Developing a Comprehensive Approach to Youth Violence Prevention in a Small City

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Abstract: A Center for Academic Excellence in Youth Violence Prevention was established in 1999 at Virginia Commonwealth University, in the small city of Richmond, Virginia. The social context of Richmond provides many challenges and assets for preventing youth violence, including high levels of youth exposure to violence and exemplary role models for resiliency. In this paper, the conceptual framework used to guide Center activities is explained first, followed by an accounting of the initial activities for developing a community mobilization process. Next, examples are presented of how the core theme of "Strengthening the Voices of Stakeholders" was implemented at the levels of grassroots/taxpayer, organizations, and systems/policy. A university policy strategy for involving more sectors of the University in community partnerships to prevent youth violence and promote positive early childhood development is then described. The paper closes with an assessment of the mobilization efforts to date and a sketch of new plans for the future.
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Background

Youth violence is a major public health problem in the United States. Violent injury and death disproportionately affect children, adolescents, and young adults. Homicide is the leading cause of death for African-American youth (15–24 years) and the second leading cause of death for all 15–24-year-olds.[1–3] Fatal violence reflects only the most visible tip of the iceberg when estimating the consequences of violence.[4–6] Aggressive behaviors such as fighting and weapon carrying are extremely common in the daily lives of many adolescents.[7] These behaviors may not always lead to physical injuries, but are strongly associated with risk for injury, exposure to intimidation and threats, and perceptions of fear and vulnerability.[8–10]

The City of Richmond, Virginia: Challenges

Youth violence is a major problem in Richmond, Virginia, a small city with an estimated population of 192,913 in 2006 (54% African American; 40% White; 6% Other and Mixed Race). Youth homicide has decreased nationally in recent years, but increased in Richmond since 2001. The per capita homicide rate has consistently been in the top 10 of all U.S. cities, and recent FBI violent crime statistics ranked Richmond as the ninth most dangerous U.S. city.[11]

For example, responses to a modified version of the Children's Report of Exposure to Violence[12] in the spring of 1998 from 402 eighth graders at three Richmond middle schools[13] (168 boys, 234 girls; 96% African American; 27% living with both biological parents) were used to assess exposure to violence. Most students reported witnessing a stranger being beaten up (72%) or chased or threatened (65%). Students also reported witnessing someone they knew being beaten up (82%) or chased or threatened (58%). Many reported that they had seen a stranger being robbed or mugged (29%), shot (35%), stabbed (19%), or killed (20%) and many had seen someone they knew being robbed or mugged (22%), shot (28%), stabbed (21%), or killed (20%). These students were also frequent victims of violence. Many students had been beaten up (35%), chased or threatened (24%), shot or stabbed (12%), or threatened by someone with a gun (21%) or knife (18%).

Furthermore, work by Kliewer and colleagues[14] using a community sample of African-American middle- and high-school youth aged 11 to 18 in Richmond showed that 70% witnessed drug deals, 59% saw a mugging, and 52% had seen a person badly wounded after violence, including 30% who witnessed a knife attack and 20% who witnessed a shooting. One of six (17%) had witnessed a murder and nearly all (87%) had heard gunfire near their homes.

Historical documents in Richmond (e.g., the "Willie Lynch" letter [15] describing slave owner practices to discourage solidarity and promote hostile competition

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among slaves) provide evidence that current violence may reflect behavior patterns transmitted across generations. Risk factors for violence, related to the legacy of institutionalized racism, are manifested in limited educational opportunities, underemployment, and concentrated areas of poverty. Poverty indicators for Richmond showed that, in 2004, 28% of children under the age of 17 lived in poverty and in 2006, 74% of school-age children qualified for free lunch.[16] Geographical location may also be a factor: Richmond is on Interstate 95, a centralized location on the East Coast which contributes to its being a hub of illegal drug trafficking and provides relatively easy access to legal firearms in Virginia.

The City of Richmond, Virginia: Assets

Although the complex social context of Richmond plays a role in the city's challenges, it also plays a role in its assets. Richmond is the state capital of Virginia, has a rich history, and, among its cultural and educational assets is home to Virginia Commonwealth University (VCU). The University student population is diverse (57% White; 20% African American; 11% Asian; 4% Hispanic; and 2% International). VCU is an urban research university with a strong interest in the surrounding communities. One of the themes of its 2020 Strategic Plan is "Maintaining VCU as a Model for University–Community Partnerships."

One such partnership involves the development, evaluation, and dissemination of Responding In Peaceful and Positive Ways (RiPP), a universal violence prevention program for middle schools established through a collaboration of the Richmond Public Schools, the Richmond Behavioral Authority, and VCU (for details, see Meyer[17]). In rigorous evaluations,[17–21] RiPP has been identified as a Model Program by the Substance Abuse and Mental Health Services Administration and the Office of Juvenile Justice and Delinquency Prevention. The program continues in Richmond Public Schools through a partnership with the Richmond Behavioral Health Authority. Another example of successful violence prevention partnerships between VCU and the community is the selection of the Center for the Study and Prevention of Youth Violence (CSPYV) as an Academic Center of Excellence on Youth Violence Prevention by the CDC in 1999.

Conceptual Framework

Early in the planning process Center faculty recognized the need to develop a model to accommodate a multidimensional, multimodal approach to understanding, assessing, and preventing youth violence in Richmond. Bronfebrenner's social–ecological framework[22] was ultimately selected. This simple model considers the contributions of the individual child, his or her family, and immediate social relationships (microsystems), connections among the individuals or groups in the youth's social networks (mesosystems), aspects of the environment that may affect the child indirectly (exosystems), and the broader sociocultural context (macrosystems). It also addresses the pitfalls of using faculty as experts and affirms the need for flexibility to adapt or accommodate to local needs. The ecological framework also provides a useful structure for developing strategies to address problems of youth violence.

Having established a conceptual framework for the substance of our work, our next step was to define how to develop our community–university collaboration. We considered the three prevalent models: (1) faculty as expert consultants, (2) a community-directed agenda, in which the work is driven by community members whose expertise is valued over university members, and (3) genuine university–community partnerships in which community-identified goals are addressed collaboratively using knowledge, theory, and methodological tools provided by faculty and students.[23] We opted for the third model, in which the strengths of both community and university participants are recognized and used.

Consistent with the social–ecological model,[22] it was decided that the partnership must include the individuals directly affected by youth violence (i.e., children, families, neighborhood residents) and the many organizations that directly affect the lives of youth and families (i.e., schools, police, child caring agencies), as well as involving government officials and policymakers. The role of university members was consultative and facilitative, providing assistance as requested but being clear that decisions about goals were up to the grassroots groups, service organizations, and policymakers. Faculty expertise was used in assessing need through surveys and focus groups, but it was the responsibility and prerogative of the community to set priorities.

A common set of trust-building principles and skills guided the development of partnerships. The key ingredients were: (1) listening and responding to the expressed needs of the community partner; (2) establishing shared goals, expectations, and ground rules; (3) proceeding incrementally; (4) dealing directly with potentially sensitive issues (e.g., control and accountability); and (5) maintaining ongoing communication, including continuous review and evaluation of actual performance in relation to plans.[24–26]

Initial Development of Mobilization Process

In keeping with the chosen collaborative model, and recognizing the CDC definition of community mobilization as engaging "all sectors of the population in a community-wide effort to address a health, social, or environmental issue,"[27] it was apparent the role of the