

Date of Council: February 2023

Title of Initiative: Youth Violence Prevention Interventions

Authors: Crystal L. Barksdale, Ph.D., MPH

Reviewers: Neil Calaman, M.D. and William Southerland, Ph.D.

Objectives: The purpose of this initiative is support research to develop and test multilevel youth violence prevention interventions for populations that experience health disparities, which include strategies that address structural discrimination and other social determinants of health.

Background: This initiative reflects the next iteration of an NIMHD initiative, RFA-MD-18-005, *Youth Violence Prevention Interventions that Incorporate Racism/Discrimination Prevention (R01 – Clinical Trial Required)*, released in 2017. The focus of that initiative was to support research to develop and test youth violence prevention interventions, which incorporated interpersonal or structural racism/discrimination prevention strategies for populations that experience health disparities, targeting youth aged 11 to 18. Of the 21 applications submitted, five intervention projects were funded in 2018.

Though the five projects are in their final stages of data collection and analysis, results thus far suggest that the initiative has been successful in contributing to the literature and evidence base related to the impact of addressing racism/discrimination on youth violence prevention among populations that experience health disparities, particularly within school contexts. While the early results are promising, the impetus and objectives of the proposed reissue are based upon existing research gaps and opportunities in youth violence prevention research. Youth violence remains a persistent public health problem in the U.S., disproportionately impacting Black, Hispanic/Latino, American Indian/Alaska Native, and sexual minority youthⁱ While all forms of violence are harmful and have significant impacts on a wide range on youth health outcomes, firearm violence is especially devastating, as homicide by firearm has consistently been a leading cause of death among racial and ethnic minority youth ages 10-24^{ii,iii}.

The association between experiencing youth violence and risk of negative health and behavioral health outcomes has been well established. For example, as an adverse childhood experience (ACE), experiencing and exposure to youth violence (including firearm violence) is associated with increased risk for future violence perpetration and victimization, substance use, academic difficulties, school dropout, depression, post-traumatic stress disorder, and suicide. As disparities in youth violence and exposure to youth violence persist^{iv}, disparities in adverse youth outcomes will be maintained and reinforced. With increasing recognition of the long-standing social factors and conditions that have contributed to structural and systemic inequities driving these disparities in youth violence and other health outcomes, there is a need for an initiative that addresses those structural factors known to be associated with youth violence^v. Thus, this initiative supports multilevel research on youth violence prevention that incorporates strategies addressing structural discrimination and other social determinants of health.

While there is a growing acceptance of the important role of violence intervention research, there have been very few NIH and NIMHD violence-specific initiatives in the past decade, and even fewer focused on youth. Though these initiatives have generated steady interest from a growing research community, their research foci have often either been too narrow or too broad to address the needs of youth exposed to and experiencing violence. A portfolio analysis completed by the NIH OBSSR in 2019 found that of the 842 violence-related RPG applications funded between FY2009-2018, approximately 150 were focused on youth violence prevention, which includes school violence and bullying. More recently, with PAR-21-191, *Firearm Injury and Mortality Prevention Research (R21/R33 Clinical Trial Optional)*/PAR-21-192, *Firearm Injury and Mortality Prevention Research (R01 Clinical Trial Optional)*, only 3 of the 10 awarded firearm prevention projects were focused on youth violence. This pattern is similar to other investigator-initiated project applications. Therefore, a specific solicitation for youth violence is needed to encourage an increased number of youth violence prevention intervention projects that NIH and NIMHD might receive.

Description of Initiative: This initiative will support research to develop and test multilevel youth violence prevention interventions that include strategies which address structural discrimination and other social determinants of health. Interventions will focus on youth populations that experience health disparities between the ages of 10 to 21 years.

Interventions may involve (a) the combination of existing violence prevention and discrimination prevention interventions, (b) the addition of newly developed discrimination prevention elements into existing violence prevention interventions, or (c) the development of new, fully integrated violence/discrimination prevention interventions. Violence prevention intervention targets of interest include but are not limited to the following: firearm injury and related violence; fighting; bullying and cyberbullying; school-based violence; dating violence (including emotional, physical, and sexual violence); family violence; and violent behavior in social service and/or community-based settings.

Discrimination prevention components should address structural discrimination. Discrimination may be related to race and ethnicity and/or other statuses among youth that experience health disparities, such as gender, sexual and gender minority status, disability status, social class, religion, national origin, immigration status, limited English proficiency, or physical characteristics.

Projects are expected to have the following features:

- To use an approach that encompasses multiple domains (e.g., biological, behavioral, sociocultural, environmental, physical environment, or health system) and multiple levels (e.g., individual, interpersonal, community, societal) to address youth violence (see the NIMHD Research Framework at <https://www.nimhd.nih.gov/about/overview/research-framework.html>).
- To involve collaborations from a variety of relevant organizations or groups, including but not limited to academic institutions, health service providers and systems, state and

NIMHD

National Institute on Minority Health
and Health Disparities

local public health agencies, school systems, school-based student or parent associations, community-based organizations, and faith-based organizations.

- To be delivered in any variety of settings, such as schools, hospitals, community organizations, faith-based organizations, or juvenile justice settings.
- Will have potential for sustainability in the intervention setting after the project is over, as well as scalability to be implemented in other settings.



NIMHD

National Institute on Minority Health
and Health Disparities

