

Youth Violence Prevention: A Comprehensive Literature Review

Written for the Community Ministry of Prince George's County

Katherine Salko, Priscilla Varghese, Kashobi O'Bua, Rachel Galin, Eva Bhattarai, & Daniel Cho

University of Maryland, School of Public Health

Fall 2023



Forward

Youth violence is a significant public health problem that affects thousands of young people each day, and in turn, their families, schools, and communities (<https://www.cdc.gov/violenceprevention/youthviolence/index.html>). Daily we see and hear reports about the occurrences of violence in Prince George's County, Maryland, in surrounding communities, and across our nation.

The Community Ministry of Prince George's County through its Stop the Violence Save Our Leaders Program seeks to encourage youth and their associated adults to adopt behaviors to keep youth away from violent situations.

Dr. James Butler III, Associate Professor of Behavioral and Community Health, University of Maryland, supported students in his public health class as they researched and wrote the following *Youth Violence Prevention: A Comprehensive Literature Review* and as a second team researched and developed a set of infographics on youth violence prevention. Community Ministry is posting youth-focused infographics on its website and social media platforms. We encourage youth and associated adults to review this publication and implement appropriate actions to help reduce the occurrence of youth violence in our community.

Jimmie L. Slade

Colonel, US Army Retired and

Executive Director, Community Ministry of Prince George's County

<https://www.cmpgc.com>

301-358-0241

Introduction

Our society, economy, and the overall well-being of the global population face an ongoing challenge in the form of violence, a public health crisis impacting individuals, families, and communities throughout history. Despite a pre-COVID-19 decline in violent crime rates within the United States, a resurgence is evident, particularly in communities of color. Youth violence, in particular, remains a pervasive issue demanding serious intervention and attention. This literature review seeks to examine the current prevalence and significance of violence, analyze past intervention programs in violent communities, and apply this knowledge to create recommendations tailored for African American and Latino youth aged 10-24 in Prince George's County, Maryland. The objective is to provide valuable insights and tangible steps to Prince George's County-based groups, organizations, lawmakers, and community members involved in youth violence prevention.

Background

Violent crime in the United States, aggravated by the COVID-19 pandemic, is a critical concern. According to the Bureau of Justice Statistics, violent crime consists of murder, sexual assault, rape, assault, and robbery (Department of Justice, n.d.). The COVID-19 pandemic saw a notable increase in national gun violence rates, linked to factors such as social isolation, economic instability, and inadequate policing—particularly affecting communities of color (Miller, 2020). Homicide rates and violent crime rates, in general, remain elevated compared to pre-pandemic levels (Lopez et al., 2023). Historically, homicide has consistently been a leading cause of death for youth ages 10-24 in the United States (Centers for Disease Control and Prevention, 2013). In 2021, homicide was the third leading cause of death for youth ages 10-24 (Curtin & Garnett, 2021). Youth violence, notably homicide, is alarmingly prevalent,

significantly impacting African American and Latino youth due to systemic racism and community violence. In the United States, homicide is the number one leading cause of death for African American youth (David-Ferdon et al., 2016). Maryland and Prince George's County face unique challenges related to violence, as well, with a disproportionate effect on the African American and Latino populations (Youth Violence and Juvenile Justice, 2020). Recognizing the underlying dynamics and causes is vital to crafting effective prevention and intervention approaches. In response to escalating violence rates, national interventions, including anti-racist strategies and programs like Hospital-based Violence Intervention Programs (HVIPs) and Midnight Basketball, aim to mitigate violence's impact. Setting up a thorough investigation of the complicated nature of violence, especially within the context of Maryland as a whole and specifically Prince George's County, highlights the urgent need for precise interventions to deal with this prevalent issue. This emphasizes the necessity of understanding the widespread effects of violence on people, families, and communities and highlights the requirement for focused measures to counteract its all-pervasive influence. Informed policymaking and resource allocation are essential to fostering safer and healthier societies.

Our Population

Our population of focus is African American and Latino youth within the age group 10-24 years old. Individuals who identify as African American and Latino/Other, which the Maryland Department of Juvenile Services describes as youth of color, make up 85 percent of the overall population within Prince George's County (U.S. Census, 2022). In fiscal year 2020, youth of color (non-White) represented 97 percent of complaints in Prince George's County, and within Maryland, youth of color represented 72 percent of juvenile complaints. In fiscal year

2020, Prince George's County youth of color represented 91 percent of the youth population (Maryland Department of Juvenile Services, 2021).

The Problem

Nationwide, this public health issue is as relevant as ever. Only seven months into 2023, the United States surpassed 400 mass shootings one weekend in July—the earliest in a year that 400 shootings have been recorded since 2013 (LeBlanc & Choi, 2023). The COVID-19 pandemic was a turning point in trends surrounding violence, particularly when it came to firearms. National rates of gun violence rose during the pandemic, with reports of an increase of 30 percent during the first year (Wical et al., 2022). This upturn can be attributed to several contributing factors, including social isolation, housing instability, economic instability, and the ineffective and violent policing of communities of color.

While we, as a country, are collectively moving toward a post-pandemic world, the rise in violence stressed the importance of this topic and its various facets and outcomes, specifically, the physical health effects that result. Exposure to violence can lead to increased risks of heart disease, cancer, substance abuse, depression, impaired social relationships, aggression, and risk-taking behavior (Rivara et al., 2019). The same study found that general violence further exacerbates health consequences, as it causes changes in the structure of the brain, alters neurotransmitter metabolism, changes the neuroendocrine stress response, induces chronic inflammation, impairs metabolism, and changes the microbiome (Rivara et al., 2019). Further adverse health outcomes can be seen when looking deeper and breaking down the issue by specific populations.

The incidence of violence varies drastically in communities across the U.S. There is a wide variation that reflects a variety of factors, including overall levels of crime, substance abuse

in communities, poverty rates, and access to firearms. It also depends upon the makeup of that specific community—most often in the categories of age and race. Among youth ages 10-24 in the U.S., homicide is the third-leading cause of death, with over 5000 deaths in 2017 (Rivara et al., 2019). Among African American youth ages 10-24 in the U.S., homicide is the leading cause of death.

This clear disparity is reflected in youth violence. Research shows that youth who are exposed to community violence are at higher risk for several lower levels of academic achievement. This can lead youth to display disciplinary issues and become involved with law enforcement. African American youth are more likely to live in low-income and under-resourced communities, which puts them at greater risk of being exposed to community violence in their neighborhoods. African American youth's resilience in navigating community violence, specifically as it relates to their mental health, is limited (Boyd et al., 2022). Specifically, among African American youth, research indicates a significant spike in the rate of suicide for African American children and adolescents. The importance of considering the family context of African American youth when assessing their ability to navigate community violence successfully is instrumental in tackling this public health issue (Boyd et al., 2022).

Close and warm relationships with parents are protective factors among youth exposed to community violence, as well as those exposed to racial injustice. Structural racism in the forms of residential segregation, concentrated poverty, and limited access to education and employment opportunities results in a disproportionate burden of community violence among African American youth (Woods-Jaeger et al., 2023). African American youth experience the highest rates of community violence exposure and violence-related injuries (Woods-Jaeger et al., 2023). Compared to White youth, the homicide rate is 12.9 times higher for African Americans, and the

aggravated assault rate is 7.2 per 1,000 people for African American youth, whereas it is 5.1 per 1,000 for White youth (Woods-Jaeger et al., 2023).

While these data provide an overview of violence within the United States as a whole, several factors vary from state to state and even more so from county to county. Within the state of Maryland, African American men are less than 15 percent of the state's population; however, they account for 82 percent of the state's gun homicide victims (Wical et al., 2022). Prince George's County, as well, has a nuanced experience when it comes to violence.

The busiest Level II trauma center in the state is in Prince George's County, bordering D.C. This particular center treats approximately 750 violently injured patients each year (Wical et al., 2022). There are both positive and negative long-term trends over the past 10 years regarding data collected by the Prince George's County Juvenile Services. According to the FBI's Uniform Crime Reports, analyzing Maryland state data from 2010-2019, per capita property crime rates decreased by 34.9 percent, and per capita violent crime rates decreased by 19.9 percent. The Prince George's County Department of Juvenile Services (2021) details the long-term trends from fiscal years 2011 to 2020, which will be further described in the following paragraphs (*Trends*, 2021).

The percentage of all juvenile complaints decreased by 76.5 percent over 10 years, whereas within Maryland, it decreased by 58.4 percent. The four categories of juvenile complaints reported were complaints of crimes of violence, misdemeanors, non-violent felonies, and those regarding the ordinance, status, and traffic. Among all four categories of complaints, the percentage of complaints of crimes of violence decreased the least, decreasing by 51.4 percent. In fiscal year 2020, the overall youth of color population in Prince George's County was 91 percent. The youth of color also represented 97 percent of complaints in Prince George's

County. That is 20 percent more than the overall percentage of Maryland youth of color represented in juvenile complaints. Another trend is the increasing risk of youth being sent to juvenile court in Prince George's County compared to the State as a whole. In Prince George's County, the rate of cases referred to juvenile court increased between 2011 and 2020 by 9.7 percent. In the county, 46.7 percent of juvenile complaints were referred to the juvenile court, whereas in Maryland, 38.9 percent of complaints were referred to the juvenile court.

Pre-trial detention (Pre-D) is the period during which an individual is detained and questioned by the police until their trial. During pre-trial detention, the individual is held in a prison, detention center, or under house arrest. Concerning Pre-D, placements have decreased for all complaints. It has decreased by 82 percent for crimes of violence, 87 percent for non-violent crimes, 89 percent for misdemeanors, and 84 percent for ordinance, status, traffic, etc. In terms of crimes of violence, non-violent felonies, and misdemeanors, Pre-D admissions have increased by 10 percent from 2011 to 2020, and Pre-D detention for misdemeanors has decreased by 10 percent from 2011 to 2020, the percentage for non-violent felonies decreased by one percent from 2011 to 2020. Pre-D should only be used in serious cases, so it is a positive trend to see that the percentage of misdemeanors receiving Pre-D has decreased over the past 10 years. A fundamental concept within the criminal justice system is recidivism, which is the tendency of a person to relapse into criminal behavior. In 2020, 60 percent of committed placements had a high or very high risk of recidivism, as determined by the Maryland Comprehensive Assessment and Service Planning Risk Screen/Needs Assessment (MCASP). The risk of recidivism remains high, but there has been an observed decrease in recidivism in the past decade. From 2011 to 2020, the rate of new arrests for juveniles and adults one year from release decreased by 23.4 percent, convictions decreased by 8.6 percent, and incarcerations decreased by 8.3 percent.

Indicators of Violence

Indicators of violence allow for an understanding of why youth may be engaging in violent behaviors to begin with. Specifically, poverty on the familial and neighborhood level is strongly associated with youth violence. Low socioeconomic status (SES) is often determined by the parent's level of education and occupation. Poverty within the neighborhood is characterized by concentrated poverty, unemployment, and economic deprivation, which limit the ability of families and communities to provide social support and informal social controls that are essential to preventing youth violence (McAra & McVie, 2016). External constraints are associated with low SES, such as poor parental monitoring, lack of neighborhood safety, and peer antisocial beliefs. The Social Development model is used to explain the indirect relationship that a low SES has with “youth antisocial beliefs,” affecting violent behavior outcomes (Choi et al., 2005).

Youths with early exposure to high levels of violence or who have experienced high levels of victimization have higher odds of engaging in violent behavior in their teenage years. (McAra & McVie, 2016). Some indicators of exposure to violence include sleep disturbance and students with low GPAs since children with sleeping problems are more likely to struggle in their academic endeavors due to a lack of focus and sleepiness in school. Exposure to life stressors such as violence can cause adolescents to become hypervigilant and unable to relax because they are in a constant state of survival mode. This creates an issue for adolescents regarding sleep because sleep depends on one's ability to “regulate levels of arousal and reduce awareness of the environment” (Lepore, 2013). Additionally, having a strained relationship with caregivers or even familial abuse or a lack of engagement with them may influence violent behaviors in youth.

It is important to pay attention to internalizing beliefs and behaviors that relate to violence in youth. For instance, social-cognitive indicators of violence, which include one's general belief about aggression and the way that youth may process social information, are related to aggressive behavior. Feelings of distress and perceptions of victimization also serve as internalizing factors related to aggressive behavior. This includes prosocial factors—leadership efficacy, perceptions of community involvement, and self-esteem—contributing to youth aggression behaviors (Baker et al., 2005).

Existing Evidence on Intervention Strategies: Nationwide

Various interventions throughout the United States are used to address youth gun violence in black and brown communities. One intervention highlights the importance of taking an anti-violence approach when addressing the root cause of violence (McAra & McVie, 2016). This allows for acknowledging how structural racism intergenerationally impacts community violence at multiple levels and is strongly associated with gender and poverty. Anti-racist violence interventions focus on the promotion of black history to prevent violence. It specifically focuses on creating pride in black history and expression by increasing representation in education. It also emphasizes educating non-black people about black history to counteract racial microaggressions and foster greater self-acceptance and cultural understanding. This intervention includes the use of black male mentoring and building relationships within the community. The use of black men as mentors is to change the stigma about black males and create positive healing relationships with the overall goal of enhancing trust and well-being.

Take Charge! Program, a community-based intervention hosted by the Big Brothers Big Sisters of America, explored the effectiveness of youth mentorship as an evidence-based practice (Lindstrom Johnson, 2022). The program involved 188 male adolescents aged 10 to 15 treated

for peer-related assault injuries in an urban mid-Atlantic emergency department. Mentors engaged with the children for 2 to 6 months, delivering a 40-minute anti-violence curriculum across six sessions and encouraging parental involvement through three home visits. The mentors were equipped with a violence prevention curriculum and used interactive learning methods based on the Social Cognitive Theory. The findings revealed that the mentorship intervention successfully improved conflict avoidance skills and reduced fights at the 21-month mark, although parents reported increased aggression at nine months. The study found that the program did not improve youth-reported aggression, commitment to learning, retaliatory attitudes, or deviance acceptance. The challenges in implementing this program were finding an adequate number of mentors and balancing building genuine connections while following the curriculum structure (Lindstrom Johnson, 2022).

Existing Evidence on Intervention Strategies: Prince George's County

Within Prince George's County, specifically, there are a number of interventions that have been designed and implemented to address the violence epidemic. One example is hospital-based violence intervention programs (HVIPs). The Wical et al. (2022) study examines the effects of the pandemic on the HVIPs associated with the two busiest trauma centers in Maryland, one of which is in Prince George's. These HVIPs are entirely grant-funded, multidisciplinary programs that seek to prevent repeated violent injury and improve clients' health status. They typically introduce the program to possible participants at their bedside during hospitalization and post-violent experience. They have been found to be a key strategy in reducing gun violence-related injuries and death through services such as psychotherapy, peer group support, and referrals for education, employment, and housing (Wical et al., 2022).

A sports-based community intervention program, Midnight Basketball, has proven to be successful in reducing crime rates, specifically property crimes, in cities around the United States. These programs were relatively easy to implement due to their cost-effectiveness, as funding was easily secured through nonprofits and corporations and sports' positive cultural influence. However, it was reported in a study that some scholars have criticized the program's success for lacking appropriate controls and comparisons and having limited studies proving that sport-based community interventions reduce crime (Hartmann & Depro, 2006). The original Midnight Basketball program was initiated in the late 1980s. It was strategically held during "high-crime hours" from 10:00 p.m. to 2:00 a.m., with law enforcement officers overseeing the games. Over time, the program has expanded to include training in conflict resolution, drug prevention, counseling, and job training to provide participants with further tools to reduce crime in the area (Hartmann & Depro, 2006).

Our Community Partner

Our Community Partner is The Community Ministry of Prince George's County (CMPGC). The CMPGC has been actively serving the community of Prince George's County since 1973. The CMPGC is an interfaith non-profit organization that is "Committed to help meet human service needs, reduce achievement gaps in education, and reduce health disparities, in selected communities" (CMPGC, 2023). The CMPGC operates a program aimed at reducing youth violence, ages 10-24, which is known as the "Stop the Violence, Save Our Leaders Program." This program's target audience is youth ages 10-24, as well as their parents, guardians, coaches, or other close adults. The program's stated goal is to "Educate youth about strategies and practices they can choose or adopt to prevent and/or reduce occurrences of violence in their lives."

Previously, our partner worked with The University of Maryland (UMD), College Park, to create a literature review on Youth Violence Prevention. In this previous iteration of the literature review, The CMPGC also provided data and support to the previous UMD team to help them develop and implement a social media awareness campaign on violence prevention. After the development of the literature review in 2019 and the related social media campaign, the CMPGC then distributed the previous iteration of the literature review to local leaders and organizations to help develop and implement youth violence prevention programs.

Recommendations and Conclusions

This review of the literature surrounding juvenile violence among youth of color has established a clear need for intervention at every level. While the youth are being blamed for their intrapersonal actions (actions occurring within the individual mind or self), there is a change that needs to be made interpersonally, at the community level, and at the broader societal level to reduce these violent behaviors effectively. After reviewing the available literature and assessing our specific community of interest, Prince George's County, we are making the following evidence-based and research-informed recommendations:

Firstly, we strongly advocate prioritizing the creation of safe and supportive environments for children right from the moment they are brought home from the hospital. Not all households provide a consistently safe and supportive atmosphere, so extending the support network beyond the home is imperative. We propose encouraging access to various community resources, such as youth centers, clubs, churches, and recreational facilities. Research indicates that early intervention, especially through high-quality preschool programs, is crucial in fostering children's secure and structured environment, contributing significantly to their social and emotional development. Studies like Rimm-Kaufman and Pianta (2005) emphasize the positive

impact of family-school communication in preschool and kindergarten, particularly in the context of relationship-enhancing interventions. Furthermore, evidence suggests that such early childhood development programs, ranging from preschool to third grade, are cost-effective and have a lasting positive influence on a child's developmental trajectory, potentially reducing the risk of future violence and antisocial behavior. Therefore, investing in supportive early childhood programs is not only beneficial for the immediate well-being of children but also holds the potential to create a more resilient and peaceful community in the long run.

Secondly, we recommend that another aspect of the lives of youth of color be addressed: the disproportionate levels of fatherlessness they face and, thus, the lack of positive mentorship they experience. We believe that by fostering these mentorships, specifically those of the same race, gender, and similar backgrounds and experiences, youth violence will be further reduced in Prince George's County. A study conducted within a northeastern U.S. city—with a similar racial makeup to Prince George's—supports this recommendation. They investigated the role of mentorship in the lives of youth of color who achieved academic success and stayed away from crime and violent behaviors despite growing up among adversity in both their community and their household. A major theme that emerged from the thematic analysis conducted after their interviews was the role of non-parental mentors in these youth's lives. The three types of mentoring were found to be emotional support, educational support, and protection from harm, and with any one of these—but especially with a versatile combination of all three—the mentee attributed their academic success and educational attainment to their mentorship experiences (Tucker et al., 2019). Even amid the household adversities and the community violence they experienced as youth, they managed to make it to higher education with the support of a mentor, who aided them in navigating the stressors they faced in their day-to-day lives, as well as the

violent conditions occurring around them. We believe that similar results can and will occur in Prince George's if more mentorship programs are developed and adopted.

As for elementary school-aged children, it is important to address insufficient sleep and academic issues early on as they have been strongly linked to the development of violent behaviors later in life. Traditionally, research in this area has been focused on adolescents instead of younger children. Even though a large percentage of school-age children are affected by sleep deprivation, there is a lack of research and school-based interventions targeting the sleep of school-aged children. A study showed that the average elementary school child sleeps an average of eight hours a night, which is substantially less than the recommended 10 hours per night (Gruber et al., 2016). As a result, it is important to create sleep programs targeting young children because school-age children are more receptive to guidance from adult figures and can internalize healthier sleep habits, which will help them build a strong foundation for integrating healthy habits in adolescence and beyond. School sleep programs must involve parents. Parent involvement in conjunction with school sleep programs helps maintain benefits beyond the program period (Chung et al., 2017). School sleep programs should target both parents and students to create long-lasting changes. An example of a program we suggest adapting is the "Sleep for Success" program, which uses a Community-Based Participatory Research (CBPR) approach—which is an equitable approach in which researchers, organizations, and community members collaborate—to develop the program. The first module in the program is "Sleep Knowledge and Education," which is focused on empowering students and educating them about good sleep hygiene. The second module is "Family and Community Involvement," which educates and encourages parents to have discussions with their children regarding good sleep practices. A practice that we encourage parents to implement is parent-set bedtimes for their

children. The third module is “Sleep Promotion for Staff,” which is focused on creating staff that are role models for the children at their school. Finally, the fourth module is “Sleep-friendly School Environment,” which focuses on working with School Principals to help create a school environment that allows and motivates children to have good sleep habits. An effective strategy schools can implement is delaying school start times by 26-60 minutes. This delay has increased weekday sleep by 25-77 minutes (Minges & Redeker, 2016).

It is also recommended that interventions utilized in general implement a trauma-informed approach. Individuals within target communities have potentially experienced various traumatic events and have a history of trauma. By recognizing the importance of ensuring that individuals who participate in our interventions feel safe, empowered, and in control, we can create an environment that promotes healing and cooperation between the participants and care providers and prevents the inadvertent retraumatization of those we seek to help. A trauma-informed approach to interventions will also assist in helping to connect us with communities and develop a relationship with mutual respect and trust. Trauma-informed approaches to violence intervention and prevention in communities have proven to be effective in reducing community violence and building violence prevention skills. Some trauma-informed community-based interventions that have shown to be effective in community building are group exercise, art expression, and group therapy. Group exercise allows for promoting healthy habits and improvement in mental health over time. For some communities that have implemented group exercise interventions, participants have stated that they feel safe being themselves and, through connections with community members, feel more comfortable going outside (Danielsen et al., 2021).

Group therapy has had similar effects. It has proven to be just as effective as individual therapy. It is essential to provide support systems and coping mechanisms for communities with group trauma as it allows for meaningful conversations around difficult conversations (Falkenburger et al., 2018). It can also provide participants with conflict-resolution skills, fostering an environment encouraging reconciliation and relationships between community members.

Personal expression through art has been shown to help cope with stress, specifically for those from low-income backgrounds. The act of creating art with other residents all for people to collectively address trauma and express their feelings in a healing way. Coupled with the displaying of residents' art in communal spaces, it can help them have more positive attitudes toward their community and heal community grief (Falkenburger et al., 2018).

In conclusion, we recommend fostering safe and supportive environments, building mentorships, targeting schools and early childhood education to prevent future risk factors, and leaving space for communities to process their collective and individual traumas. While we propose and strongly advocate for these recommendations, we also acknowledge that many barriers may exist to implementation and adoption. The cited interventions are backed by government and grant funding and are simply a microcosm of the overall communities and populations of focus. We understand that every community is different, and that Prince George's will face unique challenges in achieving and carrying out any of these recommendations—or any intervention relating to juvenile violence. We also acknowledge the limitations of the available literature and the limited interventions tailored to address both youth of color overall as well as the associations between youth of color and violence specifically.

References

- Baker, C.N., Leff, S.S., Waasdorp, T.E., Vaughn, N.A., Bevans, K.B., Thomas, N.A., & Monopoli, W.J. (2014). Social cognitions, distress, and leadership self-efficacy: Associations with aggression for high-risk minority youth. *Development and Psychopathology, 26*(3), 759-772.
- Boyd, D.T., Jones, K.V., Quinn, C.R., Gale, A., Williams, E.G., & Lateef, H. (2022). The mental health of black youth affected by community violence: Family and school context as pathways to resilience. *Children, 9*(2), 259. [10.3390/children9020259](https://doi.org/10.3390/children9020259)
- Centers for Disease Control and Prevention. (2013, July 12). *Homicide rates among persons aged 10–24 years - United States, 1981–2010*. Morbidity and Mortality Weekly Reports. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6227a1.htm>
- Choi, Y., Harachi, T.W., Gillmore, M.R., & Catalano, R.F. (2005). Applicability of the social development model to urban ethnic minority youth: Examining the relationship between external constraints, family socialization, and problem behaviors. *Journal of Research on Adolescence, 15*(4), 505-534.
- Chung, K., Chan, M., Lam, Y., Lai, C. S., & Yeung, W. (2017). School-based sleep education programs for short sleep duration in adolescents: A systematic review and meta-analysis. *Journal of School Health, 87*(6), 401–408. <https://doi.org/10.1111/josh.12509>
- Community Ministry of Prince George’s County. (2023). *Community Ministry of Prince George’s County: About Us*. CMPGC. <https://cmpgc.com/about-us>
- Curtin, S.C., & Garnett, M.F. (2023). *Suicide and homicide death rates among youth and young adults aged 10–24: United States, 2001–2021*. NCHS Data Brief, no 471. Hyattsville, MD: National Center for Health Statistics. <https://dx.doi.org/10.15620/cdc:128423>.

- Danielsen, K. K., Øydna, M. H., Strømmer, S., & Haugjord, K. (2021). “It’s more than just exercise”: Tailored exercise at a community-based activity center as a liminal space along the road to mental health recovery and citizenship. *International Journal of Environmental Research and Public Health*, 18(19), 10516.
<https://doi.org/10.3390/ijerph181910516>
- David-Ferdon, C., Vivolo-Kantor, A.M., Dahlberg, L.L., Marshall, K.J., Rainford, N. & Hall, J.E. (2016). *Youth violence prevention resource for action: A compilation of the best available evidence*. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- Department of Justice. (n.d.). *Violent crime*. Bureau of Justice Statistics.
<https://bjs.ojp.gov/topics/crime/violent-crime>
- Falkenburger, E., Arena, O., & Wolin, J. (2018). Trauma-informed community building and engagement. *Urban Inst*, 1-18.
- Gruber, R., Somerville, G., Bergmame, L., Fontil, L., & Paquin, S. (2016). School-based sleep education program improves sleep and academic performance of school-age children. *Sleep Medicine*, 21, 93–100. <https://doi.org/10.1016/j.sleep.2016.01.012>
- Hartmann, D., & Depro, B. (2006). Rethinking sports-based community crime prevention: A preliminary analysis of the relationship between midnight basketball and urban crime rates. *Journal of Sport and Social Issues*, 30(2), 180-196.
- Kong, A.S., Farnsworth, S., Canaca, J.A., Harris, A., Palley, G., & Sussman, A. L. (2012). An adaptive community-based participatory approach to formative assessment with high schools for obesity intervention. *The Journal of School Health*, 82(3), 147–154.
<https://doi.org/10.1111/j.1746-1561.2011.00678.x>

- LeBlanc, P., & Choi, A. (2023, July 24). *United States tops 400 mass shootings in 2023* | CNN *politics*. CNN. <https://www.cnn.com/2023/07/24/politics/us-400-mass-shootings/index.html>
- Lindstrom Johnson, S., Jones, V., Ryan, L., DuBois, D.L., Fein, J.A., & Cheng, T.L. (2022). Investigating effects of mentoring for youth with assault injuries: Results of a randomized-controlled trial. *Prevention Science*, 23(8), 1414-1425.
- Lopez, E., Boxerman, B., & Rosenfeld, R. (2023, July 20). *Crime trends in U.S. cities: Mid-Year 2023 update*. Council on Criminal Justice. <https://counciloncj.org/mid-year-2023-crime-trends/>
- Maryland Department of Juvenile Services. (2021, February). *Long term trends FY 2011 - FY 2020 - Maryland Department of Juvenile Services*. DJS Office of Research and Evaluation. <https://djs.maryland.gov/Documents/trends/2020-Prince-George%27s-County-Overall-Trends.pdf>
- McAra, L., & McVie, S. (2016). Understanding youth violence: The mediating effects of gender, poverty, and vulnerability. *Journal of Criminal Justice*, 45, 71–77.
<https://doi.org/10.1016/j.jcrimjus.2016.02.011>
- Minges, K. E., & Redeker, N. S. (2016). Delayed school start times and adolescent sleep: A systematic review of the experimental evidence. *Sleep Medicine Reviews*, 28, 86–95.
<https://doi.org/10.1016/j.smr.2015.06.002>
- Rimm-Kaufman, S.E., & Pianta, R.C. (2005). Family-school communication in preschool and kindergarten in the context of a relationship-enhancing intervention. *Early Education and Development*, 16(3).
- Rivara, F., Adhia, A., Lyons, V., Massey, A., Mills, B., Morgan, E., Simckes, M., &

- Rowhani-Rahbar, A. (2019). The effects of violence on health. *Health Affairs*, 38(10), 1622-1629. <https://doi.org/10.1377/hlthaff.2019.00480>
- Tucker, S., Meloy, M., Napolitano, L., Storrod, M.L., & Curtis, K. (2019). Mentoring vulnerable youth in one of America's most dangerous cities: From violent streets to university classrooms. *Youth Justice*, 19(3).
<https://doi.org/10.1177/1473225419886931>
- Wical, W., Harfouche, M., Lovelady, N., Aguilar, N., Ross, D., & Richardson, J.B. (2022). Exploring emergent barriers to hospital-based violence intervention programming during the COVID-19 pandemic. *Preventive Medicine*, 165(107232).
<https://doi.org/10.1016/j.ypmed.2022.107232>
- Woods-Jaeger, B., Knutzen, K.E., Lucas, D., Cave, N., Latimer, S.K., Adams, A., Bates, A., & Renfro, T.L. (2023). Anti-racist violence prevention: Partnering with black youth to identify intervention priorities. *Health Promotion Practice*, 24(2), 223-231.
<https://doi.org/10.1177/15248399221129542>
- Trends*. (2021, February). Maryland Department of Juvenile Services.
<https://djs.maryland.gov/Pages/default.aspx>
- U.S. Census Bureau. (2022). *Quick facts: Prince George's County, Maryland*.
<https://www.census.gov/quickfacts/fact/table/princegeorgescountymaryland/PST04522>
- Youth Violence and Juvenile Justice: Sage journals. (n.d.).
<https://journals.sagepub.com/home/yvj>