

Bristol Youth Services

Youth Development Needs Assessment

2010

Moments in Virginia,

- **Every 10 days** a child dies from abuse or neglect or neglect.
- **Every 6 days** a child aged 19 and younger is murdered.
- **Every 4 hours** a family seeks shelter from a domestic violence shelter.
- **Every 5 hours** a child witnesses an act of domestic violence.
- **Every 46 minutes** a juvenile commits a violent crime.
- In an average moment there are **6,374 children in foster care** in Virginia.
- **Every 88 minutes** a child is abused or neglected.

Prevention Plan - Bristol, VA

Community Profile

Located in the Southeastern region of the United States, the twin city of Bristol, Virginia is located on the Virginia-Tennessee state line. Bristol, Virginia/Tennessee is part of the Tri-Cities metropolitan area that includes Kingsport, Tennessee and Johnson City, Tennessee. The city of Bristol, Virginia encompasses 13.3 square miles, and according to 2009 estimates provided by the U.S. Census Bureau, has a population of 17,690 with a total minority population of less than 10%. Businesses with the highest number of employees include retail and accommodation/food services (U.S. Census Bureau, 2007). Over the past decade, several businesses have closed, downsized, or moved causing the loss of high income jobs and the relocation of numerous employees.

Introduction

This report consists of longitudinal and comparative data gathered from national, state and local entities, the Youth Risk Behavior Survey administered to students in Bristol Virginia Public Schools, and community focus groups. The information presented herein was compiled for the purpose of assisting local agencies in their efforts to identify and address priority risk factors and plan programs for promoting healthy habits among the youth and families of Bristol, Virginia.

A substantial body of research indicates that adolescents' exposure to risk factors is positively associated with the occurrence of drug use and other delinquent acts. Conversely, the greater the exposure to protective factors, the less likely youth are to engage in problem behaviors (Bry, McKeon and Pandina, 1982; Newcomb, 1995; Wasserman, Keenan, Tremblay, Coie, Herrenkohl, Loeber and Petechuk, 2003, as cited in Hawkins and Catalano, 1990).

Understanding what promotes both positive and negative behavior among youth requires analysis of risk and protective factors. Measurement of such factors will provide a platform for prioritizing and addressing the most severe risk factors. Table 1 identifies risk factors associated with adolescent problem behaviors.

Table 1.

Risk Factors for Adolescent Problem Behavior

Risk Factors	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence	Depression & Anxiety
Community						
Availability of Drugs	√				√	
Availability of Firearms		√			√	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	√	√			√	
Media Portrayals of Violence					√	
Transitions and Mobility	√	√		√	√	√
Low Neighborhood Attachment and Community Disorganization	√	√			√	
Extreme Economic Deprivation	√	√	√	√	√	
Family						
Family History of the Problem Behavior	√	√	√	√	√	√
Family Management Problems	√	√	√	√	√	√
Family Conflict	√	√	√	√	√	√
Favorable Parental Attitudes and Involvement in the Problem Behavior	√	√			√	
School						
Academic Failure Beginning in Late Elementary School	√	√	√	√	√	√
Lack of Commitment to School	√	√	√	√	√	
Individual/Peer						
Early and Persistent Antisocial Behavior	√	√	√	√	√	√
Rebelliousness	√	√		√	√	
Friends Who Engage in the Problem Behavior	√	√	√	√	√	
Favorable Attitudes Toward the Problem Behavior	√	√	√	√	√	
Early Initiation of the Problem Behavior	√	√	√	√	√	
Constitutional Factors	√	√			√	√

Methodology

The *Youth Risk Behavior Survey* measures health risk behaviors and the prevalence of obesity and asthma. It has been administered biennially to Bristol Virginia Public School students in grades 7 through 12 since the year 2000.

Eight hundred ninety-four youth, including 466 males and 425 females started the 2008 *Youth Risk Behavior Survey*; 842 surveys were submitted, online, in their entirety. The number of student respondents, by grade level, and confidence intervals are provided in Table 2. Totals will not always equal the number of submitted surveys due to skipped questions and rounding.

Survey procedures were designed to protect the privacy of students by allowing anonymous and voluntary participation. In accordance with school board policy, parental permission was obtained before administration. Information presented herein is based, in part, on data obtained from the *Youth Risk Behavior Survey* administered in the fall of 2008.

Two focus groups were organized to gather qualitative data from parents and youth regarding their perceptions, beliefs, and opinions related to risk factors and problem behaviors. Underage drinking and the sexual activity of minors were discussed at length by each group.

Additional data, collected from national, state, and local organizations including the U.S. Census Bureau, the Department of Labor Statistics, the Virginia Department of Education, Virginia Department of State Police, and the Kids Count Data Center is included in this report.

Survey Results

Surveyed Grades

Youth in six grade levels (grades 7 through 12) of Bristol Virginia Public Schools participated in the 2008 *Youth Risk Behavior Survey*. Consequently, results from the *Youth Risk Behavior Survey* should be interpreted as representing the attitudes and behaviors of only the youth in these six grades.

This report presents findings in five sections: 1) demographics, 2) alcohol, tobacco and other drug use, 3) other problem/antisocial behaviors, 4) high school graduation, and 5) health and welfare.

Sample Size

Confidence intervals were determined by the size of the sample relative to the schools' enrollment. The greater the percentage of a school's total enrollment that is included in the sample, the smaller the confidence interval and the more accurate the results. For example, a confidence interval of ± 2.0 points for a drug use prevalence rate of 50.0% means that there is a 95% chance that the true prevalence rate ranges between 48.0% and 52.0%.

Table 2 presents confidence intervals for both grade level and overall estimates. Note: Confidence intervals are for prevalence rates of 50%. For less prevalent behaviors, the confidence interval narrows.

Table 2. Confidence Intervals for Sample

Enrollment			Sample		
Grade Level	Number of Students Enrolled	Percentage	*Number of Students Completing Survey	Percentage	**Confidence Interval
7	179	17.0%	156	17.6%	± 2.8
8	171	16.3%	143	16.2%	± 3.3
9	206	19.6%	179	20.2%	± 2.7
10	175	16.7%	126	14.2%	± 4.6
11	172	16.4%	144	16.3%	± 3.3
12	147	14%	137	15.5%	± 2.19
Total	1050	100%	*885	100%	± 1.3

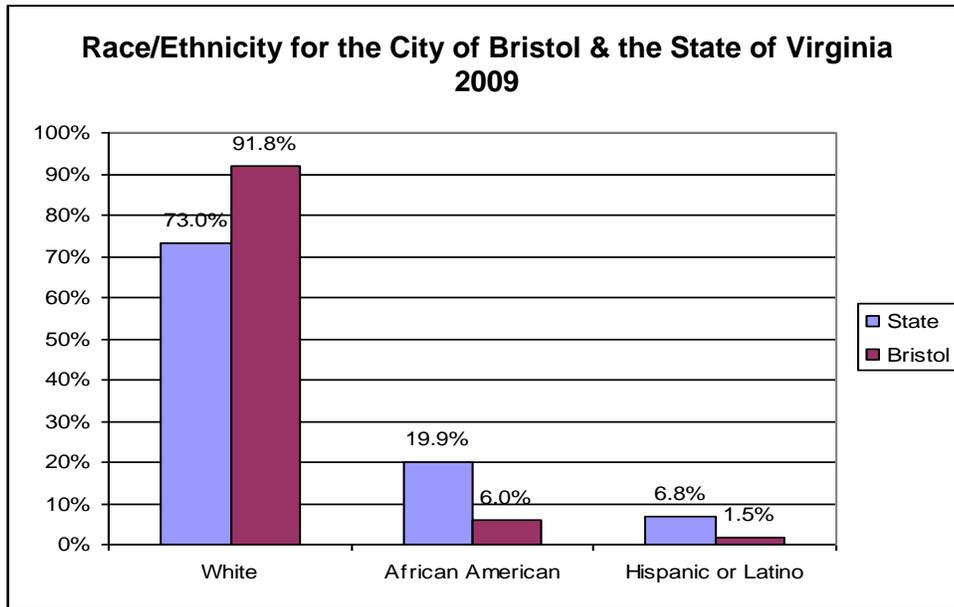
*Figures reflect the number of students completing the item "In what grade are you?" and therefore will not equal the number of students starting or completing the survey.

**Based on a 95% confidence level.

Demographics

According to the U.S. Census Bureau, the city of Bristol, Virginia has an estimated population of 17,690 compared to the state population of 7,882,590 (2009). Residents are predominately white (91.8%). The largest minority group is African American (6%), followed by Hispanic or Latino (1.5%). (See Figure 1.)

Figure 1.



*Only groups comprising more than 1% of the Bristol, VA population have been included in this report. Note: Rounding can produce totals that do not equal 100%.

The 2008 median income of Bristol, Virginia residents was \$33,791 as compared to the statewide median income of \$61,210. The percentage of Bristol residents living below the poverty level (21.3%) is more than double that of the state (10.2%). Figure 2 illustrates the median household income for Bristol and state residents for years 2004 through 2008. Figure 3 compares the percentage of Bristol and state residents living below the poverty level in 2008.

Figure 2.

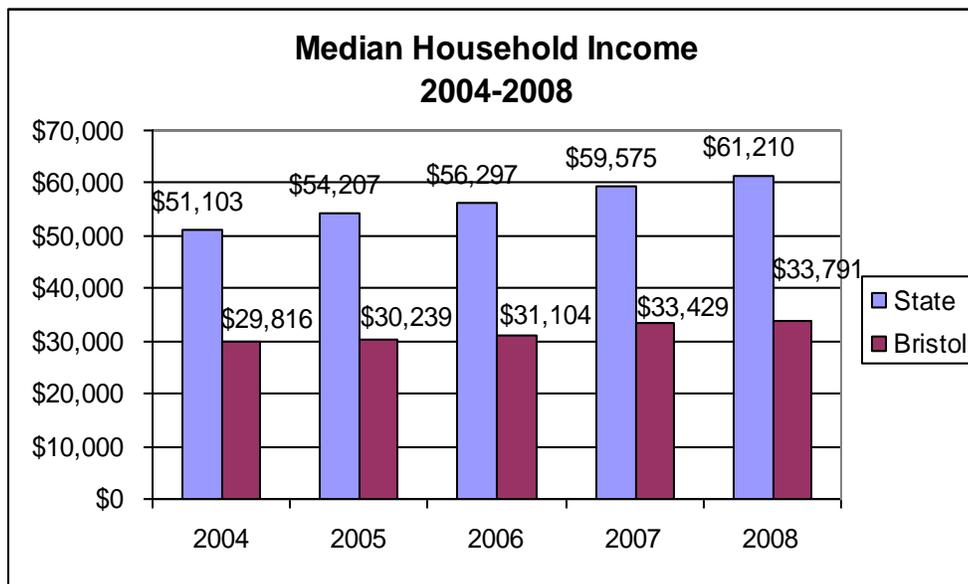
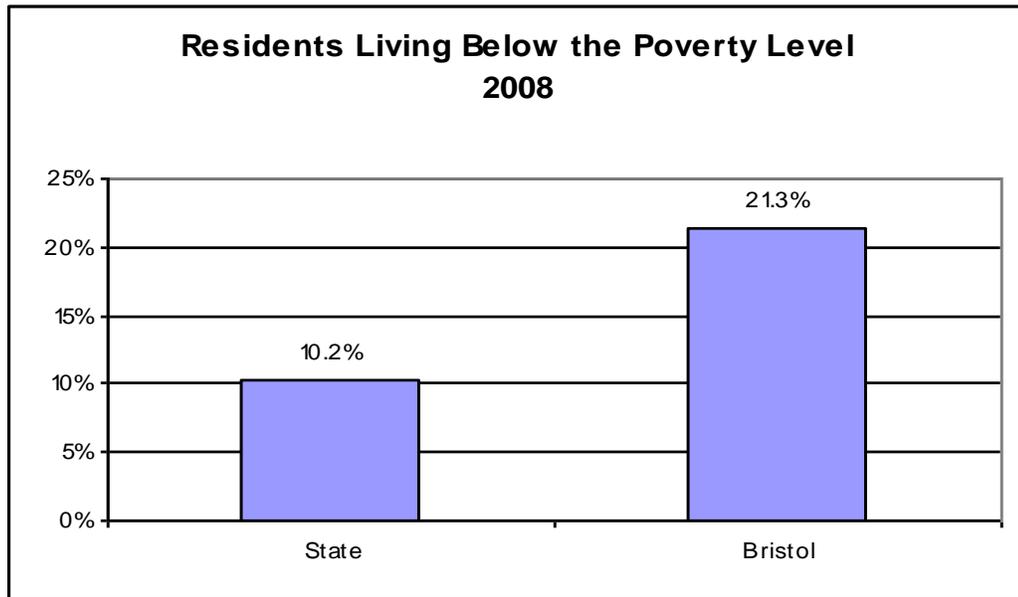


Figure 3.



The unemployment rate for Bristol, Virginia, as reported by the U.S. Bureau of Labor Statistics in June 2010, is 9.3%, down from 10.1% reported a year earlier. The state's current unemployment rate, also reported in June 2010 was 7.1%. These rates are significantly higher than those reported by the Kids Count Data Center for previous years. (See Table 3.)

The percentage of grandparents raising their grandchildren in Bristol also exceeds that of the state. In 2000, the number of grandparents, in Bristol, Virginia, living in households with grandchildren below the age of 18 years totaled 253. Of these, 140, or 55.3%, were responsible for raising their grandchildren—10.6% higher than the percentage of grandparents raising grandchildren statewide. Table 4 illustrates the percentage of grandparents responsible and grandparents not responsible for grandchildren under the age of 18 years. Current percentages were not available at the time of publication (U.S. Census Bureau).

Table 3. Unemployment Rates for the City of Bristol and the State of Virginia for Years 2004-2008 (as reported by the Kids Count Data Center)

Unemployment Rates	2004	2005	2006	2007	2008
State	3.7%	3.5%	3.0%	3.0%	4.0%
Bristol	6.3%	5.4%	4.7%	5.2%	5.9%

Table 4. Grandparents Living with Grandchildren under the Age of 18 years 2000

Grandparents living in households with one or more grandchildren under 18 years	Bristol Total	Bristol Percentage	State Total	State Percentage
	253	100%	140,015	100%
Grandparents responsible for grandchild	140	55.3%	59,464	42.5%
Grandparents <u>NOT</u> responsible for grandchild	113	44.7%	80,551	57.5%

Student Demographics

Middle and high school students in Bristol, Virginia are predominantly white, non-Hispanic (80.2%). The largest minority group is African American (9.2%), followed by Hispanic/Latino (2.3%) and Asian/Pacific Islander (1.6%). One percent of the population identified themselves as American Indian or Alaska Native and 4.8% selected “Other” as their primary ethnicity.

According to survey results, approximately 2 out of 5 youth (43.3%) live with both biological parents, 17.1% live with one parent and a step-parent, and 19% live with their mothers only (down from 23.7% reported in 2004 and 20.4% reported in 2006). Almost 7% (6.9%) live with both parents but in separate homes. The remaining students live with other adults, including other relatives and foster parents, or they reside in group homes. Table 5 shows selected characteristics of surveyed youth including head of household, sex, and ethnicity.

Table 5. Selected Demographic Characteristics of Surveyed Youth

Overall Completed Surveys Students	Number of Students	Percentage of
	894	100.0%
Sex		
Male	466	52.1%
Female	425	47.5%
Did Not Respond	3	0.3%
Ethnicity		
White-non Hispanic	717	80.2%
African American-non Hispanic	82	9.2%
Hispanic/Latino	21	2.3%
Asian/Pacific Islander	14	1.6%
American Indian/Alaska Native	9	1.0%
Other	43	4.8%
Did Not Respond	8	0.9%
Head of Household		
Both Biological Parents	386	43.3%
Parent and Step Parent	153	17.1%
Mother Only	170	19.0%
Father Only	24	2.7%
Both Parents (Separate Homes)	62	6.9%
Both Grandparents	29	3.2%
Other (Including Group Home or Foster Care)	66	7.4%
Did Not Respond	4	0.4%

Rounding can produce totals that do not equal 100%.

Alcohol, Tobacco and Other Drug Use

The early use of alcohol or other drugs by children and adolescents has been shown to increase risk for later drug abuse and may lead to problem behaviors such as violence and dropping out of school. The greater the availability of drugs and alcohol within a community, the higher the risk that the community's youth will abuse these substances. Moreover, "the risk posed by parental drug use and positive attitudes toward use increases further if parents involve children in their own drug or alcohol use" (Hawkins, Catalano et al., 1992).

Alcohol

According to the 2008 *Youth Risk Behavior* Survey results, many of Bristol's youth disapprove of binge drinking and casual drug use. The current prevalence-of-use rate for alcohol, 22.5%, among the youth in Bristol is significantly lower than the 2002 rate of 46% and the 2007 nation-wide rate of 45% reported by the CDC (See Figures 4 & 5).

Figure 4.

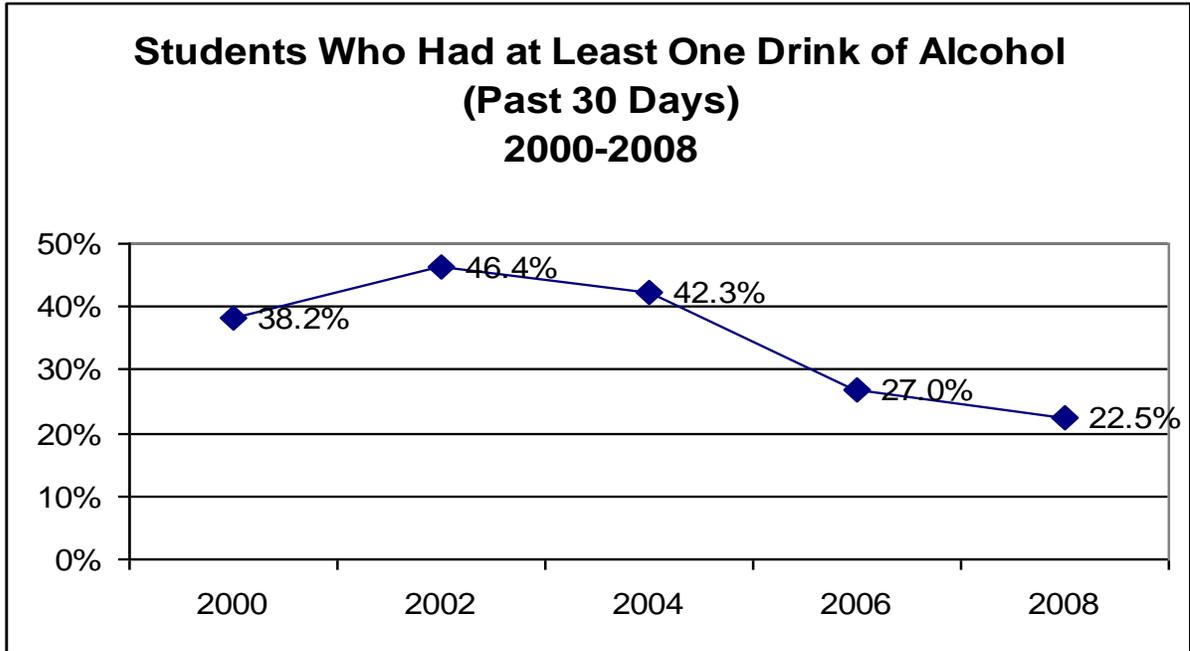
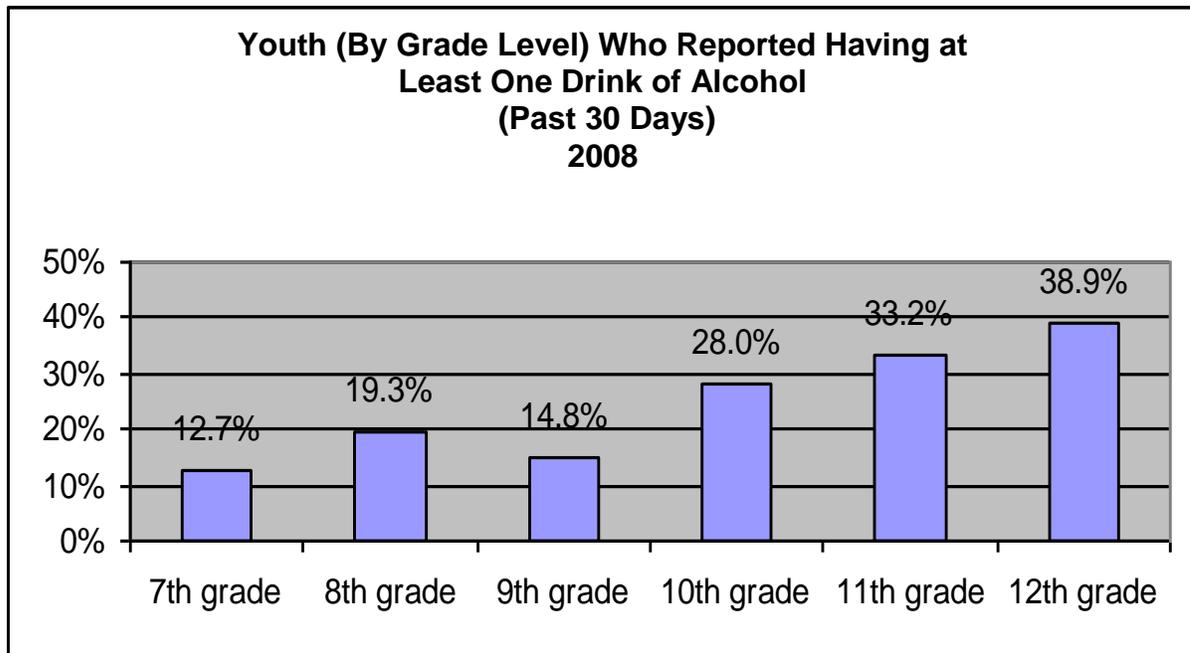


Figure 5.



Although youth reports of alcohol and other drug use have decreased significantly since 2000, 33% of young people reported that they were 14 years old or younger when they first drank more than a few sips of alcohol. While the majority (92%) of youth surveyed reported they do not drink and drive, 17.7% reported riding in a car, during the past 30 days, with a driver who had been drinking alcohol. Figure 6 provides trend data related to the percentage of youth who have ridden with a driver who had been drinking alcohol. Figure 7 shows the percentage of students, by grade level, who reported riding in a car with a driver who had been drinking alcohol in 2008.

Figure 6.

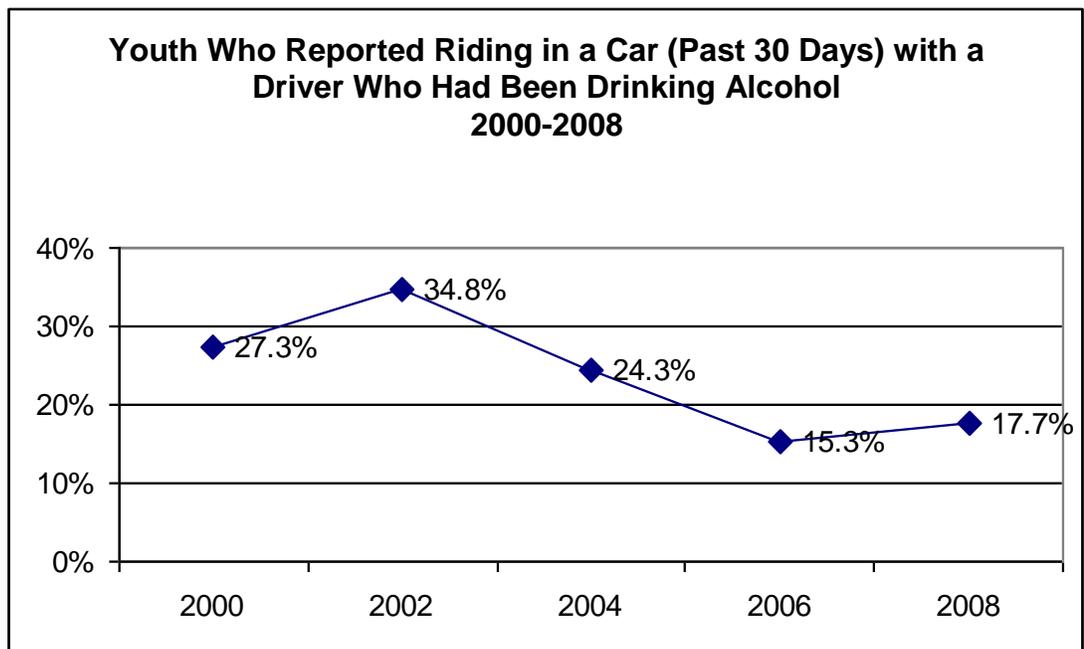
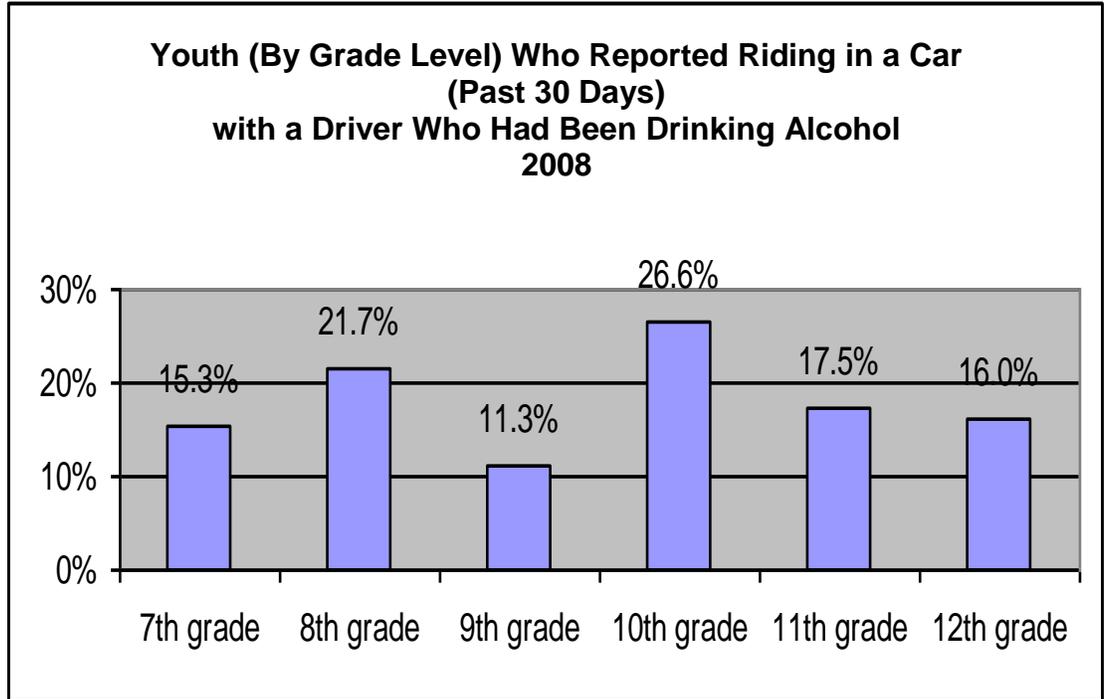


Figure 7.



Tobacco

Twenty-five percent of the youth surveyed reported they were 14 years old or younger when they smoked their first, whole cigarette. Overall, current cigarette use has decreased during the past eight years (See Figure 8). Approximately seventeen percent of youth reported having smoked at least one cigarette during the past 30 days compared to 34% in 2000. This figure is 3% less than the nation-wide current cigarette use rate of 20%. The number of students who reported consistently smoking at least one cigarette every day for 30 days (11% in 2008) has significantly decreased from 24% reported in 2002. Figure 9 shows the percentage of youth, by grade level, who smoked cigarettes within 30 days of the survey.

The number of youth who reported smoking cigars, cigarillos, or little cigars has increased from 9% in 2006 to just over 12% in 2008.

Figure 8.

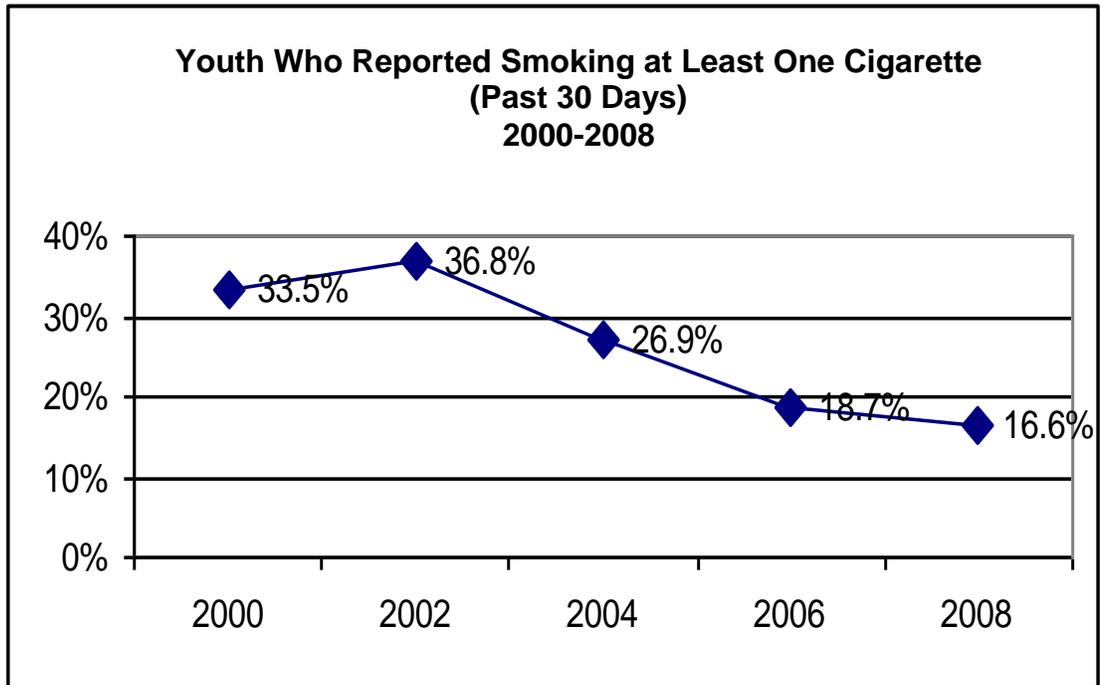
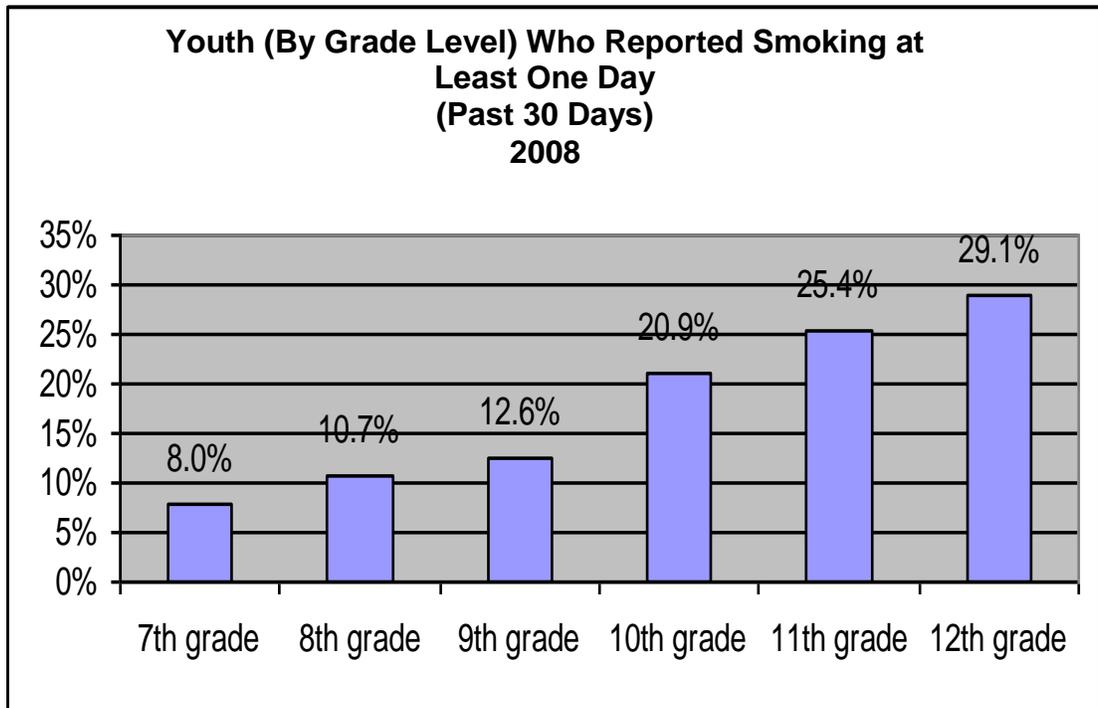


Figure 9.



Marijuana & Other Drugs (Including Prescription Drugs)

The percentage of youth who reported they have used marijuana at least once decreased slightly to 22.7% in 2008 from 23.3% in 2006. This figure reflects a significant drop from 42.8% reported in 2002. (See Figure 10.) Figure 11 shows the percentage of youth, by grade level, who reported having used marijuana at least once in their lifetime.

Figure 10.

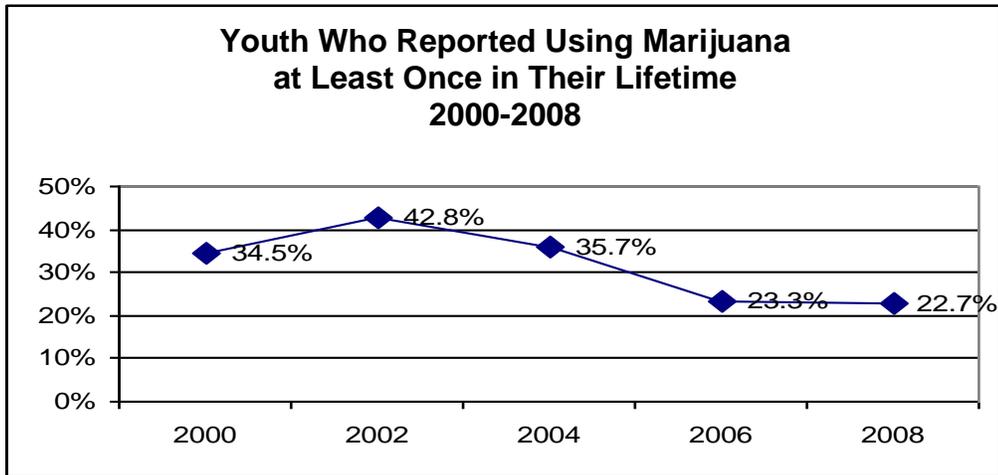
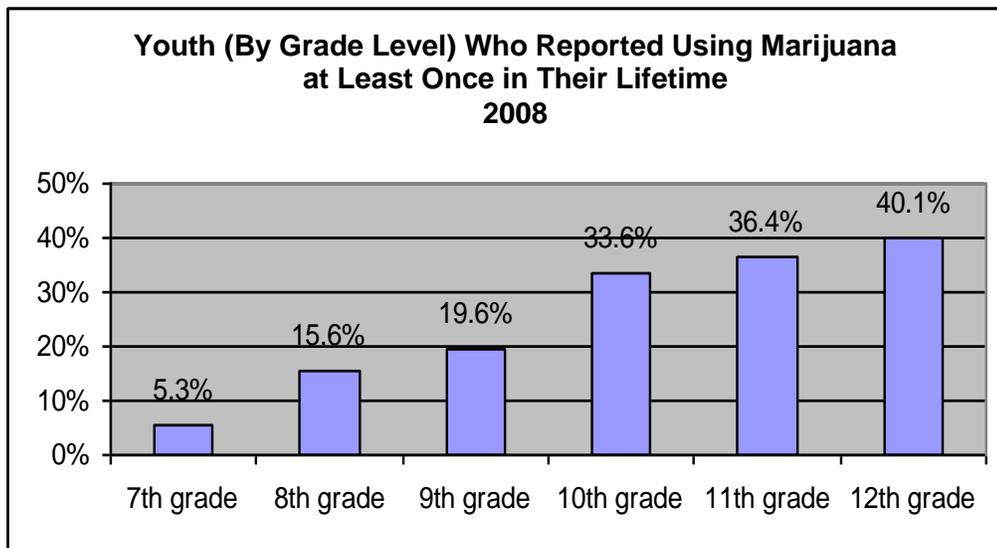


Figure 11.



While the percentage of youth reporting current marijuana use increased from 11% in 2006 to 13% in 2008, current use is significantly less than reported in 2002 (23%).

The percentage of youth reporting prescription drug use has decreased significantly from 2004 (21.9%) to 2008 (12.9%). (See Figure 12.) Note: Archival data for years prior to 2004 are not available. Across grades 7 through 12, high school seniors reported the greatest misuse (23.5%) compared to 3.3% of all seventh grade respondents. Figure 13 provides shows the percentage of youth misusing prescription drugs across grade levels.

Figure 12.

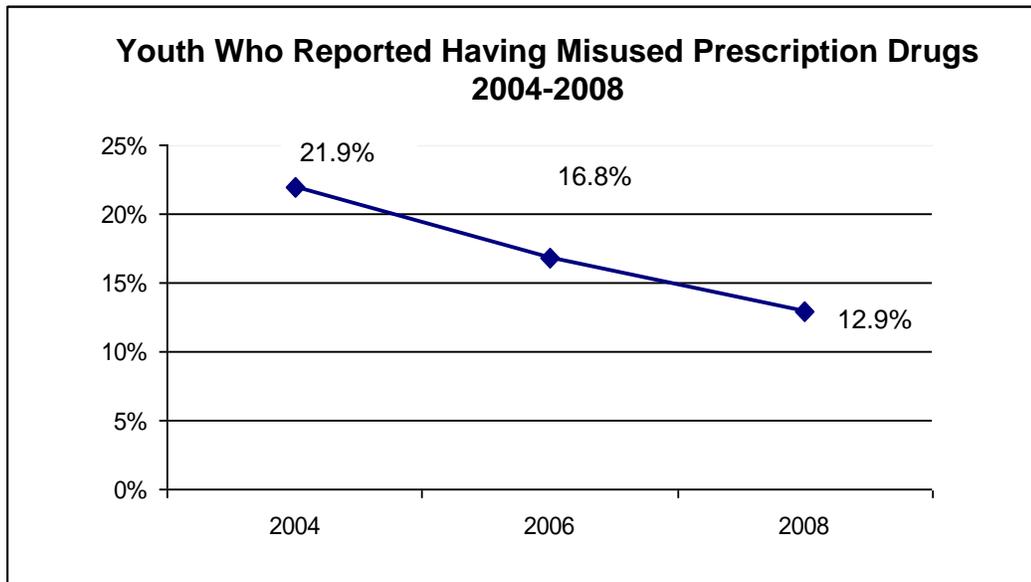
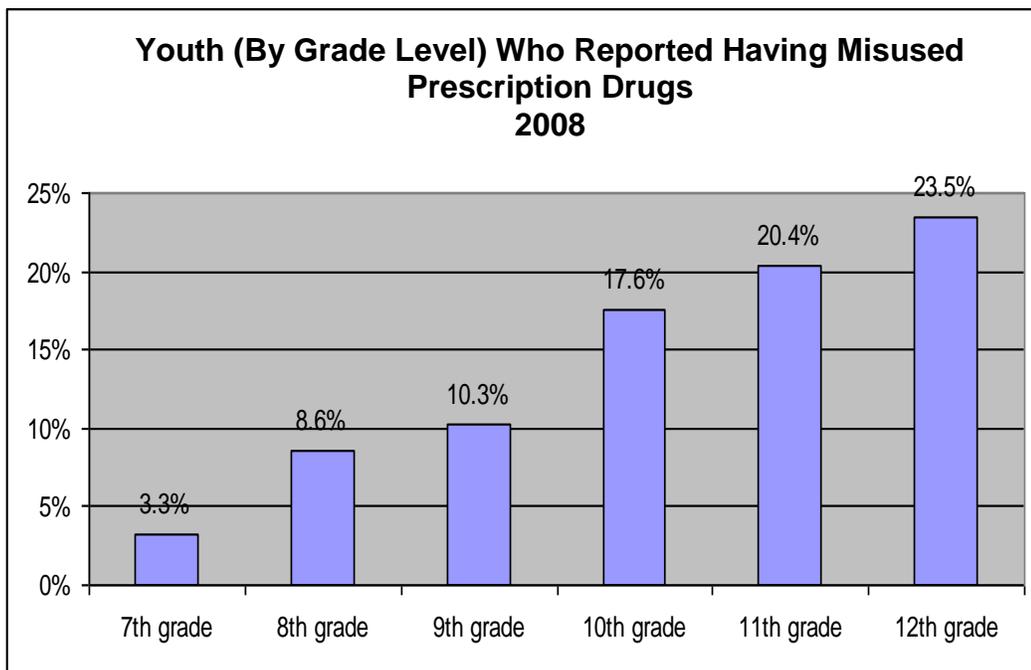


Figure 13.



Focus Group Discussion

Five youth shared their perceptions regarding the availability and use of alcohol and drugs in the community during a focus group interview conducted in June 2010. According to these youth, the use of alcohol is “very acceptable” among their peers and the parents of their peers. Some youth reported that “several parents” of the “popular kids at school let their children and their friends drink at their home.” Others reported that they have “a friend whose parents drink with their own children.”

According to those interviewed, access to alcohol is not a problem for youth in Bristol, Virginia. Youth participating in the focus group interview said that they know of two convenience stores that sell to minors. They further stated that youth steal alcohol from their parents or older siblings and noted that previous graduates and adults are willing to purchase alcohol for minors.

Youth reported that “marijuana is popular for recreational use among the in-crowd kids” and stated that “pick up” and “drop off” usually occurs at a local park. Participants then discussed a recent incident involving the use of drugs that took place at an area high school. Group participants reported that the students disciplined for drug use on school property “only got caught because someone *ratted* them out.” Emotions were mixed regarding the manner in which the situation was handled, but none of the participants indicated that their peers worried about getting caught or being arrested. One interviewee stated, “The two youth caught at school didn’t even get charged.” Note: This statement was not verified at the time of publication.

In a separate interview, parents confirmed that underage drinking is very acceptable in the community and cited specific incidents in which youth were known to be drinking. Parent interviewees stated that minors are able to acquire alcohol from their parents’ homes or from friends, age 21 and over. They also believe that “fake IDs” are easy to obtain. Most parent participants stated they did not agree with parent hosting; however, one parent did feel hosting was acceptable if the child’s parent provided “written consent.”

Other Problem/Antisocial Behaviors

Hawkins and Catalano (1992) define antisocial behavior in early adolescence as a risk factor that includes misbehaving in school, skipping school, getting into fights, and being involved in delinquent behavior. According to a report from the Virginia Department of State Police, the raw number of juveniles arrested for violent crimes (including murder, forcible rape, robbery, and aggravated assault) totaled 1,439 for the state in 2006 compared to one juvenile

arrest for such crimes in Bristol, Virginia. Table 6 provides juvenile arrest data for years 2002 through 2006.

Table 6. Raw Number of Juveniles Arrested for Violent Crimes Across the State Compared to the Number of Juvenile Arrests in Bristol, Virginia

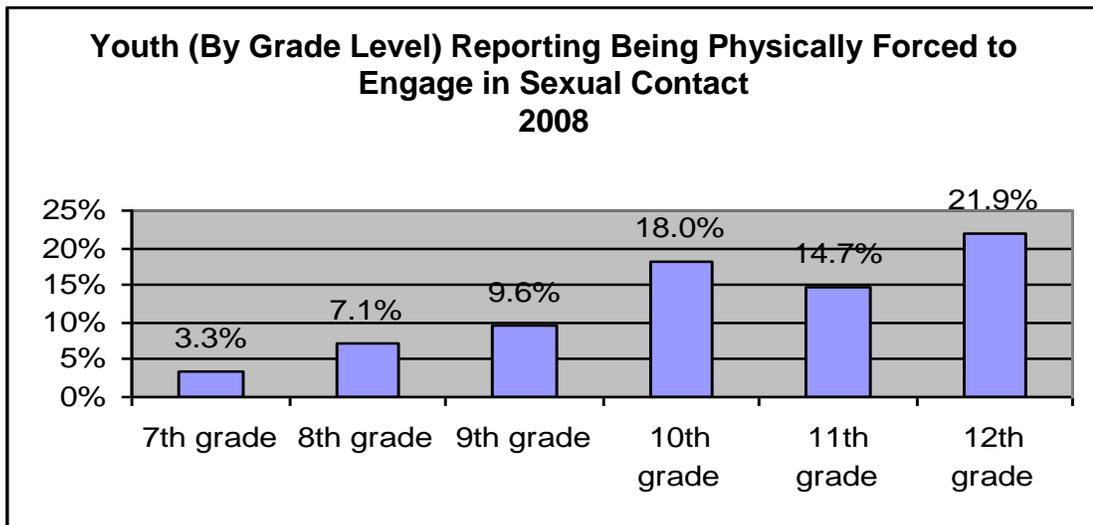
Juveniles Arrested for Violent Crimes	2002	2003	2004	2005	2006
State	1,185	1,097	1,179	1,352	1,439
Bristol	1	1	3	5	1

Although bullying is a problem among youth in the Bristol schools, the prevalence rate is decreasing; 29% of youth reported feeling bullied during the past 12 months in 2008 compared to the 2006 rate of 40%. Regardless, the majority of youth in grades 7 through 12 (95%) reported feeling safe at school. This figure represents a 4% increase from 2006.

Twenty percent of youth reported carrying a weapon such as a gun, knife, or club within 30 days of completing the *Youth Risk Behavior Survey*, and almost 10% of middle and high school students reported they have belonged to a gang.

It appears the percentage of students physically forced to have sexual contact (12%) decreased slightly in 2008, down from 12.9% in 2006; however, 1.4% of students submitting surveys skipped this item in 2008. Figure 14 shows the prevalence of youth forced to engage in sexual activity by grade level. Archival data for years prior to 2006 is not available for this survey item.

Figure 14.



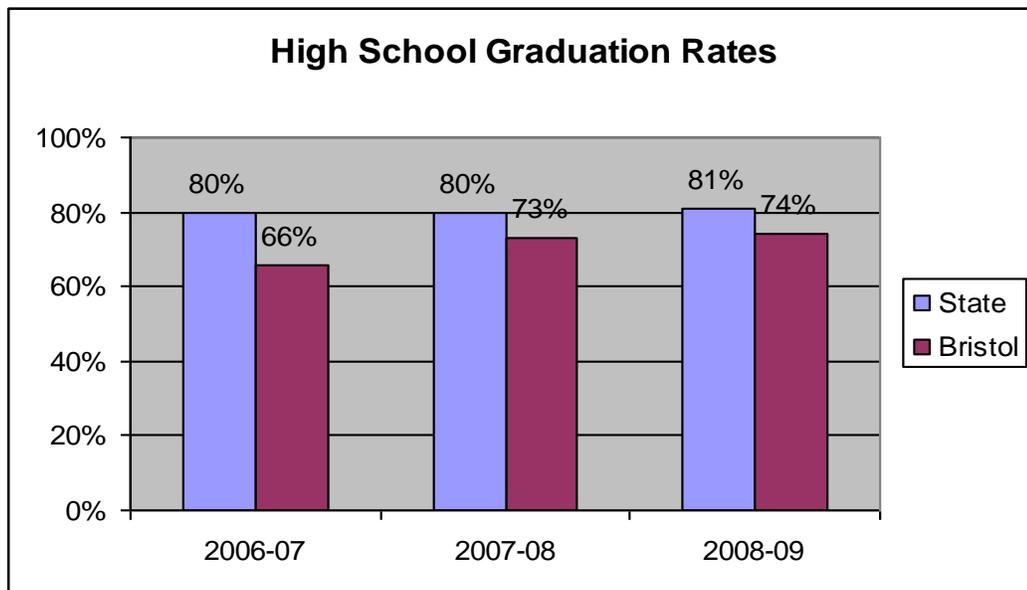
High School Graduation

Youth who lack commitment to school are at higher risk for a variety of problem behaviors. Beginning in the late elementary grades, poor academic performance increases the risk of delinquency, drug use, violence, and school dropout. Although children fail for many reasons, studies indicate that failure increases the risk of problem behaviors.

The high school dropout rate for Bristol, Virginia youth is slightly higher than that of their state-wide peers. According to the Virginia Department of Education, the dropout rate for Bristol youth is 2.14% compared to the state percentage of 1.76%.

The percentage of Bristol youth graduating on-time with a regular high school diploma lags behind the state's graduation rate. The Virginia Department of Education reports 81% of youth, state-wide, graduated on-time in 2009, while 74% of Bristol youth graduated on-time. However, Bristol is experiencing growth in this area reporting a 66% on-time graduation rate in 2007 and a 73% on-time graduation rate in 2008. (See Figure 15.)

Figure 15.



**The No Child Left Behind (NCLB) Act of 2001 does not include General Educational Development (GED) and special education diplomas in the calculation of on-time graduation rates.*

Health & Welfare

Child Abuse/Neglect & Births to Teen Mothers

Parents are a key factor in child’s development. Research has consistently shown that parents and family can either contribute to risk or reduce it, and multiple studies have found that “secure attachment can alter the influence of high-risk environments on the child’s intellectual outcome, language skill, and school performance” (K. E. Barnard et al., 1989; Greenberg et al., 1990; Morisset et al., 1990; Ramey, Farran & Campbell, 1978; Stroufe, 1983, as cited in Hawkins and Catalano, 1992). Therefore, support for high risk parents is critical. Parents in this category include, but are not limited to those who:

- were not well nurtured themselves,
- did not complete high school,
- have insufficient income,
- are under the age of eighteen,
- use drugs or alcohol,
- are in abusive relationships, and/or
- experience depression or other mental illnesses.

The prevalence rate for child abuse and neglect continues to decline in Bristol, Virginia as indicated by data collected by the National Kids Count Data Center and Voices for Virginia’s Children, down from 14.4 victims per 1,000 children in 2004 to 3.3 victims per 1,000 children in 2008. (See Table 7.)

Table 7. Child Abuse or Neglect Cases across Virginia and in Bristol, Virginia (Founded Number per 1,000 Children)

Child Abuse or Neglect (founded number per 1,000 children)	2004	2005	2006	2007	2008
State	3.8	N/A	3.9	3.4	3.3
Bristol	14.4	N/A	8.1	8.3	3.3

According to the Virginia Department of Health and the Virginia Department of Health Statistics, the number of births to teen girls (ages 15 to 17) in Bristol, Virginia decreased from 2007 to 2008, down from 28 to 22 births per 1,000 girls. Table 8 shows that these figures are significantly above those reported state-wide for the same period.

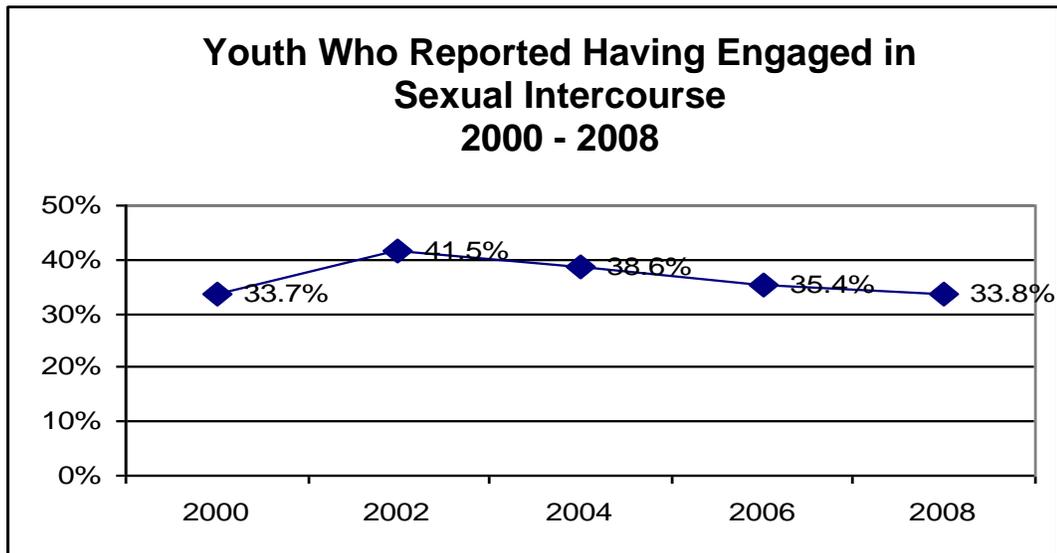
Table 8. Births to Teen Girls across Virginia and in Bristol, Virginia
(Number of Births per 1,000 Girls)

Births to Teen Girls (number of births per 1,000 girls)	2004	2005	2006	2007	2008
State	18	16	17	17	15
Bristol	N/A	13	LNE	28	22

Sexual Behavior

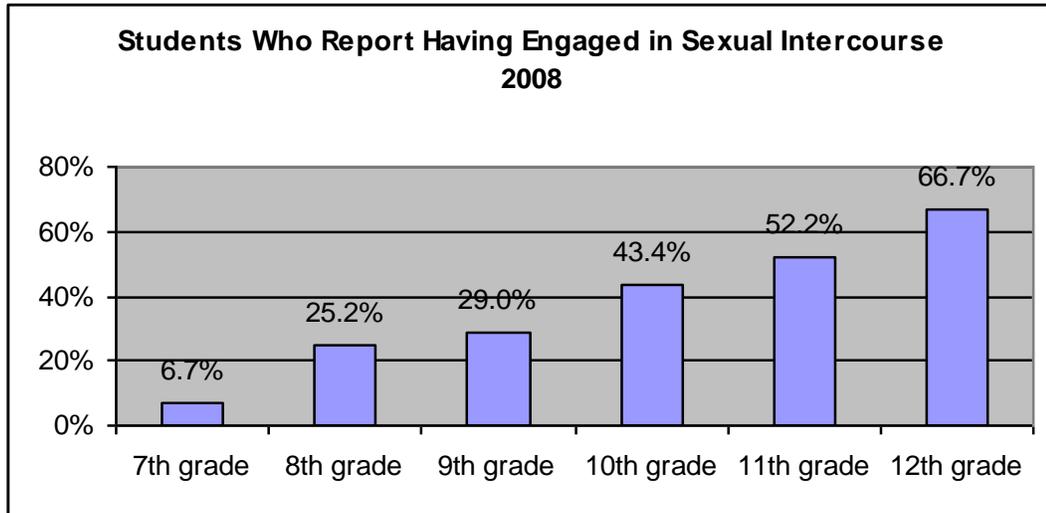
Figure 16 indicates the percentage of middle and high school youth engaging in sexual intercourse has steadily declined over the past six years, down from 41.5% in 2002 to 33.8% (approximately one in three) in 2008. Note: This figure is slightly higher than the percentage (33.7%) reported in 2000, the first year the survey was administered. Figure 17 shows percentages of sexually active students by grade level.

Figure 16.



Four percent of youth reported having sexual intercourse for the first time when they were 11 years old or younger.

Figure 17.



Approximately twenty-two percent of Bristol's youth report having had two or more sexual partners during their lifetime. (See Figure 18.) Roughly 6% of middle and high school youth reported they have had six or more sexual partners. Figure 19 shows the percentage of youth, by grade level, reporting they have had sex with two or more partners. The percentage of youth who reported having sex with six or more partners is broken down by grade level in Figure 20. Note: Archival data relative to the number of sexual partners and the age of respondents the first time they engaged in sexual intercourse are not available for years prior to 2008.

Figure 18.

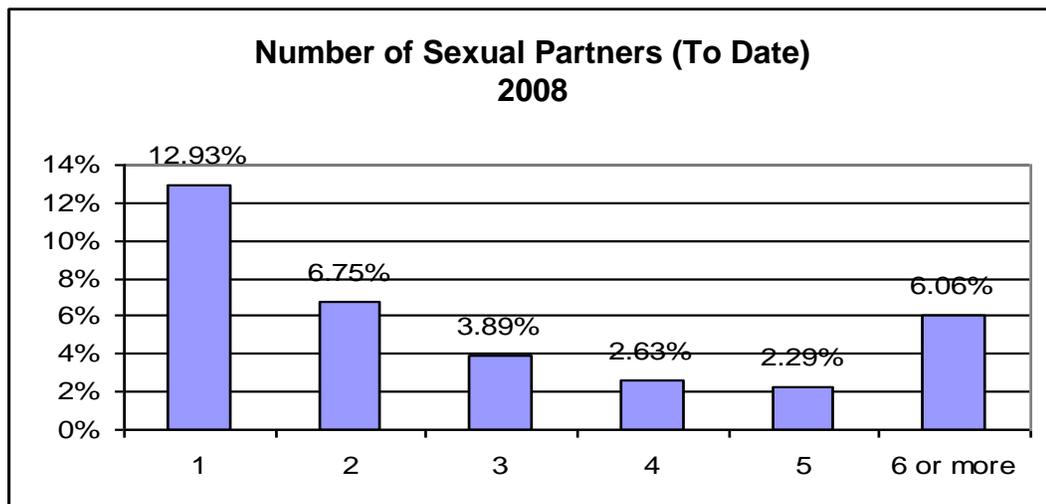


Figure 19.

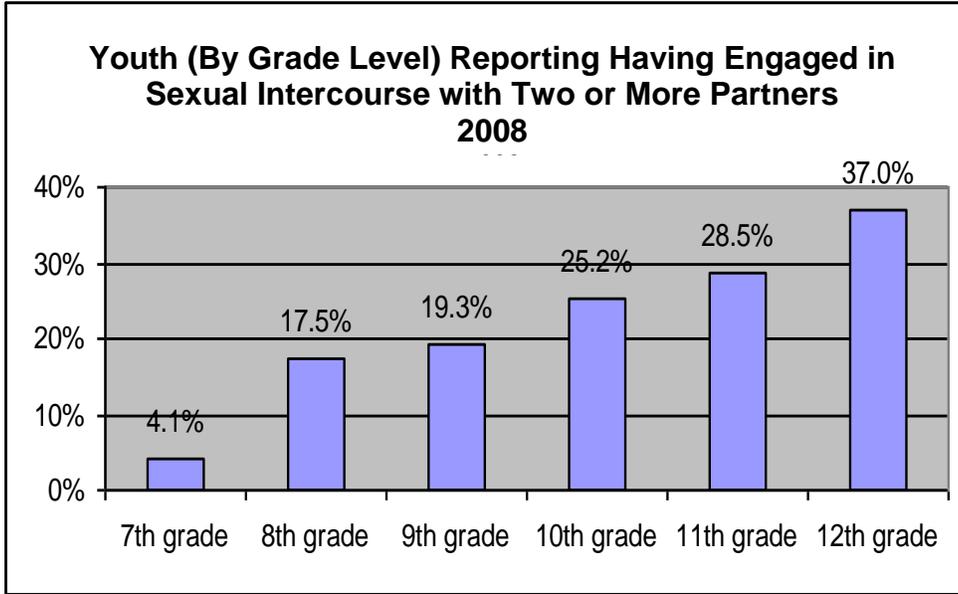
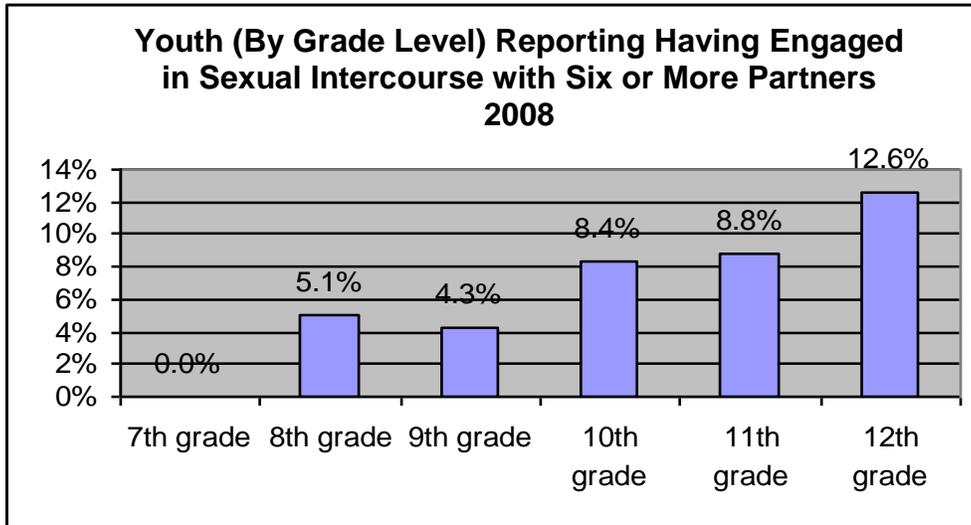


Figure 20.



Overall, 14% of youth who are sexually active reported that they did not use a condom the last time they engaged in sexual intercourse.

Focus Group Discussion

During the focus group interviews, female adolescents discussed the definition of sex and their knowledge of birth control. According to group participants, oral sex is not considered “sex.” It begins in middle school and “happens”—“it’s not sex.” Sex is [going] “all the way.”

Interview participants discussed birth control and stated that “you get it free at the Health Department.” They also expressed a desire to have “young people” teach their sex education classes at school. According to these youth, classmates who are pregnant “aren’t really looked down on” or “thought of as cool. They are just pregnant.”

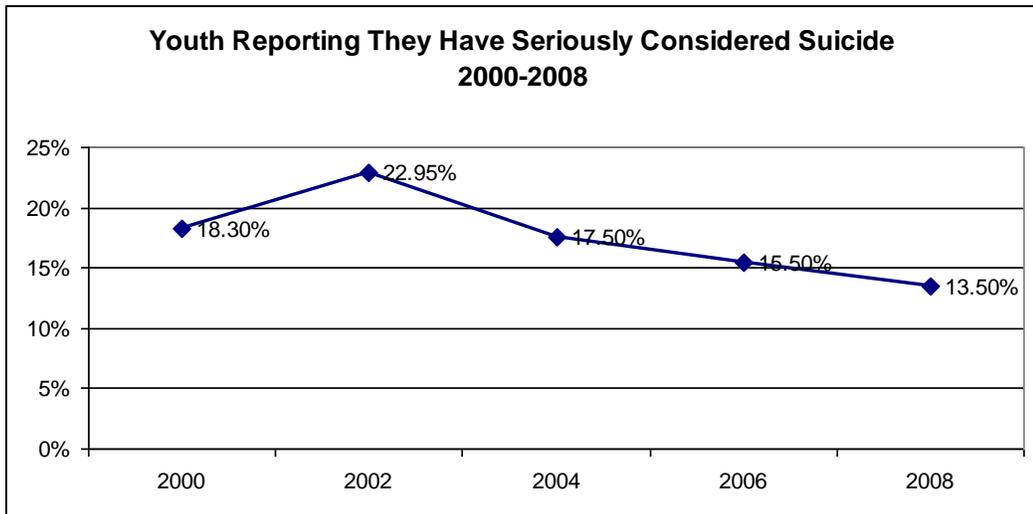
Youth were divided when asked whether they thought others might be forced to have sex against their will. Though several girls doubted this was an issue, one participant confided that she had been a victim and stated that she had been in a counseling program as a result.

During a separate group interview, parents indicated they were not sure how much teens discussed sex before actually engaging in sexual activity. One parent stated that “youth are very open because it is not something they are scorned for doing.” Those interviewed believe that youth obtain birth control “on their own without parents’ knowledge” or “go to the drug store to get the morning after pill.” Some parents reported that they believe oral sex is happening at a much younger age and that it is very acceptable among youth. They also discussed their children’s awareness of sexual orientation. One parent commented, “It is still the *cool thing* to be lesbian or bi-sexual.”

Suicide/Self Perception

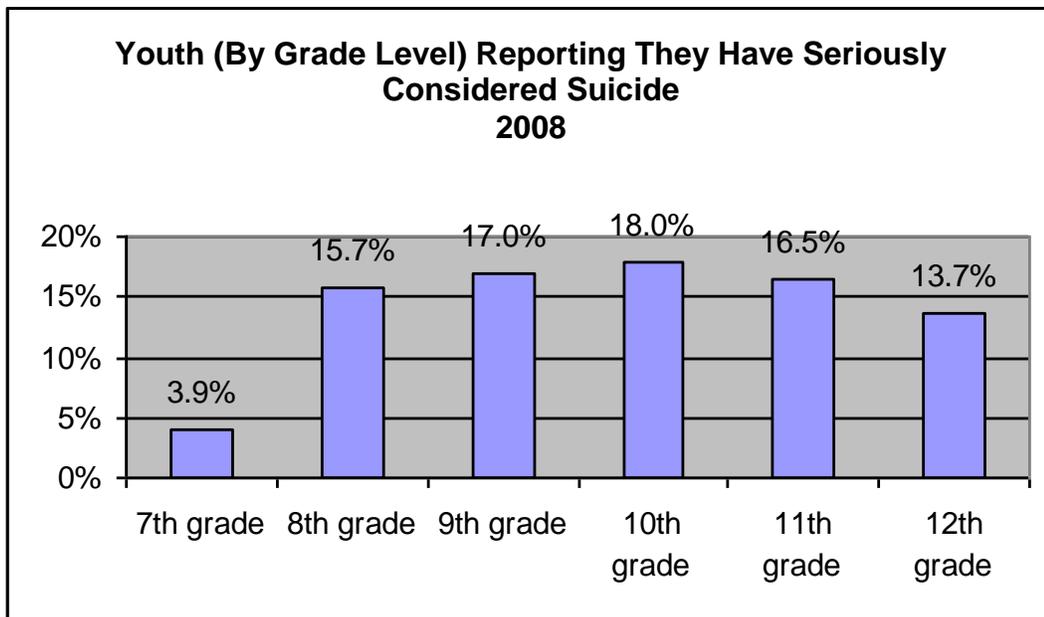
The percentage of youth who reported seriously considering suicide has consistently decreased from 23% in 2002 to 14% in 2008. (See Figure 21). Figure 22 breaks down the percentage of youth who have seriously considered suicide during the past 12 months by grade level.

Figure 21.



Approximately 30% of youth in grades 7-12 reported they think “at times, I am no good at all.”

Figure 22.



Approximately 10% of Bristol's middle and high school students have actually attempted suicide one or more times during the past 12 months. This figure is 3% higher than the national average of 7% reported in 2007. Figure 23 provides trend data related to suicide attempts among Bristol, Virginia middle and high school youth over an eight year period. Figure 24 shows the percentage of suicide attempts per grade level.

Figure 23.

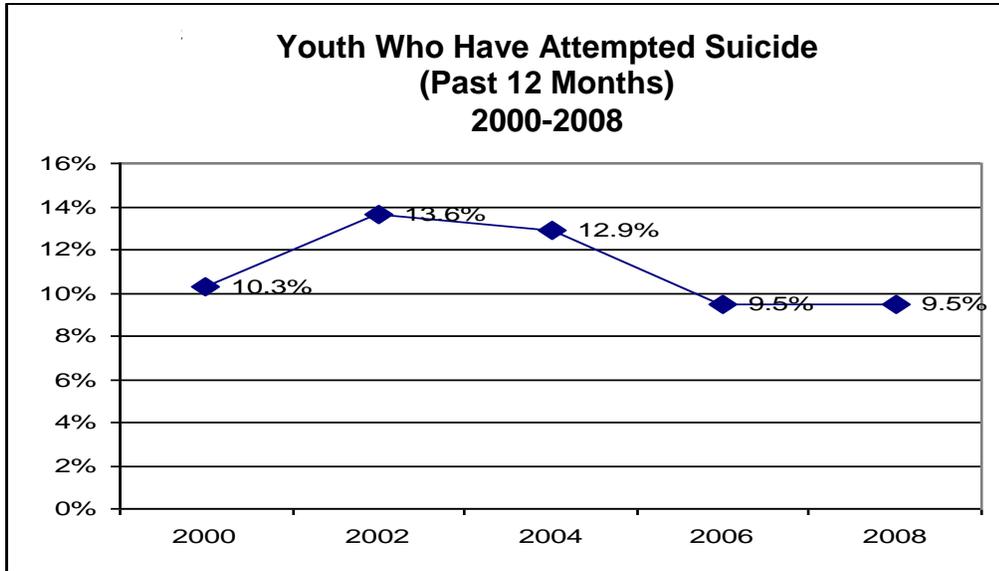
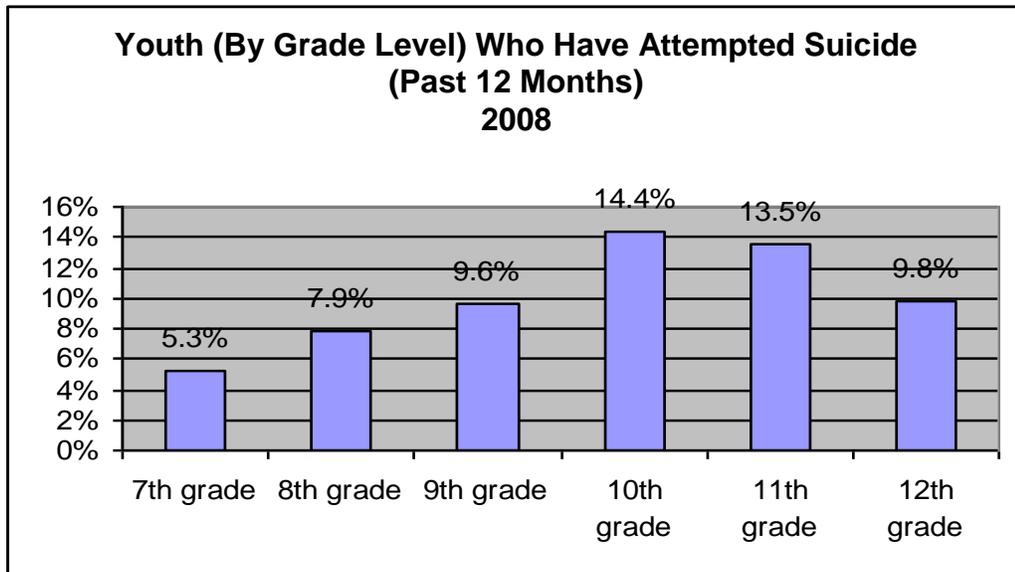


Figure 24.



Physical Fitness

Approximately one out of every two youth (52%) reported playing on one or more sports teams. (Refer to Figures 25 and 26 for trend data and grade level data.) Sixty-nine percent of youth in middle and high school reported that they engage in aerobic activity at least one day per week.

Figure 25.

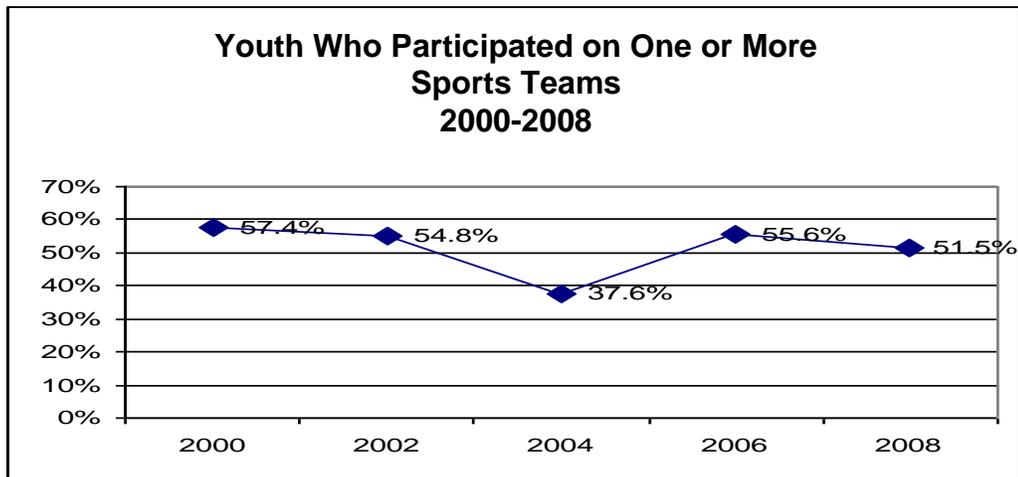
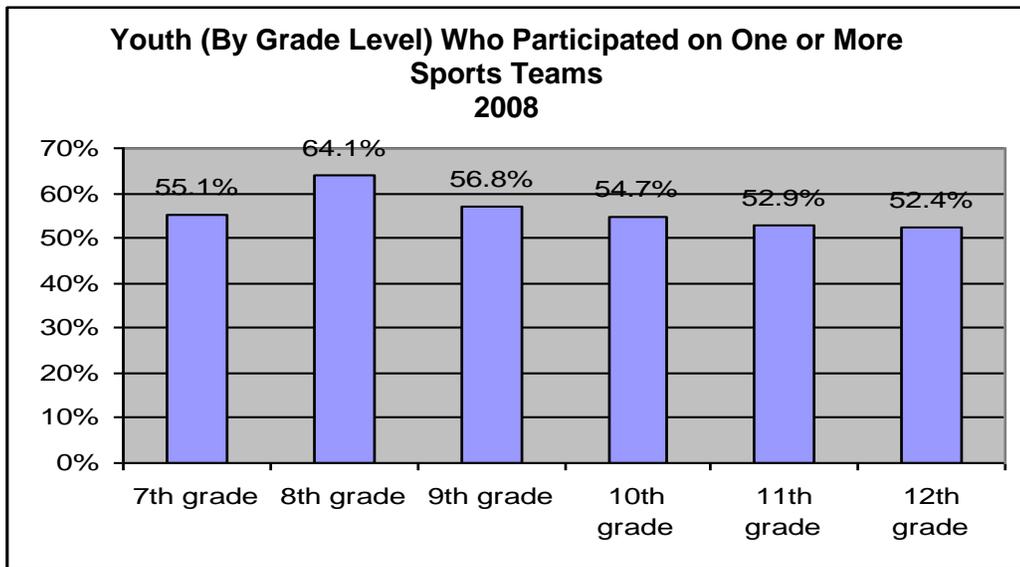


Figure 26.

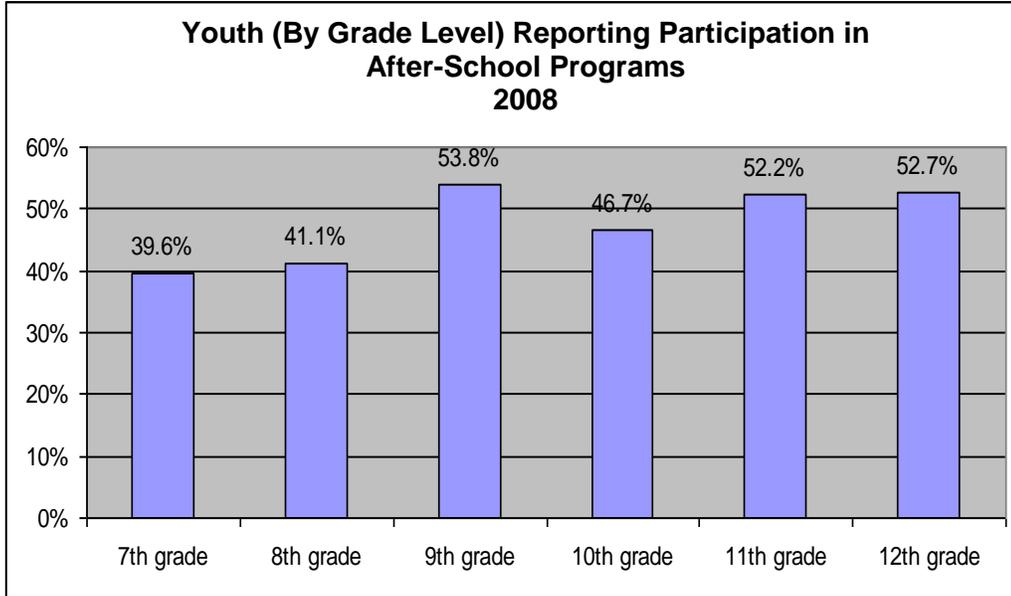


- Fifty percent of all youth completing the *Youth Risk Behavior Survey* describe their weight as "about the right weight."
- Currently, 51% of youth reported that they were exercising to lose weight or to keep from gaining weight.

After School Activities

Fewer youth, approximately 2 out of 5 (44.4%), reported participating in band or other after-school programs such as those offered by organizations including the YMCA, YWCA, and the Boys & Girls Club than the 52.9% first reported in 2006. Note: Approximately 8% of youth submitting surveys did not to respond to this survey item. (See Figure 27.)

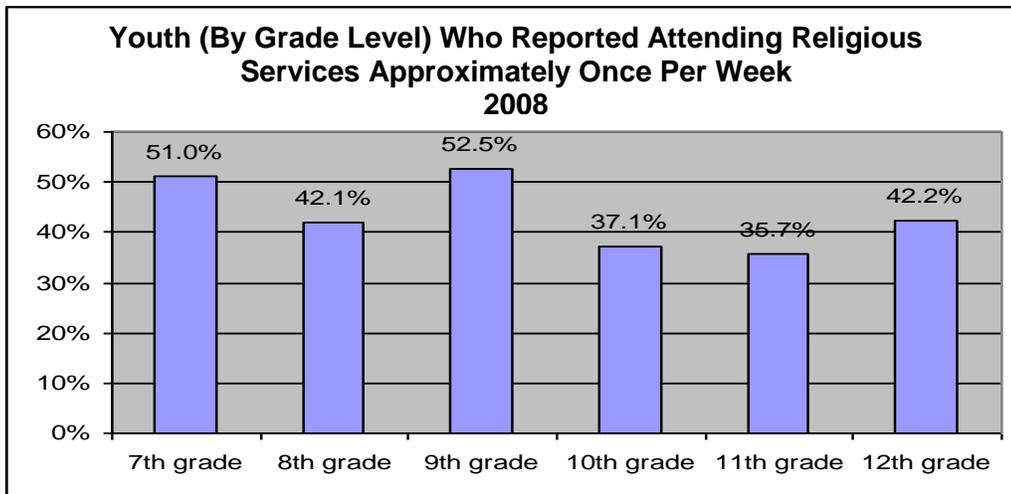
Figure 27.



Religiosity

Approximately 43% of all middle and high school youth completing the survey reported they attend religious services or activities approximately one time per week. (See Figure 28 for grade specific percentages.) Note: Archival data relative to religiosity is not currently available.

Figure 28.



Conclusion

Although risk behaviors among Bristol's middle and high school youth are decreasing from year-to-year as evidenced through self-reporting and state and local data, reports of widespread alcohol use—and tolerance on behalf of parents, is disturbing. Also of concern is the increased acceptance of sexual promiscuity and teen pregnancy among the youth in Bristol, Virginia.

Information provided through focus group interviews indicates that young people believe there are many activities for youth; however, when asked for specific examples, responses were vague. One participant replied, “Hanging out is what everyone does.” Activities cited include attending local music events, visiting area restaurants and parks, and watching movies at one another’s homes. Adolescents named FaceBook as a primary source for sharing information and learning about community events.

Youth also expressed their disappointment with the lack (or perceived lack) of opportunities to “have a little fun at school.” One participant stated, “It is all about SOLs and we sure can’t have any fun along the way.” This is of particular concern since this perception can lead to low commitment to school—a risk factor often associated with academic failure.

Programs to address substance abuse, bullying, suicide, depression, sexual behaviors, and safety have been implemented and should continue to be used to increase healthy behaviors among children and youth while decreasing risk behaviors. Research shows that the most effective programs offer “booster sessions” or “involve parents, the communications media, and the community in promoting norms against drug abuse” (Pentz, Dwyer, et al., 1989, as cited in Hawkins and Catalano, 1992). Hawkins and Catalano (1996) further noted that the development of healthy behaviors begins with an awareness of individual characteristics in addition to families, schools, and peer groups who promote healthy beliefs and set clear standards while providing opportunities for bonding and commitment.

***It takes a village
to raise a child.***
~African Proverb

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