



College of Liberal Arts

**Center for Public Safety Initiatives**

# Mental Health Services and Community Violence Intervention

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Irshad Altheimer, Ph.D.,  
Ellen M Granberg Endowed Professor, Department of Criminal Justice  
Director, Center for Public Safety Initiatives  
Rochester Institute of Technology  
[ixagcj@rit.edu](mailto:ixagcj@rit.edu)

Alexander Tobey,  
Research Associate  
Center for Public Safety Initiatives  
[adtgcj@rit.edu](mailto:adtgcj@rit.edu)

## Introduction

Violence is a significant public health issue, with a disproportionate impact on young men living in socioeconomically disadvantaged communities (Shulman et al., 2021). The repercussions ripple through communities, where poverty, racial disparities, and educational gaps intersect with the cycle of violence. Persistent exposure to violence not only generates negative social, behavioral, and health outcomes, it also intricately intertwines with mental health challenges such as depression, post-traumatic stress disorder (PTSD), substance use disorder (SUD), and more. These mental health challenges stem from the often-overlooked role of trauma, fueling the vicious cycle that exacerbates societal disadvantages and perpetuates violent behavior. Community violence intervention programs work to address the multifaceted mental health dimensions underlying this issue. Recognizing the critical importance of cultural competence, empowering the youth, facilitating healthy coping mechanisms, and accessibility to professional mental health services can safeguard a community's well-being.

## Community Violence and Mental Health

Community violence exhibits strong links to areas experiencing high poverty rates, with significant disparities in racial distribution, income, and education (Tyson McCrea et al., 2019). Remarkably, neighborhoods most afflicted with violence are often the most racially and economically segregated areas in their cities (Buggs, 2020). The convergence of factors like income inequality, environmental pollution, economic instability, historical

involvement in criminal-legal matters, along with insufficient access to quality education, stable housing, and affordable healthcare, collectively contributes to the prevalence of violence. High-poverty catalyzes high-crime environments fostering a pervasive sense of powerlessness within the community, hindering any ability to achieve sustainable success (Tyson McCrea et al., 2019). This profound hopelessness subsequently increases depression and other negative physical and psychological effects within the community.

Communities characterized by persistent violence have been observed to exhibit adverse social, behavioral, and health outcomes (Riley et al., 2017). Additionally, compromised cognitive functioning including depression, anxiety, and PTSD are linked with the chronic perceived threat to safety. Individuals living in high-crime communities frequently experience the loss of a loved one from violence (Smith et al., 2020). Understandably, experiencing unexpected loss can manifest itself as prolonged grief, PTSD, and depression which can linger temporarily or indefinitely. Smith et al., (2020) found that mental health problems in individuals reporting exposure to gun violence also reported heightened levels of psychological distress, depression, suicidal ideation, and psychosis-like symptoms in comparison to those without exposure to violence. Parents who witness or experience violence are susceptible to developing trauma symptoms, which can inadvertently impact their children, potentially resulting in behavior problems and substance abuse as they mature.

The National Institute of Mental Health (NIMH) defines substance use disorder (SUD) as a mental condition that impairs an individual's ability to control their use of substances like alcohol, opioids, and stimulants (NIMH, n.d.). Unfortunately, exposure to violence is often disregarded as a potential risk factor for SUD (Logan & Cole, 2022). Both adults and adolescents turn to substance use to cope and self-medicate against the emotional toll inflicted by violence-induced trauma (NIMH, n.d.; Reed et al., 2013). While substances may offer temporary relief of depression and anxiety, their use can worsen symptoms over time. Furthermore, individuals in recovery from SUD who neglect to address trauma symptoms increase their risk of relapse (Logan & Cole, 2022). This destructive cycle compounded by societal disadvantages intensifies strain, frustration, and aggression, perpetuating a cycle of violent behavior. In this context, community violence intervention programs addressing mental health issues becomes paramount to disrupt the cycle of violence in communities.

Community violence intervention programs recognize the crucial role of mental health support necessary for breaking the cycle of violence. Programs are challenged with implementing a multi-faceted approach to tackle mental health issues among diverse communities. A central objective is to provide accessible and culturally sensitive mental health services to those impacted by violence (Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment [SAMHSA], 2016). Cultural competence involves a set of skills and processes that enable professionals to deliver services suitable for diverse populations (SAMHSA, 2016; Bhui et al., 2007).

Communities across the U.S. facing disproportionate levels of violence are complex; one specific program that is effective in one community may not be universally effective. However, there are broader approaches that ensure effectiveness which can be adapted to suit the unique requirements of each community.

## **Addressing Mental Health**

Larbi et al. (2022) propose adaptable approaches aimed at diverse communities to address mental health concerns. The first suggestion focuses on supporting the youth within these communities, as children are particularly susceptible to developing PTSD and substance abuse when exposed to violence. Collaborative efforts between community-based programs and larger organizations can provide resources ensuring safety and managing stress-inducing environments. The National Child Traumatic Stress Network (NCTSN) is a nationwide coalition of providers collaborating to offer evidence-based services for trauma and associated conditions within community-based programs (Abdul-Adil, Suárez, 2021). Urban Youth Trauma Centers (UYTCs) are a product of the NCTSN that aim to raise awareness of violence-induced trauma. These centers provide trauma-informed training to service providers, enhancing their ability to assist the affected communities. UYTCs also offer services to address adolescent substance abuse and therapy for traumatic stress. Their adaptability and innovative approach make them a powerful asset, effectively meeting the diverse needs of different communities.

The second proposed approach involves adopting healthy and effective coping mechanisms (Larbi et al., 2022). It is important for individuals facing mental health

conditions to actively address grief and anger associated with violence and loss. Building connections with others who share experiences becomes pivotal in reinforcing social bonds and navigating compounding stress. Engaging with the community has proven to be an invaluable resource for managing distress (Hull et al., 2008). Participation in religious activities, nurturing neighborhoods, and friendship networks has demonstrated positive impacts on mental well-being, reducing instances of depression, childhood behavior problems, and susceptibility to substance abuse. Additionally, initiatives aimed at providing employment for adults and teenagers have yielded promising outcomes by alleviating stress and depression from living in violent communities. Employment-focused programs have offered individuals a vital source of social support, effectively countering the debilitating effects associated with residing in impoverished and chaotic communities.

Lastly, seeking additional resources for mental health is highly advantageous. Accessing behavioral health services is essential, as they offer supplementary tools and resources to aid those struggling with their mental health (Larbi et al., 2022). For instance, a Community Partners in Care (CPIC) study, a collaborative effort focusing on depression care, offers a comprehensive range of services including outpatient primary care, mental health, and SUD services, homeless services, and community-oriented services like senior centers, churches, etc., with the aim of assisting a predominantly under-resourced racial minority sample (Castillo et al., 2019). CPIC compared two approaches, Community Engagement and Planning (CEP) and Resource and Services (RS) to

implement a community-wide strategy for managing depression. The CEP program actively engaged with community initiatives, involving psycho-education, screening, and referrals to clinics and other social services. The program's outcomes showed significant improvements for participants, including improved health-related quality of life, "... increased physical activity, reduced homelessness risk factors, and reduced behavioral health hospitalizations." (Castillo et al., 2019, p. 2). This underscores the value of adopting a flexible approach that fosters community connections with professional support to promote mental well-being.

## Conclusion

There is a complex relationship between community violence and mental health within socioeconomically disadvantaged communities. The negative psychological effects of violence can lead to a range of mental health challenges such as depression, PTSD, substance use disorder and more. The intersections of poverty, racial disparities, and educational inequalities amplify the impact violence has on a community, creating environments of hopelessness and chronic threats to safety and well-being. These adverse conditions subsequently perpetuate a cycle of violence and mental health issues which further contributes to the intricate challenges these communities face. The implementation of trauma-informed and culturally sensitive programs, as well as the engagement of community-based programs and resources, is vital to disrupt this cycle. Focusing on youth support, healthy coping mechanisms, and accessible professional mental health services can be effective for enhancing mental well-being, reducing violence, and improving the quality of life for these communities.

## References

- Abdul-Adil, J., & Suárez, L.M. (2021, April 19). The urban youth trauma center: A trauma-informed continuum for addressing community violence among youth. *Community Mental Health Journal*, 58, 334-342. <https://doi.org/10.1007/s10597-021-00827-4>
- Bhui, K., Warfa, N., Edonya, P., McKenzie, K., Bhugra, D. (2007, January 31). Cultural competence in mental health care: A review of model evaluations. *BMC Health Services Research*, 7(15). <https://doi.org/10.1186/1472-6963-7-15>
- Castillo, E.G., Ijadi-Maghsoodi, R., Shadraven, S., Moore, E., Mensah, III, M.O., Docherty, M., Aguilera Nunez, M.G., Barcelo, N., Goodsmith, N., Halpin, L.E., Morton, I., Mango, J., Montero, A.E., Rahmanian Koushkaki, S., Bromley, E., Chung, B., Jones, F., Gabrielian, S., Gelberg, L., Greenberg, J.M.,... Wells, K.B. (2019, March 29). Community interventions to promote mental health and social equity. *Current Psychiatry Reports*, 21(35). <https://doi.org/10.1007/s11920-019-1017-0>
- Fleckman, J.M., Drury, S.S., Taylor, C.A., Theall, K.P. (2016, May 16). Role of direct and indirect violence exposure on externalizing behavior in children. *Journal of Urban Health*, 93(3), 479-492. <https://doi.org/10.1007/s11524-016-0052-y>
- Hull, P., Killbourne, B., Reece, M., Husaini, B. (2008, May 20). Community involvement and adolescent mental health: Moderating effects of race/ethnicity and neighborhood disadvantage. *Journal of Community Psychology*, 36(4), 534-551. <https://doi.org/10.1002/jcop.20253>
- Kraemer Tebes, J., Champine, R.B., Matlin, S.L., Strambler, M.J. (2019, August 24). Population health and trauma-informed practice: Implications for programs, systems, and policies. *American Journal of Community Psychology*, 64(3-4), 494-508. <https://doi.org/10.1002/ajcp.12382>
- Larbi, E. A., BA, Berendzen, H. M., MA, Smith, D. A., BS, Anderson, S. C., MPH, MCHES, Roary, M., PhD, MBA (2022, July 22). *Coping with community violence together*. Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/blog/coping-community-violence-together>
- Logan, TK, & Cole, J. (2022, February 14). Firearm-related threat exposure and associated factors among men and women entering a supporting housing substance use disorder recovery program, *The American Journal of Drug and Alcohol Abuse*, 48(3). 367-377. <https://doi.org/10.1080/00952990.2021.2007259>
- National Institute of Mental Health. (n.d.). *Substance use and co-occurring mental disorders*. U.S. Department of Health and Human Services, National Institute of Mental Health. <https://www.nimh.nih.gov/health/topics/substance-use-and->



[mental-health#:~:text=Occurring%20Mental%20Disorders-  
.Overview,most%20severe%20form%20of%20SUD.](#)

- Reed, E., Lawrence, D.A., Santana, M.C., Wells, C.S.L., Horsburg, R., Silverman, J.G., Rich, J.A., Raj, A. (2013, May 9). Adolescent experiences of violence and relation to violence perpetration beyond young adulthood among an urban sample of black and African American males, *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 91(1). 96-105. <https://doi.org/10.1007/s11524-013-9805-z>
- Riley, C., Roy, B., Harari, N., Vashi, A., Violano, P., Greene, A., Lucas, G., Smart, J., Hines, T., Spell, S., Taylor, S., Tinney, B., Williams, M., Wang, E. (2017, January 23). Preparing for disaster: A cross-sectional study of social connection and gun violence, *Journal of Urban Health*, 94, 619-628. <https://doi.org/10.1007/s11524-016-0121-2>
- Shulman, E.P., Beardslee, J., Fine, A., Frick, P.J., Steinberg, L., Cauffman, E. (2021, April ). Exposure to gun violence: Associations with anxiety, depressive symptoms, and aggression among male juvenile offenders, *Journal of Clinical Child & Adolescent Psychology*, 50(3). 353-366. <https://doi.org/10.1080/15374416.2021.1888742>
- Substance Abuse and Mental Health Services Administration (Center for Substance Abuse Treatment). (2016). *Improving cultural competence: Quick guide for clinicians*. HHS Publication No. (SMA) 16-4931. U.S. Department of Health and Human Services. <https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4931.pdf>
- Tyson McCrea, K., Richards, M., Quimby, D., Scott, D., Davis, L., Hart, S., Thomas, A., Hopson, S. (2019, April). Understanding violence and developing resilience with African American youth in high-poverty, high-crime communities, *Children and Youth Services Review*, 99, 296-307. <https://doi.org/10.1016/j.childyouth.2018.12.018>
- Zettler, H.R. (2020, July 13). Much to do about trauma: A systemic review of existing trauma-informed treatments on youth violence and recidivism, *Youth Violence and Juvenile Justice*, 19(1), 113-134. <https://doi.org/10.1177/1541204020939645>

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