

Institute for Juvenile Research
TRANSFORMING CHILDREN'S LIVES THROUGH SCIENCE AND COMPASSION

Evaluative Plan of a Collaborative Community Violence Response Project

Jaleel Abdul-Adil, Ph.D.¹, William Martinez, M.A.² & Liza Súarez, Ph.D.¹

¹Institute for Juvenile Research, University of Illinois

²Department of Psychology, DePaul University







INTRODUCTION

- According to the National Survey of Adolescents (Kilpatrick et al., 2003), nearly one half of the boys and over a third of the girls experiences at least one incident of community violence in their lifetime.
- Community violence exposure (CVE) is associated with a myriad of negative outcomes including the development of posttraumatic stress symptoms (e.g., Zinzow et al., 2009), aggressive and hostile behavior in youth (e.g., Farrell & Sullivan, 2004), the development of substance abuse problems (Kilpatrick et al., 2000) and poor health (e.g., Boynton-Jarrette al., 2008).
- Neighborhoods affected by community violence (CV) are often characterized by lack of resource problems and deficits in infrastructure (Sampson et al., 2002) including high liquor store concentration (Gorman et al., 2001) and social stressors (e.g., vandalism, open-air drug dealing, homelessness; Skogan, 1992). Figure 1 demonstrates the negative impact of CV on various systemic levels.



Figure 1. Socio-ecological model of community violence. Adapted from Bronfenbrenner, 1979; Dahlberg & Krug, 2002.

- •The impact of these problems on community residents (e.g., sense of belonging, social support, neighborly cohesion) can directly impact family functioning (e.g., Sheidow et al. 2001).
- •Given the range of adverse effects resulting from these violence-related experiences, public health efforts to ameliorate CV need to collaborate with entire communities and service systems.
- Figure 2 describes the application of empirically supported and promising practices across the individual, relationship, community and societal domains.



Figure 2. Evidence-based approaches to community violence

YOUTH-CAN

- Youth Overcoming Urban Trauma & Healing: a Community Action Network (YOUTH-CAN) is a community network developed at the Urban Youth Trauma Center (Co-Directors Drs. Jaleel Abdul-Adil and Liza Suarez) at the Institute for Juvenile Research
- This initiative identifies and shares mutually beneficial resources to better understand the impact and social context of CV in order to empower community members, providers, and representatives to mobilize effective intervention and prevention responses to CV.
- YOUTH-CAN has been designed as a collaboration between community members and agencies that work with families and youth exposed to CV including:
 - ■CV survivors
 - school based professionals
 - health care providers (both physical and mental health)
 child welfare services
 - representatives from relevant community organizations
 - (e.g., faith-based groups, advocacy groups)
 - law enforcement and juvenile justice representatives
 media and social marketing representatives; and
 - public policy and government representatives.
- YOUTH-CAN activities focus on:
 - sharing information among families, providers, and policy makers about the needs of urban youth and families with CVE and an emphasis on increasing trauma awareness
 - highlighting trauma-informed treatment resources and approaches to improve the lives of youth and families affected by CVE
 - empowering community families, providers, and policy makers to learn about and use available community resources
- organizing and coordinating efforts to respond to and prevent CVE
 developing and implementing a community responsiveness model that
 can be replicated across various communities in Chicago

UC Coordination Pattic Policy, Government Agency, Craffinns North Advisory Board Input School Based West South Support, Resource & Advocacy Law Enforcement & Jivorelie Justice Media & Social Merketing Media & Social Merketing

Figure 3. YOUTH-CAN Regional Structure

IMPLEMENTATION AND EVALUATION PLAN

Objective	Goals	Implementation Methods	Measurement of outcomes
Increase awareness about trauma and CV	hcrease understanding that: 1. CVE is both prevalent/chronic in affecting youth, families, and entire communities. 2. Youth/families with CVE often experience traumatic stress and need multi-level support to manage distress, and maintain sately and stability in their lives on providing the stability of their lives on the stability of their lives of the stability of their lives of the stability of their lives of their lives of the stability of their lives of the stability of their lives of their lives of the stability of their lives of the stability of their lives of the stability of their lives of th		Knowledge quiz reflecting increased understanding of key concepts Self-report of perceived knowledge gained
Increase use of violence prevention/intervention strategies which have empirical support and target known risk and protective factors associated with CV	harcesta use of evidence based violence prevention/intervention strategies (WHO, 2009, Netroy et al. 2008; Rosenberg et al. 2008): Developing selfabbleinhurturing relationships between youth and their parents and caregivers. Developing like skills in youth 3. Promoting a safe environment in the community 4. Changing cultural and social norms that condone or continue violence 5. Strengthening victim identification, care and support programs	Training/technical assistance focused on targeted violence prevention strategies at the following levels of implementation or <u>Direct use</u> (partiopant was active) involved in implementation; Indirect use: Support or participation in institutional/ organizational efforts for direct community implementation. <u>Dissemination</u> . Sharing information/materials or offering training to encourage an organization or community to implement strategy. <u>Referral</u> : Connecting youth or family to professional services or other assistance so that they can benefit from this strategy	Self-report of use of strategies by level of implementation
Increase individual level activation and responsiveness to CV	Supporting individual responsiveness to CV (based on Hibbard et al. 2004 four stages of activation). Increase Delief that taking an active role is important b. Confidence and knowledge to take action Increase direquency of participation/responsiveness to community needs d. Increased sense of perceived control to make important contributions despite perceived control to make important 2. Development/implementation of an individualized plan to respond to CV	1. Applying Theory of Planned Behavior strategies (Casper, 2007) during trainings, group exercises, & Blow-put schrinical support activities amed at addressing attitudes, social norms, & perceived control through: a. Presentation of research findings to correct mistaken beliefs b. Testimonials from significant people/organizations to maximize social approval c. Resources(opportunities to promote perceived control 2. Resitiating the development of an individualized plan for responding to CV	Self-report of activation & responsivenes across the flow states of activation (adaptal of thibard et al (2004) Patent Activation Measure) Degree to which individualized plans wern met after 6 months (self-report)
Increased connectivity & collaboration within & across service/social sectors in the community to address CV	Encourage participants to: 1. Become familiar with existing resources to connect youth'families in the community to services 2. Develop informal/formal partnerships within communities or across agencies/organizations to identify/serve youth and families in need and/or to implement CV prevention/intervention programs 3. Participate in community events, board meetings that connect to other sections in the community with the goal of preventing or addressing CV	Apply theory of planned behavior strategies during interactive workshop that identifies needs for working together Facilitates development/implementation of a connectidness/ collaboration plan to address CV Follow-up phone calls and social media (e.g., list serves & online networking groups) to facilitate sharing of resources, referral information, and upcoming community events	Self-report of knowledge of community resources, development of new collaborations, and participation in community events addressing CV 2. Degree to which collaboration goals were met after 6 months Begree of participation in follow up phon calls and use of social media organized 1 YOUTH-CAN

CONCLUSION

- Abroader focus on the mechanisms and processes by which violence impacts entire communities should guide
 the selection of invention and prevention efforts that address the contextual nature of CV and related
 youthflamily outcomes.
- Intervention/prevention efforts should establish/enhance protective factors that enable effective youth and family functioning under conditions of high threat and stress due to CV, including increasing social support and enhancing coping strategies.
- Ecological/ theory-driven/research-based multi-level collaborations for improving intervention and prevention with communities affected by CV are recommended.
- The YOUTH-CAN initiative represents an innovative way to promote individual level activation as well as interagency collaboration/coordination through mechanisms that can be self-sustainable and replicable in other settings outside the city of Chicago.
- Efforts to implement YOUTH-CAN are currently ongoing and include:
 - Establishment of an advisory board comprised of key representatives of various community partners/consumers/stakeholders to provide input on project goals/implementation/ evaluation/sustainability
 - Launch of first YOUTH-CAN event in September 2011 through working group meeting/convening including CV survivors, mental health providers and other professionals working with youth, and representatives of law enforcement and juvenile justice.
 - Specialized training, implementation, and ongoing technical consultation across sectors with a special emphasis on mental health providers.

HVTC

The Urban Youth Trauma Center is part of the National Child Traumatic Stress Network and Funded by The Substance Abuse and Mental Health Services Administration (SAMHSA Grant # 11/TGSM/G927-01)



Special thanks to the rest of our YOUTH-CAN coordinatio team: David Simpson, Kristy Skerrett, Camille Quinn, Jul Jackson, Rinad Beidas, Emma Sterrett, Vikki Rompala, Shei