Safe Affirming Fair and Encouraging (SAFE) Communities

LeRoy Reese

Notions of how community is defined and understood vary and as such there is often significant variability in how community health (physical, behavioral, and mental) and safety are viewed by members of diverse communities as well as from those helping professionals and organizations engaged in community level research, practice and activism. Such disparate views are a natural outcome of perspectives informed by experience and the academic disciplines that influence different helping approaches. These perspectives inform and potentially enhance our understanding of the complexities of community and, specific to the narrative offered here, our understanding of safety for children and adolescents. Frequently missing however is a nexus that serves as a bridge for having a shared vision for collective community health and wellness, understanding that there is no one size fits all model that honors the realities of all communities. (Evans, Prilleltensky, McKenzie et al., 2011)

Despite differences in how community is understood, it is possible to identify common developmental and social needs of youth that are important to positive developmental outcomes that cut across different ecologies and demographics that may serve the bridge function for promoting SAFE communities. For example, no one could reasonably argue the primacy for youth to be physically and emotionally Safe within their community. Educational achievement may be compromised when one doesn’t feel safe or is under the threat of violence within their community. Youth likewise need to experience being Affirmed, that they are valued members of the community and that the community believes in positive possibilities for their lives. Communities also have to be Fair in their treatment of youth, their developmental needs have to be attended in a
purposeful manner and their mistakes viewed as learning opportunities if we want young
people to view the broader society as fair. Finally, our youth have to be encouraged
do their best, pursue their dreams and see themselves as something positive and enduring.
The APA Task Force on Strength and Resilience in African American Children and
Adolescents described a portrait of resilient youth reflecting the characteristics of critical
mindedness, active engagement, flexibility and communalism (see APA, 2008). In
constructing this portrait of resilient youth, the work of the task force was predicated
upon active, supportive and SAFE communities.

In communities where youth feel SAFE, where the characteristics described
above are intentionally encouraged and developed, the prosocial competencies critical to
success in life as reflected in meaningful relationships, effective coping and problem
solving skills and a positive orientation and expectancy about one’s future are more likely
to be observed. Indeed, effective emotional regulation, positive peer relations and being
positively oriented toward the future is difficult in the face of poor community-police
relations, inadequate community based social support resources and limited access to
quality healthcare and education opportunities. In the most under-resourced
communities rehabilitating the injuries caused by the various manifestations of micro-
and/or macro-level aggression and violence is challenged when the resources for such
rehabilitation are not present. (Bower, Rogers, Dowrick, & Gask, 2012).

In many communities however, children and adolescents are safe physically and
emotionally and do not live under the subtle and sometimes not so subtle threat of
violence. These youth are able to achieve in multiple areas of their life, develop and
enjoy meaningful peer and caregiver relationships and tend to have a more positive
quality of life. As described in the Introduction, creating and sustaining healthy
conditions across the various contexts youth live and play is key to their safety and health. In public health, theoretical models that describe the social determinants of health have been advanced as offering explanations for the social or ecologically embedded conditions or ‘determinants’ of positive health and safety (Marmot, 2005).


The work of promoting and sustaining SAFE communities as viewed here requires multi-disciplinary approaches that include involvement, for example, by
scientists and practitioners in public policy, public health, clinical and preventive medicine, law enforcement, business, education, psychology and most importantly the buy-in, participation and leadership of community residents where the development of SAFE communities is the goal (Lasker & Weiss, 2003). As a review of figure 1 indicates, no one sector or determinant in isolation can create the conditions for positive health but through reciprocal relationships with other sectors of the model, positive conditions for well-being and safety can be created. In addition to the need for multi-disciplinary approaches to encourage health promoting social determinants, community-level work also requires being in proximity to community through meaningful partnerships and relationships that aren’t developed overnight but that require time and commitment. This need is most obvious in communities where the social determinants that are most entrenched relative to poor health and unsafe conditions exist (Dean, Williams & Fenton, 2013). Findings from approaches used in community-based and community-engaged research and programming approaches can be instructive in how to partner with community. Briefly, several of those principles are highlighted here.

1. Understand the community’s culture to include its norms and values; various leadership structures; economic conditions; available assets and prior experience with those seeking to engage the community intramurally and extramurally.

2. Approach the community as a partner, not an experiment that is being manipulated. Be intentional about establishing relationships and earning trust by working with the community’s formal and informal leadership.

3. Accept that there are experts with letters behind their names but that often the most knowledgeable experts are found within the community that is the focus of the engagement.
4. Seek to build upon the community’s assets and strength’s with a purposed commitment to building capacity and sustainability within the community. Meaningful efforts to promote SAFE communities leave those communities better resourced and positioned to continue health promotion on their own than when the partnership started. (see NIH, 2011; Israel, Eng, Schulz & Parker, 2005)

The ultimate aim in promoting the development of SAFE communities is to place youth at ‘promise’ in life and not at risk. The literature is replete with descriptions of the various risk factors that manifest at different levels of the social (community) ecology and compromise positive possibilities for youth. What is missing is an equally robust literature that describes how to position youth for ‘promise.’ The portrait of resilience referenced earlier in this brief reports describes how placing youth at promise, requires the engagement of community with a particular emphasis on the notion of SAFE as described here (APA, 2008).

In 2001, CDC published its school associated death study, a study that has been ongoing since the original research was published. What the original study found and recurrent examinations of surveillance data for interpersonal youth violence have found since is that less than one percent of all youth homicides occur at schools or school associated events (see Anderson, Kaufman, Simon et al. 2001; NCES, 2013). What this means is that while school are important venues in which safety is an important consideration to youth well-being, it is within the larger community where youth are at the greatest risk for experiencing violence, where the promise they represent faces the greatest challenge and threat.

In the last twenty years, we have learned important lessons about promoting safe schools and communities with the understanding that the greatest intervention effects are
realized when climate level changes that support health exist. With these lessons has come the realization that communities are often the most difficult to effect change in because of the challenges of controlling external and internal factors that influence community safety. As a result of such realities, community engagement and coalitions of diverse partners such as those described earlier in this report is key to efforts to creating and sustaining SAFE communities for youth. The literature on evidence based interventions focused on families, schools and communities provides helpful guidance for understanding what works in preventing youth violence and promoting prosocial competencies. While a full review of such intervention is beyond the space afforded here, a couple of observations bear mentioning. One is the realization that a one size fits all approach doesn’t work and that the unique needs and resources of any given community are important considerations in how interventions are selected. Two, evidence based interventions are only effective when implemented as intended or with fidelity. Related to fidelity are capacity and sustainability considerations such as those referenced earlier and are often impacted by fiscal and human resources. Implemented interventions, however effective, that cannot be sustained often retard efforts to promote SAFE communities and may frustrate communities. There are a number of tools now available to assist communities select and implement appropriate evidence based interventions. The following reflect some of these resources:


NREPP - http://www.nrepp.samhsa.gov/

Blueprints - http://www.colorado.edu/cspv/blueprints/

Despite the availability of resources such as those referenced above and the promise they represent, community-level youth violence continues to represent a significant threat to the public health of our youth. Greater attention is needed that examines the intersection of violence and other health and quality of life indicators. The partnering that has to occur for SAFE communities does not exist in a silo but instead is reflective of the interface between physical and behavioral health, education and employment and the presence of health and social development resources. SAFE communities are healthy communities and it is here where youth are place at the greatest promise.

About the Author

LeRoy Reese, Ph.D. is an associate professor at Morehouse School of Medicine in the Department of Community Health and Preventive Medicine. Prior to joining MSM he was a senior scientist and team leader at the CDC’s National Center for Injury Control. Dr. Reese conducts community-based health research focused on the development of healthy lifestyles and the reduction of risky behavior among youth and their families. He was a member of the task force of the American Psychological Association that produced the report Resilience and Strength in African American Children and Adolescents. Dr. Reese co-edited Realizing Social Justice: The Challenge of Preventive Interventions. He has served as a consultant to the NIMH, NICHD, OJJDP and the CDC. Previously he served on the White House Council on Youth Violence. Presently he consults to the Annie E. Casey
Foundation in support of their efforts to reform juvenile justice policy and practice in Georgia and nationally.

References


