“A community health social change program: the Harlem Mothers Stop Another Violent End (SAVE)”

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A community health social change program: the Harlem Mothers Stop Another Violent End (SAVE)

Abstract

To thwart the epidemic of violence affecting young people today, it is imperative that legislators in the United States make changes and develop social change programs to reduce youth gun violence. The purpose of this article is to examine the incidence of firearms violence among youth in the United States. The use of Donabedian's model as the conceptual framework contributed to an examination into the performance of the Harlem Mothers Stop Another Violent End (SAVE) organization. The authors explored the program's mission, structural capacity, process, and outcomes. The findings revealed the multifaceted components of youth violence, the difficult challenges of halting the epidemic, and the cohesive alliances and various developments undertaken by the organization to stop youth violence.

Keywords: firearms, youth violence, intimate partner violence (IPV), Donabedian model, Harlem Mothers SAVE, social changes.
JEL Classification: I1, I2, I3.

Introduction

According to the Centers for Disease Control and Prevention (CDC), youth violence is widespread in the United States and is the second leading cause of death of young people between the ages of 10 and 24 (CDC, 2008a). In 2008, the CDC reported that 5,686 young people between 10 and 24 years old were murdered in the United States by firearms, which was an average of 16 murders per day. Among the 5,686 young people, 86% (4,901) were male and 14% (785) were female. The CDC (2008b) also reported on another phenomenon called intimate partner violence (IPV) and "estimated that 1,200 deaths and 2 million injuries among women and nearly 600,000 injuries to men" (para. 1) occur each year because of IPV. Both women and men are between 18 and 24 years old. The CDC (2008b) dscribed IPV as threatened, attempted, or accomplished physical or sexual violence or emotional abuse by a current or former intimate partner. A spouse or an ex-spouse, a current or former boyfriend or girlfriend, or a dating partner can commit IPV. IPV is important because teens are being victimized by their partners and this abuse has led to youth violence. Youth violence has become a major societal, criminal, and public health problem in the United States. To thwart the epidemic of violence affecting young people, it is imperative that legislators in the United States make changes to reduce youth violence and IPV and develop programs within communities to halt youth victimization.

This article includes an examination into the incidence of firearms violence among youth in the United States. The authors explore the mission, structural capacity, process, and outcomes of the Harlem Mothers Stop Another Violent End (SAVE) program, a not-for-profit community-based organization working to end violence among children in Harlem, specifically focusing on firearms-based violence. The Harlem Mothers SAVE program is used as an example of what is going on in the United States. The Harlem Mothers SAVE organization works to stop youth violence in Harlem, New York, by working with community leaders and legislators to identify and address factors that cause youth violence and to implement policies and laws to build communities with lower rates of deaths caused by firearms.

According to the U.S. Department of Health and Human Services (2001) and Cook and Laub (2001), researchers have explored many different patterns and trends concerning youth violence. Many researchers have offered an analytical view to determine whether youth crimes are increasing or decreasing. Other researchers focused on whether or not a youth violence epidemic is occurring (Burfeind & Bartusch, 2005; Mines, 2003). In contrast, some scholars concentrated on various factors that might contribute to youth violence, including personal traits, ineffective families, substance abuse, human instincts, regional values, cultural values, gangs, and firearm availability (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Siegel, 2004; Williams, Rivera, Neighbours, & Reznik, 2007).

Although the category of violent crime can include such acts as, murder, nonnegligent manslaughter,

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forcible rape, robbery, and aggravated assault, this study focuses on youth violence and uses the definition provided by the World Health Organization. The World Health Organization (2005) defined violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation. The definition encompasses interpersonal violence as well as suicidal behavior and armed conflict. It also covers a wide range of acts, going beyond physical acts to include threats and intimidation. Besides death and injury, the definition also includes the myriad and often less obvious consequences of violent behavior such as psychological harm, deprivation and maldevelopment that compromise the well-being of individuals, families and communities. (p. 3)

1. Conceptual framework

The basis for the conceptual framework was Donabedian's 1966 framework of the structure, process, and outcome of quality assessment, which has been used to evaluate programs and much more. Donabedian's perspective was linear, and his philosophy held that if structures have an effect on processes, both structures and processes will affect outcomes (Donabedian, 1966). The Harlem Mothers SAVE organization have worked to build a strong foundation by following their mission, collaborating with others, and strategizing to implement processes to assist in positive outcomes. Although Donabedian primarily designed the model to evaluate and compare the quality of medical care, other researchers have used it to explore many more elements, such as introducing and evaluating programs. Researchers have used the model to guide many studies concerned with exploring quality medical care services (Lang, 2003), discussing and organizing patient safety (Battles & Lilford, 2003), and addressing the efficacy of protocol and policies (Campbell, 2008).

The study involves using Donabedian's framework of structure, process, and outcome to introduce the performance of the Harlem Mothers SAVE organization. Using the framework, explored the mission's structural capacity by asking if the mission fully addresses the organization's goal of reducing youth violence and if the mission includes interactive elements that would help accomplish the organization's purpose. The framework was used to explore the program's process element by reviewing some of the current practices in place to help members make meaningful changes within their communities to reduce youth violence. In addition, the conceptual model was used to review the program's outcome by looking at the end results of some of its triumphant accomplishments.

2. Social change community program

2.1. Social change. People in the United States battle poverty, homelessness, social injustice, discrimination, racial and ethnic health disparities, youth violence, domestic violence, deteriorating communities, and many other problems. People and organizations are working to change the status of youth violence, but it is difficult to solve the nation's most poignant problems. Although making positive changes might be difficult, it is imperative that individuals work to effect change for the betterment of society. The Harlem Mothers SAVE organization is working toward positive social change by helping to eliminate youth violence.

2.2. Harlem Mothers SAVE structure. In November 2006, Jean Corbett-Parker and Jackie Rowe-Adams formed Harlem Mothers SAVE. Both Corbett-Parker and Rowe-Adams experienced firsthand the devastating effects of youth violence. When their own children were murdered with guns, Corbett-Parker and Rowe-Adams decided to channel constructively their anger and hurt by working to stop child victimization and to prevent other mothers from experiencing their pain. Corbett-Parker and Rowe-Adams collaborated at a community level to stop youth violence in Harlem by working with other organizations, governmental officials, and task forces to review data, speak at schools, and establish youth violence prevention programs. Corbett-Parker and Rowe-Adams reported, "In 2006, 41 people were killed in the three police precincts that cover this section of New York, a shocking statistic that is more than double the 19 killed there in 2005" (Harlem Mothers SAVE, n.d., para. 1). Because of the devastating statistics and their own personal experiences, the women were driven to change the status quo and began working to educate individuals about gun violence while advocating for more aggressive laws that would help keep guns out of their neighborhoods. Corbett-Parker and Rowe-Adams work on projects that will help stop youth violence. Since 2006, the organization has been involved in several projects that resulted in establishing youth educational programs, speaking at schools, and lobbying for antiviolence laws.

2.3. Mission. The mission of the Harlem Mothers SAVE organization is to prolong the lives of Harlem's youth by preventing youth violence and addressing the social causes and costs of gun violence. The organization divides its efforts into three main areas: activism, education, and victim services.

Members in the activism area work to prevent the interstate transportation and illegal sale of guns in Harlem and also seek the enactment of stricter local, state, and national legislation to limit the availability of guns on city streets. Members in the education area work to encourage peaceful methods of conflict resolution among Harlem youth, and members in victim services offer support, resources, and counsel to bereaved parents and loved ones who have lost family members to gun violence. The organization also works assiduously with government officials and leaders to implement policies that will attenuate gun accessibility in Harlem.

2.4. Process. Members of the Harlem Mothers SAVE organization know they must collaborate fervently with partners, politicians, and governmental officials to stop youth violence. Members must also strategize and plan to reach as many people as possible given the available resources. The SAVE members have various roles and responsibilities to help educate others about youth violence. The work ranges from simple activities such as organizing community events that provide children with a positive and safe environment and giving educational materials to the community to collaborating with legal officials to shut down corrupt gun dealers. The organization delivers public service announcements addressing the urgent need to stop illegal gun trafficking.

2.5. Outcomes and data. One of the Harlem Mothers SAVE organization's most important accomplishments was its work with the New York State Assembly (2008) in passing several antigun bills. The organization has advocated and helped develop the following bills: A76, the Children's Weapon Accident Prevention Act, which requires mandatory storage of guns; A2772, which bans .50 caliber firearms; A829, which requires that firearms be childproofed; A2868, which amends the definition of a disguised gun to include any rifle, pistol, shotgun, or machine-gun that resembles a toy gun; A3447, which bans frangible ammunition; A3451, which expands the ballistic imaging program; A7331, which expands the ban on assault weapons; A8700, which establishes a federal firearms disqualifying information registry; and A9819, which amends penal law to require that all semiautomatic pistols manufactured or delivered to any licensed dealer in the state of New York be capable of microstamping ammunition.

Other SAVE tasks include collaborating with different organizations such as Safe Horizon, the New York City Minister Society, and the New York City Department of Parks & Recreation that are working to stop youth violence. The organizations offer resources to young people who are victims of violence and abuse and provide resources and services to individuals who have lost loved ones to gun violence. Other collaborating efforts include SAVE members' work with Assemblyman Keith L.T. Wright and New York City District Attorney Robert Morgenstern, who both work diligently to stop youth violence by lobbying for antiviolence laws.

Merrit (2006) reported, "Kids as young as 9 years old are able to obtain guns in bodegas" (p. 3). Both Wright and the Harlem Mothers SAVE organization have worked with law enforcement officials to investigate and close bodegas that continue to sell guns to children. Corbett-Parker and Rowe-Adams understand that their continued work with state legislation is of paramount importance to reducing gun violence. In 2008, Corbett-Parker was elected in the state of New York to the Grand Council of Guardians. Her new position will afford her the opportunity to work closely with statewide officials, community leaders, and many others to help end violence in Harlem.

The Harlem Mothers SAVE organization continues to educate children regarding youth violence at various community events, to speak at academic educational sessions, and to provide assistance to victims. Organization members have conducted more than 40 antiviolence workshops with local schools and community groups. The members use grassroots practices to find out where illegal guns are sold and have established surveillance programs for individuals to report illegal weapon sales at Harlem bodegas. Merrit (2006) stated members have reported five bodegas to the police enforcement unit for further investigations. Officer Marq Claxton, who is a retired veteran from the New York Police Department, commended the Harlem Mothers SAVE organization, their community work, and their efforts to stop youth violence in their neighborhood (Bulliet, 2006). In addition, the organization supports governmental gun buyback programs so individuals can surrender their firearms. The significance behind the buyback programs is that individuals can turn in their weapons to reduce gun-related violence. In 2008, a buyback program was held in Harlem and some churches had the highest return rate for guns surrendered in a single day. The Harlem gun buyback program collected 744 weapons in 1 day (Ross, 2008).

Future ventures for the organization include working closer with faith-based organizations and offering stipends to churches that establish antiviolence programs, developing support groups for victims, and continuing their work with the Brady Center to pre-

vent gun violence. Another salient area of interest for SAVE involves maintaining its high profile, continuing to build cohesive relationships with schools in Harlem to support violence prevention curriculums, working collaboratively with schools to teach about victimization and gun violence prevention, and establishing support programs. Members of SAVE aim to continue the course set by its founders, which is to ensure that youth in the United States are safe from gun violence.

3. Scope of the problem

Since the late 1950s, research has indicated youth violence has increased, followed by decreases, followed by increases again, in an almost cyclical pattern (Cook & Laub, 2001). Nevertheless, although youth violence fluctuates, the death of one child is one death too many. Persistent work is necessary to slow and eventually stop youth violence. Many individuals have concentrated on specific elements of the youth violence epidemic (Anderson, 1994; Ginsburg, 1998; Miller & Cohen, 1996; Mines, 2003; Williams et al., 2007). Singh, Kochanek, and MacDorman (1994) reported firearms were responsible for over 38,500 deaths per year in the United States**.** Miller and Cohen focused on the enormous cost of firearm injuries and estimated that the direct cost of health-care expenditures, such as medical care, treatment, rehabilitation of injured patients, and emergency services, was $3 billion in 1992. Ginsburg reported the direct health-care cost for firearms-related injures "can be staggering — an estimated $1.4 billion to $4.0 billion annually in direct medical costs and $19 billion annually in indirect costs, such as lost future earnings" (p. 237). Ginsburg also asserted many of the costs "are reflected in premiums for private health insurance, are often borne by taxpayers through Medicaid, and are often unreimbursed to public and nonprofit hospitals" (p. 237).

Conversely, Anderson (1994) explored the concept of behavioral and environmental factors as they relate to violent victimization from firearms. Anderson explained that some young people who reside in higher risk neighborhoods classified as disadvantaged/underserved communities learn to adapt to their environment and become accustomed to the "code of the streets" (p. 80) that demands they always be prepared to survive any scenario. Individuals who live in higher risk neighborhoods may have an increased risk of youth violence (Swisher & Latzman, 2008; U.S. Department of Health and Human Services, 2001).

Another important element of understanding youth violence includes analyzing factual data. An examination of recent reports indicated the different facts of youth victimization. In recent years, the CDC has released comprehensive, factual reports regarding youth violence in the United States. The reports addressed youth violence by introducing detailed aggregated statistics regarding the health disparities of youth violence, nonfatal injuries due to violence, violence-related behaviors, and school violence related to youth violence.

The CDC reports were comprehensive. The CDC reported that in 2005, the leading cause of death for 10- to 24-year-old African American males was homicide, with 58.3 deaths per 100, 000 (CDC, 2008a). For Hispanics and Asian/Pacific Islander males in the same age group, homicide was the second leading cause of death, and for American Indians and Alaska Natives in the same age group, homicide was the third leading cause of death (CDC, 2008a).

In regard to nonfatal injuries due to violence, CDC (2008a) indicated "In 2006, more than 720,000 young people aged 10 to 24 were treated in emergency departments for injuries sustained from violence" (para. 7). Most of the sustained injuries to 10- to 24-year-olds were due to fighting (CDC, 2008a). In 2007, 35.5% of youth in Grades 9-12 were engaged in a physical altercation, and 18% admitted to carrying a weapon (Eaton et al., 2008). More males carried weapons, especially guns, than did females (Eaton et al.).

Much violence occurs while youth are at school. When examining male and female youth in 2007 in Grades 9-12, 12.4% admitted to fighting at school (Eaton et al., 2008). More than 25% of students had property damaged or stolen. Some students did not feel that their school was safe; therefore, they stayed home some days. When students attended school, 5.9% carried a weapon (Eaton et al.). Lastly, 7.8% of the students surveyed reported being threatened or injured while at school (Eaton et al).

Youth violence takes an enormous emotional toll on the victims, their families, and their friends. Youth violence causes economic hardship for some and presents lasting deleterious effects on others. The causes of youth violence stem from an array of different components (i.e., violent confrontations, bullying, victimization, or environmental factors). Nevertheless, understanding the causes of youth violence does not make the death of a young victim easier for families to endure.

4. Youth violence in Harlem

A report from the New York City Youth Risk Behavior Survey titled, *Teen Safety in New York City*,

revealed startling statistics on the effects of youth violence (Olson, Stayton, Huynh, Van Wye, & Kerker, 2007). The basis of the report was the 2005 New York City Youth Risk Behavior Survey data. The report data are presented according to survey protocols developed by the CDC and represent Harlem as well as other boroughs throughout the city.

Although New York City crime reports attest that teen assaults and weapons use on school property have declined, teens still reported that both issues are very much a problem in Harlem and throughout the city (Olson et al., 2007). Pertinent data were produced from the survey that introduced the severity of the situation; for instance, (a) 1 in 15 teens reported carrying a weapon to school in the past month, (b) 14% of youths surveyed have been in a physical fight at school (mostly boys), and (c) 1 in 12 teens reported being threatened or injured with a weapon at school.

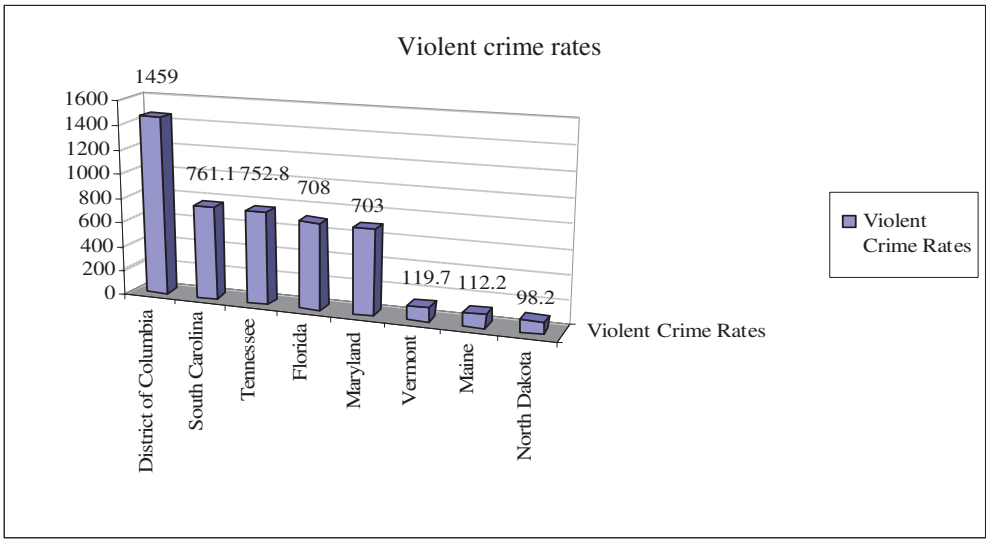
School absenteeism resulting from safety issues either on the way to school or while at school is also an issue that Harlem and other New York City borough teens revealed as one of their daily concerns (Olson et al., 2007). When surveyed, teens who said they carried a weapon to school indicated that they did not feel safe more frequently than did teens who said they did not carry a weapon to school. The number of youths reporting that they carried a weapon to school in the past month was 19,000 (7%), and 1 in 4 of those same teens (24%) also reported that they skipped school because they felt unsafe either going to school or being at school. Only 1 in 12 teens who reported not carrying a weapon in the past month said that they missed school because of not feeling safe. The New York City survey also showed how youth violence impacts children by addressing three salient findings: (a) approximately 9% of New York City youth miss school because they feel unsafe, which has remained constant since 1997; (b) White boys reported feeling safer than African Americans, Hispanics, and Asian youth; and (c) African American girls reported feeling unsafe and missing school because of violence more than African American boys.

Substance abuse related to youth violence was another essential item in the study (Olson et al., 2007). The survey information revealed that students who carry a weapon to school were more than twice as likely to participate in binge drinking; and weapons-carrying youth were six times more likely to use illegal drugs. The survey also revealed a correlation between youth who carry weapons and incidence of suicide. The survey data indicate senseless victimization is almost always associated with other violent experiences or behaviors. The data presented in the 2005 New York City youth survey are evidence that youth in Harlem, as well as throughout New York City, are very likely to experience violence during their school years.

5. Violence rates in the United States

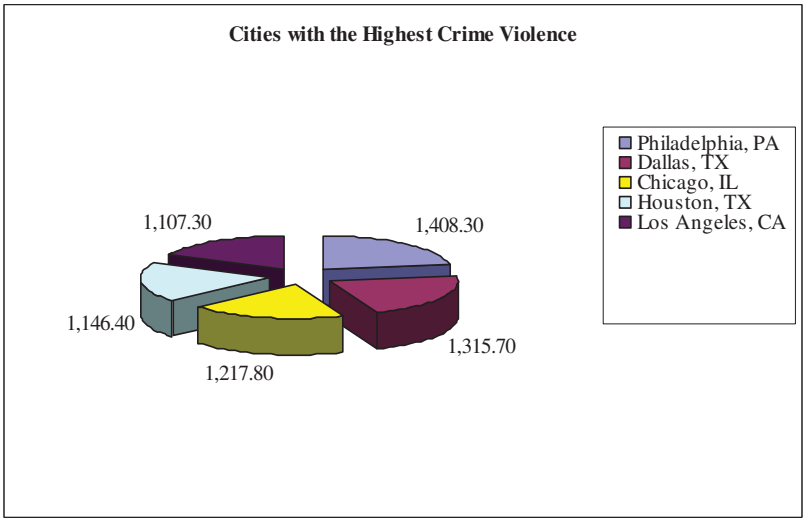
According to the World Health Organization (2005), "Each year, 1.6 million people worldwide lose their lives to violence" (p. 2). In 2005, according to the U.S. Department of Justice, 1,390,695 individuals in the United States were victims of violent crimes, with a national crime rate average of 469.2/100,000. In 2004, the total was 1,360,088, and in 2003, the rate was consistent with the previous year's, with a total of 1,383,676.

To determine how violence in America affects victims and their families, data were extrapolated from the U.S. Department of Justice's database and a list was compiled of the states with the highest violent crime rates. Figure 1 reveals the violent crime rates for the five most violent states compared to three states with the lowest violent crime rates. In 2005, the District of Columbia had 1,459/100,000 violent crimes, South Carolina had 761.1/100,000, Tennessee had 752.8/100,000, Florida had 708/100,000, and Maryland had 703/100,000. The rate of violent crime in the District of Columbia was three times higher than the national average. In contrast, the state with the lowest violent crime rate was North Dakota, at 98.2/100,000. Figure 2 contains violent crime rates as reported by cities with the highest incidence of crime. Philadelphia leads with the highest crime rates at 1,408.30/100,000, followed by Dallas with a rate of 1,315.70/100,000.



Source: Data from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (2005).

Fig. 1. U.S. states with the highest rates of violent crime compared to the states with the lowest rates of violent crime (crime rate per 100,000 populations).



Source: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics (2005).

Fig. 2. American cities with the highest crime violence (number of crimes per 100,000 persons).

The *Morbidity and Mortality Weekly Report* ("Deaths Resulting from Firearm and Motor-Vehicle-Related Injuries", 1994) compares trends and patterns of mortality resulting from firearms, motor vehicles, and other causes of death in the United States and indicated that firearms-related deaths would become the leading cause of injury-caused deaths by 2003. The prediction was accurate and many organizations, such as the National Institutes of Health and the CDC used the information to establish preventive programs and to enact laws to decrease the incidence of violent crimes using firearms. Nevertheless, violent crimes continue to prevail, and the numbers have surpassed those of motor-vehicle-related deaths. As a result, much more work is necessary to attenuate criminal victimizations. Hemenway (1993) noted, "The United States has more guns in civilian hands than any other industrialized nation. We have far more guns per capita, and a gun is easily obtainable by virtually anyone who wants one" (p. 224).

6. Youth violence epidemic

The studies and supporting literature of the 1980s and 1990s indicate that violent crime perpetrated by youths with guns reveals an epidemic. From 1985 through 1994, the number of firearms-related deaths by teens aged 14-17 increased 172% (U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, 2005). In relation to gunshot

wounds, Ash, Kellermann, Fuqua-Whitley, and Johnson (1996) reported more U.S. teenagers die from complications after gunshots than from all natural causes combined. "In Oregon, firearms were used most often in fatal suicide attempts, and most attempts involving firearms were fatal. Nationally, 81% of the increase in suicide among persons aged 15-19 years during 1980-1992 was related to use of firearms" ("Suicide Among Children," 1995, para. 14). The U.S. Department of Health and Human Services (2001) indicated there is a youth violence epidemic. The report makes it difficult to ignore statistics and the high incidence of youth violence.

Recently, a young man in Colorado opened fire on parishioners in his church, killing two and wounding many others. The shooter was finally killed by a church security guard (Cable News Network, 2007). A teen sniper opened fire at a busy Omaha, Nebraska, mall, killing at least eight people, wounding at least five others, and then finally killing himself (Lavigne & Gomez, 2007). In April 2007, the deadliest shooting rampage in recorded U.S. history occurred when one young man killed 33 students at Virginia Tech (Jones, 2007).

In an American exposé titled, *Murder Is No Accident: Understanding and Preventing Youth Violence in America*, Prothrow-Stith and Spivak (2004) recounted their personal experiences in the early 1980s, when they began studying youth violence and its prevalence in the United States. Prothrow-Stith and Spivak revealed how the first phase of youth violence in the United States seemed confined to urban altercations between individuals. As youth-on-youth violence increased, the second phase of urban violence involving gangs began to emerge. Eventually, the current pattern began to arise, which affected not just cities but the entire country, and outcast individuals began to take out their hostilities on those they perceived to have wronged them. The effects of youth violence are grave, and the prevalence of violence has caused its glorification among some youth, encouraging them to commit violent acts for entertainment value (Prothrow-Stith & Spivak, 2004).

7. Recommendations

Many individuals and organizations are working to reduce youth violence by advocating for social change at a community level, working with the legislation to develop policies that will regulate every level of guns, and building the social capacity to help institutions develop programs that educate others about youth violence. Corbett-Parker and Rowe-Adams are optimistic that the United States can stop youth violence by incorporating several major elements of change.

Although a lot of work will be involved, the crusade to stop youth violence must begin with the following elements. First, educators should intervene with students at an early age to address issues of youth violence (Cohen & Potter, 1999). Providing youth with pedagogical knowledge, skills, and tools before they begin to exhibit signs of violence will help students prepare for the difficult situations that may lie ahead. Second, government officials should lobby for programs that provide support and guidance to youths within the juvenile justice system and develop more programs to steer offenders away from crime. Third, academic leaders should advocate for mandated youth violence educational programs, mentoring programs, and antibullying programs in every school (Knox, 2001; Olweus, 1993). Federal funding is necessary for such programs to be incorporated into U.S. schools. Children also need school programs such as sports and clubs to divert their energy toward positive outcomes. Fourth, grassroots leaders should develop programs that educate parents about the early indicators of youth violence and that provide parents with the tools, resources, and education necessary to help them spot early signs of negative behavior. Parents are an important means for ending youth violence; therefore, it is essential that parents are taught to recognize violent behaviors and are able to teach their children problem-solving skills. Fifth, educators should establish aggressive nonviolent community programs in schools so that young people see nonviolence as something to be desired in their community. Sixth, community leaders should solicit community members to become actively involved in reducing violence in their communities. Seventh, people in the United States must implore community and grassroots leaders, leaders of faith based-organizations, and leaders in schools systems to participate in antiviolence programs, workshops, and rallies (U.S. Department of Health and Human Services, 2001). Finally, governmental officials must call for stricter gun control legislation laws that regulate every type of gun.

Conclusion

The Harlem Mothers SAVE organization was developed to stop youth violence in Harlem. While the organization faces many challenges in its efforts to advocate for social change, SAVE members continue to work toward their goal to end youth violence. The member' fierce determination has been the instrumental piece that guides the organization. Despite the seemingly impossible goal to end youth violence, members of the Harlem Mothers SAVE organization remain resilient in their crusade.

References

1. Anderson, E. (1994, May). The code of the streets: How the inner-city environment fosters a need for self-respect and self-image based on violence. *The Atlantic Monthly,* 80-94.
2. Ash, P., Kellermann, D., Fuqua-Whitley, D., & Johnson, A. (1996). Gun acquisition and use by juvenile offenders. *Journal of the American Medical Association, 275* (22), 1754-1758.
3. Battles, J.B., & Lilford, R.J. (2003). Organizing patient safety research to identify risks and hazards. *Quality and Safety in Health Care*, *12* (2), 2-7.
4. Bulliet, M. (2006, November 19). Moms a secret weapon vs. guns. *New York Post*. Retreived from http://www.nypost.com/seven/11192006/news/regionalnews/moms_a_secret_weapon_vs__guns_regionalnews_mark_bulliet.htm
5. Burfeind, J.W., & Bartusch, D.J. (2005). *Juvenile delinquency: An integrated approach*. Sudbury, MA: Jones & Bartlett.
6. Cable News Network (2007, December 10). *Security guard who stopped shooter credits God.* Retrieved from http://www.cnn.com/2007/US/12/10/colorado.shootings/
7. Campbell, J. (2008). The effect of nurse champions on compliance with keystone intensive care unit sepsis-screening protocol. *Critical Care Nursing Quarterly*, *31* (3), 251-269.
8. Centers for Disease Control and Prevention. (2008a). *Youth violence*. Retrieved April 6, 2009, from http://www.cdc.gov/ncipc/dvp/YV_DataSheet.pdf
9. Centers for Disease Control and Prevention. (2008b). *Web-based injury statistics query and reporting system (WISQARS)*. (2005). Retrieved March 2, 2009, from http://www.cdc.gov/ncipc/wisqars/default.htm
10. Cohen, L. & Potter, L. (1999). Injuries and violence: Risk factors and opportunities for prevention during adolescence. *Adolescent Medicine, 10* (1), 125-135.
11. Cook, P.J., & Laub, J.H. (2001, October). *After the epidemic: Recent trends in youth violence in the United States* (NBER Working Paper No. W8571). Retrieved from http://ssrn.com/abstract=288484
12. Deaths resulting from firearm- and motor-vehicle-related injuries — United States, 1968-1991. (1994). *Morbidity and Mortality Weekly Report, 43*(3), 37-42.
13. Donabedian, A. (1966). Evaluating the quality of medical care. *The Milbank Memorial Fund Quarterly, 44* (3), 166-203.
14. Eaton, D.K., Kann, L., Kinchen, S., Shanklin, S., Ross, J., Hawkins, J., et al. (2008). Youth risk behavior surveillance — United States, 2007. *Morbidity and Mortality Weekly Report, 57* (4), 1-131.
15. Ginsburg, J. (1998). Firearm injury prevention (Position paper). *Annals of Internal Medicine*, *128* (3), 236-241.
16. Harlem Mothers Stop Another Violent End. (n.d.). *Harlem Mothers SAVE*. Retrieved June 15, 2007, from http://www.harlemmothersSAVEcom/index.html
17. Hemenway, D. (1993). *Prices & choices: Microeconomic vignettes* (3rd ed.). Lanham, MD: University Press of America.
18. Jones, M. (2007). *Virginia Tech shooting*. Retrieved December 12, 2007, from http://blogs.reuters.com/blog/2007/04/19/virginia-tech-and-social-media-some-questions-for-newsrooms/
19. Knox, L. (2001). *Youth Violence Prevention and the Health Professions: Core Competencies for Effective Practice*, Riverside, CA: Southern California Developing Center on Youth Violence Prevention.
20. Krug, E.G., Dahlberg, L., Mercy, J.A., Zwi, A.B., & Lozano, P. (2002). *World report on violence and health.* Geneva, Switzerland: World Health Organization.
21. Lang, N.M. (2003). Quality assessment, assurance, and improvement. *Nursing Administration Quarterly, 27* (4), 266-272.
22. Lavigne, P., & Gomez, A. (2007, December 6). *Gunman kills at least 8 at Omaha mall.* Retrieved from http://www.usatoday.com/news/nation/2007-12-05-mall-shooting_N.htm
23. Merrit, L. (2006). Harlem Mothers SAVE fight gun violence. *New York Amsterdam News*, *97* (48), 3.
24. Miller, T. R., & Cohen, M. A. (1996). Costs of penetrating injury. In R. Ivatury & C. G. Clayton (Eds.), *Textbook of penetrating trauma* (pp. 142-150). Baltimore: Williams & Wilkins.
25. Mines, S. (2003). *We are all in shock: How overwhelming experiences shatter you and what you can do about it.* Franklin Lakes, NJ: Career Press.
26. New York State Assembly. (2008). *New York Bill summary.* Retrieved March 16, 2008, from http://assembly.state.ny.us/
27. Olson, C., Stayton, C., Huynh, M., Van Wye, G., & Kerker, B. (2007). Teen safety and health in New York City. *NYC Vital Signs*, *6* (5), 1-4.
28. Olweus, D. (1993). *Bullying at school: What we know and what we can do.* Cambridge, MA: Blackwell Publishing Ltd.
29. Prothrow-Stith, D., & Spivak, H. (2004). *Murder is no accident: Understanding and preventing youth violence in America.* San Francisco: Jossey-Bass.
30. Ross, B. (2008, October 30). Big ban for DA & NYPD: Harlem gun buyback program nets record 744. *NY Daily News*. Retrieved February 12, 2009, from http://narmer.wordpress.com/2008/10/30/big-bang-for-da-nypd-harlem-gun-buyback-program-nets-record-744/

31. Siegel, L. (2004). *Criminology: Theories, patterns, & typologies* (8th ed.). Belmont, CA: Wadsworth/Thomson Learning.
32. Singh, G.K., Kochanek, K.D., & MacDorman, M.F. (1994). Advance report of final mortality statistics. *Monthly Vital Statistics Report, 45*(3S).
33. Suicide among children, adolescents, and young adults—United States, 1980-1992. (1995). *Morbidity and Mortality Weekly Report*, *44* (15)*,* 289-291. Retrieved from http://www.cdc.gov/mmwr/preview/mmwrhtml/00036818.htm
34. Swisher, R.R., & Latzman, R.D., (2008). Youth violence as adaptation? Introduction to the special issue. *Journal of Community Psychology, 36* (8), 959-968.
35. U.S. Department of Health and Human Services. (2001). *Youth violence: A report of the surgeon general.* Retrieved July 3, 2007, from http://www.surgeongeneral.gov/library/youthviolence/youvioreport.htm
36. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. (2005). *Crime data*. Retrieved October 28, 2007, from http://bjsdata.ojp.usdoj.gov/dataonline/Search/Crime/State/TrendsInOneVar.cfm
37. Williams, K., Rivera, L., Neighbours, R., & Reznik, V. (2007). Youth violence prevention comes of age: Research, training and future directions. *Annual Review of Public Health, 28*, 195-211.
38. World Health Organization. (2005). *World report on violence and health*. Retrieved October 29, 2007, from http://www.who.int/violence_injury_prevention/violence/ world_report/en/abstract_en.pdf