VetoViolence

Violence Education Tools Online

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INTRODUCTION TO PRINCIPLES OF PREVENTION

The act of 'prevention' is something ingrained in us. We regularly
take action to **prevent** things from happening. For example:

• changing the oil in your car to **prevent** engine problems
• putting money in a parking meter to **prevent** a fine
• brushing your teeth to **prevent** cavities

Prevention is a valuable skill and affects the quality of our life and the overall health of our
community. But, when it comes to violence, we sometimes feel helpless to stop it.

However, what we know through research and lessons learned can have a significant impact on
the lives of our families, our neighbors, and our communities.

There is a strong and growing evidence base that tells us we can stop violence, **before it happens.**

That's what **PRINCIPLES OF PREVENTION** is all about.
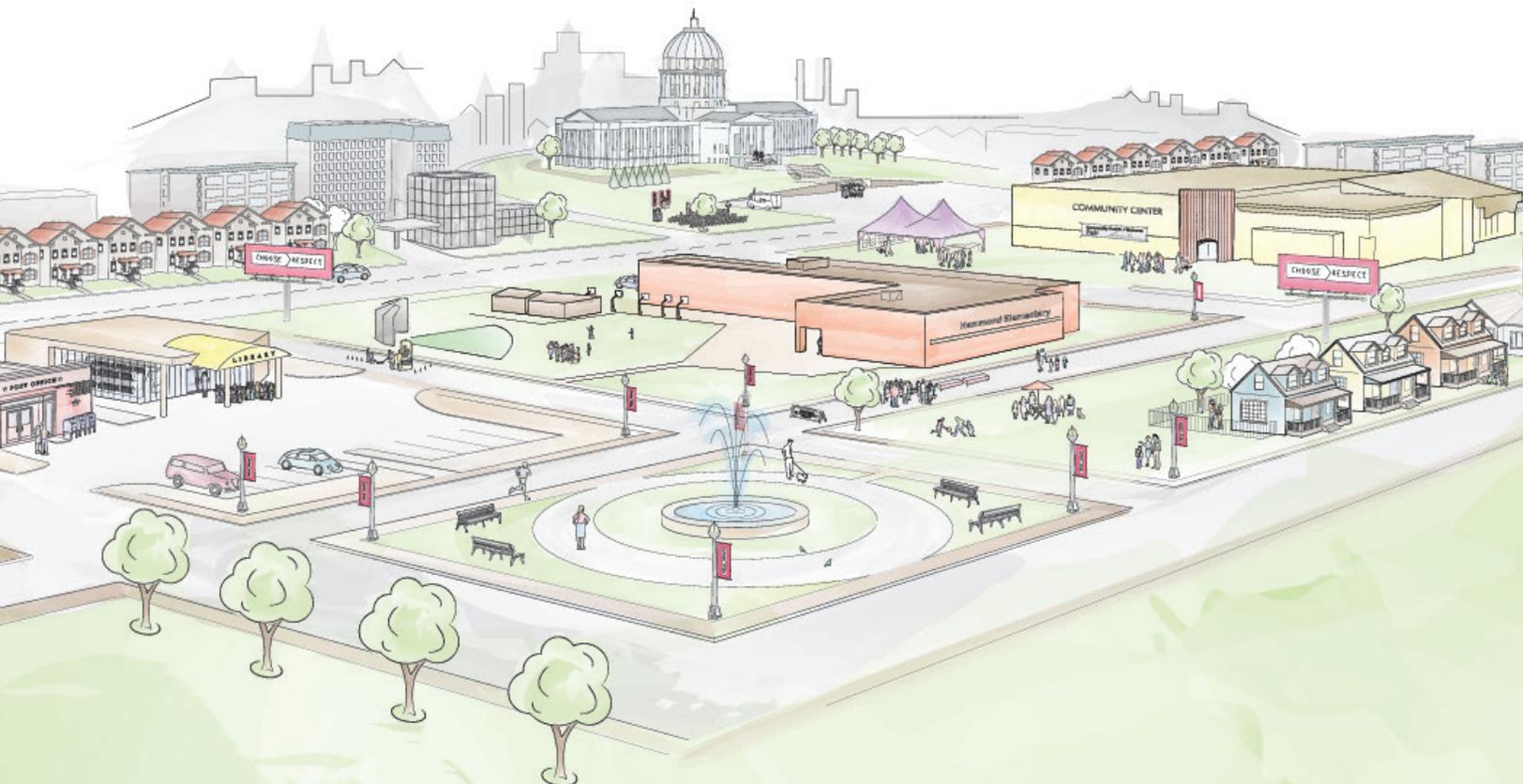
UNDERSTANDING VIOLENCE

DEFINITIONS AND FACTS

Violence is…

the intentional use of physical force or power—threatened or actual—against oneself, another person, or against a group or community—that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.

This definition is used by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).

Violence:
- Includes harm to one's self
- Is more than physical injuries we see
- Includes emotional / psychological scars that can last a lifetime
- Can also impact our general health
- Is common in homes, schools, workplaces and communities

DID YOU KNOW…. Each year, there are more than 55,000 victims of fatal violence in the US?

HEALTH AND ECONOMIC BURDEN IN THE US

The burden violence places on our society can be measured by:
- **Mortality:** number of deaths resulting from homicides or suicides
- **Morbidity:** incidence and prevalence of injury and disease resulting from violence
- **Economic:** direct and indirect costs associated with mortality and morbidity

Direct Costs:
- Medical expenses
- Short and long-term healthcare
- Criminal justice system

- Social services
- Special education
- Workplace training

Indirect Costs:
- Loss of productivity
- Loss of tax revenue from lost income

Over $70 billion dollars*:
- $64.8 billion lost productivity (92%)
- $5.6 billion medical care from 2.5 million nonfatal injuries (8%)

*These costs are only part of the picture—other costs exist that are harder to measure.

DID YOU KNOW…. Each year in the U.S., more than 2 million violence-related injuries are treated in emergency departments.

CDC'S ROLE IN VIOLENCE PREVENTION

CDC has been working to prevent violence since the 1970s.

In 1993, CDC established the Division of Violence Prevention (DVP) within the National Center for Injury Prevention and Control.

Traditionally, violence has been viewed as a criminal justice problem—catching the perpetrator and bringing him or her to justice. However, CDC reports that violence is a public health issue and seeks to stop the violence from happening in the first place.

CDC's activities include:
- Monitoring violence-related deaths, injuries, and behaviors
- Conducting research on risk and protective factors
- Helping partners plan, implement, and evaluate prevention strategies, programs, and policies
- Promoting the widespread adoption of effective strategies, programs, and policies

PRIMARY PREVENTION

Preventing violence requires extensive research, planning, development, and evaluation.

> What you'll need to remember most, is that violence prevention efforts can be divided into two types—**Before** and **After.**

• **Primary prevention** takes place **BEFORE** violence initially occurs. It involves programs and strategies designed to reduce the factors that put people at risk for experiencing violence. Or, they encourage the factors that protect or buffer people from violence.

• **Secondary prevention** takes place immediately **AFTER** a violent event. It deals with the short-term consequences and focuses on the immediate needs of the victim—such as emergency services or medical care.

• **Tertiary prevention** is a long-term approach **AFTER** a violent event has occurred. Efforts may include rehabilitation of the perpetrator, or social services to lessen emotional trauma to the victim.

PREVENTION APPROACHES

• **Universal Approach:** Prevention efforts focused on a population without knowing individual risk. Example: A violence prevention course that is taught to all students in a school, or to an entire grade level.

• **Selected Approach:** Prevention efforts focused on those individuals or groups that show one or more risk factors for violence. Example: A weekly workshop designed to teach effective parenting skills to low income, single parents.

• **Indicated Approach:** Prevention efforts for those who have already demonstrated violent behavior. Example: A series of treatment or counseling sessions for perpetrators of domestic violence.

When we talk about primary prevention, we think of the story of the fisherman who was fishing on a river and sees somebody struggling to swim, floating down the river. He puts down his fishing gear and jumps in and pulls that person ashore. Gets back to fishing. A few minutes later, he sees somebody else floating down the river, struggling to swim. He does the same thing. After several more rescues he decides to go back upstream on the river and find out what's going on. Why are these people falling into the river? What can be done to prevent this, so that we're not dealing with the consequences later?

The fisherman decided to investigate. He walked up river until he found a place where the trail was very narrow. It was easy to lose your footing unless you were careful. As he observed the trail, he struck upon a simple solution. The fisherman invited his neighbors to go with him to build a fence along the narrow part of the trail to keep people from falling into the river. From that day on, the man no longer had to worry about people in the river, and spent the rest of his days simply fishing.

From the fisherman's tale, we can identify several things…

> First, the fisherman identified the problem—people were falling into the river.

> Next, the fisherman did a thorough investigation and found a problem with the trail that put people at risk for falling into the river.

> The fisherman's solution involved enlisting the help of his neighbors to build a fence that would keep people out of the river.

After putting the fence in place and seeing that no one else had fallen into the river, he was able to determine that his solution was successful and future problems were prevented.

EVIDENCE-BASED PREVENTION PROGRAMS

Evidence-based prevention programs are those that have been tested, evaluated, and proven effective in lowering risk for violence when used as designed.

Things to Consider:
- What counts as "evidence" can vary
- An "evidence base" exists on a continuum
- Strength of the evidence and effectiveness of the programs should be taken into account
- Factors such as feasibility, usefulness, and acceptability to potential recipients are key
- Some prevention efforts that were not evidence-based have actually done more harm than good

SOCIAL-ECOLOGICAL MODEL

SOCIETAL   COMMUNITY   RELATIONSHIP   INDIVIDUAL
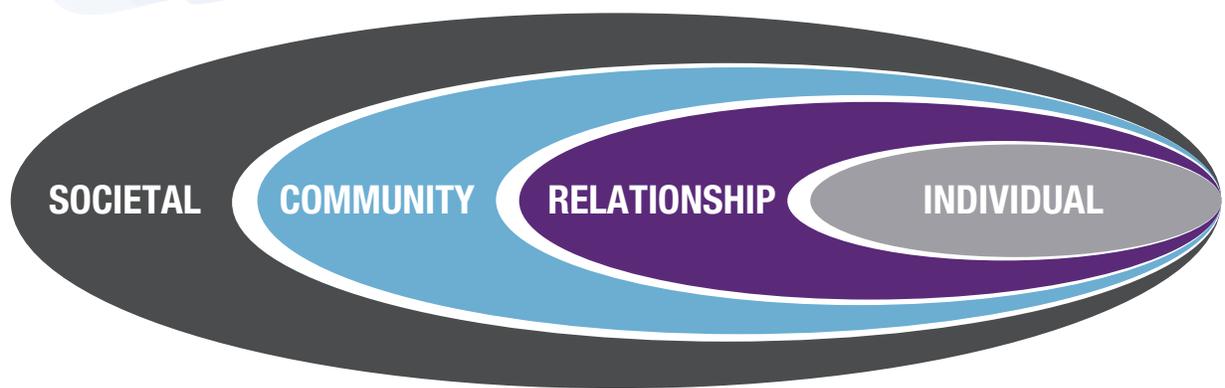
The social-ecological model has been used since the late 70s to explain many public health issues, including violence. The model allows us to explore the dynamic relationships between people and their environment.

In violence prevention, the social-ecological model has two purposes:
- To help us understand the factors that put people at risk or protect them from violence
- Provides planners with a framework for prevention

CDC uses a nested four-level version of the social-ecological model:
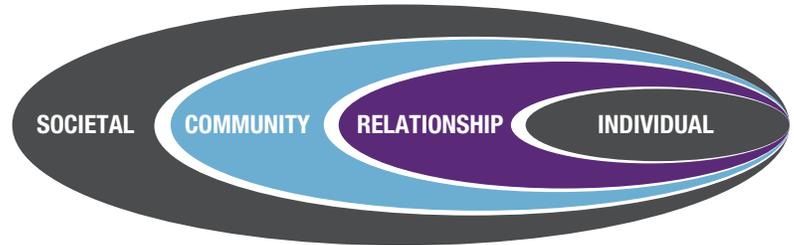1) Individual, 2) Relationship, 3) Community, and 4) Societal

SOCIAL-ECOLOGICAL MODEL

1. INDIVIDUAL LEVEL:
    focuses on each of us, individually

Includes:
- Personal characteristics
- Biological factors
- Behaviors
- Personal experiences

Prevention at the individual level could include programs that:
- Help people develop skills to better cope with and manage stress
- Assist with the development of social and problem-solving skills
- Improve academic performance
- Help with the development of skills that allow people to gain employment
- Promote non-violent conflict resolution

**Examples of individual level prevention programs:**
- School-based programs that help students develop positive social skills
- In-home programs that teach parents skills for age-appropriate infant and toddler care
- An after-school program that provides tutoring to increase academic performance
- Group sessions that increase awareness of healthy dating relationships
- Classroom-based health curriculums that teach ways to cope with loss and disappointment, and learn warning signs for depression

2. RELATIONSHIP LEVEL:
    focuses on our personal interactions with peers,
    intimate partners, and family members

Includes:
- Interactions between two or more individuals
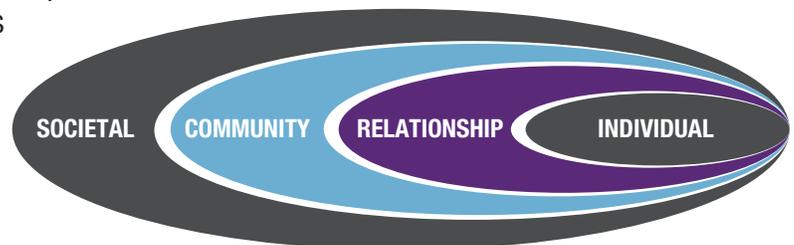
Prevention at the relationship level could include programs that:
- Provide social support to help couples and families manage day-to-day struggles
- Promote positive interactions and improve family communication
- Involve mentoring
- Provide training on child-rearing methods

Examples of relationship level prevention programs:
- Child-parent centers that offer education and family support to promote positive child development
- A mentoring program that pairs youth with caring adults
- A peer program that teaches young people how they can promote positive norms for dating in their circle of friends
- Relationship workshops where couples work with other couples on communication strategies
- An art program that pairs elders from a senior center with children from a preschool program

3. COMMUNITY LEVEL:
explores the places where our social interactions occur
such as schools, workplaces, and neighborhoods

Includes:
- Settings or institutions in which social relationships take place

SOCIETAL   COMMUNITY   RELATIONSHIP   INDIVIDUAL

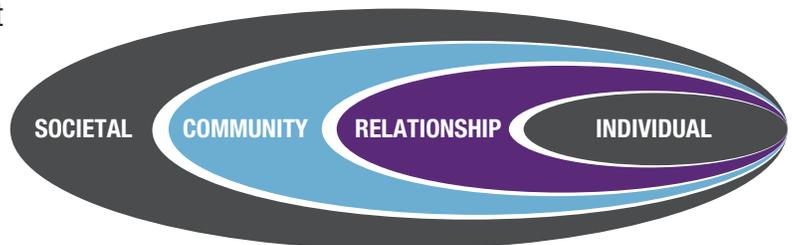**Prevention at the community level could include efforts that:**
- Improve physical aspects of the neighborhood such as the addition of green spaces, parks, and lighting
- Provide economic incentives to businesses
- Promote interactions between community organizations and schools
- Encourage participation in community activities

Examples of community level prevention efforts:
- Residents organize and make physical improvements to their neighborhood
- A city develops safe recreational areas for residents
- Community associations work with the mayor's office to develop after-school programs for youth
- A school district creates a policy to prevent bullying behavior
- A city establishes a business improvement district to increase community employment opportunities
- A citywide policy that changes the planning procedures for the layout of new communities

4. SOCIETY:
refers to the broad societal factors that influence us all such as economic conditions, cultural norms, media messages, policies, and laws.

SOCIETAL   COMMUNITY   RELATIONSHIP   INDIVIDUAL

Includes:
- Societal factors that create a level of acceptance or tolerance for violence or create and sustain gaps between different segments of society

Prevention at the societal level could include efforts that:
- Address social and cultural attitudes toward violent behavior
- Offer the same quality of products, services, information, and opportunities to people of all income levels

Examples of societal level prevention efforts:
- Legislation to encourage employers to offer family-leave options and flexible schedules to both men and women
- A national media campaign including TV, radio, newspaper, and Internet methods of communication to create awareness and change the way people think about violence
- A state sponsors a billboard campaign designed to reduce the stigma associated with mental health problems
- Statewide legislation that provides tax incentives to businesses that partner with school districts to provide learning-based technology and other academic resources in disadvantaged communities

PUBLIC HEALTH APPROACH

Public Health Principles:
- Preventing Disease and Injury
- Prolonging Life
- Promoting Health

The Public Health Approach to violence prevention is a systematic four-step process.

Step 1: Describe the Problem
- Find out how many people are affected by violence
- Find out who is experiencing violence
- Find out when and where the violence happens
- Find out how often it occurs

Step 2: Identify Risk and Protective Factors
- Find out what factors put people at risk for violence
- Find out what factors protect people from violence

Step 3: Develop and Test Prevention Strategies
- Use the information from Step 1 & 2 in order to focus efforts
- Identify effective prevention strategies and programs; if none are available, use the best evidence available in creating your own
- Implement and determine whether the strategy, program, or policy is effective
- Share your findings with others

Step 4: Assure Widespread Adoption of Effective Strategies
  • Disseminate the strategy, program, or policy broadly
  • Support effective implementation with training and technical assistance

Now that you have a better understanding of primary prevention, prevention approaches, and the public health approach, let's focus on CDC/DVP's five priority areas of violence.

TYPES OF VIOLENCE

CDC/DVP focuses on five priority areas of violence:

  • Child Maltreatment
  • Intimate Partner Violence
  • Sexual Violence
  • Suicide
  • Youth Violence

TRAINING NOTE:

When reviewing the Principles of Prevention training online, users have the option of choosing which violence type(s) to explore. Users must complete at least one of the five areas of violence to receive credit and advance to the next training module. In this notebook, all violence types are reviewed on the following pages.

For each violence type, users explore the:
  • **Definition:** Official description for the violence type
  • **Burden:** Size and scope in the U.S.
  • **Consequences:** Includes physical, psychological, social, and behavioral
  • **Risk Factors:** Characteristics that increase the likelihood that someone will experience violence
  • **Protective Factors:** Characteristics that provide a buffer against risk for violence

Risk and protective factors can occur at all levels of the social-ecological model.

CHILD MALTREATMENT

DEFINITION

Child maltreatment includes **abuse** or **neglect** of a child under the age of 18 by a parent, caregiver, or another person in a custodial role (e.g., clergy, coach, or teacher).

Abuse is a broad term that includes the following:
- **Physical abuse** occurs when a child's body is injured as a result of hitting, kicking, shaking, burning, or other show of force.
- **Sexual abuse** involves engaging a child in sexual acts. It includes fondling, rape, and exposing a child to other sexual activities.
- **Emotional abuse** refers to behaviors that harm a child's self-worth or emotional well-being. Examples include name-calling, shaming, rejection, withholding love, and threatening.

Neglect is the failure to meet a child's basic needs such as housing, food, clothing, education, and access to medical care.

BURDEN of Child Maltreatment

- 695,000 children confirmed by Child Protective Services as victims of maltreatment in 2010
- More than 1,900 children per day
- About 80 children per hour
- Nearly one child every minute
- 1,560 children died in the United States in 2010 from abuse and neglect

CONSEQUENCES of Child Maltreatment

Physical Consequences
- 1,560 children died in the U.S. from abuse and neglect in 2010
- Nonfatal abusive head trauma can cause loss of motor skills, vision, and learning disabilities
- Maltreatment during early infancy can cause the brain to form improperly
- It can also increase the risk for chronic diseases in adulthood

Psychological Consequences
- Depression
- Anxiety
- Eating disorders
- Suicide attempts
- Post-Traumatic Stress Disorder

Behavioral Consequences
- Unhealthy behaviors—smoking, alcoholism, drug abuse, overeating, and sexual promiscuity
- More likely to be involved in delinquent or violent behavior

• Less likely to graduate from high school
• More likely to become a teen parent
• Less likely to establish healthy relationships

RISK FACTORS for Child Maltreatment

Individual
• Lack of understanding of child development and parenting skills
• History of child abuse in parent's family of origin
• Substance abuse and/or mental health issues in the family
• Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income
• Parental thoughts and emotions supporting maltreatment behaviors
• Parental stress and distress

Relationship / Family
• Social isolation of families
• Poverty and other socioeconomic disadvantage—unemployment or lack of education
• Family disorganization, dissolution, and violence
• Parenting stress and poor parent-child relationships

Community
• Community violence
• Diminished economic opportunities
• High concentrations of poor residents
• High levels of residential instability
• Low levels of community participation

PROTECTIVE FACTORS for Child Maltreatment

Relationship / Family Protective Factors
• Supportive family environment and social networks
• Nurturing parenting skills
• Stable family relationships
• Household rules and child monitoring
• Parental employment
• Adequate housing
• Access to health care and social services
• Caring adults as role models or mentors

Community Protective Factors
• Communities that support parents
• Communities that take responsibility for abuse and neglect

INTIMATE PARTNER VIOLENCE

DEFINITION

Intimate partner violence includes **physical, psychological,** or **sexual** harm by a current or former partner or spouse. It can also include **threats** of violence.

Intimate partner violence:
- Can occur among heterosexual or same-sex couples, or couples who are not sexually intimate
- Can vary in frequency and severity
- Occurs on a continuum, ranging from a single episode of violence to chronic, severe battering

Intimate partner violence includes:

- **Physical Violence:** The intentional use of physical force with the potential for causing death, disability, injury, or harm. Examples include shoving, punching, slapping, kicking, choking, use of a weapon, or restraining.

- **Sexual Violence:** Any sexual act physically forced against someone's will, whether completed or not.
   - Consent is not obtained or freely given
   - The attempted or completed sex act when a person is unable to understand or decline participation
   - Abusive (e.g., unwanted touching) or non-abusive sexual contact (e.g., verbal sexual harassment)

BURDEN of Intimate Partner Violence

- On average, 24 people per minute are victims of rape, physical violence, or stalking by an intimate partner in the U.S.—more than 12 million women and men over the course of a year.
- Nearly three in 10 women and one in 10 men in the U.S. have experienced rape, physical violence, and/or stalking by a partner and report that the violence impacted them in some way (e.g., made them feel fearful or concerned for their safety, were injured, needed services, lost days from work or school).
- IPV resulted in 1,336 deaths in 2010—accounting for 10% of all homicides. Of these deaths, 82% were females and 18% were males.
- The medical care, mental health services, and lost productivity cost of IPV was an estimated $5.8 billion in 1995. Updated to 2003 dollars, that's more than $8.3 billion.
- Victims of severe IPV lose nearly 8 million days of paid work. That's equal to:
   - More than 32,000 full-time jobs
   - Nearly 5.6 million days of household productivity

CONSEQUENCES of Intimate Partner Violence

Physical Consequences
- Bruises
- Broken bones
- Knife wounds
- Back or pelvic pain

Psychological Consequences
- Depression
- Suicidal behavior
- Anxiety
- Low self-esteem
- Inability to trust others
- Fear of intimacy
- Emotional detachment
- Sleep disturbances
- Flashbacks

Behavioral Consequences
- Intimate partner violence is associated with numerous negative health behaviors
- Engaging in high-risk sexual behavior (i.e., unprotected sex, multiple partners, etc.)

RISK FACTORS for Intimate Partner Violence

Individual Risk Factors for Perpetration
- Low self-esteem
- Low income
- Low academic achievement
- Young age
- Aggressive or delinquent behavior as a youth
- Heavy alcohol and drug use
- Depression
- Anger and hostility
- Borderline personality traits
- Prior history of physical abuse
- Having few friends and being isolated from others
- Unemployment
- Emotional dependence and insecurity
- Belief in strict gender roles (e.g., male dominance and aggression in relationships)
- Desire for power and control in relationships
- Perpetrating psychological aggression
- Being a victim of physical or psychological abuse
- Experience with poor parenting as a child
- Experience with harsh physical discipline as a child

Relationship Risk Factors for Perpetration
- Marital conflict
- Marital instability—divorces or separations
- Dominance and control by one partner over another
- Economic stress
- Unhealthy family relationships

PROTECTIVE FACTORS for Intimate Partner Violence

Individual Protective Factors for Perpetration:
- Emotional health

SEXUAL VIOLENCE

DEFINITION

Sexual violence includes any sexual act forced against someone's will, or beyond his or her understanding. Consent is not obtained or freely given. These acts can be physical, psychological, or verbal.

Sexual violence includes **contact** or **non-contact** sexual abuse, and **completed** or **attempted** sex acts.

BURDEN of Sexual Violence

- Among high school students surveyed nationwide, about 8% reported having been forced to have sex. The percentage of those having been forced to ever have sex was higher among female (11%) than male (5%) students.
- An estimated 20% to 25% of college women in the U.S. experience attempted or completed rape during their college career.
- Nearly one in 5 women and one in 71 men in the U.S. have been raped at some time in their lives and almost one in 2 women and one in 5 men have experienced other forms of sexual violence.

CONSEQUENCES of Sexual Violence

Physical Consequences
- Increased likelihood of contracting a sexually transmitted disease
- Chronic pelvic pain
- Premenstrual syndrome
- Gastrointestinal disorders

• Gynecological and pregnancy complications
• Migraines and other frequent headaches
• Back pain
• Facial pain
• Disability that prevents work

Psychological Consequences
• Shock
• Denial
• Fear
• Confusion
• Anxiety
• Withdrawal
• Guilt
• Nervousness
• Distrust of others

Behavioral Consequences
• Engaging in high-risk sexual behavior such as:
  - Unprotected sex
  - Early sexual initiation
  - Choosing unhealthy sexual partners
  - Having multiple sex partners
  - Trading sex for food, money, or other items

RISK FACTORS for Sexual Violence

Individual Risk Factors for Perpetration
• Alcohol and drug use
• Coercive sexual fantasies
• Impulsive and antisocial tendencies
• Preference for impersonal sex
• Hostility toward women
• Hyper masculinity
• Childhood history of sexual or physical violence
• Witnessed family violence as child

Relationship Risk Factors for Perpetration
• Association with sexually aggressive and delinquent peers
• Family environment characterized by physical violence
• Family environment characterized by traditional gender norms
• Emotionally unsupportive family environment

Community Risk Factors for Perpetration
- Poverty
- Lack of employment opportunities
- Lack of institutional support from police and judicial system
- General tolerance of sexual violence within the community
- Weak community sanctions against sexual violence perpetrators

Societal Risk Factors for Perpetration
- Societal norms that support sexual violence
- Societal norms that support male superiority and sexual entitlement
- Societal norms that maintain women's inferiority and sexual submissiveness
- Weak laws and policies related to gender equity
- High tolerance levels of crime and other forms of violence

PROTECTIVE FACTORS for Sexual Violence

- **Individual Protective Factors for Perpetration:** Emotional Health
- **Relationship Protective Factors for Perpetration:** Connectedness with Family
- **Community Protective Factors for Perpetration:** Connectedness with those in the community including at school and church

SUICIDE

DEFINITION

Suicidal behavior exists along a continuum and includes thoughts, plans, or attempts to end one's own life.
- **Suicide ideation:** Thoughts of harming or ending one's own life. The severity of ideation is determined by assessing the frequency, intensity, and duration of these thoughts.
- **Suicide attempt:** A nonfatal, self-inflicted destructive act with explicit or inferred intent to die.
- **Suicide:** Fatal, self-inflicted destructive act with explicit or inferred intent to die.

BURDEN of Suicide

- Suicide is the 10th leading cause of death among Americans.
- More than 38,000 suicides occurred in the U.S. in 2010.
    - 105 suicides per day
    - One suicide every 14 minutes
- About 465,000 people with self-inflicted injuries were treated in U.S. emergency rooms in 2010.
- Men are about four times more likely than women to die from suicide.
- Women are more likely to have suicidal thoughts than men.

CONSEQUENCES of Suicide

- Those who attempt suicide and survive may have serious injuries like broken bones, brain damage, or organ failure. Also, people with a history depression and other mental health issues may continue to face these problems.
- Suicide also affects the health of the community. Family and friends of people who commit suicide may feel shock, anger, guilt, and depression.
- Suicides cost society approximately $34.6 billion a year in combined medical and work loss costs.

RISK FACTORS for Suicide

Individual Risk Factors
- Previous suicidal behaviors
- History of mental health problems
- History of alcohol and substance abuse
- Feelings of hopelessness
- Impulsive or aggressive tendencies
- Isolation or feelings of being cut off from others
- Experiencing a loss—ended relationship, employment, financial, or physical immobility
- Physical Illness
- Access to lethal methods
- Unwillingness to seek help

Relationship Risk Factors
- Family history of suicidal behavior
- Family history of child maltreatment

PROTECTIVE FACTORS for Suicide

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a clinical interventions and support
- Family and community support, also known as "connectedness"
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide

YOUTH VIOLENCE

DEFINITION

Youth violence may be defined as the intentional use of force—whether threatened or real—against a person, group, or community that results in—or has a high likelihood of resulting in—injury, death, psychological harm, or deprivation by persons between the ages of 10 and 24.

BURDEN of Youth Violence

- Homicide is the second leading cause of death for young people 15 to 24 years of age in the U.S. and the fourth leading cause for youth 10 to 14 years of age.
- 4,828 young people ages 10 to 24 were murdered in 2010—an average of 13 each day.
- More than 738,000 young people age 10 to 24 were treated in U.S. emergency rooms in 2010 for violence-related injuries.

CONSEQUENCES of Youth Violence

- A number of young people seek medical care for nonfatal, violence-related injuries. Some of these injuries are relatively minor and include cuts, bruises, and broken bones. Other injuries, like gunshot wounds and head trauma, are more serious and can lead to permanent disability.

- Exposure to youth violence can lead to mental health issues. Depression, anxiety, and many other psychological problems, including fear, can result from youth violence.

- Youth violence can have a long-lasting negative impact on communities:
    - Increases health care costs
    - Reduces productivity
    - Decreases property values
    - Disrupts social services

RISK FACTORS for Youth Violence

Individual Risk Factors for Perpetration
- 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

Relationship / Family Risk Factors for Perpetration
- 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
- 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 for Perpetration
- Diminished economic opportunities
- High concentrations of poor residents
- High level of transiency and residential instability
- High level of family disruption
- Low level of community participation
- Socially disorganized neighborhoods

PROTECTIVE FACTORS for Youth Violence

Individual / Family Protective Factors
- Intolerant attitude toward deviance
- High IQ
- High grade point average
- Positive social orientation
- Religiosity
- 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 at bedtime
- Involvement in social activities

Peer / School Protective Factors
- Commitment to school
- Involvement in school activities

> **TRAINING NOTE:**
>
> Module 5 of the online Principles of Prevention training includes questions and answers to help reinforce the overall learning experience.