

House Resolution No. 4894

99TH GENERAL ASSEMBLY

INTRODUCED BY REPRESENTATIVE FRANKS JR.

5181H.011

D. ADAM CRUMBLISS, Chief Clerk

1 **WHEREAS**, youth across this state are committing acts of violence against one another
2 and throughout their communities; and

3
4 **WHEREAS**, a national survey by the Centers for Disease Control and Prevention (CDC)
5 found that United States adults reported approximately 1.56 million incidents of victimization
6 by perpetrators estimated to be between 12 and 20 years of age; and

7
8 **WHEREAS**, the CDC states, “Violence is a serious public health problem in the United
9 States. From infants to the elderly, it affects people in all stages of life. In 2007, more than
10 18,000 people were victims of homicide and more than 34,000 took their own life.”; and

11
12 **WHEREAS**, the CDC reports that many people survive violence and are left with
13 permanent physical and emotional scars, and that violence erodes communities by reducing
14 productivity, decreasing property values, and disrupting social services; and

15
16 **WHEREAS**, a national initiative lead by the CDC, Striving to Reduce Youth Violence
17 Everywhere (STRYVE), assists communities in applying a public health perspective to
18 preventing youth violence; and

19
20 **WHEREAS**, in 1985, former United States Surgeon General C. Everett Koop declared
21 violence as a public health issue and called for the application of the science of public health to
22 the treatment and prevention of violence; and

23
24 **WHEREAS**, in 2000, former United States Surgeon General David Satcher declared
25 youth violence as a public health epidemic; and

26
27 **WHEREAS**, Dr. Satcher released a report that deems youth violence as a threat to public
28 health and calls for federal, state, local, and private entities to invest in research on youth
29 violence and for the use of the knowledge gained to inform intervention programs; and

30 **WHEREAS**, the report states that the public health approach to youth violence involves
31 identifying risk and protective factors, determining how they work, making the public aware of
32 these findings, and designing programs to prevent or stop the violence; and

33

34 **WHEREAS**, the 2000 public health report calls for national resolve to confront the
35 problem of youth violence systematically; to facilitate entry of youth into effective intervention
36 programs rather than incarceration; to improve public awareness of effective interventions; to
37 convene youth, families, researchers, and public and private organizations for a periodic youth
38 violence summit; to develop new collaborative multidisciplinary partnerships; and to hold
39 periodic, highly visible national summits; and

40

41 **WHEREAS**, an individual's characteristics, experiences, and environmental conditions
42 during childhood and adolescence are an indicator of future violent behavior; and

43

44 **WHEREAS**, ages 15 through 18, the ages that students spend in high school, are the
45 peak years of offending; and

46

47 **WHEREAS**, there is concern about high school dropout rates, academic performance,
48 and violence in schools across this state; and

49

50 **WHEREAS**, according to the Yale School of Medicine Child Study Center, the Comer
51 School Development Program offers low-achieving schools assistance in creating a conducive
52 learning environment while providing a solid foundation for students; and

53

54 **WHEREAS**, the work of the Yale School of Medicine Child Study Center has
55 demonstrated that, "When teachers, administrators, parents, and mature adults interact with
56 students in a supportive school environment and culture, and provide adequate instruction in a
57 way that mediates physical, social-interactive, psycho-emotional, moral-ethical, linguistic and
58 cognitive-intellectual development, acceptable academic achievement will take place."; and

59

60 **WHEREAS**, the Comer School Development Program is an operating system comprised
61 of three teams: the School Planning and Management Team, the Student and Staff Support
62 Team, and the Parent Team, which work together to create a comprehensive school plan; and

63

64 **WHEREAS**, the Comer School Development Program model is guided by three
65 principles: decision-making by consensus, no-fault problem solving, and collaboration; and

66 **WHEREAS**, due to the violence epidemic, youth suffer from either primary or secondary
67 trauma. Primary trauma is trauma associated with the violent death of a loved one. Secondary
68 trauma results from exposure to violence present within their community; and

69

70 **WHEREAS**, exposure to violence in families and communities, as well as exposure to
71 homicidal death, can lead to youth-specific post-traumatic stress disorder with complex effects
72 as well as homicidal grief; and

73

74 **WHEREAS**, trauma is not easily visible within youth because it requires proper
75 assessment and, due to the amount of violence youth are currently exposed to, measures should
76 be taken to properly assess the issue; and

77

78 **WHEREAS**, the experience of trauma impacts children of all situations and conditions
79 across this state; and

80

81 **WHEREAS**, in August 2007, the CDC deemed schools as providing “a critical
82 opportunity for changing societal behavior because almost the entire population is engaged in
83 this institution for many years, starting at an early and formative period” and “Universal school-
84 based violence prevention programs represent an important means of reducing violent and
85 aggressive behavior in the United States.”:

86

87 **NOW THEREFORE BE IT RESOLVED** that we, the members of the Missouri House
88 of Representatives, Ninety-ninth General Assembly, declare youth violence as a public health
89 epidemic and support the establishment of statewide trauma-informed education.

✓