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The Swahili have a word for “common sense” called: Busara. Busara refers to the need to make knowledge useful, practical and applicable to the everyday lives of the learner. In a stoke of what I call “genius” one day it occurred to me that when we know that a problem exists, we should take the proper steps to address it.

This clarity came to me one day as I was performing what we psychologists refer to as a “functional behavior assessment” (FBA) on a child at school. The purpose of an FBA is to determine why a kid does what he or she does. As tedious as it can be, conducting an FBA can be very rewarding. On this particular day, I reviewed the times during which the misbehaviors occurred. It appeared that 95% of the behavior problems happened about 1 hour before, during or after lunch. I reflected on this and said to the staff: “We know this kid is going to have a meltdown around noon if we don’t do something, something must be wrong with us! It's kinda like a robbery…and the robber says he’s coming at noon. Now, our job is to be ready.”

It is no secret that African-American children in Minnesota experience severe disparities in multiple systems including special education, foster care, juvenile justice and mental health. We know where the crime is taking place, yet we continue to exhibit poor tactical skills at making changes. In fact, the most recent Minnesota Student Survey conducted in 2010 clearly demonstrated that African American children in Minnesota fare worse than their white counterparts. For example, in comparison to 18% of white 9th grade girls who reported that they were “sad all or most of the time,” 22% of Black girls in the ninth grade reported that they were sad “all or most of the time.” Likewise, similar patterns existed for Black boys in the ninth grade in comparison to their white counterparts. Specifically, 11% of the Black boys in the 9th grade related that they were sad “all or most of the time” in comparison to white 9th grade boys who reported being sad “all or most of the time” at a rate of 7%.

These trends exist for symptoms of anxiety and nervousness as well. For example, fifteen percent (15%) of the Black boys in the 9th grade related that they were “nervous, worried or upset- all or most of the time” in comparison to only 9% of white boys reporting that they were “nervous, worried or upset-all or most of the time.” Similarly, a larger percentage of 9th grade Black girls (22%) reported that they were “nervous, worried or upset-all or most of the time” in comparison to their white cohorts (17%). Likewise, we are aware that African American youth represent over 70% of the bookings into the Hennepin County Juvenile Detention Center and are at high risk for being impacted by exposure to violence.

Within this year alone, North Minneapolis neighborhoods have experienced disproportionate amounts of violence. For example, statistics tell us that from January to March 2012, families in North Minneapolis experienced over 50% of the city’s homicides, 27% of the robberies, approximately 19% of the sexual assaults, and over 38% of the aggravated assaults. These patterns suggests that although there is no clear evidence that Black youth should innately have greater prevalence for generating criminal offenses or for evidencing mental health problems in comparison to white youth, they are disproportionately represented in systems. The systemic

non-responsiveness to their needs has placed these youth at greater risk for problems related to mental health diagnoses and treatment as a result of chronic exposure to violence. Factors that contribute to our children experiencing problems include limited access to culturally specific or culturally competent providers, limited access to funding for mental health care, cultural distrust of systems, as well as unfamiliarity with how to access mental health support. Through our Minneapolis Blueprint for Action for Preventing Youth Violence, we know that kids also need the support of at least one trusted adult, require early intervention when violence exposure is presented, need support and help when they have gone down the wrong path and that we, as parents and members of the Village, must help youth unlearn the culture of violence.

WHAT FACTORS INCREASE THE RISK OF STUDENTS BEING INVOLVED IN VIOLENCE?

What Does It Mean to Be "At-Risk" of Violence? Individuals and communities are considered to be “at-risk” for violence if they have traits that increase their likelihood of being exposed to violence as victims or perpetrators. Violence prevention research indicates that even having one risk factor in the absence of protective factors makes individuals more vulnerable to violence. Consequently, individual, school, community and underlying factors contribute to the level of risk and vulnerability that youth experience.

How Does the Social Context in which Students Live Impact Their Level of Risk? Everything from family members, peers, school and community experiences impact the ways in which a young person may learn appropriate ways of coping with anger, disappointment, shame etc. For example, in the past, researchers have identified some individual factors have been associated with an increased risk for violence. Several individual factors account for up to 50% of the cases, and are strongly linked to violence. For example, researchers have found that (1) Poor academic performance has consistently predicted later delinquency; (2) Academic failure in elementary school also increases risk for later violent behavior with this relationship being stronger for females than males. Another individual factor that leads to violence is (2) Unstructured free time. Truant youth and those who drop out of school before age 15 are more likely to engage in violent behavior. Finally (3) Delinquent peers: Association with friends who engage in risky behaviors is significantly linked to students' later involvement in violence.

Risk factors within the school settings include school size (with larger schools reporting more serious violent crimes), geographic location (with urban schools reporting higher rates of crime

than do rural schools), and gangs (schools with gangs reported higher incidence of drugs, guns and school violence. Key risk factors observed within the community include surrounding youth with substandard housing and school buildings, media portrayals of violence that desensitize youth to traumatic exposure, gun exposure and use as a means of protection and alcohol/drug use. On study reported that nationwide, alcohol is the drug most closely associated with violence. Drugs or alcohol is cited by 39% of seventh through twelve graders as a major factor in why violence occurs in schools. In addition, one study shows that 40% of students who drank alcohol at school also carried a weapon at school. Finally, the presence of mental illnesses in youth and or their parents increases their vulnerability to violence such as homicide or suicide. Also, research indicates that the impact of witnessing and experiencing violence increases a teen's likelihood of committing a violent act. Data also suggests that experiencing childhood abuse and neglect increases the likelihood of juvenile arrest by 53% and the likelihood of committing a violent crime by 38%. In a future article, I will further elaborate on these Adverse Childhood Experience (ACE) Factors and their impact on our individual and community health. Finally, familiar factors such as oppression, poverty, dysfunctional and unsupportive family systems create barriers to safety.

To address these problems, a culturally-specific program entitled: "Project Murua: Pre-Meditated Parenting Boot Camp" is being offered. The target population for the current Project Murua grant is African American parents with children ages 10 to 18, who reside in the high-risk for violence neighborhoods of north and south Minneapolis. The program is the culmination of many years of work between Brakins Consulting & Psychological Services and the Minneapolis Urban League. The MUL strategic framework for its delivery of outcome-focused and evidence-based service is called "Gateway to Opportunity" and is comprised of four intersections for incorporating a best practice family strengthening model. With regard to specific initiatives that have addressed the issue of youth violence in our community, MUL has recognized that a major gap noted is the absence of intensive services offered in duality to parents, especially to those parents with youth involved in the judicial system. Project Murua has a track record for strengthening and supporting families in their efforts to make sure that their students are academically and socially successful. The program provides free meals, childcare/homework help and travel support. Parents learn to promote wellness and reduce violence in the lives of their children. Project Murua has successfully provided services to over 200 program graduates, touching the lives of over 785 children. A majority of Project Murua parents "very much agree" that they had a satisfactory experience with Project Murua and 100% of the parents graduating from our classes reported that they would recommend it to other parents. A majority of the parents have reported that they "very much agree" that they significantly increased their family wellness strategies (85%), their parenting skills (85%), increased their knowledge of community resources (93%), and increased their ability to reduce violence in their homes and communities (85%). To sign up for our next Boot Camp call 612-302-3140 or 763-522-0100 and join the ranks of parents who have begun to "Fight the Battle to Save our Children's Lives."

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President of Brakins Consulting and Psychological Services, and is the Executive Director of the African American Child Wellness Institute. The mission of the African American Child Wellness Institute is to promote the psychological and spiritual liberation of children of African Descent by providing culturally specific mental health services and by developing culture-based, holistic wellness resources, research and practices. Dr. Garrett-Akinsanya warns that this column should in no way be construed as constituting a therapeutic relationship through counseling or advice. To forward a comment about this article or to make an appointment, please contact Dr. Garrett-Akinsanya by email @ bravadaakinsanya@hotmail.com or by telephone at 612-839-1449.