



Blueprint for Action

June 2011 – 2013

*Reading youth thrive when the whole community is engaged,
and young people are supported by empowered families,
safe and positive schools, and healthy neighborhoods.*

--Vision Statement
Reading Youth Violence Prevention Project

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Blueprint: At A Glance

GOAL: Support positive relationships and home environments for young people

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| Family Empowerment | 1. Develop parent leadership institutes and create opportunities for parents to build knowledge and skills in advocacy, communicating, networking, parenting and child development, and on becoming change agents. |
| | 2. Train parents and other caregivers on developmental milestones and culturally appropriate, effective parenting practices to support a nurturing, safe, structured environment for children and youth, including the ability to recognize risk factors and to know what to do and where to get help. |
| Male Responsibility | 3. Infuse male responsibility programs into settings with men and boys whereby males teach other males about gender norms, gender roles, and healthy relationships with an emphasis on preventing violence. |
| Connect Youth to Caring Adults | 4. Develop creative and innovative opportunities for establishing or strengthening positive youth-adult attachments, including but not limited to: existing mentoring programs and new mentoring models; school-based, after-school and extracurricular programs; arts and cultural programs; faith-based and service group settings, etc. |

GOAL: Enhance student and school engagement to keep young people in school

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|----------------------|---|
| School Climate | 5. Foster safe and positive school climates for all students and staff by ensuring that school settings feature characteristics that promote safety, academic achievement and positive youth development. |
| School Connectedness | 6. Foster school connectedness through opportunities for parental and caregiver involvement within a welcoming environment; provision of meaningful activities that appeal to multiple interests and skills; and supporting constructive engagement rather than exclusion and punishment. |

GOAL: Improve conditions in communities most impacted by violence

- | | |
|------------------------|---|
| Community Partnerships | 7. Encourage strong commitment and collaboration among a broad spectrum of community partners to promote youth development and address violence, including local government, businesses, schools, faith groups, community-based organizations, the media, grassroots groups and community residents (adults and youth). |
| Economic Development | 8. Improve quality of life and availability of living wage jobs and viable non-criminal economic opportunities with focused initiatives, training and support for communities, families, and youth most at risk for violence. |

Vision

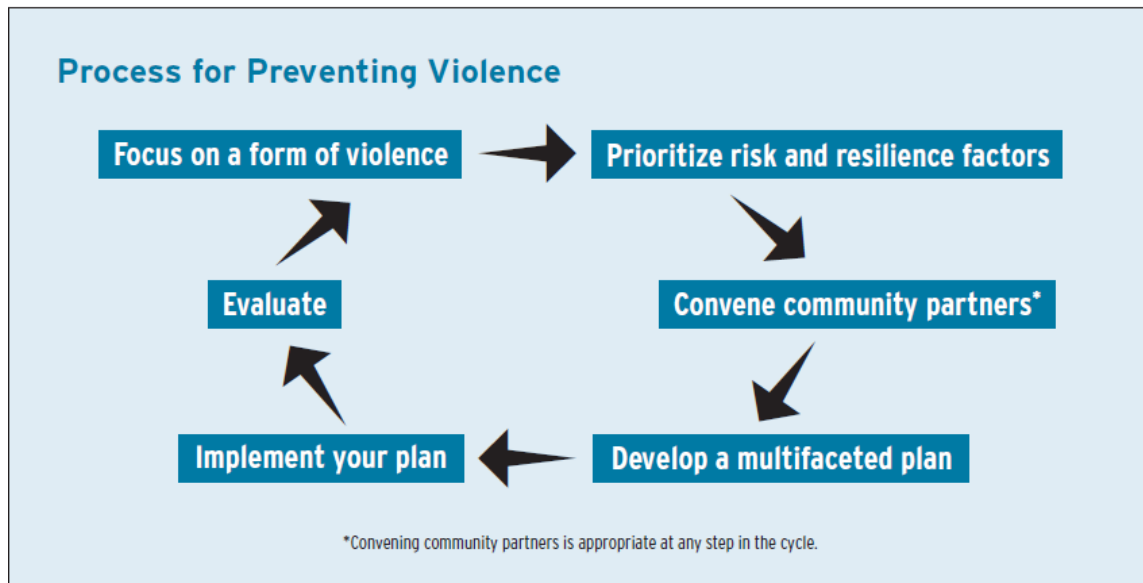
Reading youth thrive when the whole community is engaged and young people are supported by empowered families, safe and positive schools, and healthy neighborhoods.

Increasing Safety for All Youth by Preventing Violence, Before It Occurs:

Most violence is preventable, not inevitable. There is a strong evidence base, grounded in research and community wisdom, that prevention works. Violence is a problem that can be prevented using a scientific approach similar to what is used to address other health problems, such as heart disease or smoking-related illnesses. A prevention approach often incorporates six components (The California Endowment, 2009):

- 1) Choosing a focus;
- 2) Prioritizing risk and resilience factors;
- 3) Convening community partners to better understand the problem and solutions;
- 4) Developing a multifaceted plan;
- 5) Implementing the plan; and then
- 6) Evaluating efforts.

The Reading *Blueprint for Action* is the result of completing steps one through four above, which are described in more detail in the following pages. The *Blueprint* also lays out a plan for continuing the work of preventing violence in Reading through steps five and six.



Defining Prevention

It is important to remember that a prevention approach is distinct from violence containment or suppression. Prevention is a *systematic* process that promotes safe and healthy environments and behaviors, thus reducing the likelihood or frequency of an incident, injury or condition from occurring. Prevention can be primary, secondary or tertiary. In a violence prevention planning process, Philadelphia youth renamed these categories *Upfront*, *In The Thick* and *Aftermath*, respectively. *Upfront*, *In The Thick* and

Aftermath prevention efforts are an important part of an even broader continuum that includes intervention, suppression and enforcement.

Upfront, or primary prevention, explicitly focuses on action *before* there are symptoms and includes strategies that every community or everyone needs. Examples include: positive social connections in neighborhoods, economic development, reducing the availability of firearms, quality early child care and education, parenting skills, quality after-school programming, conflict resolution, and youth leadership.

In the Thick, or secondary prevention, relies on the presence of risk factors to determine action, focusing on the *immediate* responses *after* symptoms or risks have appeared. It is aimed at communities and individuals who may be at increased risk for violence. Examples include: street outreach, family support services, mentoring, and mental health services (e.g. therapeutic foster care, functional family therapy, and multi-systemic therapy.)

Aftermath, or tertiary prevention, focuses on *longer-term* responses to deal with the consequences of violence after it has occurred to reduce the chances it will reoccur. Examples include: successful reentry, restorative justice, and mental health services.

Although efforts at all three levels are important, mutually supportive and reinforcing prevention addresses problems *before* they occur, rather than waiting to intervene after the risk for violence is high or violence has already taken place.

Prevention Works

- Street outreach and conflict interruption models have shown 41 to 73 percent drops in shootings and killings and 100 percent drops in retaliation murders, with the first year of impact regularly showing 25 to 45 percent drops in shootings and killings (Skogan, Hartnett, Bump, & Dubois, 2008).
- Schools can reduce violence by 15 percent in as little as six months through universal school-based violence prevention efforts (Hahn, 2007).
- The City of Minneapolis has documented *significant* decreases in juvenile crime since implementing its four-point, public health-based [Violence Prevention Blueprint for Action](#). In the Minneapolis precinct that includes the four neighborhoods targeted in the Blueprint, juvenile crime dropped 43 percent from 2006 to 2008 (Minneapolis Police Department, 2008). This success results from the totality of strategies, relationships and efforts undertaken by city, community and law enforcement entities.
- Cities with more coordination, communication and attention to preventing violence have achieved lower violence rates (Weiss, 2008).

Violence is an Epidemic Problem

Violence exacts a terrible burden on young people, families, neighborhoods and cities. While decreasing across the United State in general, violence is still at an unacceptably high level. Homicide is the second leading cause of death among youth between the ages of 10 and 24 (Centers for Disease Control and Prevention [CDC], 2006b), and for each such homicide there are approximately 1,000 nonfatal violent assaults (Bureau of Justice Statistics, n.d.). Among 10- to 24-year-olds, it is the leading cause of death for African Americans, the second leading cause of death for Hispanics, and the third leading cause of death for American Indians, Alaska Natives and Asian/Pacific Islanders (CDC, 2006a). According to the 2007 Youth Risk Behavior Surveillance System, the median percentage of students in urban schools who bring weapons to school is 16.3 percent across cities; the median percentage of students threatened or injured by

weapons on school property is 9.1 percent; the median percentage of students who have been in a physical fight is 33.6 percent; and the median percentage of students who do not feel safe enough to go school is 9.1 percent (CDC, 2010).

Locally, the Reading School District (RSD) is deeply affected by widespread poverty, transiency, school dropout and low academic achievement (PA District Report Card 2007-2008) and school violence. While the overall dropout rate for RSD has been over 10 percent for many years (compared to the PA rate of 2.5 percent and Berks County rate of 3 percent), the cohort attrition rate also remains steady at around 50 percent (measured by comparing the numbers of ninth graders in their freshman year with the corresponding numbers of graduates in their senior year). This is not reflected in the reported school dropout rate of 13 percent due to many students just dropping off the radar screens.

Over most of the past decade, the combined number of law enforcement referrals from the middle schools alone has averaged 1,250 per year. That equates to nearly seven incidents per day that require law enforcement involvement. In 2006, Juvenile Probation reported that there was a record 1,020 summary offenders referred by district justices and a record number of misdemeanor and felony crimes (2,720 offenses) committed by a record number of youth. More recently, rates have been dropping, but it is believed this is due to budget-driven cuts in the police force and thus enforcement priorities.

Truancy is also a huge problem in the RSD as evidenced by the over 7,000 fines issues to parents in an average academic year. Dropping out of school is common and the norm for many students. The graduation rate of 65 percent is below the state target of 80 percent; the graduation rate of those with an individualized education plan (IEP) is 49 percent versus the state rate of 83 percent.

Indeed, such obvious indicators, such as rates of youth homicide, tell only a portion of the story. As the UCLA Injury Center found, "School drop-out rates, urban decay, mental health issues, incarceration rates, hospitalization and long-term disability are but a few of the consequences of our failure to address this critical epidemic" (Weiss, 2008). The consequences of violence for victims and those exposed to violence are severe, including serious physical injuries, post-traumatic stress disorder, depression, anxiety, substance abuse and other longer-term health problems associated with the bio-psycho-social effects of such exposure (Lynch, 2003). Further, violence and the resulting trauma is linked to later onset of chronic diseases (Felliti, 1998), the most expensive portion of unsustainable health care costs for individuals, businesses and government (Thorpe, Florence, & Joski, 2004).

Violence is extremely costly in the form of criminal justice and medical costs and disinvestment in community (Children's Safety Network Economics & Data Analysis Resource Center, n.d.; Cook & Ledwig, 2002; Corso, Mercy, Simon, Finkelstein, & Miller, 2007; Golden & Siegel, n.d.; Prevention Institute, 2007). For example, the Centers for Disease Control and Prevention (CDC) estimates that the deaths of more than 51,000 people due to violence in 2005 cost \$47.2 billion (\$47 billion in work loss costs and \$215 million in medical treatment) (CDC, 2011). As CDC (2011) points out, "Estimating the size of the economic burden of violence is helpful in understanding the resources that could be saved if cost-effective violence prevention efforts were implemented." Violence also inhibits economic recovery and growth in cities around the country. It also affects communities by increasing the cost of health care, reducing productivity, decreasing property values, disrupting social services, and can deter tourism, business relocation and other investments (Mercy, Butchart, Farrington, & Cerdá, 2002).

What Predicts and Prevents Violence

Is violence predictable? There is no simple answer to this question. It is clear there is no single cause that accounts for violence. Instead, multiple factors, known as risk and resilience factors, contribute to violence or its prevention. Risk factors are community, family or individual characteristics or circumstances that increase the likelihood that violence will occur. Resilience factors are community, family or individual characteristics or circumstances that reduce the likelihood that violence will take place, in spite of the presence of risk factors.

Risk

The effects of risk are complex, interactive and cumulative. Not every community, family or individual exposed to risk factors experience violence, but those who are exposed to multiple risk factors have a higher likelihood of occurrence (Newcomb, 1995; Osgood, Johnston, O'Malley, & Bachman, 1988; Sameroff & Fiese, 1990). The combination, frequency and severity of risks influence whether or not problems may develop (Garbarino, 2001).

Resilience

Resilience is the capacity to develop positively, despite harmful environments and experiences. Research shows that, like risk, the effects of resilience factors accumulate and communities with more resilience are less likely to experience violence and other high-risk behaviors. According to Dr. James Garbarino, "No one risk or asset counts for much by itself. It is only the overwhelming accumulation of risk without a compensatory accumulation of assets that puts kids in jeopardy" (Garbarino, 2002). Having more protective factors also increases the chances that young people will have positive attitudes and behaviors, such as good health, success in school, self-control, and valuing diversity (Search Institute, n.d.). According to the Search Institute (n.d.), only 6 percent of children with more than 30 assets were violent, compared to 61 percent of the children with fewer than 10 assets.

Research over the last two decades has identified a number of specific risk and resilience factors (Department of Health and Human Services, 2001; Lipsey & Derzon, 1998; Resnick, Ireland, & Borowsky, 2004). Unfortunately, more attention has been placed on individual factors, even though the Institute of Medicine (2000) is clear that "It is unreasonable to expect the individual to change their behavior easily when so many factors in the social, cultural and physical environment conspire against such change."

Community-Level Factors

Violence is **more likely** to occur when:

- Communities experience diminished economic opportunities or high concentrations of poor residents.
- There is a high frequency or history of being a victim or witness of violence.
- Residents live in communities with low levels of community participation or social connection.

But violence is **less likely** to occur when:

- Young people feel connected to adults outside the family.
- Young people are involved in social activities.
- Residents feel safe in their neighborhood.

School-Level Factors

Violence is **more likely** to occur when:

- Students report high level of prejudice among students.

- There are high level of truancy and academic failure or drop outs.
- Harsh, lax or inconsistent disciplinary practices are used in school settings.

But violence is **less likely** to occur when:

- School connection is strong (young people report their teachers are fair; are interested in them as a person, have high expectations and care about their success).
- Adults on campus are connected to students (nurturing adults who have high expectations and help youth succeed).
- There is a high rate of participation in social and other out of school-time activities.

Family-Level Factors

Violence is **more likely** to occur when:

- Harsh, lax or inconsistent disciplinary practices are used at home.
- A parent/caregiver has been incarcerated or is abusing alcohol or other drugs.

But violence is **less likely** to occur when:

- Family connections are strong (young people report being able to discuss problems with their caregivers or report frequent shared activities).
- Parents have high expectations for school performance.
- There is a consistent parent or caregiver presence during at least one of the following: when awakening, when arriving home from school, at evening mealtime or going to bed.

Prioritized Factors for Reading

In 2009, St. Joseph Medical Center was awarded a planning grant from Catholic Health Initiatives (CHI) – the parent company of St. Joseph Medical Center. The purpose of the grant was to help assess local efforts to address the complex problem of youth violence and determine whether and how additional efforts and resources might offer our community an opportunity to enhance and expand the impact on reducing youth violence. Working with the Mayor’s Youth Violence Coalition and an extensive group of organizations, the process began with the prioritizing of risk and resilience factors that would have the most impact for Reading residents. Based on the prioritized factors, community members then began to develop goals, strategies and recommendations for the Reading *Blueprint for Action*.

DECREASE RISK FACTORS

- Poverty and economic disparity
- Illiteracy and poor academic achievement
- Negative family dynamics

INCREASE RESILIENCE FACTORS

- Meaningful opportunities for participation
- Positive attachments and relationships
- Ethnic, racial and intergroup relations

Poverty and economic disparity

Many community members identified poverty as a significant risk factor in Reading. Lack of employment opportunities is a stressor and creates a sense of hopelessness. Some people who cannot earn an adequate or living wage as part of the mainstream economy may turn towards drug dealing or other illegal activities to earn money. Declining access to youth employment and enrichment opportunities also contributes to the feeling among youth that society does not care about them; violence is often the mechanism by which youth express their frustrations and anger about the disparities that exist within their worlds (Prevention Institute, 2005).

Illiteracy and poor academic achievement

Many interviewees identified the educational system, academic failure and truancy as a major risk factor for violence in the county. There is a strong correlation between school failure and aggressive or violent behavior (Maguin & Loeber, 1996; Meyers, Scott, Burgess, & Burgess, 1995). The relationship between violence and learning is particularly significant because cognitive skills form the foundation of academic success, self-esteem, coping and overall resilience (Craig, 1992; Prevention Institute, 2005).

Negative family dynamics

Many people underscored the contribution of family and home life as contributing to or protecting from violence. People said that families have an obligation to model and teach responsible and non-violent behavior. Family dynamics refers to family relationships, interactions, structure, parenting skills, family communication and methods of discipline. An unsupportive home life including psychological or physical abuse can begin or maintain a cycle of violence both in and outside the home. A lack of nurturing interactions between parents and their children harms child development and increases the risk of involvement in violence. Parental practices such as failure to set clear expectations for children's behavior, poor monitoring and supervision, lack of involvement, and severe and inconsistent discipline have been shown to consistently predict later delinquency (Blum, Beuhring, & Rinhart, 2000; Hawkins, et al., 1998).

Meaningful opportunities for participation

Research has consistently supported the positive role of meaningful opportunities and participation in preventing violence. In their report, *Community Programs to Promote Youth Development*, the National Research Council and the Institute of Medicine outlined characteristics of positive youth development settings. These opportunities are vital for an adolescent's social development in that "Environments that promote positive youth development must provide youth with real choices and with ample opportunities for decision-making authority. Efforts that promote meaningful inclusion can successfully counter anti-social behavior among youth" (National Research Council and Institute of Medicine, 2002).

Positive attachments and relationships

Children show significantly better cognitive and language skills, as well as positive social and emotional development, when they are cared for by adults who are attentive to their needs and who interact with them in encouraging and affectionate ways (U.S. Department of Education, 1999; National Research Council and Institute of Medicine, 2000). Research shows that when children have secure attachments early in life, they tend to develop better as they grow older, do better in social situations, and enjoy better academic achievement (Teo, Carlson, Mathieu, & Strouge, 1996). Attachment to parents, parental supervision, and consistent discipline have been found to be the most important family protective factors in preventing delinquency in high-risk youth (Huzinga, Loeber, & Thornberry, 1995; Robins, West, & Herjanc, 1975).

Ethnic, racial and intergroup relations

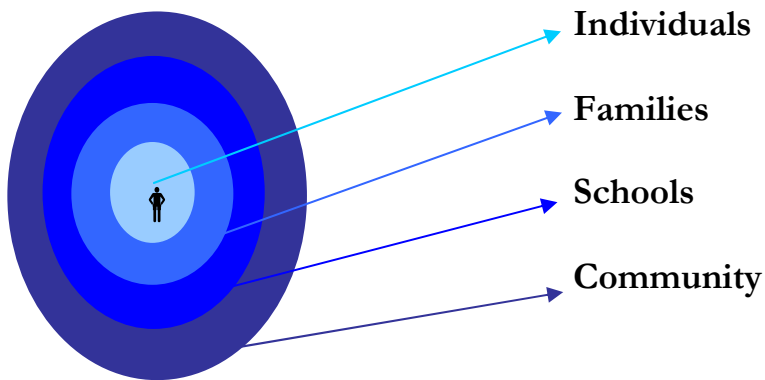
Positive relations between people of different races and ethnic backgrounds can promote violence prevention goals. Several interviewees noted programs or individuals that are forging inter-racial interaction, dialog and relations. They associated these efforts with reduced conflict and reduced risk of violence. House and Williams (2000) summarize the wide impact of racial/ethnic relations: "Racial/ethnic status shape[s] and operate[s] through a very broad range of pathways or mechanisms, including almost all known major psychosocial and behavioral risk factors for health." While racial discrimination certainly can be traced beyond community boundaries, it is critical that communities foster positive intergroup relations. To the extent that there are positive relations, people within diverse communities can work together to achieve change that will impact the overall well-being of the community.

Three Goals for Preventing Violence in Reading

The stakeholders in the Reading Youth Violence Prevention Project have taken their expertise as local practitioners and residents and balanced it with the available scientific evidence and local data to develop the Reading *Blueprint for Action*. Three goals for preventing violence were developed to create a strategic focus for local efforts and were identified by the Reading Project through a dual consensus and prioritization process. These goals reflect a commitment to prevention and an understanding that individuals are affected by their environments in general and by their families, schools, neighborhoods in particular. The objectives and associated strategies are specifically designed to foster thriving youth, strong families and empowered communities. Over the next two years, the Reading Project is committed to decreasing youth violence by achieving the following goals.

Reading *Blueprint for Action* Goals

- Support positive relationships and home environments for young people.
- Enhance student and school engagement to keep young people in school.
- Improve conditions in communities most impacted by violence



The Reading *Blueprint for Action* Goals reflect an understanding that individuals are affected by their environments in general and by their families, schools, communities in particular. The goals were designed to change environments so that all Reading youth can thrive.

GOAL: Support positive relationships and home environments for young people

Prioritized Strategy: Family Empowerment

Effective parenting practices provide a nurturing, safe environment based on parent-child interactions, which reduce the childhood behavior problems that predispose a child to violence in later life.

Empowering parents with the knowledge and skills to form nurturing relationships with their children, set appropriate boundaries, and foster social-emotional development dramatically increases self-esteem, self-discipline and social competency, and reduces a child's propensity for violence in later life (Fredericks, Weissberg, Resnik, Patrikakou, & O'Brien, n.d.).

Raising children is hard work, and everyone can benefit from additional information and support on effective parenting practices. These practices can have a powerful influence on a child's tendency to act aggressively toward others or to defy the everyday rules of healthy social interaction (Howell & Hawkins, 1998). When parents enhance their skills in areas such as child development, communication, anger management and conflict resolution, their relationships with their children improve and their ability to manage challenging or aggressive behavior increases. For example, a Nurse Family Partnership study that

compared a group of at-risk mothers receiving coaching in parenting skills to those who received no training showed that, 19 years later, the female children of mothers not in the program were three times as likely to be delinquent (Newman, Fox, Flynn, & Christeson, 2000). In addition, parent training can lead to clear improvements in children's antisocial behavior (including aggression) and family management practices (Howell & Hawkins, 1998).

Objectives

1. Develop parent leadership institutes and create opportunities for parents to build knowledge and skills in advocacy, communicating, networking, parenting and child development, and on becoming change agents.
2. Train parents and other caregivers on developmental milestones and culturally appropriate, effective parenting practices to support a nurturing, safe, structured environment for children and youth, including the ability to recognize risk factors and to know what to do and where to get help.

Potential Measures

- Increased utilization of family support services
- Increased community supports for parents and families
- Improved caregiver understanding of developmental needs of children
- Improved caregiver understanding of child-rearing and disciplinary practices
- Improved parental skills to prevent violence (e.g., improved impulse control, anger management, empathy and problem-solving skills)
- Decreased rates of child abuse and neglect
- Decreased rates of children witnessing violence in the home

Recommendations

- a. Increase coordination and communication among groups that promote family empowerment.
- b. Adopt leadership training curriculum for parents by institutions such as churches, schools and community-based organizations.
- c. Increase access to resources, e.g., ensure program eligibility regardless of ability to pay.
- d. Support the establishment of and adherence to workplace and organizational practices that are parent-friendly, e.g., offering paid leave for both parents, appropriate breastfeeding space, flexible work schedules, and parenting workshops.
- e. Increased culturally-sensitive, strength-based family education via local media or home-based and group trainings.
- f. Ensure the existence of and adherence to school procedures for educating and training parents as part of the student registration process.

Prioritized Strategy: Male Responsibility

Narrow, patriarchal beliefs about manhood are associated with a variety of poor health behaviors, including drinking, drug use and high-risk sexual activity (Prevention Institute, 2003). Perceptions and expectations of what is acceptable male behavior influence male behaviors (Eisler, 1995). It is critical to question these perceptions and expectations in order to shift norms. Efforts to shift norms in male behavior should be integrated widely into programs for men and boys including in schools, after-school programs, community events, recreation and sports programs, detention facilities, probation and parole programs, and others. These efforts should be led by men and emphasize shifts in norms about tolerable behavior.

Objective

3. Infuse male responsibility programs into settings with men and boys whereby males teach other males about gender norms, gender roles, and healthy relationships with an emphasis on preventing violence.

Potential Measures

- Improved quality relationships between male youth and men
- Increased men in the community actively engaging in setting program priorities and ongoing activities

Recommendations

- a. Bring together organizations already working on outreach to men and boys to better coordinate efforts, and to ensure outreach to churches and other venues that are effective places to reach men and boys.
- b. Integrate universal curriculum on gender norms and healthy relationships into school or community groups.
- c. Increase focus and support for formerly incarcerated individuals.
- d. Provide training on destructive gender stereotypes, and resources for direct service providers working with families.
- e. Coordinate a media response for men's issues.
- f. Use local men as ambassadors for preventing violence including providing opportunities for community members to educate other residents. Consider developing a mentorship/support system for men.

“I think the secret to why some people do well in the face of adversity is because somewhere along the way someone cared for them, and they knew about it, and that person became kind of a role model or kind of an alter ego, and they, in spite of everything, held on to that as what they wanted to be like, and they were able to rise above all the violence and adversity around.”

– Youth services professional

Prioritized Strategy: Connect Youth to Caring Adults

Effective mentoring provides a supportive, non-judgmental role model who fosters a healthy relationship, enhances a young person's self-esteem, and promotes academic achievement, thereby reducing violent behavior. The presence of a caring, involved adult is noted repeatedly in the literature as a key element for success for young people and their ability to overcome adverse conditions. Studies on resiliency in youth consistently note the importance of exposing young people to positive, real-life role models through mentoring or buddy programs (Mihalic, Sharon, Irwin, Elliott, Fagan, & Hansen, 2001). These interactions significantly improve a young person's school attendance and performance, reduce violent behavior, decrease the likelihood of drug use, and improve relationships with friends and parents (Mihalic et al., 2001). The absence of such a role model is linked to a child's risk for drug and alcohol use, sexual promiscuity, aggressive or violent behavior, and an inability to maintain stable employment later in life (Beier, Rosenfeld, Spitalny, Zansky, & Bontemp, 2000; Walker & Freedman 1996). In addition to fostering strong individual relationships, mentoring can catalyze relationships with the community or with specific entities in the community, such as governmental services (e.g., law enforcement) or other community stakeholders such as local employers and businesses.

Objective

4. Develop creative and innovative opportunities for establishing or strengthening positive youth-adult attachments, including but not limited to: existing mentoring programs and new mentoring models; school-based, after-school and extracurricular programs; arts and cultural programs; faith-based and service group settings, etc.

Potential Measures

- Decreased youth substance abuse rates
- Increased graduation rates
- Increased civic participation and community involvement
- Improved quality relationships with adults
- Increased feelings of efficacy

Recommendations

- a. Increase coordination among existing mentoring programs and new mentoring models.
- b. Better integrate school-based, after-school and extracurricular programs with mentoring opportunities.
- c. Offer increased arts and cultural opportunities.

GOAL: Enhance student and school engagement to keep young people in school

Prioritized Strategy: School Climate

A safe and healthy school climate enhanced by a relevant academic curriculum provides a foundation for socialization and civic engagement of all young people which, in turn, leads young people to become effective learners, non-violent problem-solvers, and engaged contributing citizens. Academic institutions are settings rife with opportunities to reduce violent and aggressive behavior such as bullying, by cultivating interpersonal, social problem-solving and conflict resolution skills in all young people, and fostering a positive school climate (Payne, 2008).

With almost the entire population passing through academic institutions—starting during an early and formative period and continuing over many years—it is difficult to overestimate this opportunity to effect change (Hahn, 2007). Skills, including emotional self-awareness, emotional control, self-esteem and team work, should be taught directly through structured lessons and school-based curricula, and the skills should be supported and reinforced by the school climate and infrastructure. This involves supporting positive discipline, academic success, and mental and emotional wellness through a caring and responsive school environment; teaching students appropriate behaviors and problem-solving skills; positive behavioral support provided by teachers and school services; and appropriate academic instruction with engaging curricula and effective teaching practices (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004).

Objective

5. Foster safe and positive school climates for all students and staff by ensuring that school settings feature characteristics that promote safety, academic achievement and positive youth development.

Potential Measures

- Decreased truancy rates
- Decreased violence and bullying on campus
- Increased perceptions of safety on school campuses
- Improved skills to prevent violence (e.g., improved impulse control, anger management, empathy and problem-solving skills)

A school can create an “environment so potent that for at least six hours a day it can override almost everything else in the lives of children.”
— Ron Edmonds, from “The Granddaddy of School Effectiveness Research” (1986)

Recommendations

- a. Implement Safe Routes to School.
- b. Institute policies supporting universal prevention education and skills development on campus during or after school. Topics to consider include: violence, conflict resolution, healthy relationships, communication skills, and drug and alcohol abuse.
- c. Identify and promote clear pathways for community organizations interested in connecting with school staff and enriching school activities.
- d. Improve communication between youth serving organizations and agencies focused on safety (e.g., conference calls between police, school and front-line youth workers).
- e. Ensure access to services for drug and alcohol issues easily accessible for students.
- f. Increase the number of local college students interning on school campuses.
- g. Continue to implement, monitor and expand the use of school-wide positive behavioral support.
- h. Institutionalize student empowerment and recognition of students who are positive role models in school and community.
- i. Consider adoption of Olewus bullying program or other model incorporating school climate measures.

Prioritized Strategy: School Connectedness

The schools most effectively addressing violence are those that have developed comprehensive, integrated plans with the support of their local community, including social services, mental health providers, law enforcement and juvenile justice authorities. For example, successful programs aimed at preventing bullying, a common form of violence in schools, utilize multi-faceted strategies by creating environments that discourage violence; holding authority figures and peers accountable as bystanders; educating and involving parents and the community; and training respected adults to facilitate conflict resolution (Ericson, 2001).

Objective

6. Foster school connectedness through opportunities for parental and caregiver involvement within a welcoming environment; provision of meaningful activities that appeal to multiple interests and skills; and supporting constructive engagement rather than exclusion and punishment.

Potential Measures

- Increased school attachment and achievement
- Decreased drop-out rates
- Decreased time youth spend on the street

Recommendations

- a. Working with a diverse group of students, create, implement and evaluate an initiative for fostering positive attachment to school. Continue to monitor attachment on an ongoing basis through standardized surveys.
- b. Institutionalize and publicize the path for community members and community organizations interested in mentoring students or student groups.
- c. Increase adult involvement and presence on school campuses such as through partnerships with school resource officers, social workers and counselors.

GOAL: Improve conditions in communities most impacted by violence

Prioritized Strategy: Community Partnerships

The complexity of violence requires a multi-sector approach, e.g., education; health and human services, including public health, substance abuse and mental health, and children and families; criminal justice; early childhood development; and labor—all these perspectives must be reflected in a comprehensive approach. In a national assessment of large cities and youth violence prevention, cities with more coordination and communication across multiple sectors have lower violence rates (Weiss, 2008). Further, multi-sector collaboration promotes efficiencies, reduces duplication of efforts, leverages existing resources, and allows for the alignment of resources.

Objective

7. Encourage strong commitment and collaboration among a broad spectrum of community partners to promote youth development and address violence, including local government, businesses, schools, faith groups, community-based organizations, the media, grassroots groups and community residents (adults and youth).

Potential Measures

- Increased social cohesion and trust
- Increased perception of the community's ability to make change for the common good
- Increased supportive and engaged local leadership
- Increased formal structures for multi-sector collaboration and coordination
- Increased community knowledge and support of implemented strategies

Recommendations

- a. Increase youth inclusion on the Boards of youth-serving organizations. Share best practices for organizations interested in adopting the policy and recognize organizations with youth already serving on their board.
- b. Increase job training/placement programs that integrate civic engagement.
- c. Increase coordination and identified shared goals between local collaborations focused on youth and community.
- d. Develop an Internet-based community hub to connect community agencies, employers, schools and community members interested in youth safety and development.
- e. Institute regular forums for interactions between community, youth and law enforcement.
- f. Offer training, resources and opportunity to dialog locally on skills and practices that support diversity and decrease racism.
- g. Develop a social marketing campaign about preventing violence or a campaign on steps that any resident can take to increase safety.
- h. Build the skills and confidence of adults (e.g., gatekeepers, mentors, residents, or caregivers) to intervene in the lives of at-risk youth.
- i. Focus on dismantling racism, which would include fostering a candid discussion about racism in the community.

Prioritized Strategy: Economic Development

There is a strong correlation between economic factors, and health and safety outcomes (Adler & Newman, 2002; Schultz, Parker, Israel, & Fisher, 2001). These activities promote local access to resources, opportunities to increase local capital that can be reinvested into the community, and stability among

residents. Increases in local business are associated with reduced crime and earning a living wage may be correlated with reduced stress levels and better housing (Prevention Institute, 2005).

Objective

8. Improve quality of life and availability of living wage jobs and viable non-criminal economic opportunities with focused initiatives, training and support for communities, families, and youth most at risk for violence.

Potential Measures

- Increased job placement for formerly incarcerated individuals
- Increased participation in job training and placement
- Increased number of jobs in the communities

Recommendations

- a. Expand micro-business models in churches and other local groups.
- b. Develop policies to ensure formerly incarcerated to access gainful employment.
- c. Increase local awareness and use of tax incentives for hiring ex-felons.
- d. Support home-ownership opportunities in communities most impacted by violence.
- e. Support a focused investment in job training and placement.
- f. Incorporate job training and evidence-based decision-making training to middle and high school students.

Next Steps

With input from the community partners, we will begin implementation of the *Blueprint*. The first steps towards implementation focus in three key areas: collaboration, coordination and community engagement.

Collaboration: Strengthening Relationships between Partners

Because there is no one group that can do everything required to prevent violence, efforts necessarily involve a wide range of partners. Engaging community partners early in the planning process has helped build common understanding and language, forge a shared vision, and enhance buy-in into selected strategies. The goals and objectives of the *Blueprint* inform which partnerships will need to be added and/or strengthened in the coming months.

- Formalize the structure of the Reading Youth Violence Prevention Project to ensure sustainability of local violence prevention efforts. Suggested activities include:
 - Identify roles and shared expectations for partners.
 - Begin to monitor and share resources and data around the safety status of youth in Reading as it relates to the goals and objectives of the *Blueprint*.
 - Identify and apply for funding as a group of partners.
- Build a multi-sector approach inclusive of criminal justice, schools, local government and health and human service leadership. Suggested activities include:
 - Identify role and expertise for each sector.

- Share problem definitions: what language does each sector use to define the issue and what are each sector's priorities relating to the issue?
- Offer cross-training to increase shared language and leverage training resources.

Coordination

A national study of cities and violence prevention revealed that the cities in which the various departments (i.e., Mayor's office, Schools, Law Enforcement, and Public Health) work together, and communicate efficiently have the lowest rates of youth violence, including homicide, suicide and gun deaths (Wiess, 2008). Now that Reading has a plan and committed partners, increasing coordination is critical to preventing violence.

- Identify strategic opportunities where increased coordination between existing efforts would benefit the community. Suggested activities include:
 - Establish an ad-hoc work group focused around better coordinating and leveraging resources for youth mentoring projects.
 - Inventory existing programs, policies and organizational procedures that support the goals of the *Blueprint* so that they can be used as examples of local success in prevention.
 - Create a mechanism for ensuring existing training opportunities are shared and accessible to a wider variety of local partners.
 - Identify training needs and explore possibilities to address them within partners.

Community Engagement

While all partners have an important role to play, community engagement is a key to preventing violence long term. Community residents and grassroots activists -- including youth-- all have a vital role to play. Their engagement, input and leadership are critical in understand emerging problems and prioritizing and implementing strategies to prevent violence. Individuals and communities most impacted by violence can help transcend turf and other obstacles by advocating for and demanding attention be paid to preventing violence. Also, as city leaders move in and out of office, community investment and ownership can help to build and maintain political will with new leadership, transcending election cycles.

- Foster community participation and ownership in order to better understand the issue and increase sustainability of the *Blueprint*. Suggested activities include:
 - Engage resident action councils in communities most impacted by violence as partners.
 - Create a leadership structure that includes community members in governance.
 - Use an ad hoc work group to ensure ongoing opportunities for youth voice and engagement.
 - Identify a meaningful role for survivors interested in supporting the work of the *Blueprint*.

While it is our overall goal to implement the entire *Blueprint for Action*, we know that this cannot be done all at one time, as it would require far more resources than are currently or likely to be available within our community. The RYVP Steering Committee has established the following initial goals and objectives to guide our work.

RYVP Three-Year Goal:

The RYVP project will reduce incidents of youth-on-youth violence in the City of Reading by 5 percent by 2014.

As Measured By:

- Incidents of violence in the Reading School District (as tracked in the School Safety Annual Report) – with a baseline of 1,216 incidents in 2009-2010 school year.
- Youth-on-youth homicides in the community (as tracked by the Reading Police Department) – with a baseline of 4 homicides in 2010.
- Youth arrests for aggravated and non-aggravated assaults in the community (as tracked in the Uniform Crime Report) – with a baseline average from 2006 to 2010 for ages 12 through 17 of 46 aggravated assaults and 296 non-aggravated assaults.

Definition of Youth:

Ages 10 to 24

Primary Objective(s):

1. Develop and strengthen community-level partnerships to further advance the *Blueprint for Action*. Under the guidance of the RYVP Steering Committee, working committees will be established for each of the three *Blueprint for Action* goals: support positive relationships and home environments for young people; enhance student and school engagement to keep young people in school; and improve conditions in communities most impacted by violence. The Committees will be asked to evaluate the identified objectives within the goal and develop at least one strategy to change systems, policies or practices to influence outcomes.
2. Implement Impact Initiatives that are multi-sector, guided by public health approach and based upon best available research. St. Joseph Medical Center, through a grant received from its parent company Catholic Health Initiatives, has the opportunity to offer limited funding for local initiatives that clearly advance the work of the RYVP *Blueprint for Action*. Through a request for proposals process, the RYVP Steering Committee will solicit grant applications, select recipients, and monitor progress. RYVP will report on funded project's/program's measures of success to community stakeholders.

Appendix A

Steering Committee and Community Participants in the Planning Process

RYVP Steering Committee:

- Kelly Altland, Vice President Development, St. Joseph Medical Center
- Laura Welliver, RYVP Coordinator, St. Joseph Medical Center
- Cheryl Guthier, Executive Director, Community Prevention Partnership
- Yvonne Stroman, Director of Community Programs, Community Prevention Partnership
- Mayor Thomas McMahon, City of Reading
- Chief of Police William Heim, City of Reading
- John Kramer, Director, Albright College Center for Community Leadership
- Jim Tice, Prevention and Weed & Seed Coordinator, U.S. Attorney's Office
- Scott Rehr, Executive Director, County of Berks and MYVC Chair
- Pat Giles, Senior Vice President, United Way of Berks County
- Marcia Goodman-Hinnershitz, Director of Planning and Resource Development, Council on Chemical Abuse and District 2 Councilwoman, Reading City Council
- Rose Merrell-James, Director of Student Services, Reading School District
- Frank Vecchio, Acting Superintendent, Reading School District
- Robert Williams, Chief, Berks County Juvenile Probation Office
- Tim Daley, Criminal Justice Program Director, Berks County Court Administration

RYVP Planning Process Participants:

John Adams, District Attorney, County of Berks
Jillian Algarin, RIZE
Juanita Ali-Smith, Mental Health Association
Kelly Altland, St. Joseph Medical Center
Teresa Arana, Goodwill Keystone Area
Karima Archie, B.I.C.A.
Joe Ayala, City of Reading
Phila Back, Rebuilding Reading
Norm Barker, The LINK Center
Wayne Bealer, VPC
Mary Kay Bernosky, Berks Women in Crisis
Elsa Berreta, Kennedy Senior Center
Jeannine Boyer, Catholic Charities
Ryan Bradley, Greater Reading Mentoring Academy
Sheila Bressler, CAASP
Pastor Robert Brookins, CARE, Inc./Holy Trinity Church
Winnie Burden, B.I.C.A.
Lorenzo Canizares, REACC
Cindy Carr, Bethel AME Church
Ashley Chambers, United Community Services
Thomas Chapman, Reading School District
Kelley Coates, Neighborhood Housing Services
Wanda Colon, Community Prevention Partnership of Berks County

Arlene Corcino, Centro Hispano
Kathleen Cotter, Berks VNA (retired)
Rev. Angelina Cruz, Centro Hispano
Tim Daley, Berks County Courts
Rebecca Dauber, Council on Chemical Abuse
Allen Dawkins, Isalel
Frank Denbowski, City of Reading
Sharon Drummond, Community Prevention Partnership
Maranda Duncan, VPC
Crystal Edwards, City of Reading
Steve Elmarzousky, Islamic Center of Reading
Christopher Fake, Alvernia University
Lizzette Fedena, Mental Health Association
Chris Fegley, VPC
Angel Figueroa, I-LEAD
Pat Giles, United Way
Christine Gilfillan, Berks Women in Crisis
Steve Glassman, Rebuilding Reading
Joe Guillama, DMC Committee
Cheryl Guthier, Community Prevention Partnership
Laurie Hague, Berks County JPO
Bill Heim, Police Chief, City of Reading
Daniel Heydt, Berks County JPO

Marcia Goodman Hinnershitz, Council on
Chemical Abuse
Beverly Houck, Yocum Institute for Arts
Education
Robert Jefferson, NAACP
Eric Jenkins, Berks County Youth Center
Garry Joseph, Caribbean Community Group
Muriam Joseph, Berks Pride
Lourdes Kahl, UPMC
Michael Kaucher, RBCC
Lisa Kneer, Berks Unity Solutions
Rebecca Knox, St. Lukes Lutheran Church
John Kramer, Albright College Center for
Community Leadership
Jackie Kratzer, Abilities In Motion
Kate MacHugh, CAASP
Jill Mahon, Rebuilding Reading/Wyo PTO
Richard Mappin, Berks County Community
Foundation
Carlos Martinez, Berks Pride
Ruth Mathews, United Community Services
Kimberly McGarvey, Rebuilding Reading
Phyllis McLaughlin, CSMA
Thomas McMahan, Mayor, City of Reading
Judd Meinhart, Olivet Boys & Girls Club
Rose Merrell-James, Reading School District
Isabel Monterrosa, PACE
Jane Palmer, Rebuilding Reading
Manouehha Paulemont, Berks Pride
Rhode Paulemont, Berks Pride
Janice Paulino, Latino Juvenile Justice Network

Dario Pereyna, Caribbean Community Group
Rick Perez, Reading School District
Scott Rehr, Berks Connections
Santiago Rivera, Jr., Community
Zylkia Rivera, Goodwill Keystone Area
Michele Ruano-Weber, Berks County MH/MR
Ineavelle Ruiz, Centro Hispano
John Schlegel, The LINK Center
Eliana Serrano, Community Prevention
Partnership
Vanessa Sophy, Community Prevention
Partnership
Sarah Ann Stewart, The Walter E. Swinson
Education Fund
Yvonne Stroman, Community Prevention
Partnership
Becky Stubbs, BAAV
Ed Terrell, ACOR
Marta Thomas, Berks Pride
Jim Tice, USAO
Mike Toledo, Centro Hispano
Jessica Umberhauer, Alvernia University
Frank Vecchio, Reading School District
Lou Vetri, VPC
George Vogel, Council on Chemical Abuse
DuShawn Ware, Olivet Boys & Girls Club
Steward Warner, Holy Cross UMC
Nathan Washington, Community
Laura Welliver, St. Joseph Medical Center
Khaighnen White, Berks Pride
Bob Williams, Berks County JPO

References

- Adler, N. E. & Newman, K. (2002). Socioeconomic disparities in health: pathways and policies. *Health Affairs, 21*(2), 69.
- Beier, S. R., Rosenfeld, W. D., Spitalny, K. C., Zansky, S. M., & Bontemp, A. N. (2000). The Potential Role of an Adult Mentor in Influencing High-Risk Behavior in Adolescents. *Annals of Pediatrics and Adolescent Medicine; 154*(4), 327-331.
- Blum, R. W., Beuhring, T., Rinehart, P. M. (2000). *Protecting Teens: Beyond Race, Income and Family Structure*. Minneapolis: Center for Adolescent Health, University of Minnesota. Retrieved March 18, 2002, from: <http://www.peds.umn.edu/peds-adol/PDFs/10764%20Ethnicity.pdf>.
- Bureau of Justice Statistics (n.d.), Criminal Victimization in the United States, 2003: Statistical Tables. Retrieved August 1, 2006, from <http://www.ojp.usdoj.gov/bjs/pub/pdf/cvus03.pdf>.
- Catalano, R., Berglund, M., Ryan, J., Lonczak, H., & Hawkins, J. (2004). Positive Youth Development in the United States: Research Findings on Evaluations of Positive Youth Development Programs. *Annals of the American Academy of Political and Social Science, 591*, 98-124.
- Centers for Disease Control and Prevention (2010a). Web-based Injury Statistics Query and Reporting System (WISQARS). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). Retrieved August 1, 2006, from www.cdc.gov/ncipc/wisqars. February 2006.
- Centers for Disease Control and Prevention (2006a). Web-based Injury Statistics Query and Reporting System (WISQARS). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). Retrieved February 2006, from www.cdc.gov/ncipc/wisqars.
- Centers for Disease Control and Prevention. (2006b). Web-based Injury Statistics Query and Reporting System (WISQARS). National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (producer). Retrieved August 1, 2006, from www.cdc.gov/ncipc/wisqars.
- Centers for Disease Control and Prevention (2010). Youth Risk Behavior Surveillance System. National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (producer). Retrieved April 8, 2010, from <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>.
- Children's Safety Network Economics & Data Analysis Resource Center (n.d.). State costs of violence perpetrated by youth. Retrieved from: www.edarc.org/pubs/tables/youth-viol.htm.
- Cook, P., & Ledwig, J. (2002). *Gun Violence: the real costs*. Oxford University Press.
- Corso, P. S., Mercy, J. A., Simon, T. R., Finkelstein, E. A., & Miller, T. R. (2007). Medical Costs and Productivity Losses Due to Interpersonal Violence and Self- Directed Violence. *American Journal of Preventive Medicine, 32*(6), 474-482.
- Craig, S. E. (1992). The educational needs of children living with violence. *Phi Delta Kappan, 74*, 67-71.
- Department of Health and Human Services (2001). Youth violence: a report of the Surgeon General. Retrieved from www.surgeongeneral.gov/library/youthviolence/toc.html.
- Eisler, R. M. (1995). The relationship between masculine gender role stress and men's health risk: the validation of construct. In: Levant, R. F., & Pollack, W. S. (Eds.), *A New Psychology of Men* (pp. 207-225). New York: Basic Books.
- Ericson, N. (2001). Addressing the Problem of Juvenile Bullying. Office of Juvenile Justice and Delinquency Prevention. Retrieved September 23, 2008, from <http://www.ncjrs.gov/pdffiles1/ojjdp/fs200127.pdf>.
- Felitti, V. J. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the

- Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245-258.
- Fredericks, L., Weissberg, R., Resnik, H., Patrikakou, E., O'Brien, M. U. (n.d.). Schools, Families and Social and Emotional Learning: Ideas and Tools for Working with Parents and Families. Collaborative for Academic, Social, and Emotional Learning. Retrieved November 25, 2008, from <http://www.casel.org/downloads/parentpacketLSS.pdf>.
- Garbarino, J. (2001). Violent children: where do we point the finger of blame? *Archives of Pediatrics & Adolescent Medicine*, 155, 13-14.
- Garbarino, J. (2002, March). Personal communication.
- Golden, M., & Siegel, J. (n.d.). Cost Benefit Analysis. Vera Institute of Justice. Retrieved April 7, 2010, from http://www.advancementprojectca.org/doc/p3_cost.pdf.
- Hahn, R. (2007). Effectiveness of Universal School-Based Programs to Prevent Violent and Aggressive Behavior. *American Journal of Preventive Medicine*, 33(2S), S114-S129.
- Hawkins, J. D., Herrenkohl, T. L., Farrington, D. P., Brewer, D., Catalano, R. F., & Harachi, T. W. (1998). A review of predictors of youth violence. In Loeber, R., & Farrington, D. P. (Eds.), *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions* (pp. 106-146). Thousand Oaks, CA: Sage Publications.
- House, J. S., Williams, D. R. (2000). Understanding and reducing socioeconomic and racial/ethnic disparities in health. In Smedley, B. D., & Syme, S. L. (Eds.), *Promoting Health: Intervention Strategies from Social and Behavioral Research* (pp. 81-124). Washington D.C.: National Academy Press.
- Howell, J., & Hawkins, J. D. (1998). Prevention of Youth Violence. *Crime and Justice*, 24, 263-315.
- Huzinga, D., Loeber, R., Thornberry, T. P. (1995). *Urban Delinquency and Substance Abuse: Recent Findings from the Program of Research on the Causes and Correlates of Delinquency*. Washington, DC: Office of Juvenile Justice and Delinquency, US Department of Justice.
- Institute of Medicine. (2000). *Promoting health intervention strategies from social and behavioral research*. Washington, DC: National Academy Press.
- Lipsey, M. W., & Derzon, J. H. (1998). Predictors of violent and serious delinquency in adolescence and early adulthood: a synthesis of longitudinal research. In Loeber, R., & Farrington, D.P. (Eds.), *Serious and violent juvenile offenders: risk factors and successful interventions* (pp. 86-105). Thousand Oaks, CA: Sage Publications.
- Lynch, M. (2003). Consequences of children's exposure to community violence. *Clinical Child and Family Psychology Review*, 6(4), 265-74.
- Maguin, E., & Loeber, R. (1996). Academic performance and delinquency. In Tonry, M. (Ed.), *Crime and Justice: A Review of Research, Vol. 20* (pp. 145-264). Chicago, IL: University of Chicago Press.
- Mercy, J., Butchart, A., Farrington, D., & Cerdá, M. (2002). Youth violence. In Krug, E., Dahlberg, L. L., Mercy, J. A., Zwi, A. B., Lozano, R. (Eds.), *World report on violence and health* (pp. 25-56). Geneva (Switzerland): World Health Organization.
- Meyers, W. C., Scott, K., Burgess, A. W., Burgess, A. G. (1995). Psychopathology, biopsychosocial factors, crime characteristics, and classification of 25 homicidal youth. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34, 1483-1489.
- Mihalic, S., Irwin, K., Elliot, D., Fagan, A., & Hansen, D. (2001). Blueprints for Violence Prevention. Office of Juvenile Justice and Delinquency Prevention.
- Minneapolis Police Department (2008). 2008 Fourth Precinct Juvenile Crime Suspect & Arrest Statistics.
- National Research Council and Institute of Medicine (2000). In Shonkoff, J., & Phillips, D.A. (Eds.), *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Washington, DC: National Academy Press.
- National Research Council and Institute of Medicine (2002). In Eccles, J., & Gootman, J.A. (Eds.), *Community Programs to Promote Youth Development*. Washington, DC: National Academy Press.

- Newcomb, M. D. (1995). Identifying high-risk youth: prevalence and patterns of adolescent drug abuse. In Radhert, E., Czechowicz, D., & Amsel, L. (Eds.), *Adolescent Drug Abuse: Clinical Assessment and Therapeutic Intervention* (pp. 7-38). Rockville, Md: National Institute on Drug Abuse.
- Newman, S., Fox, J. A., Flynn, E., & Christeson, W. (2000). America's After-School Choice: The Prime Time for Juvenile Crime, Or Youth Enrichment and Achievement. A Report from: Fight Crime, Invest in Kids. Washington, D.C. Retrieved from: <http://www.fightcrime.org/reports/as2000.pdf>.
- Osgood, D. W., Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (1998). The generality of deviance in late adolescence and early adulthood. *American Sociological Review*, 53, 81-93.
- Payne, A. (2008). A Multilevel Analysis of the Relationships among Communal School Organization, Student Bonding, and Delinquency. *Journal of Research in Crime and Delinquency*, 45(4), 429-455.
- Prevention Institute (2003). Strengthening Communities: A Prevention Framework for Reducing Health Disparities. Retrieved from http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=115&Itemid=127
- Prevention Institute (2005). A Lifetime Commitment to Violence Prevention: The Alameda County Blueprint. Retrieved from http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=38&Itemid=127
- Prevention Institute (2007). Synthesis Notes—UNITY Convening.
- Resnick, M. D., Ireland, M., & Borowsky, I. (2004). Youth violence perpetration: What protects? What predicts? Findings from the National Longitudinal Study of Adolescent Health. *Journal of Adolescent Health*, 35(5):347-349.
- Robins, L. N., West, P. A., & Herjanc, B. L. (1975). Arrests and delinquency in two generations: a study of black urban families and their children. *Journal of Child Psychology and Psychiatry*, 16, 125-140.
- Sameroff, A. J., & Fiese, B. H. (1990). Transactional regulation and early intervention. In Meisels, S. J., & Shonkoff, J. P. (Eds.), *Handbook of Early Childhood Intervention* (pp. 119-149). New York, NY: Cambridge University Press.
- Search Institute. The Power of Assets (n.d.). Retrieved March 11, 2011, from <http://www.search-institute.org/power-assets>.
- Schultz, A., Parker, E., Israel, B., & Fisher, T. (2001). Social context, stressors, and disparities in women's health. *Journal of the American Medical Women's Association*, 56(4), 143-149.
- Skogan, W. G., Hartnett, S. M., Bump, N., & Dubois, J. (2008). Executive Summary: Evaluation of CeaseFire-Chicago, May 2008. National Institute of Justice, Office of Justice Programs. Retrieved from http://www.northwestern.edu/ipr/publications/ceasefire_papers/executivesummary.pdf
- Teo, A. E., Carlson, P. J., Mathieu, B. E., & Stroufe, L. A. (1996). A prospective longitudinal study of psychosocial predictors of achievement. *Journal of School Psychology*, 34, 285-306.
- The California Endowment (2009). Outcome Five: Children and Their Families are Safe from Violence in Their Homes and Neighborhoods. Resource Guide: Building Healthy Communities. Retrieved from <http://www.preventioninstitute.org/component/jlibrary/article/id-279/127.html>.
- Thorpe, K. E., Florence, C. S., & Joski, P. (2004). Which Medical Conditions Account For The Rise In Health Care Spending? *Health Affairs*, w4, 437-445. Retrieved from <http://content.healthaffairs.org/cgi/content/abstract/hlthaff.w4.437v1>.
- U.S. Department of Education (1999). How are the children? Report on early childhood development and learning. Retrieved March 15, 2002, from http://www2.ed.gov/pubs/How_Children/index.html.
- Walker, G., & Freedman, M. (1996). Social Change One on One: The New Mentoring Movement. *The American Prospect*, 12, 75-81.
- Weiss, B. (2008). *An Assessment of Youth Violence Prevention Activities in USA Cities*. Southern California Injury Prevention Research Center, UCLA School of Public Health.