



College of Liberal Arts

**Center for Public Safety Initiatives**

# Community Violence Intervention and Telehealth

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## Introduction

Violence does not just affect the individuals involved, as its impact is felt in the roots of the community. Community violence intervention (CVI) plays a crucial role in ending the cycle of violence, as its goal is to interrupt violence before it occurs (Dholakia et al., 2021). According to the Office of Justice Programs (2024), “community violence intervention (CVI) is an approach that uses evidence-informed strategies to reduce violence through tailored community-centered initiatives” (n.p.). The goal of CVI is to redirect the emotions and motivations of victims towards more productive actions to prevent retaliation. CVI groups seek to establish and foster relationships with those who have been affected by violence to help them heal from trauma and better their social conditions. The idea behind community groups for violence intervention is that victims will benefit more from the help of community members rather than the police (Dholakia et al., 2021). Generally, economically disadvantaged and Black and Hispanic communities suffer the most from community violence. These communities are known for having historically negative relationships with the police, which is why restorative intervention through community members can be more effective.

## Different Forms of CVI

One form of community violence intervention is hospital-based violence interruption programs (Dholakia et al., 2021). These programs focus on violence victims when they are in the hospital. Social workers and case managers work with the victim to prevent retaliation after their hospital release. Although the idea behind CVIs is to exclude law enforcement with the

hope of yielding a more productive outcome, another method of CVI is group violence interventions involving the police. Through these groups, community partners and police work together to pinpoint high-risk individuals and support them in resisting retaliation. If executed well, a significant benefit from this method of CVI is that these groups can improve relationships between the community and police (Dholakia et al., 2021). The third and most popular form of CVI is community-centered groups. These groups are led by experts in violence intervention who have strong ties to the community and typically have had personal experiences with violence. These groups carry out de-escalation through building relationships and credibility within the community. Services these groups may provide include connecting individuals to education programs, employment, housing, and more.

One example of a CVI community-centered group is the Rochester-based non-profit organization Rise Up Rochester (RUR) (Rise Up Rochester, n.d.). RUR works to interrupt violence in the community by supporting those who have been affected by violence. They channel individuals' motivation toward working on improving their situation, whether that be through education, employment, counseling, and more. RUR fosters meaningful relationships with the city of Rochester's community to create change and uplift residents. RUR mediates disputes, provides case management, and connects clients with other community groups in the area for even more services. RUR is a prime example of the community-centered approach to violence intervention.

## **The Benefits and Challenges of CVI Groups**

Black and Hispanic neighborhoods have been historically affected by limited access to healthcare and housing, education, employment, and even childcare. These obstacles make

residents more susceptible to engaging in crime. Since these neighborhoods tend to struggle with access to the previously listed resources, the help of CVI groups is vital. There are many benefits to community violence intervention groups, as they provide services that state departments for health and social services may struggle to offer due to waitlists, money, and protocols. Community groups stand out because they can create personal relationships that uplift victims and their families; these are relationships that state departments and other public services cannot establish. Community partners can provide many services: money for food or supplies, education, employment programs, and temporary housing; community groups can be the saviors of those affected by violence.

Despite their clear benefits, community violence intervention groups still have their struggles. For example, community groups can be small, with few staff members. For example, Rise Up Rochester only has about 10 outreach workers. For a city of about 200,000 people, 10 outreach workers can only accomplish so much work in one day. Additionally, community groups may not be accessible to everyone. Victims may need to visit the group's in-person location, or call the number on their website and hope they are answering phones. A busy person managing a family or working multiple jobs may not have the means to make in-person visits or sit by the phone all day. To bridge the gaps among community groups that could result from short-staffing or low accessibility, CVI and telehealth could provide solutions.

## **An Introduction to Telehealth**

Telehealth is an innovative way for individuals to receive healthcare services without an in-person visit (U.S. Department of Health and Human Services [HHS], 2023). These services

occur online through a phone, computer, or tablet. Some examples of services patients can receive through telehealth include online mental health counseling, prescription management, and more. Ever since the outbreak of COVID-19, the world has seen an increase in telehealth (Simon, 2021). The Centers for Medicare and Medicaid Services define telehealth as “the exchange of medical information from one site to another through electronic communication to improve a patient’s health.” (Simon, 2021, n.p.). Due to telehealth’s virtual nature, in-person appointments are less necessary.

In a survey of 2,000 Americans, 88% reported the desire to continue using telehealth after the pandemic ends (Obenschain, 2021). The convenience of telehealth makes it desirable for busy people who may not have the time or resources to get to in-person appointments. Due to shortages of healthcare staff, in-person appointments can be backed up for months. (HHS, 2023). With telehealth, individuals can have virtually immediate access to their needed services. Additionally, telehealth can eliminate patient concerns about travel time and childcare coverage.

## Connecting CVIs and Telehealth

Using a system similar to telehealth connected with CVIs could solve the shortcomings that community partners experience. For example, if a victim needs to get in contact with a community partner but they do not have time to go to the headquarters in person or they cannot get a phone call back, they could access the organization through a telehealth app. Through the app, the victim could select a community group from a list of local organizations. The individual could provide their contact information, a description of the violence they

endured, and the services they are seeking. The app can inform the user what services that organization does and does not provide and automatically connect the victim with a different group that can provide the needed services. For instance, if the victim is interested in employment but the group they are connecting with does not directly house an employment program, the victim would be referred to a group that has one. Overall, the hope is that telehealth could expedite the process of connecting victims with community partners. Before the community partner has a conversation with the victim, they could already be aware of their situation and can start brainstorming solutions before they meet. The benefit of telehealth is that it can immediately collect victims' information without an in-person meeting or phone call, along with instantly referring victims to other organizations.

One example of how CVI and a form of telehealth are connected today is through hotlines. Hotlines are phone numbers that individuals can call when they need immediate services and cannot wait for an in-person interaction. An example of a well-known hotline is the National Domestic Violence Hotline. This number is available for calling and texting, typically 24/7 unless there is a high call volume (National Domestic Violence Hotline, n.d.). The hotline offers trained advocates to offer support, crisis intervention, education, and referrals that assist victims of domestic violence. Although the National Domestic Violence Hotline is not technically a telehealth platform, its immediate virtual services are similar to how a telehealth service for violence intervention could work.

## Challenges of Telehealth

Despite the possible benefits of telehealth, the method comes with its challenges. Most of its

challenges are specifically related to healthcare and since this research focuses on community violence intervention groups and not the healthcare system, only a few of the challenges are necessary to discuss.

One challenge facing CVI and telehealth is the factor of money. The fear exists that the easy accessibility of telehealth will cause overutilization and significantly increase costs (Board on Health Care Services; Institute of Medicine, 2012). In the context of community violence intervention groups, telehealth could encourage a higher number of clients to utilize the groups, potentially causing these groups to spend more money than expected. Community groups receive funding from various places, but the funding is not unlimited, as these groups are typically non-profit organizations.

An additional challenge of telehealth is the learning curve of technology. If the developed telehealth interface for these community groups is difficult to use, people will not use it. A similar concern is that people may not be technologically savvy enough to use it correctly and get the best experience. Furthermore, public awareness about the service can impose obstacles. A telehealth interface for community groups must be marketed across social media platforms, email lists, and any other form of public communication (Varshneya, 2018). People will not know to take advantage of telehealth if they are unaware of its existence.

One concern that may arise from the implementation of telehealth is the loss of valuable face-to-face connection between patients and healthcare providers. A benefit from in-person doctor's visits is having a tangible person that a patient knows cares for them; a relationship of familiarity and rapport is built. Without in-person interaction, will the value of healthcare

professionals be reduced to what can be accessed through a screen? For example, are mental health professionals who conduct their appointments virtually through telehealth as effective as in-person therapists who are providing their toiling clients with physical connection? The loss of face-to-face interaction could become a downfall of the telehealth model.

Lastly, a significant challenge of telehealth that has the potential to impact those with lower socioeconomic status is the lack of internet access (Milburn, 2023). Most likely, a telehealth interface for CVI would require an internet connection. Those who cannot afford wireless internet or Wi-Fi may not be able to access the interface. According to a report titled “Digital Divide in Rochester: Initial Data & Actions Taken” by Stephanie Townsend, Ph.D (2020), “Almost 20% of residents in the city of Rochester solely rely on a cellular data plan for their internet access.”(n.p.). Internet access is determined by whether or not the resident pays for an Internet subscription or has access to free Wi-Fi services. In some areas, 20-40% of residents have internet access, and in other areas, over 80% of residents have internet access. In general, about 60-80% of Rochester residents have reliable internet access (Townsend, 2020). Because of the instability of internet access in Rochester, there is a possibility that many people who could benefit from the services of telehealth and CVI collaboration would not have access.

## Conclusion

Community violence intervention groups play a key role in interrupting cycles of violence that plague cities like Rochester, New York. These groups have the potential to better the lives of those who have been affected by violence through services like education and employment



programs, housing, and more. Although community groups have the power to do good in their neighborhoods, these groups are not immune to challenges like short-staffing, which can reduce the number of clients connected on any given day. Because of such possible shortcomings, telehealth could benefit community violence intervention groups. To make the telehealth interface as widely accessible and beneficial as it can be, it must have a simple design that is easy to use. It is equally important that it is widely marketed so that those who need it will know about it. Although reliable internet access is not always widespread across cities like Rochester, a high enough percentage of people have internet access that a telehealth interface could still be beneficial for cities experiencing high rates of crime. By connecting these groups with an accessible and user-friendly interface that can collect clients' contact information and urgent needs, connecting violence victims with community partners can reach the next level through virtual contact.

## References

- Board on Health Care Services; Institute of Medicine. (2012, November 20). *The role of telehealth in an evolving health care environment: Workshop summary*. Washington, D.C.: National Academies Press: <https://www.ncbi.nlm.nih.gov/books/NBK207146/>
- Office of Justice Programs. (2024, March 22). *Community violence intervention: A collaborative approach to addressing community violence*. U.S. Department of Justice. <https://www.ojp.gov/topics/community-violence-intervention>
- Dholakia, N., & Gilbert, D. (2021, September 1). *Community violence intervention programs explained*. Vera Institute of Justice. <https://www.vera.org/community-violence-intervention-programs-explained>
- Milburn, D., BSN, RN (2024). *Common telehealth challenges and how to overcome them*. Health Recovery Solutions. <https://www.healthrecoveryolutions.com/blog/common-telehealth-challenges-and-how-to-overcome-them>
- National Domestic Violence Hotline. (n.d.). *About the hotline*. Administration on Children, Youth and Families, Family and Youth Services Bureau, U.S. Department of Health and Human Services. <https://www.thehotline.org/about/>
- Obenschain, K. (2021, October 12). *How telehealth impacts screening for intimate partner violence*. Children's Hospital of Philadelphia: Center for Injury Research & Prevention. <https://injury.research.chop.edu/blog/posts/how-telehealth-impacts-screening-intimate-partner-violence>
- Rise Up Rochester, Inc. (n.d.). *Welcome. What we do*. <https://www.riseuprochester.net/>
- Simon, M. A., MD, MPH (2021, June 8). Responding to intimate partner violence during telehealth clinical encounters. *JAMA*, 325(22), 2307–2308. <https://doi.org/10.1001/jama.2021.1071>
- U.S. Department of Health and Human Services. (2023, July 27). *Why use telehealth?* Health Resources & Service Administration. <https://telehealth.hhs.gov/patients/understanding-telehealth>
- Townsend, S., PhD (2020, August 26). *Digital divide in Rochester: Initial data & actions taken*. ROC the Future. <https://unitedwayroclx.org/media/aysntetl/digital-divide-in-rochester-updated-aug-2020.pdf>
- Varshneya, R. (2018, October 11). *7 Telemedicine Concerns and How to Overcome Them*. Arizona Telemedicine Program. University of Arizona Health Sciences. <https://telemedicine.arizona.edu/blog/7-telemedicine-concerns-and-how-overcome-them>

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