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ABSTRACT

Background: Youth are tragically affected by violence. Justice-involved youth are at elevated risk for the effects of violence, as incarceration serves as a risk factor. The objective of this study is to explore the risks and needs of justice-involved youth and identify channels for future hospital-based programming.
Methods: Four weekly focus groups were conducted by a credible messenger at the Douglas County Youth Center with former participants of Dusk 2 Dawn, a youth violence prevention program delivered at the Douglas County Youth Center. Eight participants were prompted with preset interview questions. All focus groups were recorded and transcribed by a professional transcription service. A thematic analysis was performed by 2 independent coders to identify themes using Dedoose software.
Results: The 3 most frequently occurring themes involved topics on protection, identified 40 times; family, identified 36 times; and the challenge of overcoming violence, identified 31 times. These themes often overlapped with one another, demonstrating the complexity of youth violence.
Conclusion: Providing a safe and judgement-free space for the youth to discuss issues of violence was beneficial for 3 reasons: (1) inclusion of youth perspectives allows violence prevention programs to be tailored to specific needs, (2) participants were able to deeply reflect on violence in their own lives and consider steps toward positive change, and (3) open communication encourages trust building and collaborative prevention efforts between the hospital and community.

INTRODUCTION

Youth violence, defined as the intentional use of power or intimidation to harm others by individuals ages 10–24, is one of the leading causes of morbidity and mortality among this age group. Homicide is the third leading cause of death for people ages 10–24 in the United States and the leading cause of death for black youth [1]. These vulnerable populations are frequently seen and cared for by healthcare systems across the country. In 2019, over 660,000 young adults were seen in the emergency department for violent injuries, and over 90,000 were hospitalized [1]. One hospital study discovered a recurrence rate of 44% for young victims of violence and a 5-year mortality rate of 20% [2].

However, young victims of violence with nonfatal injuries are often treated in the hospital and discharged to the same dangerous environments that led to injury in the first place. Many victims are uninsured with significant social and psychological problems [3]. Without insurance or established primary care providers, patients are frequently lost to follow-up [4,5]. Without addressing social and psychological issues, healthcare providers miss opportunities to reduce injury recurrence and provide comprehensive patient care [6,7]. Many urban hospitals attempt to address the problem of youth violence and victim recidivism through hospital-based violence intervention programming [8–10]. Hospitals were not only able to drive down victim recidivism rates, they were also able to significantly reduce the number of arrests and conviction for violent crimes compared to the control group [11,12].

For survivors of violence, health impacts extend far beyond young adulthood [13]. Youth violence is considered an adverse childhood experience (ACE) which is a traumatic event occurring early in life that challenges the sense of safety, stability, and bonding perceived by a child. Previous studies have established a connection between ACEs and adult behavior [14,15]. As the number of ACEs a child experiences increases, the risk of negative health outcomes rises proportionately. Evidence suggests that negative health outcomes are explained by disrupted development and altered function of the nervous, endocrine, and immune systems [16,17]. These physiological changes affect attention, impulse control, and decision making, which can lead to high-risk behaviors and early death. In response, the American Academy of Pediatrics adopted policy declaring youth violence a public health concern that requires physician involvement [18]. Juveniles detained for violent

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offences often report multiple ACEs [19]. In the Office of Children and Family Services in New York, the young violent offenders reported an average of 8.57 traumatic life events [20].

Studies have identified multiple risk factors that increase the likelihood of ACEs. These include mental illness, substance use, socioeconomic disadvantage, access to weapons, parent-child conflict, poor parental modeling, and prior exposure to violence [21,22]. Justice-involved youth are a particularly vulnerable population, as incarceration serves as a risk factor for future violence perpetration or victimization [23]. Studies also point to protective factors that decrease the likelihood of violent behavior, including anger control skills, family connectedness, and parental and peer support [24,25].

Consequently, communities affected by violence are often disproportionately poor and marginalized [26–28]. Most violent events in Omaha, NE, occur in North and South East regions of the city, areas with high proportions of racial minorities and low socioeconomic status [29–31]. In 2019, over 65% of all nonfatal victims of gun violence in Omaha, NE, were African American, despite making up less than 13% of Omaha's total population [32]. These acts of violence perpetuate low economic standing of specific regions by discouraging business and lowering property value, suggesting that comprehensive violence intervention could benefit both victims and communities [33].

Because violence is complex and requires a nuanced understanding of community and personal factors, it is necessary to engage with individuals who live and participate in these communities. However, there are few qualitative publications that provide a space for at-risk teens to share their experiences and perspectives. Qualitative studies allow for a deeper understanding of the complexities of youth violence and challenges for intervention programming. Our study seeks to describe themes from a series of focus groups with teens at the Douglas County Youth Center (DCYC), a juvenile detention facility, that illustrate the sociocultural context in which youth violence occurs in Omaha, NE. Results from this study will be used to inform hospital-based intervention programming within the local community.

METHODS

The present analysis uses the constructivist framework which focuses on experience as socially produced [36]. The constructivist framework is most appropriate given the sociocultural context of violence. Our study seeks to describe themes from a series of focus groups with youth at DCYC to illustrate the sociocultural context in which youth violence occurs in Omaha, NE, and to present these findings in a purposeful way for future avenues of focus and expansion for youth violence prevention programming pertaining to long-term follow-up.

Eight focus group participants received the Dusk 2 Dawn (D2D) program 1week prior to the focus group sessions at DCYC. D2D is a hospital-based violence prevention program established in 2016 in partnership with community-based organizations to change youth attitudes about violence and perceptions of risk and protective factors. A 2.5-hour 1-time class was adapted from The Phoenix Curriculum, an evidence-based anti-gang prevention program established by the New Jersey Juvenile Justice Commission and Temple University's Cradle to Grave hospital-based violence prevention program that has shown efficacy in producing a significant improvement in at-risk youth's beliefs about the use of violence [34]. Detained youth received an adapted version of D2D which included a 12-minute-long video detailing the death of Roberto Gonzalez, a young gunshot victim from South Omaha, from the perspective of his family, emergency responders, and trauma surgeons to open the discussion. The youth spend the remaining 2 hours and 15 minutes discussing risk and protective factors for violence and youth's attitudes about violence with the credible messenger.

Participants were selected from a single unit within DCYC that included individuals within the target age group that had a detention sentence extending throughout the 5weeks needed to complete the study. Informed consent was received from DCYC, and all participants could end participation at any time. A semistructured interview guide was developed by the program team to prompt discussion about general awareness of violence, typical response to violence, and violence risk and protective factors. Discussions were led by a credible messenger, a person with relevant life experience and "social capital" that give them authority to challenge and transform the thinking, attitudes, and behaviors of others. All youth participants were male, between the ages of 12 and 18, and remained anonymous. Weekly 2-hour-long focus groups for 4 consecutive weeks were held with the same youth. Food was provided during each session. Focus groups were audio recorded and transcribed using a professional transcription service. A thematic analysis was performed using Braun and Clarke's 6-phase procedure, as follows:(1) familiarization with data, (2)generating initial codes, (3)searching for themes, (4)reviewing themes, (5)defining and naming themes, and (6)reporting [35]. Two independent coders reviewed and coded the transcripts. Emerging themes were discussed and reviewed throughout the analysis period. Disagreements were discussed, and when they rarely occurred, consensus was reached. Codes, notes, themes, and excerpts were entered and tracked using Dedoose online software version 8.0.35 (2018, California).

RESULTS

Over the course of the 4 weeks, the teens discussed experiences with violence, impacts of violence on their families and communities, protective and risk factors of violence, and the efficacy of violence intervention programs. We identified 10 major themes through these conversations. The most frequently occurring themes involved topics on protection mentioned 40 times, family mentioned 36 times, and the challenge of overcoming violence mentioned 31 times (Table 1). Themes were also evaluated based on how often the teens mentioned these topics each week (Table 2). As trust was earned, the teens were increasingly open, allowing us to identify more themes as the weeks progressed. Lastly, we evaluated the frequency of overlapping themes or themes that were often mentioned together in discussion (Table 3).

Protection. The topic of protection and how it dictates the way the teens behave and interact with their surroundings came up more frequently than any other topic. The participants described violence as an everyday occurrence, from the moment they wake up until returning to bed at night. In the same vein, they addressed the severe lack of protective people and places, both in their communities and in their homes. They each struggled to produce examples of places they would consider safe, before finally settling on the front steps of a police station. However, the participants also laughed at the idea of turning to the police for safety. They insinuated that individuals who do so are not well regarded in their communities.

The teens acknowledged that the absence of parental figures serving as protectors encouraged dangerous behavior:"I just saying human nature is when you have someone protecting you, you don't have to protect yourself, but when you don't have anybody protecting you or you

Table 1
Frequency of themes

Theme	*Frequency*
Protection	40
Family	36
Overcoming violence	31
Avoiding violence	19
Reputation and respect	18
Drugs and money	10
Gun access	7
Dreams	5
Gangs	5
Social media	3

Table 2
Frequency of themes by focus group week

Themes	*Protection*	*Family*	*Overcoming violence*	*Avoiding violence*	*Reputation & respect*	*Drugs & money*	*Guns*	*Dreams*	*Gangs*	*Social media*	*Total*
Week 1	10	9	5	1	5	5	2	–	1	–	38
Week 2	10	12	10	7	5	–	1	1	1	–	47
Week 3	3	8	4	3	6	2	2	1	2	–	31
Week 4	17	7	12	8	2	3	2	3	1	3	58
Total	40	36	31	19	18	10	7	5	5	3	

feel like nobody is protecting you, you are going to take matters in your own hands." In fact, the participants agreed that the only person they could rely on for protection is themselves, often doing so by joining gangs and carrying guns. Each of the 8 participants admitted to feeling safer as a member of a gang and armed with a weapon. However, the teens also agreed that the plentitude of guns is precisely what makes their neighborhoods so unsafe.

This disparity in protection at an early age negatively impacts mental wellness and the ability to communicate effectively. One participant explained that without protection, "you are pretty much out of your mind." The participants agreed that they felt that they would be able to debate with others nonviolently in a safe environment.

Family. Violent behaviors are often learned at an early age. This is done through the observation of family and community members who engage in risky behaviors that predispose individuals to violence. Participants described that although parents with violent histories often want a different life for their kids, constant exposure to this lifestyle made it difficult for the teens to choose an alternative path. Similarly, the teens explained that many parents encourage their kids not to fight "unless someone hits you then you hit them back." Another teen described the lack of support from their parent; "I was trying to do better, they was trying to get me into an independent living program and my mom wouldn't sign the papers so I was mad, you aren't trying to see me do better? Anyway and then she just started yelling me saying that she ain't the reason I'm … and she right but I'm like you led me up to where I am today."

Exposures to violence were apparent even within the confines of these teens' homes. After going around the table, every single participant admitted to experiencing domestic violence at some point in their lives. One participant further explained, "because your family environment is so horrible—there is violence in the house so you're out riding with friends because you don't want to deal with what's going on at home."

Most of the teens expressed difficulty talking with their parents about how these early exposures have influenced the course of their lives. Some participants stated that their families and communities often will not listen to teenagers, explaining that they felt misunderstood by the adults in their lives. One youth explained,"Misunderstanding too. Like misunderstood. I feel like I misunderstood. She would tell you to chill and stop doing what you doing but when you like how? How do I chill?" Others emphasized that it is not worth having conversations about violence with their parents because the decisions they have made are their own. Only 1 of the participants mentioned that he has talked about these issues with his mother in the past.

Challenge of Overcoming Violence. The combination of the 2 themes above, lack of protection and family influence, makes it exceedingly difficult for teens to overcome violence. Many of the participants come from families who have been involved with gangs and violent lifestyles for generations upon generations, and participants feel a deep sense of loyalty toward these family and community members. The teens explained that the disagreements between rival groups also extend beyond generations and are unlikely to be resolved peacefully. None of the participants could envision themselves conversing with their adversaries, shaking hands, and moving on. They explained that what has happened between these groups can only be met with violence and that "death is the goal." They feel like they neither can forgive nor be forgiven.

In general, the participants struggled imagining a life outside of violence. They explained that it feels impossible to break the cycle especially without moving away from their communities. One participant talked about his mother who tried to escape violence and lead a better life, but she eventually was unsuccessful and gave into his father who was still engaging in violent activities. Another participant explained that to change one's environment is to leave everything and everyone they knew behind. Many teens agreed with that statement and expressed feelings of comfort with violence. These participants admitted that they felt that violence was addictive and were unwilling to work toward change.

Building a Violence Intervention Program. When asked for feedback on D2D, the teens agreed that the most appealing aspect of the program was having the opportunity to discuss issues of violence. Specifically, they enjoyed hearing different perspectives and experiences from their peers and the speakers. One teen explained that the program changed his own perspective of violence after discussions of specific situations that lead to violent events. They agreed that the class was appropriate for a broad audience with different exposures to violence. However, some participants felt that the program and focus groups would be more impactful for younger participants, as young as 7 years old being suggested, with fewer risk factors.

Table 3
Cross-coded themes

Themes	*Protection*	*Family*	*Overcomingviolence*	*Avoidingviolence*	*Reputation & respect*	*Drugs & money*	*Guns*	*Dreams*	*Gangs*	*Total*
Protection		15	13	7	5	4	4	2	3	54
Family	15		12	10	9	4	5	2	3	60
Overcoming violence	13	12		7	2	3	2	2	3	44
Avoiding violence	7	10	7		4	3	2	2	–	35
Reputation & respect	5	9	2	4		2	2	2	2	25
Drugs & money	4	4	3	3	2		2	–	1	19
Guns	4	5	2	2	2	2		–	1	18
Dreams	2	2	2	2	2	–	–		–	11
Gangs	3	3	3	–	2	1	1	–		13
Total	54	60	44	35	25	19	18	11	13	

The teens agreed that including real stories of violence in the course was necessary. However, they also felt that D2D needed a different story or multiple stories. Some participants thought that stories of children or other innocent bystanders falling victim to violence would be most impactful. Others stated that stories of violence involving teens in similar situations to the program's participants would be most beneficial.

Other suggestions for future programing included hands-on, small-group activities. Although there was talk of activities about navigating through conversations about violence with family and friends, the teens never specifically endorsed these ideas. However, they did agree that getting connected to community resources or mentors could be helpful.

The teens admitted that they would not voluntarily participate in a D2D follow-up course outside of the detention center because it reminded them too much of school. They explained that they kept coming to the focus group sessions because of the good conversations and boredom. However, some teens also mentioned that they would willingly participate if the 2 individuals leading the focus groups were also running the supplemental course. One participant suggested that offering money would incentivize other members of their community to participate in similar events. However, the teens agreed that to achieve community buy-in, the individuals running the program would need to build a relationship with their audience beforehand.

DISCUSSION

Providing a safe and judgement-free space for the youth to discuss issues of violence was beneficial for 3 reasons: (1) inclusion of youth perspectives allows violence prevention programs to be tailored to specific needs, (2) participants were able to deeply reflect on violence in their own lives and consider steps toward positive change, and (3) open communication encourages trust building and collaborative prevention efforts between the hospital and community. These lessons, coupled with intensive case management, will best address the needs identified in this analysis.

Our study attempts to describe specific needs for the young participants at DCYC by identifying frequently occurring topics that were discussed over the course of the 4 weeks. The identified themes often overlapped with one another, illustrating the immense complexity of youth violence. Each participant was encouraged to share their stories and honest perspectives. Although the teens consistently took ownership of their own violent actions, they were able to reflect upon events in their childhood that lead up to detainment at DCYC. The participants frequently discussed failures in providing at-risk children with safe environments that are easily identifiable and accessible within their communities. This disparity in protective people and places was agreed to be a major contributing factor for why youth engage in violence. The credible messengers running the focus groups highlighted the positive changes they have seen in the participants during their time in DCYC. However, imagining effective solutions proved to be difficult for these teens. Some teens expressed interest in mentorship or learning about resources within their communities. Opportunities to escape violence by pursuing dreams, attending trade schools, or using their experiences to help the next generation of at-risk youth were discussed at length.

Future hospital-based violence prevention programing will require aggressive community engagement to develop trusting relationships with the young individuals most impacted by the effects of violence. D2D attempts to address issues of youth violence by connecting hospitals with community organizations, such as the Boys and Girls Club or DCYC, that allow at-risk youth to meet with trauma surgeons, experience the trauma bay, and expand their understanding of the physical and emotional impacts of violence. In a previous study, 50% of the nearly 800 surveyed D2D participants requested for time to talk again [37]. Therefore, the detained teens in this study were asked to develop their ideal follow-up program to D2D. However, successful outreach targeting individuals who are not already a part of existing systems is exceedingly difficult. The teens in our study recognized a gap between withdrawal from after-school programs, which were no longer successful in keeping youth off the streets and out of unstable households, and detention within juvenile correctional facilities. Many hospitals nationwide have attempted to fill this gap by capitalizing on encounters with victims of violence in trauma centers. In fact, multiple studies have shown that these hospital-based programs designed to provide timely resources and individualized case management for victims of violence can reduce victim recidivism [11,12]. Future studies evaluating perception of violence and hospital care needs from the perspective of current or recent hospitalized victims of violence will be needed prior to developing similar programs.

There are inherent disadvantages with focus group–based research. Groupthink biases can influence participants to respond to questions differently than they would have if interviewed one-on-one. This is especially true at the DCYC, as the unit we spoke to appeared to have a clear social hierarchy which may have prevented some teens from speaking freely or sharing their opinions at all. There are also observer-dependent biases, such as acquiescence bias or the tendency to agree with the individuals running the focus group. Lastly, the small sample size limits our ability to apply the present findings to other populations.

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Author contributions

Keely Reidelberger: Investigation, Formal analysis, Writing – original draft.**Ashley Raposo-Hadley:** Data curation, Formal analysis. **Jermaine Greenaway:** Investigation.**Ashley Farrens**: Conceptualization, Project administration.**Jennifer Burt:** Conceptualization, Supervision.**Lindsey Wylie:** Writing – review & editing.**Gaylene Armstrong:** Writing – review & editing.**Mark Foxall:** Writing – review & editing. **Zachary Bauman:** Supervision.**Charity Evans**: Conceptualization, Supervision,

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