EFFECTIVE COMMUNITY BASED VIOLENCE REDUCTION STRATEGIES



Effective Community Driven Violence Reduction Strategies

Gun violence has been an intractable problem for decades with sometimes unexplainable rises and falls in the rates of shootings in cities across the country. Violence is often concentrated in low-income neighborhoods, with Blacks and Latinos disproportionately experiencing the impacts. These neighborhoods experience a complex array of challenges, from high rates of poverty and incarceration to poor quality education and a lack of trust in government institutions. The effects of exposure to violence are widespread, affecting the health and development of not only those directly involved but also of their families and communities. Even for those not directly impacted by gun violence, the enormous financial costs affect all taxpayers.

There have been a small number of effective gun violence reduction strategies that are highlighted in this report. When implemented with fidelity, these interventions have been successful at reducing violence, with many initiatives showing improvements in the first six to twelve months of implementation.

The four strategies highlighted below all incorporate similar best practices -

- 1) Gun Violence Reduction Strategy (also known as Ceasefire);
- 2) Hospital-Based Violence Intervention;
- 3) Office of Neighborhood Safety/Advance Peace;
- 4) and Street Outreach
- Identifying and focusing on individuals, groups, and communities at the highest risk of being involved in violence;
- Employing Credible Messengers/community outreach workers to engage those individuals and groups in a positive and trusting manner; and
- Providing ongoing services, supports, and opportunities to high-risk individuals.

These core elements are essential to the success of any violence intervention strategy.

Gun Violence Reduction Strategy

Gun Violence Reduction Strategy (GVRS) is known by many other names: Ceasefire, Focused Deterrence, and Gun Violence Intervention.¹ GVRS is a comprehensive strategy that utilizes a data-driven process to identify the individuals and groups at the highest risk of committing or being involved in gun violence and deploying effective interventions with these individuals. Initially developed in Boston, where it was referred to as the "Boston Miracle", GVRS has evolved as it has been implemented in cities including Oakland and Stockton, California, to include more in-depth and intensive services and supports.²

GVRS has four core components: data-driven identification of those individuals and groups at highest risk of gun violence; direct and respectful communication to those at high risk; intensive services, supports, and opportunities; and as a last resort, Focused Enforcement.

Identification of Program Participants

GVRS employs a data-driven process to identify the individuals and groups who are at the very highest risk of being involved in a shooting. This involves an initial Gun Violence Problem Analysis, which provides a thorough examination of the shootings and homicides in a city in the past two to three years in order to produce data about victim and suspect demographics, group conflicts in the area, prior history of violence, and general trends. The Gun Violence Problem Analysis provides a critical understanding of the dynamics of gun violence in a particular jurisdiction.

Due to the ever-evolving dynamics of gun violence, in addition to the detailed review of gun violence over time, regular Shooting Reviews are also necessary. Shooting Reviews usually are weekly reviews by law enforcement and community violence intervention specialists (often these are two different meetings) to review every shooting that has occurred in the past seven days and identify the shootings that have a likelihood of retaliation. For those shootings that have a likelihood of retaliation, the individuals who are likely to retaliate or be retaliated against are identified and referred for community based intervention services.

Engagement: Direct and Respectful Communication

Once high-risk individuals and groups are identified, the GVRS strategy requires immediate engagement. This engagement involves direct and respectful communication to inform identified individuals of their risk and offering them services. There are two primary formats for these discussions: group meetings, referred to as "Call-Ins" and individual meetings, sometimes referred to as "Custom Notifications". At Call-Ins, the identified very high risk individuals are invited to attend a meeting with community leaders, law enforcement officials, formerly incarcerated individuals, survivors of violence, and service providers. All of these different stakeholders deliver the same message in their own way: based on your risk factors, you are at very high risk of being shot or being arrested for a shooting; the violence needs to end and we will do all we can to achieve that; we care about you; we want to provide you with real and intensive services. Treating the participants with dignity at a safe, neutral location is essential to a successful Call-In. Custom Notifications convey similar messages about the risk of violence and the availability of services. However, Custom Notifications are individual meetings where a high-ranking police officer and a community leader directly make contact with an individual at their home or in their communities. Custom Notifications are frequently employed when the risk of violence is imminent or when individuals are unable to attend group meetings.

¹ The title Ceasefire has occasionally been used with programs that use ineffective, punitive, and regressive tactics.

 $^{2\} https://www.theguardian.com/cities/2018/dec/06/bostons-miracle-how-free-nappies-and-a-little-mentoring-are-curbing-are-cu$

Provision of Services

Subsequent to a Call-In or a Custom Notification, individuals identified as being at very high risk of gun violence are directly connected to available services, supports, and opportunities. The first and primary service is a positive and trusting relationship with a Life Coach or Violence Intervention Worker, someone with similar lived experiences as the people they are serving. These individuals are often known as Credible Messengers. The Life Coach or Intervention Worker develops an intensive and personal relationship with the high risk individual which is the most important aspect of the "services". Unlike service brokering based case management, contact between the Life Coach and the client must be frequent, flexible, consistent, and on-going for a long period of time. Life Coaches should have daily communication with every client on their caseload; see each client in person 3-4 times per week; work with clients for at least six months but preferably 18 months; and develop a positive and trusting relationship with them. Once an initial rapport is established. Life Coaches then work with each client to develop a Life Plan. Life Plans include short and long-term target goals, desired outcomes, and specific referrals to services/supports for the client.

Though a client may need and want a particular service or resource, i.e., job placement or housing, the most important and potent aspect of the engagement is the relationship between the Life Coach and the client.

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Once a positive and trusting relationship is established, the Life Coach can gain influence with the client and use that influence to help the client make better decisions, leading to improved outcomes.

In Oakland's GVRS, clients are also eligible to receive monthly financial incentive stipends for achieving certain milestones. Additionally. through two of the primary community based organizations that are contracted by the City of Oakland's Department of Violence Prevention to provide Intensive Life Coaches to GVRS clients – Community and Youth Outreach (CYO) and The Mentoring Center – participants are offered weekly cognitive behavioral therapy (CBT) sessions. CYO partners with NICJR to provide the innovative Healthy, Wealthy, and Wise CBT program.

The READI program in Chicago is also showing very promising results using CBT to work with young adults at high risk for gun violence.³

Focused Enforcement

One of the overt goals of GVRS is to reduce the footprint of police by focusing enforcement on serious and violent crime, which officers usually spend a very small portion of their time on. Police departments are encouraged to forgo enforcement of minor infractions, saturation or "scorched earth" tactics that are both ineffective and cause further distrust between communities and police.

For those individuals and groups who do not respond to the GVRS message and continue to engage in violence, there is follow-up supervision and focused enforcement by police, probation, parole, and prosecutors. These enforcement options are clearly communicated to high-risk individuals up front and are only instituted once violence occurs.⁴ What this means in practical terms is that a GVRS client is not penalized for simply deciding to not participate in services. Enforcement comes as a last resort only after someone has committed an act of violence.

Current Programs and Evaluations

The implementation of GVRS strategies typically results in a significant reduction in community-wide levels of homicides as well as non-fatal shootings. Positive results are magnified when the strategy is instituted in relation to a specific, highly victimized demographic. In Boston, Massachusetts, for example, where Operation Ceasefire was instituted

^{3 20210106}_READI-Chicago-Early-Analysis-1-pager.pdf (heartlandalliance.org)

 $[\]label{eq:2.1} 4 \ https://nicjr.org/wp-content/uploads/2018/02/Oakland's-Successful-Gun-Violence-Reduction-Strategy-NICJR-Jan-2018.pdf$

⁵ https://nnscommunities.org/wp-content/uploads/2017/10/LE_Case_Studies.pdf

with a specific focus on youth, a 63 percent reduction in the number of youth homicides was achieved.⁵ Other cities that have implemented GVRS-type programs have experienced similar results.⁶

Oakland's GVRS, which was launched at the end of 2012, and concentrated on high-risk individuals likely to be involved in violence, resulted in six consecutive years of reductions in shootings and homicides culminating in a 49 percent reduction in fatal and non-fatal shootings.⁷ Toward the end of March 2020, before Covid-19 shelter in place restrictions were imposed, homicides were down by 38 year to date from 2019. Had Oakland maintained that low rate, it would have achieved the lowest murder rate in the city's history. But like nearly every city in the country, Oakland experienced a spike in shootings and homicides once the Covid restrictions caused outreach and services to cease operation.



⁶ https://nnscommunities.org/our-work/faqs/#7

⁷ https://cao-94612.s3.amazonaws.com/documents/Oakland-Ceasefire-Evaluation-Final-Report-May-2019.pdf

Hospital-Based Violence Intervention Programs (HVIPs)

Hospital-Based Violence Intervention Programs (HVIP), view violence through a public health-centered lens. Analogous to the spread of an illness, violence has been shown to proliferate with increased proximity and exposure to others.⁸ That is, contact with violence itself increases the probability that those exposed will be directly involved in violence.⁹

Identification of Program Participants

Under the HVIP model, the physical location of a trauma center or emergency room is seen as valuable in the fight against violence. One of the major risk factors for future violence is a history of previous violence. Due to this, hospital workers pinpoint patients that are at highest likelihood for repeat injuries. This is done through initial intake screenings by hospital staff that test for previous trauma and linked effects such as PTSD, as well as discharge screening strategy, there is no standard protocol for assessing patient risk.¹¹

Engagement Strategy

HVIPs make use of the distinct cross-section of time – known as a "teachable moment"— in which after being a victim of a shooting, an individual is open to making changes in their behavior and circumstances. During this time period, specialized hospital staff and community-based partners come together in support of the patient in order to diminish the chance of retaliation and further violence. HVIPs are especially important right now in the fight against violence, as injury recidivism rates have been shown to be as high as 60 percent in certain areas.¹²

Many individuals are often entrenched in a cycle of violence that is nearly impossible to escape. Research has found that in these cases, a lack of social support and connections to the community were the largest drivers of the spread of violence.¹³ HVIPs work to address these health determinants by connecting each patient with a highly trained Intervention Specialist. These professionals quickly engage the individual and their family by gaining their trust in the hospital setting.¹⁴ The most successful Intervention Specialists not only possess robust interpersonal skills and demonstrate cultural competence, but also reflect the diversity of their clients and the communities from which they originate.

Provision of Services

Once this initial bond is created, Intervention Specialists construct a comprehensive plan with their clients to spur on meaningful change. This plan includes non-violent crisis management methods, counseling for both the client and their family, information on risks and outcomes associated with violence, as well as access to community services including employment assistance, mentoring, education, and court assistance. Consultation with family and health providers is necessary to develop a plan that is feasible and trauma-informed. It is important to note that the plan can change, depending on what is best for the client. Ongoing management and follow-up with the client and their family for up to two years is necessary in order to attain long-term reductions in violence.¹⁵

- 12 https://journals.lww.com/jtrauma/Abstract/2020/08000/Recidivism_rates_following_firearm_injury_as.17.aspx
- 13 https://nyaspubs.onlinelibrary.wiley.com/doi/10.1111/j.1749-6632.2009.05333.x
- 14 https://www.thehavi.org/what-is-an-hvip

⁸ https://www.cdc.gov/injury/wisqars/fatal.html

⁹ https://www.ncbi.nlm.nih.gov/books/NBK207245/

¹⁰ https://static1.squarespace.com/static/5d6f61730a2b610001135b79/t/5d83c0d9056f4d4cbdb9acd9/1568915699707/NNHVIP+White+Paper.pdf

¹¹ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5647140/

¹⁵ https://www.nationalgangcenter.gov/spt/Programs/4186

Current Programs and Evaluations

Analyses of HVIP programs have demonstrated considerable success, as evidenced by substantial reductions in repeat hospitalizations, an increase in employment rates for those involved in the programs, and cost savings from reduced injuries.

Caught in the Crossfire, an HVIP program based in Oakland, CA, is among the original HVIPs in the country. Through the use of Intervention Specialists who connect with injured youth at Oakland's Highland Hospital, Caught in the Crossfire resulted in a 70 percent lower probability of re-arrest six months after injury in an evaluation conducted in 2004.¹⁶

Baltimore's Hospital-Based Violence Intervention Program (VIP) also demonstrated similar benefits in re-arrest numbers during a 3-year evaluation completed in 2000. With violence being the leading cause of mortality for youth in Baltimore, the VIP program uses risk factors to pinpoint patients who fit the intervention criteria.¹⁷ This evaluation illustrates that individuals involved in the program had lower rates of both re-arrest, conviction, and subsequent incarceration.¹⁸ VIP has been a cost-effective intervention with positive outcomes. As such, VIP has plans to expand, with 7 more hospitals in the area committing to the program.

Abundant evidence has established that a decrease in the incidence of repeat injury would result in large monetary savings. The typical HVIP intervention would generate savings in health care damages, criminal justice expenses, and lost productivity costs. Studies project those estimated savings could be in excess of \$3.9 million annually per average HVIP. ⁹

Although more comprehensive research is necessary on the long-term outcomes of HVIPs, it is evident that they are critical in the effort to address interpersonal violence in communities. By reexamining violence as a public health issue, we have the potential to truly invest in communities.

HVIPs are supported and coordinated by the national Health Alliance for Violence Intervention.

¹⁶ ld.

¹⁷ https://www.dchealthmatters.org/promisepractice/index/view?pid=3743

¹⁸ https://journals.lww.com/jtrauma/Abstract/2020/08000/Recidivism_rates_following_firearm_injury_as.17.aspx

¹⁹ https://www.researchgate.net/publication/266785304_A_Cost-Benefit_Analysis_Simulation_of_a_Hospital-Based_Violence_Intervention_Program

Office of Neighborhood Safety/ Advance Peace

In 2007, the City of Richmond, CA launched the Office of Neighborhood Safety (ONS), amid escalating homicide rates and increasing numbers of firearm cases. Prior to the establishment of the ONS, the Richmond City Council analyzed violence in Richmond and found that gun violence disproportionately affected Black men aged 18-24, with that population constituting 73 percent of homicide fatalities.²⁰ This finding served as the basis for the creation of the Office of Neighborhood Safety; its main focus is achieving tangible reductions in firearm-related assaults and deaths. Once established, ONS founded Advance Peace, a non-profit organization that replicates the ONS's Peacemaker Fellowship in cities across the county.

This goal is achieved through the implementation of strategic partnerships and interventions that strengthen neighborhood ties and promote community welfare. ONS works to provide resources including life skills training and mentoring to individuals who are at greatest risk of being involved in a gun violence incident. Currently, ONS assists 250+ individuals annually.

The ONS is composed of nine staff members including an Executive Director, four Neighborhood Change Agents (NCAs), and two Senior Peacekeepers.

Identification of Program Participants

The ONS employs a data-driven approach to identify individuals at highest risk. Leveraging their relationships in the community, NCAs conduct daily sweeps of their communities, an effort that provides a continuous flow of critical information that informs staff response. Staff are able to gather information regarding those individuals that are most prone to violence, current conflicts or family issues that may result in violence, and other information that is used to directly inform subsequent intervention activity.

In addition, ONS obtains data from the Richmond Police Department (RPD). This is facilitated through a police officer that serves as a liaison between RPD and ONS. This officer supplies ONS with homicide data each month, which includes demographic information. There is no information given from ONS to RPD whatsoever.²¹

Provision of Services

ONS's main program is the Peacemaker Fellowship. ® The Peacemaker Fellowship interrupts gun violence by providing transformational opportunities to young men involved in lethal firearm offenses and placing them in a high-touch, personalized fellowship. By working with and supporting a targeted group of individuals at the core of gun hostilities, the Peacemaker Fellowship bridges the gap between anti-violence programming and a hard-to-reach population at the center of violence in urban areas, thus breaking the cycle of gun hostilities and altering the trajectory of these men's lives. The Peacemaker Fellowship works with both public and community-based stakeholders to establish responsive community-driven strategies that achieve high-impact outcomes for those caught in the cycle of urban gun violence.

The Fellowship provides life coaching, mentoring, connection to needed services, and cultural and educational excursions, known as Transformative Travel, to those deemed to be the very most dangerous individuals in the city. Fellows travel

²⁰ https://www.evidentchange.org/sites/default/files/publication_pdf/ons-process-evaluation.pdf 21 ld.

across the country and to several international destinations. Fellows can also receive significant financial incentives for participation and positive behavior as a gateway to developing intrinsic motivation that arises from internal and not external rewards.

The Seven Touch Points in the ONS/Advance Peace Peacemaker Fellowship include:

- Daily in-person check ins
- Development of LifeMAP and goals
- Social services navigation
- Transformative Travel
- Elders Circle (CBT)
- Internship Opportunities
- LifeMAP milestone allowance (monthly stipends)

Current Programs and Evaluations

Since the establishment of the ONS, Richmond has experienced a substantial decrease in violence; firearm-related homicides have declined by more than 70 percent. With respect to those individuals enrolled in the Peacemaker Fellowship program within ONS, 77 percent have not been involved in any gun violence activity.²²

Advance Peace has replicated the Peacemaker Fellowship in the cities of Stockton and Sacramento, CA and Fort Worth, TX. Advance Peace is also working with the cities of Fresno, New York City, and several others to launch Peacemaker Fellowship programs there.

Initial evaluations of the Advance Peace programs in Stockton and Sacramento have shown very promising outcomes.²³



22 https://www.advancepeace.org/about/the-solution/

²³ https://www.advancepeace.org/about/learning-evaluation-impact/

Street Outreach

Referred to by a variety of names and long seen as the primary entry point for violence reduction programs, Street Outreach can be an effective intervention when implemented correctly. A number of organizations and programs throughout the country have successfully operated Street Outreach initiatives, including Urban Peace Initiative in Los Angeles, which also provides a Street Outreach training academy; the Newark Community Street Team; and the Professional Community Intervention Training Institute.

Popularized by the documentary Interrupters, the Cure Violence Epidemic Control Model was created in Chicago to provide Street Outreach and violence interruption through a public health approach. This model utilizes the main components that are currently used to control outbreaks of epidemic disease to address violence, namely uncovering and breaking up transmission, pinpointing those with the highest risk of infection, and reforming local norms.

Identification of Program Participants

Street Outreach programs are designed to address the manner in which violence spreads from person to person. Studies show that those who have been continually in contact with violence can be thirty times more likely to commit a violent act in the future.²⁴ Moreover, violence often has ripple effects in the community, whether it be in the form of retaliation or further escalation of conflict.²⁵

Because of this pattern in violence, Street Outreach programs recognize potentially lethal conflicts in the community by utilizing trained Violence Interrupters. A system is devised and maintained for collecting and verifying homicide and injury data from the community. This data includes prior history of homicides and injuries, hot spots of violence, neighborhood affiliations, etc. These Violence Interrupters also identify ongoing conflicts by speaking to key members of the community about ongoing disputes. Information regarding arrests, prison releases, and prior criminal history is also utilized to pinpoint violent outbreaks.²⁶

Engagement and Services Strategy

Engagement is primarily facilitated by the work of trained Violence Interrupters that engage the community through meaningful dialogue. Following a shooting, these individuals immediately operate in the community and at hospitals to pacify heightened emotions and prevent retaliations. This involves coordination with local groups and business owners to hold constructive dialogue around community violence and the appropriate actions to take in response. Events are then organized by Violence Interrupters to promote a change in overall neighborhood attitudes towards violence. This enables the de-normalization of long-standing attitudes around violence by way of constant community engagement and input.²⁷ Events include community education initiatives, gun buyback projects, and sports programming. The main focus of these events is to provide a safe space in the community when violence is at an all-time high.28

It is important to note that some applications of this model incorporate collaboration with HVIPs to help aid in the identification of high-risk individuals.²⁹

26 https://cvg.org/what-we-do/

28 https://www.lagryd.org/summer-night-lights

²⁴ https://1vp6u534z5kr2qmr0w11t7ub-wpengine.netdna-ssl.com/wp-content/uploads/2019/09/Infographic-Top-10-v1.pdf

²⁵ https://www.lagryd.org/mission-comprehensive-strategy

²⁷ Id.

²⁹ https://johnjayrec.nyc/2020/11/09/av2020/

Current Programs and Evaluations

Street Outreach programs have been rigorously evaluated by numerous independent think-tanks, with strong, statistically significant outcomes observed in most analyses. Reductions in shootings have ranged from 40 to 70 percent, with some cities even able to maintain multiple years without any shootings at all. Analyses have also shown a large ROI (return on investment) associated with investment in this model: anywhere from \$3,500-\$4,500 is saved for every act of violence stopped.³⁰ Apart from these tangible results, supplementary benefits in the form of increased employment rates and more faith in law enforcement personnel are also realized.³³

The City of Los Angeles established the Mayor's Office of Gang Reduction and Youth Development (GRYD) in 2007 in order to effectively incorporate Street Outreach into Los Angeles' violence reduction strategy. GYRD's initiatives include intervening in violent situations and proactively promoting communication between various groups through the use of the "triangle protocol," which helps determine appropriate responses to a crisis.^{31_32} This protocol is the primary pathway in which information is facilitated between three primary stakeholders: the Los Angeles Police Department, GRYD coordinators, and community programs. Ultimately, the collected information assists GRYD to properly respond to violent shootings.

After launching in 2010, New York City's Cure Violence program demonstrated strong success, with a 63 percent reduction in shooting incidents.³³ Radical transformation in neighborhood attitudes towards the use of violence also occurred, as reflected in community surveys.³⁴ This shift in norms illustrates a decrease in the willingness of community members to turn to and allow violence as a means of dispute resolution.

Street Outreach programs that simply canvass high crime neighborhoods without any focus on very high-risk individuals or don't have structured, intensive follow-up, have proven to be ineffective. In a meta-analysis of Street Outreach evaluations, a John Jay College study noted: "The most promising outcomes result when streetwork programs focus their efforts on the small networks of people at highest risk for violent victimization and offending—rather than on narrow geographic areas, such as the neighborhoods with high rates of violence."³⁵

³⁰ https://cvg.org/wp-content/uploads/2020/03/2020.03.05-US-Handout.pdf

³¹ https://www.lagryd.org/mission-comprehensive-strategy

³² https://nnscommunities.org/wp-content/uploads/2014/04/NNSC-streetwork-final-2.pdf

³³ http://www.cureviolence.org/results/scientific-evaluations/nyc-evaluation-johnjay/

³⁴ https://johnjayrec.nyc/2017/10/02/cvinsobronxeastny/

³⁵ https://nnscommunities.org/wp-content/uploads/2014/04/NNSC-streetwork-final-2.pdf