



College of Liberal Arts

**Center for Public Safety Initiatives**

# Community Violence Intervention: Effectiveness on Gun Violence

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## Introduction

Gun violence remains as the significant threat to communities throughout the country, leaving nothing but devastating consequences for individuals, families, and society. Traditional law enforcement measures are outmatched when addressing this complex issue. Gun violence prevention requires multifaceted approaches that combat historical policies as well as economic and systemic discrimination (Buggs, 2022). As violence rises in a community, traumatic stress multiplies and increases violence further. The severity of risks and long-term impact that gun violence invokes caused the Center for Disease Control and Prevention (CDC) to recognize gun violence prevention efforts as public health priorities (Richardson, 2019). Community Violence Interruption (CVI) programs aim to interrupt cycles of violence, mediate disputes leading to gun violence, provide support services and mobilize communities to promote peace (Buggs, 2022). CVI programs are tailored to their communities and have a broad range of strategies to combat the issue. However, with successes there are also limitations and policy implications that hinder progress. It is imperative to observe the effectiveness of these programs to contribute to the body of knowledge of CVIs and inform policymakers, practitioners, and advocates about the value of investing in comprehensive strategies to address gun violence.

Community violence is unsanctioned violence between individuals in public places that causes physical, psychological, and emotional consequences for individuals, families, and communities (Dawson et al., 2023). Investment in policing and incarceration has not prevented gun violence nor has it served the communities that are impacted the most. CVI is a multi-faceted approach to reducing community violence that shares methods with public health. Methods include addressing

systemic issues, recognizing risk factors, intervention and prevention, and assessing the effectiveness of these methods. The goals of CVIs are to foster and facilitate community support, reduce harm, and help communities meet the immediate and longer-term needs of victims while hindering the rates of violence (Buggs, 2022). Communities across the country are diverse from one another and CVI programs can vary widely in their theoretical frameworks for violence prevention. Program models, objectives, and implementation tactics can be individually tailored to their prospective communities. Many of these programs have been evaluated on their effectiveness for determining application in similar communities.

## CVI Programs

The most studied and applied CVI program is Cure Violence (CV), which has been replicated throughout the U.S. (Buggs, 2022; Butts et al., 2015). CV was originally known as CeaseFire Health and was launched in 2000 in Chicago, IL, with the purpose of reducing gun violence. The core elements of the program are guided by the idea that violence follows a pattern like that of an epidemic disease (Riemann, 2018). “[A] ... graph shows killings in US cities, which appear like outbreaks of tuberculosis in Europe. [...] Side by side, they demonstrate how violence behaves like outbreaks of a disease” (p.147). Therefore, CV developed an approach to mimic an anti-epidemic strategy; a three-pronged approach of related elements to stop violent behavior from being transmitted: identification, interruption, and behavioral change.

The first step in the CV strategy is identifying zones where acts of violence are consistently occurring (Riemann, 2018). Determining violent areas assists with the identification of high-risk individuals.

Next is the interruption phase, CV hires Violence Interrupters (VI) perceived as “credible messengers” by the community (formerly gang members, incarcerated, etc.) who work with high-risk subjects as mentors to intervene and monitor ongoing disputes before violence emerges. The goal is to interrupt the transmission of violence from person to person like a contagious disease. Lastly, behavioral changes, Outreach Workers (OW) are hired to engage and redirect the behavior of the individuals. Similar to VIs, OWs build relationships with high-risk individuals but for the purpose of connecting them to positive opportunities--like employment, housing, education, etc.--rather than mediating disputes and potential violent acts. Altogether CV actively works to change norms in communities by convening with high-risk individuals. Once a critical mass of individuals changes their behavior to an anti-violence norm, it can begin to spread as a “positive epidemic” (p. 148). While generally positive, CV outcomes have produced varied effectiveness across the country and sometimes within the same city.

Evaluations of the CV model have found effectiveness in some communities but not in others, reductions in one type of violence but not others, and sometimes null or negative results (Buggs, 2022; Butts et al., 2015). When replicated and applied in Baltimore, MD, as the “Safe Streets” program, results showed that three of the four intervention neighborhoods experienced large reductions in gun violence (Webster et al., 2013). Additionally, reductions were observed in areas bordering the Safe Streets communities. Baltimore’s most violent areas saw a 56% decrease in homicides and 34% decrease in nonfatal shootings; one location was noted to go approximately two years with no homicides related to gun violence. While successful in some areas, the same approach is not always efficient at showing similar results (Butts et al., 2015). Fidelity to the CV model is

important because unfaithful replications have proven to be ineffective and sometimes detrimental, which unfairly undermines the credibility of the program.

Hospital-based violence intervention programs (HVIP) are another CVI program that can reach the subset of higher risk survivors of gun violence with an effective intervention at a critical moment.

Research has shown that when an individual is shot, their risk of being victimized again increases exponentially among the victim's social network, especially those closest to the victim (Buggs, 2022; Webster et al., 2022). HVIPs require the person receiving services to have a connection to the survivor to participate. These indirect victims will be connected to social services and other support measures like assistance with obtaining employment, housing, substance treatment, and mental illness treatment (Webster et al., 2022). Some HVIPs link survivors to other community-based programs designed to prevent revictimization. HVIPs have had a presence for decades, but few studies exist for definitive conclusions (Buggs, 2022). However, evaluations done of HVIPs find that victims who participate are often less likely to be convicted of a future offense and less likely to be revictimized compared to those that did not receive services.

Another program, Operation Peacemaker Fellowship through Advance Peace was implemented in the city of Richmond, CA, which is home to approximately 100,000 residents (Matthay et al., 2019). The San Francisco Bay Area was one of the nation's most violent cities in the early 2000s. Operation Peacemaker was developed as a result of increased pressure on community leaders to aid the problem. The core components included individually tailored mentorship for at-risk youth, 24-hour case management, cognitive behavioral therapy, internship opportunities, social service navigation,

and substance abuse treatment. The program also provided socioeconomic and behavioral interventions as a proactive measure to prevent involvement in criminal activity related to gun violence. Over several years, the implementation of the program was associated with a 55% reduction in firearm-related homicides in Richmond, CA (Jay & Allen, 2023). In Sacramento, CA, an evaluation of Advance Peace found firearm related violence decreased from 8% to 29% across four communities compared to an overall 9% increase in zones where the program was not implemented (Buggs, 2022). CVI programs vary widely between programs, approaches, communities and other aspects. Many have shown promising results in some areas but not in others due to a multitude of challenges the programs face.

## CVI Challenges

CVI programs are designed to target and engage high-risk individuals in communities with high rates of violence (Buggs, 2022). This makes finding appropriate comparison areas challenging as most evaluations are conducted at the population level while CVIs operate at an individual level. Therefore, units of analyses in evaluation studies are often mismatched with how programs track progress. Programs like Cure Violence and Advance Peace operate with community resources (Pugliese et al., 2022). However, neither program is considered “evidence-based” because multiple studies are needed to show meaningful and predictable effects on the intended outcome. The programs can be considered “evidence informed” because evaluations of the program have found positive results. However, it is imperative that CVI programs work cooperatively with researchers for accurate and quality outcomes using research standards.

CVI programs are historically underfunded and securing political and financial support is difficult despite exceptional returns on investment found for some programs (Buggs, 2022). Most employees of CVI programs struggle with their salaries, programs are usually funded with grant money for a few years, and funding streams and commitments widely fluctuate. Community leaders should encourage researchers to explore programs and potential uses of qualitative methods, direct observation of program operations, unstructured interviews with staff and stakeholders, as well as focus groups of relevant participants (Pugliese et al., 2022). Utilizing qualitative methods to investigate can highlight practices that affect the impact of the program. Funding for CVI is contingent on evidence so it is imperative that programs are thoroughly researched for continued application and study.

## Conclusion

Continuing to assess the effectiveness of CVIs is imperative. Evaluation that contributes to the expanding body of knowledge helps to inform policymakers about the value of investing in alternative strategies to address gun violence. CVI programs are customized and tailored to their environments with a broad range of strategies to combat the issue and promote peace. The severity and long-term impact on communities that gun violence reaps incited the CDC to recognize gun violence as a public health priority. CVIs operate with shared multi-faceted public health approaches to reduce violence while recognizing and addressing systemic issues, potential risk factors, intervention and prevention as well as assessing the effectiveness of these methods. Continued support for CVI programs will help to build upon prior research and information to determine effective strategies to reduce harm within gun violence-stricken communities.

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