



COMMUNITY-BASED VIOLENCE INTERRUPTION & PUBLIC SAFETY

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INTRODUCTION

This essay argues for increased recognition and support of community-based violence intervention (CVI) as an integral element of public safety strategies to reduce community violence. While the work of CVI has long been important to the communities in which they were created, the unprecedented rise in gun violence since 2020, coupled with growing recognition from community members, elected officials and law enforcement that violence reduction strategies rooted in community are necessary for community safety, make this work more vital than ever. Achieving sustained reductions in violence will require not just the incorporation of CVI into public safety plans, but also the intentional investment in an ecosystem of human capital development and community stability for the people and neighborhoods most impacted by violence.



BACKGROUND

Community violence, defined as deliberate acts of physical harm that occur among non-intimately related persons,¹ has surged in the United States since the onset of the COVID-19 pandemic. In 2020, the United States experienced the largest one-year increase in homicides on record – about a 30% increase compared to 2019 – and 2021 and 2022 estimates project continued elevated homicide rates.² This tragic trend has been largely driven by increases in gun-related violence. The percentage of violence using guns has been steadily increasing over the past decade, yet it swelled in 2020.³ While there is very limited data available to assess a causal relationship between the increased gun violence and gun purchasing, which has also increased to record levels since the beginning of the pandemic,^{4,5} prior research,⁶ as well as reports from community members and law enforcement officials,⁷ suggest that the sheer number of guns in communities may be one of myriad factors contributing to the rise in guns violence.⁸ And while the rise in violence has been felt in cities large and small, and regardless of the political affiliation or ideologies of local or state leaders, it has not been distributed evenly within those cities.

Research has shown that the same communities that already had higher-than-average rates of violence are the very ones that have borne the brunt of the heartbreaking rise in homicides and shootings since early 2020.^{9,10} The neighborhoods most wrought with violence are among the most racially and economically segregated in their cities, illustrating the salience of research showing that structural disadvantage due to racist and capitalistic policies and practices across institutions has led to inequitable access to power, health, and opportunity, particularly for minoritized communities, thereby creating the conditions in which community violence flourishes.^{11,12,13,14,15} These neighborhoods have plenty of community-level risk factors that raise the likelihood of elevated levels of violence: high income inequality,¹⁶ residential and economic segregation,^{14,15,17,18} and environmental pollution,^{19,20,21} concentrations of individuals and families with housing and economic instability, criminal-legal and incarceration histories, chronic disease, substance use disorders, and low rates of educational attainment; and elevated percentages of vacant buildings and lots.^{22,23,24,25} They also have few protective factors that can buffer the effects of violence exposure, such as access to quality educational and youth development experiences, living wage economic opportunities, stable housing, and affordable healthcare. Consequently, due to historical and contemporary structural racism and concentrated disadvantage, Black and Latino/a/x children, young adults, and families are disproportionately exposed to devastating rates of violent injury and death. Yet it is critically important to understand that this is not a new phenomenon: Black male children and adults aged 15-34 have been dying of gun homicide at a rate that is at least seventeen times that of the overall U.S. population, while gun homicide has been the second leading cause of death for Latinx male children and adults aged 15-34, for well over 20 years.²⁶ These inequitable community conditions have persisted for decades, and these disparities in violence have only grown worse since the pandemic, with the homicide rate for Black boys and young men increasing by nearly 40% in 2020.²⁷

As local, state, and federal policymakers and law enforcement officials struggle to contain the violence plaguing predominantly low-income, Black and brown communities, there has been increasing acknowledgement that relying on arrests, surveillance, occupation, and punitive measures alone will not achieve improvements in public safety.^{28,29,30} Thus, alternative approaches to violence intervention and prevention, particularly those rooted in community, are gaining traction. Though community-based violence intervention (CVI) programs have existed for years, there is growing recognition of the value they can bring to communities, by not only identifying, reaching, and intervening in

escalating and potentially lethal situations prior to violence occurring, but also changing the life courses of individuals at risk of either perpetrating or becoming victims of violence. As illustrated below, CVI incorporates peer support, harm reduction, and resource offerings to help meet the immediate and longer-term needs of those individuals at the highest risk of violence involvement. This person-focused approach, when properly invested in and implemented, has promising potential to slow the rates of violence in neighborhoods besieged by it. I argue that, for cities and counties around the U.S. to see meaningful and sustained reductions in community violence, community-based violence intervention must be viewed as an essential element of community safety and integrated into city or county public safety plans. I also argue that, for CVI to be most successful, there must be intentional investment in the human capital and economic needs of those served by CVI programs to create an ecosystem of support for community safety and health for communities most impacted by violence.

COMMUNITY-BASED VIOLENCE INTERVENTION AND THE SIGNIFICANCE OF PERSON-CENTERED ENGAGEMENT

Community-based violence intervention (CVI) is an approach that recognizes that the persistence of violence in many low-income Black and brown communities in the U.S. requires tactics for immediately reducing violence while also attempting to alleviate the structural and social harms of the environments in which it thrives. CVI programs operate in communities that have higher-than-average rates of violence; they are implemented precisely because violence is stubbornly high in specific neighborhoods or among certain residents. Both academic research and experiential knowledge from law enforcement and community members have found that an outsized proportion of the violence in any community is driven by a small number of individuals, even within neighborhoods with high rates of violence.^{31,32,33} Though community-based violence reduction efforts – particularly those that prioritize social and behavioral interventions – have proliferated since the 1990s,^{34,35} with dozens in existence today, the concept of using focused and person-centered harm mitigation strategies to reduce poor health outcomes predates the past 30 years. Disenfranchised populations have long incorporated their own community-centered outreach strategies to progress individual and community well-being and reduce mortality and morbidity. Whether formally or informally considered community health or peer support workers, community-based outreach workers have been utilized for health-related improvement related to issues such as teen pregnancy, substance use disorder, HIV and AIDS, mental health service utilization, or community empowerment.^{36,37,38,39,40,41,42,43,44} Similarly, outreach activities to address unmet needs for those most vulnerable to violence and other negative health outcomes, including those led by Black churches and community-based organizations, have been in practice for decades.^{45,46,47, 48,49,50} These strategies operate with the understanding that individuals who exist at the margins of their communities and are at high risk for poor health outcomes are also often chronically alienated by, disconnected from, and distrustful of traditional structures of support, safety, and health.^{51,52} The efforts also recognize how valuable “credible messengers” are for reaching marginalized individuals – they appreciate that consistent, prosocial support from people who are deemed relatable and credible to their intended audience and who establish authentic, trustful, and caring relationships is an important first step to promoting lifestyle or behavior change. Thus, CVI leverages the power of relationships to not only engage and build genuine connections



with individuals at high risk of violence involvement, but to also create pathways for identifying and addressing the needs of those individuals, alter unhealthy or negative life trajectories, and facilitate immediate and longer-term desistance from violence.

Being at high risk of violence involvement means that one is at risk of being either a victim or perpetrator of violence, given overlap between these populations due to social and geographic proximity or similarities in lifestyles.⁵³ Therefore, CVI programs may engage clients in the community – on street corners, porch stoops, parks, alleys, outside of schools or workplaces – or directly at the bedside in emergency departments or trauma service units following violent injury. Engagement is also not limited to normal weekday work hours; workers may respond to or meet their clients on weekends and at all times of the night, demonstrating a commitment to being a consistent and reliable presence.^{54,55} These credible, dependable, and persistent CVI staff facilitate the establishment of genuine relationships and formal or informal social support, which has been well documented as a protective factor for violence involvement^{56,57,58,59} and can open the door to conversations and activities that may eventually foster growth and transformation. CVI professionals aim to expose their audience to new ideas and ways of thinking and living through discussions and exposure to opportunities. The staff connect individuals to programs, resources, and trainings that can help to address personal and familial needs and encourage personal and professional development. Importantly, CVI programs appreciate that successful and sustained change may require the support of family, neighbors, and community supports, so in addition to their individual-level relationships, they also collaborate with residents, support services, and other community-based organizations on community development and empowerment projects. Through this wider range of influence, CVI programs have the ability to help shift community norms around violence – both its use to resolve conflict and how we choose to respond to those who have engaged in it – and to promote messages of nonviolence, collaboration, and the importance of continuing to support and uplift even those who may have previously engaged in violence or other behavior harmful to the community.^{60,61,62}

COMMUNITY-BASED VIOLENCE INTERVENTION STRATEGIES

While forming authentic, nurturing relationships with individuals at high risk of violence involvement is a necessary starting point for CVI programs, additional other elements of support must be offered to maintain connections and help address the needs of those engaged by the programs. CVI programs can vary widely in terms of their theoretical frameworks for violence prevention, program models and objectives, and implementation tactics. However, many programs, including those that have been externally evaluated, integrate one or more of the following broad categories of support. Some programs, like Advance Peace, offer **formal mentorship** to clients, working with individuals to identify and then meet personal goals that can increase self-efficacy and stability, and rewarding their engagement and progress with small stipends and **transformational travel or outings** as positive reinforcement



and encouragement.^{63,64} Hospital-based or hospital-linked violence intervention programs,⁶⁵ as well as programs like United Teen Equality Center,⁶⁶ or initiatives such as those led by the City of Oakland's Department of Violence Prevention,⁶⁷ include **case management** and **wraparound services**, helping to facilitate processes such as applying for jobs, obtaining licenses or social security cards, or linking participants with services that can address economic, educational, health, or social needs of the participants or their families. Models such as the Institute for Nonviolence⁶⁸ and Cure Violence⁶⁹ have outreach staff specifically trained in **conflict mediation** and **violence interruption**, working to identify, de-escalate, and resolve potentially dangerous conflicts while also teaching individuals how to resolve conflict and situations that elicit negative affect without resorting to lethal violence. Other models, such as READI Chicago,⁷⁰ Chicago CRED,⁷¹ and Roca,⁷² prioritize **cognitive behavioral interventions** and **job training** to address their clients' coping with prior traumas and help shape responses to future incidents that could trigger harmful thoughts and actions while also preparing them for stable employment and career opportunities. Another element of support is **incident response** and **victim services**, like Youth ALIVE's Khadafy Washington Project⁷³ and LIFE Camp Inc.,⁷⁴ where CVI workers respond to the scenes of violent incidents to not only help quell potential retaliation, but to also offer connection to grief services, assist with navigation of criminal legal processes, or coordinate community vigils. Conflict mediation/interruption and incident responses in particular are important for curbing surges in violence without relying on increased police presence or arrests, as explained through the trainings of outreach workers and interventionists by the Urban Peace Institute.⁷⁵ Many CVI programs, including some of those listed, integrate more than one of these broad categories of support, depending on their program models and staffing capacities. There is also often variation in the ways models are conceived and implemented in different locales.

EVALUATIONS OF CVI EFFECTIVENESS

There has been limited peer-reviewed or independent evaluation of CVI's impact on violence outcomes, and the findings have been mixed. However, rather than writing off CVI as an ineffective approach to violence reduction, numerous scholars have suggested that existing evaluations have been ill positioned to demonstrate effectiveness of the approach.^{76,77,78}

The most studied CVI program is the Cure Violence intervention, which has been replicated in dozens of cities around the United States. The program has been found to reduce youths' willingness to turn to violence to resolve conflict, improve confidence in police, and increase confidence in the community in its collective ability to reduce gun violence.^{79,80} Researchers have also found that the program increased preferences for nonviolence responses to interpersonal conflicts.⁸¹ However, studies of Cure Violence's impact on gun violence outcomes, while generally positive, have produced varied program effect estimates across places – sometimes within the same city –, with some studies reporting null or negative results.^{82,83,84,85} Hospital-based violence intervention program evaluations have found that violently injured individuals who participated in those programs were often less likely to be convicted of a future crime and less likely to be subsequently violently reinjured than those who did not receive intervention services, but there have been few published program evaluations since the early 2000s. The Operation Peacemaker Fellowship in Richmond, CA, from which the Advance Peace model was created, was associated with statistically significant

reductions in gun violence, but the evaluators attributed a smaller yet nontrivial increase in non-gun violence to the model as well.⁸⁶ An evaluation of Advance Peace in Sacramento found that the program was associated with mean gun violence incident decreases ranging from 8% to 29% in the four communities where the program was implemented, compared with an overall 9% increase in gun violence incidents in non-Advance Peace zones, but interrupted time series analyses did not find those reductions to be statistically significant.⁸⁷ Preliminary results from a randomized control trial of the READI program have found that two-thirds of program participants were less likely to be arrested for a shooting and almost 20% less likely to be violently injured or killed when compared to community members with similar violence risk profiles, but again, the results were not statistically significant.⁸⁸

Researchers and practitioners alike have identified a number of challenges associated with identifying CVI strategies' effectiveness at reducing community violence. Some are listed below:

METHODOLOGICAL AND TECHNICAL CHALLENGES

CVI programs are usually not implemented randomly – they are designed to engage the individuals at highest risk of violence involvement in communities where violence is already high. Thus, finding appropriate comparison areas is routinely challenging. Most evaluations are conducted at the population level, examining neighborhood or city-level outcomes, while CVI programs operate primarily at the individual level, so the units of analyses in evaluation studies often do not match how the programs track progress.

PROGRAM IMPLEMENTATION AND OPERATIONAL CHALLENGES

CVI programs have historically been, and continue to be, severely underfunded; most workers struggle with financial stability on their CVI salaries.⁸⁹ Program leaders regularly cite significant challenges to securing adequate financial and political support for the operation or evaluation, attributing much of the funding battles to reluctance to invest substantial time and resources to the population being served, despite some cost-benefit analyses showing the programs to have remarkable returns on investment.^{90,91} In addition to operating on thin budgets, CVI programs are typically grant-funded for 1-2 years, and funding streams and commitments can widely fluctuate. Insufficient and inconsistent commitments, financial and otherwise, to CVI professionals' pay and benefits, safety, coping with trauma, training, support, and professional development can independently and collectively lead to uneven implementation and operation of the program models. Furthermore, programs may encounter difficulties in hiring the most appropriate staff – individuals who are credible to the population, healed from their own experiences of trauma and able to cope with the relentless trauma that comes with working in community violence intervention, and unwilling to engage in behaviors that could potentially undermine their own or the program's credibility with any stakeholders, including clients, police, and other community-based organizations.

CONCEPTUAL CHALLENGES

Many of the program evaluations to-date, while rightly considering the interventions' impacts on violence, do not account for the programs' theories of change and the ways in which participants and program personnel experience or visualize progress or success. CVI programs intentionally engage individuals who are the hardest to reach and most disconnected from traditional institutions and systems of support. The intended population faces difficult and uphill battles towards lifestyle transformation, and their journeys are often nonlinear and marked by setbacks as well as successes that cannot be measured simply by looking at law enforcement or criminal legal outcomes. And finally, outreach strategies are not designed or equipped to address structural racism and other upstream determinants of health, such as early childhood supports, health care, jobs that provide living wages, affordable and stable housing, healthy nutrition, safe spaces for play, and quality education. Therefore, there must be recognition that these strategies should exist within a broader framework of a multi-systems shift towards equity and justice for all, including those of us with harmful pasts or who have been largely dismissed as unreachable.

EXAMPLES OF CVI SUCCESSES – WITH COMPREHENSIVE INVESTMENT

New York, Oakland, and Los Angeles each achieved notable citywide reductions in community violence in the 2010s by recognizing that CVI requires a multi-sector infrastructure and ecosystem of support to be successful.^{92,93,94,95,96,97} These cities have focused less on implementing one particular CVI model or program, but instead on building a comprehensive system that coordinates multiple stakeholders, relevant public agencies, service providers, and CVI interventions – including violence interruption, crisis response, case management, mentorship, behavioral therapy, and hospital-based or -linked programs – to offer a broad network of supportive services to participants and their families. The efforts in those cities engage intentionally and authentically with communities, which allows for collaborative strategic planning and meaningful feedback loops. They provide individualized wraparound services to address program participants' needs, integrating elements of life coaching, supportive healing, restorative justice, and community empowerment into program offerings. The local leaders who oversaw these reductions in violence expressed commitment to shifts from harm, suppressive law enforcement tactics and encouraged positive and productive engagement initiatives between communities and law enforcement. And, perhaps most importantly, they allocated substantial and sustained resources for their programs, the participants they engage, and the CVI professionals working tirelessly to help save lives. These localities have consistently devoted a portion of their city and county revenue streams and budgets to CVI, recognizing the need for continued funding for these strategies as well as their place within a broader community safety framework. While these cities have not been immune to the rises in gun violence experienced since 2020, and they have even worsened challenges associated with the structural determinants of community violence than they did pre-pandemic, such as income inequality, poor mental and physical health, and substance use disorders, their prior commitments to CVI should serve as a guide for doubling down on community-based violence intervention efforts, rather than retreating from them.

CONCLUSION

We have seen with the COVID-19 pandemic that those communities that have the least support and are most vulnerable to economic, health, and social inequities are those that suffer the most when we do not have stronger infrastructures of health and safety. As violence continues to devastate those communities at disturbing rates, we must urgently respond, and given what we know about the challenges and potentials of CVI, we have the opportunity to respond differently and with greater attention to supporting and uplifting individuals at high risk of violence involvement before, rather than after, violence takes place. CVI programs require consistent, patient leadership and program oversight, with the ability to nimbly respond to community needs and to adjust their program tactics and offerings to meet the needs of the individuals they serve. Importantly, to be able to follow through on commitments to help their clients, CVI strategies must have sufficient access to, support from, and collaboration with social services, community nonprofits, and city agencies that are properly trained, staffed, and willing to work with this population. By investing in community safety infrastructure, which must include not just CVI but also the community-based services and supports needed to create stability and opportunity for those most impacted by violence, and by investing in comprehensive evaluation of that infrastructure, we have the chance to help create more favorable conditions that can lead to reductions in violence and improvements in wellbeing for individuals, families, and communities most harmed by the violence we see today.



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