates of depression than other groups.

"Our study didn't examine why depression might lead to increased fighting among Latinos, but it showed that this mental-health disorder was a significant risk factor among both Latino boys and girls," Dr. Shetgiri said.

In reported anti-fighting factors, Latinos who said they felt supported by at least one person at their school were less likely to fight. One of the most important protective factors for Caucasian adolescents was the level of perceived support from their families.

"We didn't find distinctive protective factors for African-American kids, but there were trends toward both family and school support being potentially important," Dr. Shetgiri said.

She added that while the way adolescents perceive support varies, those who were expected to succeed were less likely to fight. "Expecting them to be successful, expecting that they're going to do a good job, could play a very important role in preventing fighting," Dr. Shetgiri said.

Teen violence is a major problem throughout the U.S. Each year, one in three high-school students is involved in fighting, and homicide remains the second-leading cause of death among [adolescents](#) and young adults.

Study results were drawn from the adolescent portion of the 2003 California Health Interview Survey. The statewide sample included 4,010 teens (12 to 17 years old) who took part in the telephone survey. The computer-assisted interviews were conducted over a seven-month period by bilingual interviewers in English, Spanish, Vietnamese, Korean, Mandarin and Cantonese and examined health, health-related

behaviors and health care access among the state's non-institutionalized population.

Although the study focused on California, Dr. Shetgiri said the findings can be extrapolated nationally.

"The data set reflects the kind of racial/ethnic diversity of a lot of urban populations throughout the country, particularly in terms of the increasing Latino population," she said.

The next step, Dr. Shetgiri said, is to complete focus-group studies with North Texas teens to identify factors that influence [fighting](#) from the teens' perspectives as well as which interventions would be most acceptable and feasible.

Provided by UT Southwestern Medical Center

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