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Novel Community Participatory Approach to Violence Intervention Program for Latino Youth

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ABSTRACT Firearm violence is heavily prominent in large urban cities. Upon closer inspection, evidence reveals that violence clusters in marginalized minority populations. In fact, gun violence is the leading cause of death for Hispanic youth aged 15 to 29 in the United States [3]. Unfortunately, many current intervention programs lack the cultural competencies needed to engage directly with impacted communities. This article highlights a novel community participatory collaborative approach to violence intervention. Collaborating with an established program, the VOICE (Violence Outreach Intervention and Community Education) Program, youth from the greater Essex County area participated in gun violence awareness sessions. Activities included virtual education workshops, in-person teaching sessions, and local community engagement activities. The program shows how community engagement, meeting students where they are, could help us create awareness on how to de-escalate violence. This participatory approach could be an innovative way to break the cycle of violence in our youth, especially Latinos.

KEY WORDS latino youth, violence intervention, community engagement

INTRODUCTION

The social-ecological perspective of youth exposure to violence and difficulties is thought to be a combination of individual, family, school, and community risk social factors that contribute to increased violence. Thus, no single predictor of one's inclination to engage in violent behaviors exists. Gun violence is a leading cause of premature death in the U.S., and guns kill more than 38,000 people and cause nearly 85,000 injuries annually [1]. According to the CDC, the United States has the highest rate of gun violence among developed nations: 45,222 people died from gun-related injuries in the U.S. The data includes those that were unintentional, those that involved law enforcement, and those whose circumstances could not be determined, beyond gun-related injuries. However, while gun murder or homicide garner more national attention, in 2020, 54% of all gun-related deaths in the U.S. were suicides (24,292), while 43% were murders (19,384) [2], making suicides account for the majority of gun deaths in the United States.

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This is a concern for youths and young adults aged 10-24 years. Hispanic have reported a higher rate of suicidal ideation (16.7%) and suicide attempts (10.2%) compared to their White and African American adult counterparts. Many of these rates relate to their environment and dynamics associated with their social determinants of health. Furthermore, urban minority youth face unique social and cultural challenges that may correlate with developing coping and emotional self-regulation skills. Some of these challenges include acculturation, the public discourse about immigrants or the negative public attitudes about Latinos, and family dysfunction. All of these factors can contribute to the suicide disparities among Hispanic adolescents. Moreover, gun violence is the leading cause of death among Hispanic youth aged 15 to 29 in the United States [3]. Therefore, mental health must be destigmatized to address suicide and gun violence. There is little research existing on uniting gun violence prevention efforts among the fields of social work and public health [4]. Furthermore, in 2020, firearms became the leading cause of death among children ages 19 and below, and, in the first six months of 2022, there were over 300 mass shootings across the U.S., including the shooting at Robb Elementary in Uvalde, Texas [5]. In the first three weeks of 2023 alone, there have been 53 mass shootings [6].

Due to the COVID-19 pandemic and “stay-at-home” orders, social isolation has triggered a rise in all forms of violence in the United States. Prior to COVID-19, data has shown that 40% of Latino youth experienced persistent feelings of sadness and hopelessness [7]. These indicators, usually linked to symptoms of depression, are related to low academic and social connectedness that can increase suicide rates [8]. Further, violence is one of the extreme manifestations of racial, ethnic, and economic disparities in the U.S., with substantially higher rates in historically disadvantaged communities [9]. To combat this public health crisis, the federal government funds hospital violence intervention programs (HVIPs) in clinical settings [10]. In addition, the Office of National Violence Prevention (ONVP) seeks to bring together key leaders across the federal administration to develop a comprehensive, coordinated and sustained effort to address all aspects of violence in the U.S. [9]. This intervention strategy promotes safe, stable, nurturing, positive relationships and experiences for youth in urban communities and addresses some of their adverse experiences through education and connection to their community.

A LOCAL SOLUTION

We collaborated with an established program, the VOICE (Violence Outreach Intervention and Community Education) Program, based in Newark, New Jersey. The VOICE Program team used evidence-based literature to develop educational videos that address gun violence and related health issues. The VOICE team adopted a framework for community-centered, mobile health intervention development [11, 12]. Topics include (1) gun violence prevention introduction, (2) effects of gun violence, (3) gun safety planning and crisis management, (4) gun violence intervention programs, (5) gangs and gun violence exposure, (6) the role of depression in gun violence, (7) substance abuse and drug use, (8) intimate partner violence, and (9) COVID-19 related issues. The VOICE program team engaged in a learning collaborative comprised of community workers and healthcare providers to promote gun violence prevention. The VOICE Program has been shown to improve community health outreach, knowledge, awareness, and the likelihood of help seeking and treatment [13]. Detailed VOICE program development, implantation, and evaluation methods are described elsewhere. [11,12,13]. The VOICE program was adapted to deliver violence prevention education to the youth and close the existing gaps for culturally relevant content. The public health framework for violence intervention is based on the socio-ecological determinants of violence; in understanding the structural factors that lead to violence. However, our youth outreach is based on the community mobilization framework that supports community efficacy, social cohesion, and collective empowerment, emphasizing community members as valuable partners in this intervention.

MATERIALS AND METHODS

The violence intervention program was conducted from November 2022 to July 2023. This program was approved by Rutgers NJMS Institutional Review Board (IRB). The violence intervention program participants comprised youth from the greater Essex County area of New Jersey. To maximize the program's impact, we collaborated with organizations from the greater Essex County, NJ area that emphasize increasing the representation and retention of minority youth across all stages of the educational spectrum (high school to college). This program included reaching out to pipeline programs, community organizations, and after-school initiatives. These programs often recruit students from underrepresented and underserved communities who have shown the potential for excellence but may not have had the social capital or displayed the resilience needed for academic success.

The VOICE program complements these academically oriented programs by addressing sociocultural factors that may be prominent in an underserved urban community, such as intimate partner and gun violence. Taken together, VOICE and educational programs provide resources for disadvantaged youth by increasing awareness of community factors contributing to their prosperity of themselves and the community. Programmed activities within the violence intervention included virtual education workshops, in-person teaching sessions, and local community engagement activities. We conducted both individual and group sessions throughout the program period.

The MOST (Moving On from Surviving to Thriving) Program was a set of 4 virtual workshops conducted for high school students to help address the top topics in the community. The program spanned one month between November and December 2021. Workshops included Reducing Youth Violence, Understanding your Mental Health, Coping Strategies, and Developing Support Systems. The recruitment for the MOST program was via social media specifically Facebook, and Instagram.

The Northeast Regional Alliance (NERA) MedPrep is a summer enrichment program for under-represented or economically disadvantaged college students interested in medicine. NERA's well-being program initiative incorporated violence prevention workshops. The curriculum exposed students to violence prevention educational content on the effects of gun violence, mental health, and interpersonal violence. Over one month, June 2022, we coordinated 3-violence prevention and 3-self-defense workshop activities to complement the didactic presentation.

Mentor U Connect (MentorU), a local mentorship youth organization based in Newark, hosted two educational sessions and self-defense workshops over 1 month, June 2022. This program development for the staff, including the mentors and mentees (high school and college students), was necessary to increase awareness about violence at home and on the streets. The staff are community and student leaders who can help spread awareness and help de-escalate violence among their peers.

Tabling at the New Jersey AIDS Walk (May 2022) allowed us to connect with the community and educate elected officials, community members, representatives, and delegates from other community organizations and non-profits on our violence intervention program. The community event was a unique opportunity to promote our program and provide valuable information and resources to invisible communities, such as the LGBTQ+ community.

Hence, all program workshops, except the Community AIDS Walk, were structured similarly. The facilitators introduced the program to the participants. Then participants selected 2-3 VOICE program videos (8 total videos) to view from the complete inventory list. After watching the videos, students participated in brief lectures and community-building activities centered on the themes and topics presented in the VOICE program. The program lectures aimed to provide a safe, nonjudgmental space for participants to voice their views and stories. The team leaders facilitated discussions and shared personal stories and current events surrounding the program topics. Finally, a Post-survey assessed the impact of the content on knowledge and attitudes. The complete inventory of VOICE videos was made accessible through QR codes. Any individual with an internet connection and access to a mobile device could participate. For those who did not have a phone, we offered mobile, Wi-Fi-hotspot-connected iPads and devices. For the Community AIDS Walk, participants were eligible to view the VOICE videos, with the same pre/post survey that was administered in the workshops. The setting of the walk provided us an opportunity to engage with the community by illustrating and providing examples of how we can all help address violence in our communities.

The Post-survey was administered to assess the impact of the content on knowledge and attitudes. Participants were asked questions such as "are you satisfied with the video presentation" and "would you recommend this video to your family/friends?" They were given answer choices of yes and no. For the post-knowledge survey, the score was based on the participant's outcomes in regard to content satisfaction, video recommendation, and knowledge gain.

RESULTS

Gun Violence is a public health crisis, but youth program initiatives could help break the cycle. While hospital-based violence intervention programs can be effective in engaging and educating minority urban youth, they do not address all of the socio-economic factors that prone youth to violence behaviors in a culturally competent,

relevant, and structured manner. Through community rapport and collaboration, violence prevention programs (such as VOICE) can break the cycle and prevent on-going negative consequences of community violence.

Participants selected videos on 8 different topics and elected to participate via online survey. Each animated video topic was approximately 5 minutes. Outcomes were based on content satisfaction, video recommendation, and knowledge gain. The videos were available in both English and Spanish. The study had participants ($n=174$) were between the ages of 14-25; they were about evenly split, 51% (males) and 49% (females). Minority participation was over 75%, and most participants identified as Hispanic (55.2%) or Black/African American (20.1%). Based on these results, to address this health crisis, we need culturally competent interventions. Studies have shown that culturally relevant content promotes a strong sense of group ownership, ethnic identity, and community-building [14]. This study entails identifying what kinds of information and approaches are most effective in changing an individual's behavior concerning firearm misuse and interpersonal abuse via educational workshops materials, and resources in Spanish and English language.

Participants viewed six videos on the topic of “gun and interpersonal violence” (77.6%), and two on “mental wellness and coping strategies” (22.4%). In addition, 87.0% of participants would recommend viewed content to friends or family, and 85.0% of participants were satisfied with the content. Consequently, interventions that involve other stakeholders, like schools or community organizations, can serve as positive protective factors. Programs may incorporate this positivity in various ways, from individual counseling sessions to administrative policies and rules for community-based organizations [15]. In order to help address or de-escalate violent incidents, we need to provide our youth access to resources, especially at-risk youth who are often victims of violence. In fact, 94% of participants who viewed content on gun violence intervention programs, in general, either agreed or strongly agreed that intervention programs may help prevent future violence in the community. If our youth are to respond and meet high expectations and a demanding world, we must build and support strategies that foster students in nurturing their talents, building new skills, and mastering tough hurdles [16]. Participants showed high post-knowledge scores (95.1/100) after educational interventions, workshops, and content. Female participants were nearly 25% more likely than males to recommend the program to their friends ($p= 0.003$). To address violence, we must address the social norms on how violence is portrayed. Family and social risk factors could be the catalyst that promotes or reinforces violent behavior. In fact, violence witnessed during childhood may negatively impact adult mental health [17].

It is thought that a strong sense of community promotes young adults and later adults' mental health and resilience, regardless of the presence or lack of violence in their childhood experiences. Students need healthy communities where they can feel safe to thrive and succeed. The best solution for violence is prevention. Therefore, for prevention to succeed we need community intervention. Research shows that youth engagement reduces downstream risks of violence while simultaneously endorsing community membership and the development of positive youth competencies and positive emotional health [18, 19]. Our youth need resources as in career readiness, college navigation, mentorship and social support, these youth engagements become positive protective influences that could help address the youth risk factors associated with violence, especially in urban cities. Community Organizations are established, trusted partners in the community. A goal for violence prevention initiatives is collaboration with local organizations to help maximize awareness and developing long-lasting trust.

CONCLUSION

This community participatory-based violence intervention program was focused on engaging and educating minority urban youth. Adapting this community intervention program for our youth yielded positive outcomes on participants' knowledge, attitudes, and satisfaction with content. Thus, participants amplified awareness on how to act when witnessing violence, to de-escalate violent incidents, and to access resources for victims of violence. The goal of the youth initiative was to provide practical information via gamification video formats that are actionable steps that empowers them in a violence situation. Moreover, the community collaboration with local leaders and schools became a positive protective factor; participants learned—through VOICE—to invest themselves more positively into the community. This supportive network of collaboration may counterbalance the likelihood of exposure to violence. After-school programs and community support may offer an avenue to decrease the incidence of violence exposure. Resilience-based narratives via community violence intervention programs as a socially driven mediation could ultimately be the quintessential positive protective factor buffer against violence for youth in urban cities.

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