

## Youth Involvement in Violence Prevention

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Young people across the country, in partnership with adults in their communities or by themselves, are organizing to promote violence prevention and to meet the needs of other youth where services are not available. Violence takes many forms: It is defined as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or a community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation” (Krug et al., 2002). It is among the leading causes of death, injury, and disability for young people, who disproportionately suffer the consequences as witnesses, as victims, and as perpetrators.

It is a fairly recent phenomenon that youth have become acknowledged leaders in violence prevention. In the late 1970s and 1980s the public health model—with a focus on prevention, intervention, and treatment—began to be systematically applied to a range of youth problems, including violence. Research and practice yielded a wealth of information on the risk factors and causes of youth violence, and its prevention, offering a new approach—compared to existing reactive models where attention and resources were largely focused on the medical treatment of injured victims and the apprehension and incarceration of violent offenders. A public health approach brought emphasis and commitment to identifying policies and programs to prevent youth violence. The idea of primary prevention—reaching young people earlier, before violence occurs—helped move violence prevention curricula and services into schools, often down into the middle and elementary grades, and into community-based organizations. It also led to a greater acceptance that youth violence is preventable among health and other youth-serving community professionals and the general public (U.S. Department of Health and Human Services, 2001). Deriving from a

tradition of collaboration among a broad spectrum of scientific disciplines, organizations, and communities to solve the problem of violence, the model legitimized much of the non-academic focused work in the youth field.

In the 1980s and early- to mid-1990s, program planners and administrators began to articulate the need for broader outcomes for youth programs, calling for preparing young people to develop their cognitive, social, moral, civic, vocational, cultural, and physical well-being (Pittman et al., 1991). Positive youth development researchers and practitioners emphasized the growth and development of competence, confidence, connection, character, and caring during childhood and adolescence and how these characteristics contributed to individual well-being and positive adulthood (Lerner et al., 2005). A range of services, supports, and opportunities were increasingly recognized as the core of violence and other prevention and development strategies, such as the provision of basic services (e.g., health care, housing, and transportation); the availability of caring and pro-social adults; and opportunities to earn a living, learn, explore, and contribute. Most approaches in the field emphasized either positive development over risk reduction, or risk reduction over positive development, with very few programs engaging youth as active participants as a deliberate methodology (Eccles and Gootman, 2002).

The 1990s brought increased attention to youth engagement, aided by research on adolescent development and emphasizing the centrality of youth participation in helping steer young people away from violence and other problem behaviors, increasing their skills, and preparing them for lifelong civic engagement (Carroll et al., 1999; Sheehan et al., 1999; O'Donnell et al., 1999; Eccles and Gootman, 2002). The difficulty in attracting and retaining young people 12 and older, particularly in low-income communities, showed the need for changes in the way youth organizations delivered services (Carnegie Council, 1992). The need to solicit the views of youth—to listen and act upon youth suggestions—was incorporated into the first youth-led violence prevention efforts established in the early- to mid-1990s (Becker et al., 2004; Hoffman, 2004). Researchers identified the varied paths for youth civic engagement: counseling, peer groups, mentoring, policy/consultation, community coalition involvement, and youth organizing/activism—as well as three overarching qualities that were vital to the success of these approaches: youth ownership, adult-youth partnerships, and facilitative policies and structures (Camino and Zeldin 2002).

We have learned much about the prevention of violence, youth development, and community change in the last three decades. This edition of *CYD Journal* describes some of the innovative strategies employed by young people, ages 10–29, to address the myriad forms of violence in their lives.

It includes examples of work carried out by the National Academic Centers of Excellence on Youth Violence Prevention Program (ACE-YV) funded in 2000 by the Centers for Disease Control and Prevention, Department of Health and Human Services, to foster joint efforts between university researchers and communities to address the problem of youth violence. The ACE-YV program seeks to build the interdisciplinary research capacity and infrastructure necessary to support the development and widespread application of effective youth violence interventions, foster collaboration between academic researchers and communities, and equip communities to address the problem of youth violence. Their emerging efforts, as well as the other featured youth-adult violence prevention partnerships, are illustrative examples on how young people can be involved in violence prevention research, evaluation, training, community mobilization, policy development, and dissemination. Continued efforts are urgently needed so that practitioners, policymakers, and researchers of all ages can fully participate—with youth and adult residents—in advancing the health and peaceful development of their communities.

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