

A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism among Juveniles

The Trauma and Community Resilience Center (TCRC) at Boston Children's Hospital is building an integrated prevention framework that supports a comprehensive, multi-layered approach to preventing radicalization to targeted violence and terrorism (TVT) among juveniles. With support from the Department of Homeland Security CP3, the TCRC is implementing two complementary projects that collectively address primary, secondary and tertiary prevention and intervention.

Primary prevention of youth violence is addressed through an Inter-ethnic Youth Advisory Board (I-YAB) that offers an opportunity to enhance *individual* resilience to TVT through civic engagement and leadership skills training, as well as *community* resilience to TVT through supporting youth-led events focused on violence prevention. Our 12-member I-YAB consists of high school students from diverse backgrounds and meets on a monthly basis. Operating under a Positive Youth Development framework, I-YAB activities seek to amplify youth assets and foster the '5 C's' of competence, confidence, character, connection, and caring. These assets lead to the 6th C of enhanced *contribution*, e.g., civic engagement. Each meeting consists of cohesion building exercises, leadership training, TVT prevention education, and a facilitated discussion of TVT program operations and evaluation. I-YAB members actively generate ideas about activities, projects or events that they believe could enhance cohesion and social capital, and reduce risk for TVT in their broader communities.

Our Secondary and Tertiary prevention and Intervention Projects are delivered through the Massachusetts Area Prevention team (MAP), an multidisciplinary psychosocial services team with the capacity to provide effective, coordinated, community-based supportive services to youth who are both at-risk for, or requiring rehabilitation for, a TVT-related crime. The MAP team accepts referrals from the MassBay Threat Assessment team for youth (< age 18) at-risk for TVT. The MAP team conducts a psychosocial assessment, and then develops a Services Team Plan through identification of a range of supportive services from across the social ecology that address key psychosocial and mental health needs of the youth (e.g., educational support, mental health care, employment skills training, spiritual mentorship, leadership/civic engagement opportunities, family supports). The MAP team then coordinates this engagement through 'warm handoffs' (facilitated referrals) to community providers, and maintains an ongoing relationship with the youth and family to ensure that the services are appropriate, effective, and meeting the families' needs. The MAP team further works to build capacity of the identified service providers to better serve these youth through providing additional support, training and consultation related to specific cultural, religious, social or violence-prevention needs of the youth.

Case Example: A youth came to the attention of the Boston area FBI due to contact with ISIS recruiters and evidence of travel preparations. Following a search of the youth's house, FBI agents referred the family to the MAP team. The family was highly suspicious of any authority, and initially refused services. A MAP social worker made contact with the family and engaged them in discussions about the family's most immediate pressing concern, that the youth was not allowed to return to school. Over a period of months the social worker retained contact with the family, building trust. Recently the family voluntarily consented to enroll in the MAP program and the social worker has begun working with both the family and school to develop a plan for ensuring both school safety and enrolling the child in an appropriate structured school program. With support from the MAP program, the youth will have moved from being alone, unsupervised, and spending his days in contact with recruiters online to re-engaging in school, a critical protective experience.

Project director and contact: B. Heidi Ellis, PhD. (Heidi.ellis@childrens.harvard.edu)