# Discussion Paper for Offices of Violence Prevention: Public Health- and Data Governance-Informed Considerations for the Use of Artificial Intelligence

## Scope and Use Disclaimer

This discussion paper is offered to surface key questions, tensions, and public-health informed considerations for the use of artificial intelligence (AI) tools in violence prevention. It is not meant to prescribe policy or mandate practice. As the field and our own internal governance continue to evolve, we are sharing this framing to invite dialogue, reflection, and shared learning with OVP leaders and partners.

NICJR is also actively developing internal governance, policies, and safeguards related to the use of AI within our own operations. This paper reflects the principles we believe should guide the field as a whole, including our own ongoing internal work, and will be updated as both practice and policy mature. We welcome feedback to inform future iterations and eventual guidance.

## Purpose

*OVPs exist to reduce harm, prevent and intervene in violence, and support community well-being through strategies grounded in public health, community trust, and accountability.*

This discussion paper is intended to support OVP leaders in exploring how AI tools intersect with violence reduction work, including opportunities, risks, and unresolved questions. It offers a public health– and harm-reduction–informed framing to help leaders:

- Consider AI tools through a public health and harm-reduction lens
- Reflect on distinctions between prevention, surveillance, prediction, and control
- Examine data governance and stewardship considerations prior to adoption
- Anticipate implications for community trust, safety, and participation

## Public Health Framing for AI in Violence Reduction

Public health approaches to violence reduction prioritize:

- Population-level risk and protective factors
- Primary, secondary, and tertiary prevention
- Equity and disproportionate impact
- Ethical data use and stewardship
- Accountability for unintended consequences

Within this framing, AI is not an intervention. At most, it is a tool that may be used to inform decisions. At worst, it can introduce new forms of harm, bias, surveillance, or exclusion if deployed without appropriate safeguards. From a public health perspective, the central question is not what AI can do, but whether its use reduces harm without introducing new risk.

## How AI Typically Enters OVP Contexts

OVPs may encounter AI through:

- Data analytics platforms that automate trend identification
- Risk scoring or predictive modeling embedded in shared systems
- Grant reporting, compliance, or performance management tools
- Vendor proposals described as “evidence-based” or “smart”
- Cross-agency initiatives led by public safety or law enforcement entities

OVPs may wish to consider the introduction of AI as a tool that impacts governance decisions, not technical upgrades. Unlike traditional data tools that primarily organize and display information, AI tools interpret data and produce recommendations that inform real-world decisions. Because of this influence, their deployment must be guided by clear policies governing purpose, authority, transparency, and oversight to ensure consistency with organizational values and the maintenance of community trust.

## Where AI May Add Value in Violence Reduction-Centered OVP Work

While this discussion paper emphasizes governance, risk, and restraint, some AI-enabled tools may offer value when aligned with violence reduction-centered goals and strong safeguards. Potentially appropriate use cases may include:

- Supporting administrative efficiency (e.g., summarizing non-sensitive reports, meeting notes, or grant documentation)
- Enhancing descriptive analysis of aggregate, de-identified trends to inform resource planning
- Improving accessibility (e.g., translation, transcription, plain-language summaries for community communication)
- Supporting internal learning and quality improvement when outputs do not drive individual-level decisions
- Supporting the identification of those at highest need for services and supports

In these contexts, AI should be used as a supportive tool, not a substitute for professional judgment, relational practice, or community engagement. OVPs should also consider the potential costs of not adopting tools that could responsibly improve accessibility, efficiency, or learning capacity, while maintaining clear boundaries around surveillance, prediction, and enforcement-adjacent uses.

## Core Public Health and Data Governance Principles

1. **Harm Reduction Over Prediction:** Prevention efforts focus on reducing exposure to harm rather than forecasting individual behavior.
2. **Population Health Over Fixed Labeling:** Violence reduction targets risk and exposure patterns without treating people or places as fixed risk identities.
3. **Proportionality: The intrusiveness of a tool must be proportionate t**o its demonstrated benefit.
4. **Stewardship Over Extraction:** Data collected for prevention must be purpose-limited, protected, and governed.
5. **Trust as a Protective Factor:** Trust reduces violence risk; tools that erode trust undermine reduction efforts.

## Distinguishing Prevention from Surveillance

OVPs may wish to consider whether and where AI systems could drift into uses that conflict with prevention-centered values, including:

- Support enforcement targeting, surveillance, or sanctioning decisions
- Generate risk scores or classifications that are shared across systems in ways that influence law enforcement action, eligibility determination, or access to services
- Create automated prioritization that replaces professional judgment or voluntary engagement
- Function as intelligence-gathering tools under the banner of prevention

AI-enabled tools used to inform service outreach or resource planning must remain voluntary, relational, and subject to human judgment, with safeguards to prevent risk scores from becoming fixed labels or proxies for enforcement action.

## Leadership Considerations for Decision-Making

OVP leaders may find it useful to explore proposed AI tool or initiative through the following lenses:

**Strategic and Public Health Alignment**

- What specific harm is this tool intended to reduce?
- Does it help address root causes or describe patterns?
- Is AI necessary, or is it substituting for relationship-based work?

**Data Governance and Stewardship**

- What data is required, and how was it collected?
- Is collection limited to what is necessary?
- Does the AI tool's licensing model (e.g., free, business, enterprise, etc.) affect how user inputs are stored, reused, or used to train models, and are these terms consistent with OVP data stewardship obligations?
- Who owns the data and controls access, retention, and deletion?
- Does the OVP have actual governance authority over how data and AI outputs are used, or is control functionally held by another agency (e.g., police, IT, or a centralized data office), community-based organization, or institution?

**Equity and Disparate Impact**

- How might historical inequities be reflected or amplified?
- Who bears the risk if outputs are inaccurate or biased?
- How are inequitable outcomes monitored and mitigated?

**Consent, Transparency, and Trust**

- Are communities aware of how their data is used?
- Could AI tool use discourage participation in services?
- Is transparency ethically sufficient, not merely legally sufficient?

**Workforce and Professional Judgment**

- Is AI positioned as decision-support, with human authority to accept, modify, or reject outputs, rather than merely reviewing recommendations produced by automated systems?

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- Are staff protected from organizational pressure to defer to AI outputs when professional judgment indicates otherwise?
- Are refusal and escalation protocols explicit?

## Coordination with Other Agencies

OVPs may be invited to participate in AI initiatives led by law enforcement, public safety, or executive offices. Coordination does not equal endorsement.

OVPs may wish to consider approaches such as:

- Documenting their role and boundaries in writing
- Declining operational or enforcement-adjacent applications
- Avoiding shared branding or public validation of AI tools
- Maintaining independence in messaging and decision-making

## Leadership Responsibility and Institutional Restraint

OVP directors are responsible for:

- Applying public health judgment under uncertainty
- Protecting staff and partners from harm and role drift
- Resisting urgency narratives that bypass governance
- Ensuring technology adoption does not outpace trust or safeguards

Choosing not to adopt a particular AI tool is a valid and defensible public health decision.

## Discussion Points for Field Consideration

- Viewing AI consideration as a governance decision rather than a technical upgrade
- Applying public health tests of harm reduction, equity, and proportionality
- Establishing data governance rules before any deployment
- Engaging community partners meaningfully and early
- Documenting decisions transparently
- Sharing learning through NOVPN to support the field

## Closing Statement

The adoption and/or integration of AI is often framed as progress. At the same time, violence reduction is measured by trust, safety, and reduced harm. OVPs are not obligated to adopt every emerging technology. Our responsibility is to steward prevention work in ways that protect dignity, equity, and community well-being. At the same time, OVP leaders should not be structurally prevented from responsibly adopting tools that demonstrably improve access, learning, or operational capacity when strong governance and safeguards are in place.

This discussion paper is offered as a shared reference point, not a mandate. NOVPN will continue to learn alongside members and support leaders in exercising the judgment and restraint that effective public health prevention requires.

## Appendix A: Public-Health and Data Governance-Informed Vendor and Partner Questions

*Purpose*

- What public health outcome does this tool aim to improve?
- What evidence supports its use in prevention contexts?

*Data Stewardship*

- What data is required, and how was it collected?
- Who owns the data, and can it be repurposed or retained?

*Bias and Equity*

- How has bias or disparate impact been assessed?
- What mitigation strategies exist?

*Transparency*

- Can outputs be explained in plain language?
- How would use be described to community members?

*Oversight and Accountability*

- Who is responsible for decisions informed by this tool?
- Can staff override outputs without consequence?

*Exit and Harm Reduction*

- Can the OVP disengage at any time?
- What happens to data upon exit?

**Leadership Reflection Question:**
**From a public health perspective, does this tool reduce harm or redistribute it?**