

Heal Our Youth:

A Promising Restorative Justice and Mindfulness Intervention Pilot

July 2025

Executive Summary

With support from the Herbert & Nell Singer Foundation, the Weitzman Institute implemented and evaluated the Heal Our Youth pilot program in New Britain, Connecticut. During the pilot, a small group of at-risk local youth participated in an on-site 10-week (October 2024–January 2025) mindfulness and restorative justice program; completed three surveys at pre-implementation (baseline), immediately post-intervention, and three months post-intervention (maintenance) on violence exposure, intentions, and conflict resolution; and attended a focus group. Program facilitators participated in a post-intervention interview.

Program Implementation and Research Findings

- **Thirteen high-risk youth aged 13 to 17 from the New Britain area completed the Heal Our Youth program.** Participants were ethnically diverse, with the majority identifying as Hispanic/Latino/Latinx (69%). Most participants were age 16 or 17 (87%) and over half were male (54%). Most participants' mothers served as their primary caregivers (69%) though about half lived with two caregivers.
- Baseline data showed **most participants had experienced exposure to multiple forms of violence**, but **exposure and intent improved post-intervention**.
- During the focus group, participants explored the implementation process and outcomes (e.g., satisfaction with the intervention and content delivery, perceived usefulness of the intervention), indicating **marked improvements in emotional regulation and self-confidence**. Additional participant feedback showed that the program provided a **positive outlet** and **fostered strong community connections**.
- Program facilitators participated in a post-intervention interview, giving additional insight on how participants responded to material presented and topics covered.

13 high-risk youth



69% Hispanic/
Latino/Latinx

87% Age 16 or 17

54% Male

Next Steps

1

Expand Heal Our Youth:

Make this cost-effective program available to additional youth in New Britain and beyond, including urban centers like New York City with large at-risk youth populations, and provide incentives to facilitate participation, including transportation assistance.

2

Tailor program delivery:

Based on participant feedback, modify mindfulness sessions to include other forms of expression, group participants by age, and clarify expectations regarding comfortable dress.

3

Expand research:

A more rigorous research protocol will quantify long-term intervention impacts. This will entail observation of any significant changes within program components including intent to commit violence, conflict resolution, and self-efficacy.

Project Overview

Youth from limited-opportunity communities, particularly youth of color, are disproportionately affected by perpetration, victimization, and witnessing of community violence.^{1,2} Current efforts to reduce community violence have primarily focused on criminal justice-oriented responses, many of which are shown to negatively affect health and education or employment outcomes over the life course.^{3,4} Restorative justice, which involves community-engaged conflict resolution and reconciliation, along with mindfulness, which enhances present-moment awareness, present opportunities to transition from punitive responses after community violence occurs to strength-based prevention strategies that empower youth and communities.^{5,6} While restorative justice and mindfulness (RJM) practices hold potential for complementary and additive violence prevention effects, to our knowledge, these practices have not been rigorously studied in combination.

Restorative justice...involves community-engaged conflict resolution and reconciliation, along with mindfulness... [to] empower youth and communities.

Heal Our Youth is a 10-week, 20-session intervention that is innovative in its combination of restorative justice and mindfulness training for youth. Moreover, this deeply community-engaged model entails recruiting community members to

train youth from limited-opportunity populations in practical applications of RJM. Heal Our Youth New Britain served as both a pilot implementation and preliminary evaluation of this promising RJM intervention for vulnerable youth from the New Britain, Connecticut area. Previously, certain aspects of this strengths-based intervention were implemented with similarly situated youth throughout New York, but this is the first time that a program of this nature has been implemented and rigorously evaluated.

Implementation

The Weitzman Institute project team obtained approval from the Institutional Review Board of its parent organization, the Moses/Weitzman Health System (MWHS), and worked closely with MWHS-affiliate organization Community Health Center, Inc. (CHCI), a large safety net health network serving vulnerable populations throughout Connecticut, to identify meeting spaces and draft recruitment materials. Weitzman then collaborated with CHCI, local schools, and other New Britain youth-serving organizations to identify and recruit eligible participants who were between the ages of 13 and 17 and attended a New Britain-area school. The team obtained signed parental consent and participant assent forms per IRB protocol.

The curriculum consisted of two meetings per week, one focused on mindfulness and one on restorative justice. Mindfulness practices included yoga, meditation, stress relief, strength and balance, and self-care, while restorative justice instruction focused on conflict resolution, community assets, healing, and victim-offender dialog. Implementation partner organization Active Plus, whose mission is to “bridge health and education gaps by providing accessible, high-quality programs that encourage healthy lifestyles, wellness, and leadership for underserved youth and their communities,” provided trained facilitators.⁷ Sessions were held after school in the CHCI New Britain community room, and program staff provided transportation vouchers and snacks to address as many attendance barriers as possible.

Participants

New Britain is an ethnically and economically diverse area representative of many midsize cities across the U.S. Accordingly, participants were ethnically diverse, with 69% identifying as Hispanic/Latino/Latinx (see Table 1). Over half of those enrolled were male and 87% were aged 16 or 17. A majority of participants reported their mothers as their primary caregivers (69%) though about half lived with two caregivers. Of those who answered the corresponding survey question, 36% identified as LGBTQ+.

Table 1. Demographic characteristics of engaged participants (n=13)

Demographic Categories		Number (%)
Age	14	1 (8%)
	15	2 (15%)
	16	6 (46%)
	17	4 (41%)
Gender	Female	6 (46%)
	Male	7 (54%)
Race	Black/African American	2 (20%)
	White	5 (50%)
	Native Hawaiian	1 (10%)
	Another Group	2 (20%)
Ethnicity	Hispanic/Latino/Latinx	9 (69%)
	Non-Hispanic/Latino/Latinx	4 (31%)

Demographic Categories		Number (%)
Sexual Orientation/Identity	Straight/Heterosexual	7 (64%)
	Gay/Lesbian	2 (18%)
	Bisexual	1 (9%)
	Pansexual	1 (9%)
Primary Caregiver	Father	3 (23%)
	Mother	9 (69%)
	Grandparent	1 (8%)
Household Type*	Two caregivers	7 (50%)
	Alternating but mostly one caregiver	2 (14%)
	Other	5 (36%)

Note: Missing values not reported. Respondents could skip questions.
*Multiple selections allowed.

Evaluation

The project evaluation utilized a mixed-methods approach to assess the intervention’s effectiveness among high-risk youth aged 13 to 17, particularly those from communities disproportionately impacted by violence. Participants completed three surveys at different points: Pre-implementation (baseline), immediately post-intervention, and three months post-intervention (maintenance). At program completion, participants explored implementation outcomes (e.g., satisfaction with the intervention and content delivery, perceived usefulness of the intervention) via a focus group. In addition, the research team conducted individual interviews with the four program facilitators to gain further insight into participant response to the intervention, including the curriculum and its delivery.

Retention

Engagement was sustained through consistent weekly session reminders and communication that highlighted the significance of each participant’s contributions. Of the 17 initial participants, one withdrew in week four due to changes in personal circumstances. As the program progressed, three participants exhibited low engagement and subsequently withdrew, resulting in a dedicated final group of 13 participants. This retention underscores the program’s ability to adaptively address participant needs, reduce barriers to participation, and maintain meaningful involvement among at-risk youth.

Surveys

Intervention-related surveys measured participants’ previous exposure to violence, intent to commit violence, and problem-solving. These rigorous survey questions were carefully selected from previously researched and validated instruments, including the National Longitudinal Study of Adolescent to Adult Health and the Centers for Disease Control and Prevention’s Teen Conflict Survey. At baseline, 12 participants responded to the survey, and 11 completed surveys immediately post-intervention and three months post-intervention.

Baseline survey data showed that many participants reported exposure to multiple forms of violence, including having witnessed gunshots, knives, or other sharp objects; observing someone being arrested or taken by police; and seeing individuals chased by gangs.

At three months post-intervention, participants showed improvements across many measures of exposure to and intent to commit violence (see Table 2). Moreover, after participating in the program, participants were more likely to report resolving a problem or conflict by ignoring it, calming down, and discussing the problem later.

Table 2. Positive participant response at baseline and three months post-intervention (maintenance)

Measure	Baseline	Three months post-intervention	Percent change
Engaging in serious physical fights	50%	18%	-64%
Experiencing someone hitting, punching or slapping them	50%	36%	-28%
Having someone throw a bottle, rock, or other hard object	33%	18%	-45%
Seeing or hearing someone get threatened	50%	27%	-46%
Seeing someone get chased by gangs, other kids, or adults	42%	27%	-36%
Seeing someone else get hit, punched, or slapped	67%	46%	-31%
Seeing someone carrying a gun or other weapon	58%	36%	-38%
Seeing or hearing gunshots	58%	36%	-38%
Seeing somebody try to hurt another person with a knife or other sharp object	50%	18%	-64%
Seeing someone die	25%	9%	-64%

Focus Groups

Participant focus group data reinforce survey findings. A thorough analysis of focus group data identified seven themes that resonated throughout the 10-week program (see Table 3). One-on-one interviews with program facilitators further supported these findings, as the facilitators shared first-hand program observations.

Table 3. Emergent themes

Emotional awareness	Self-improvement	Empathy and decision making	Communication skills	Conflict resolution	Yoga/ mindfulness	Community impact
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Themes

EMOTIONAL AWARENESS

Participants associated emotional awareness with regulation, processing feelings, and diminishing anger and violence. They highlighted the significance of self-care as a means to process their feelings in healthy ways without harming themselves or those around them.

PARTICIPANT:

"I look at the person and understand that everyone has a story and they may be going through something too."

For some participants, life experiences forced them to become aware of their emotions and the emotions of others at an early age. Facilitators shared examples of how participants exhibited self-regulation as taught in the program, as well as other sentiments, particularly grief, that participants shared.

FACILITATOR

"Yeah, I felt like a lot of students opened up during that time of especially, um, grief was another feeling that came up. And so students were talking about like losing people that were really close to them. And I was really surprised at how many students had experienced that at such a young age."

SELF-IMPROVEMENT

Participants associated self-improvement with self-esteem, awareness, coping, confidence, autonomy, and peer pressure. They felt more confident in saying no, showed increased self-esteem, and recognized how past behaviors were influenced by peer pressure.

PARTICIPANT:

"I was a people pleaser, like crazy. I never put myself first. I always put other people's feelings before mine. I always put other people's thoughts before mine and I never really thought about what I really felt and going to the group, it shows that it's not really that hard to say no, especially the stuff that can make a big impact on your life."

Facilitators provided an example of how participants made efforts to create positive changes in their lives. In particular, a participant shared a traumatic event and explained how they were now able to reflect on it and understand the importance of making different decisions.

FACILITATOR

"We had a participant who had a really bad car accident. She was in the hospital for a long time, recovering like months. And, um, she talked about that a little bit and especially related to decision making and how she wasn't the driver, and how she would make different decisions now, and how that really impacted her."

EMPATHY AND DECISION MAKING

In this context, participants highlighted the importance of showing grace, understanding the perspectives of others, respecting those around them, using effective decision-making skills to mitigate conflicts with others. Participants were able to connect specific behaviors, such as engaging in actions they were not entirely comfortable with, to potentially negative outcomes for themselves and others.

PARTICIPANT:

"It caused me to not only look at my point of view but the other person's point of view before I make an action."

Themes

EMPATHY AND DECISION MAKING

In line with empathy, a facilitator provided an example of how, after a participant shared he was grateful for food and getting three meals a day, they helped make this participant comfortable with having disclosed food insecurity. Subsequently, other participants shared similar experiences.

FACILITATOR

"He said, 'because there was a time that I'd never had food it's exciting that I'm grateful that now I get to have three meals a day.' And the other kids were like, 'oh, well I've been like that before, so I get it.' So that helped him to be a little more at ease."

COMMUNICATION SKILLS

Participants associated this with sharing, processing, talking openly, and maintaining an open mind. They expressed that they felt confident giving advice to others and assisting them in figuring out how to best address the problems at hand.

PARTICIPANT:

"It helped me gain a greater aspect on giving advice to the people who plan on getting themselves into trouble, helped them talk it out or talk them out of getting into trouble, and it's helped a lot, me, as a person and my friends and family."

Facilitators provided examples of how participants became more comfortable communicating with others about their life experiences, with many taking the time to listen and show respect and understanding.

FACILITATOR

"You know, we did have a lot of one-on-one conversations with students, because they were open about things that they were experiencing and we wanted to be able to help them and know that they had support. So, I'm glad that overall the students had that experience."

CONFLICT RESOLUTION

Participants associated conflict resolution and communication skills with self-control, and dealing better with problems at home, arguments, and difficult situations. Based on what they shared, it was clear participants experienced an increase in conflict resolution strategies.

PARTICIPANT:

"I feel like for some of us, it wasn't easy as it is now to be able to come up with solutions for problems, and after we learned that subject, I feel like it was a lot easier to read the room, know when to change your tone, how to speak to somebody when you see that they're not feeling well."

A facilitator provided an example of how participants were able to communicate effectively with one another and brainstorm potential scenarios and solutions. It was clear to them that, compared to before the program, participants could more effectively engage with others' perspectives and develop resolutions suitable for everyone.

FACILITATOR

"I liked when they were getting their debate moments because they said, well, that's not necessarily right, but that's not wrong either. And then they'd come up with their own situations and being like, okay, so like let's say if your friend did this, and they're like, okay, but you can do that. So it was like they were making their own resolution through how they spoke in their own language."

Themes

YOGA/MINDFULNESS

Although many participants' first interactions with yoga or mindfulness practice occurred during the Heal Our Youth sessions, its positive impact was evident. Participants can use these skills in the future to help process various situations.

PARTICIPANT:

"I learned to breathe when I get upset. Just take like three deep breaths. Like this. You know?"

Facilitators shared positive feedback from participants, including the positive differences they noticed in themselves before and after each practice.

FACILITATOR

"Yeah, a few students mentioned that they were using breathing when they were feeling frustrated or using techniques they learn in class to like take a minute and pause before having a reaction and realizing, 'okay, this reaction's gonna get me in trouble. Even though this is what I always do normally, I'm gonna choose to do something different.'"

COMMUNITY IMPACT

Participants associated community impact with belonging, the friendships they formed, and the ability to connect with others, including parents and other family members. It was clear the program helped them open up and cultivate friendships they did not consider possible before, making them feel accepted.

PARTICIPANT:

"I think it's helped me open up to a lot more people. I gained a lot of new friendships with people in this group and I've opened up to things that I wouldn't normally tell anybody."

As expressed a facilitator, participants craved moments to connect with their community and individuals who could serve as examples of what they might achieve in their own lives. The participants particularly enjoyed conversations with adults from their New Britain communities that could guide them to relevant resources. It helped them feel accepted and recognize that regardless of their particular situations there were possibilities available to them. Participants also realized that immediate family such as parents and many community members really do want the best for them.

FACILITATOR

"Oh, and they did love when we would bring speakers from the community themselves. I got one gentleman that I know personally. He had a son in jail and he went to jail, but he was in the military. He was a boxer. He just had a whole half an hour talk to 'em. The kids were in tears. He was in tears. They gave him a big hug. It was just them being able to connect with people who are normal from their town or just in their area. People like them that have gone through the same thing that can tell them, 'Hey, you can do that and it's okay that you are doing this now.'"

Facilitators also noted that participants voiced a strong need for increased support from their community, particularly from school personnel. During the sessions, facilitators gained insights into the challenges the participants encountered in school, often related to teachers and staff not investing time in understanding them or offering essential support.

Recommendations

Future Programming



Expand the Heal Our Youth Program in New Britain: Observations indicate that youth from New Britain and adjacent communities benefited significantly from the Heal Our Youth program. Scaling the program by collaborating with additional youth-oriented community organizations could increase program exposure and improve violence-related outcomes among at-risk youth.



Incorporate a parent/guardian component: Several parents/guardians expressed their interest in better understanding the program to support their children. Incorporating a parent/guardian component would assist parents and guardians in comprehending their children's perspectives and empathizing with their internal challenges. This component should align with the concepts taught to youth and could be delivered in person or virtually. Such integration could fortify parent/guardian-child relationships, foster trust, and improve mental and behavioral health outcomes, ultimately leading to enhanced academic and relational success among youth.



Include other forms of expression or accommodations in mindfulness activities: Participants appreciated activities like journaling because these techniques are applicable outside the program. While participants were not required to journal or share, most did; yet, some were uncomfortable due to unique learning issues like dyslexia. Although facilitators helped them engage in other ways, future implementation can be more inclusive by providing alternatives like art or one-word prompts. In addition, some participants were uncomfortable with specific yoga poses. While facilitators implemented immediate modifications, participants' limitations and comfort levels should be carefully considered when planning practice. Modifications can include slowly transitioning from seated positions to mat-based exercises. Adopting this approach will foster an inclusive environment, ensuring all participants can engage comfortably.



Provide transportation: Transportation assistance was greatly appreciated by both parents and participants. It is therefore important to maintain or expand this component for future implementation. This is particularly relevant in communities like New Britain, where public transportation may not provide service to specific locations or during specific times. Providing this assistance also addresses safety concerns if participants travel alone or after dark.



Consider dividing groups by age: Facilitators noted that younger participants (ages 13–15) struggled to understand certain concepts compared to their older counterparts (ages 16–17). At times, older participants demonstrated patience and explained these concepts in detail. Although this gave older participants the opportunity to show their maturity and empathy, facilitators noted that dividing groups by age could enhance learning.

Future Research

Additional research with a larger cohort is required to more definitively evaluate the long-term impacts of the intervention, including significant changes in key components such as exposure to community violence, intent to commit violence, and self-efficacy. Future research should also examine the role of grief or trauma in program implementation and outcomes, as at baseline, many participants had already witnessed or experienced multiple forms of violence, including having lost loved ones.

Conclusion

The program significantly influenced participants by providing a positive outlet and fostering strong community connections, and many participants wanted the program to continue beyond its ten weeks. Survey data showed improvements across many measures of exposure to and intent to commit violence. Focus group data indicated marked improvements in emotional regulation and self-confidence. Parental feedback further underscored the positive impact of the program, with one mother expressing profound gratitude for how the intervention empowered her child after a challenging year and enhanced her child's sense of independence and emotional well-being.

The results demonstrate the positive impact of the Heal Our Youth program on participants, families, and the surrounding community, highlighting the critical role the program can play in youth emotional development and community integration. Future implementation and program expansion, both in New Britain and beyond, could benefit youth, particularly those with limited resources or experiencing gaps in other anti-violence community funding. The program provides a promising strategy for addressing community violence while building self-esteem and promoting a supportive community environment.

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