

REDUCING & PREVENTING VIOLENT CRIME

While violent crime in cities has been steadily declining over the last 30 years, its impact on individuals, families, and institutions make it something cities must continue to work diligently to prevent. With intersecting root causes, there are many different tools cities can deploy to help prevent violence. This panel will highlight forward thinking approaches to reduce and prevent violent crime, especially in Black and Brown communities that face disproportionate impacts from them, such as using a public health approach in targeting violence, looking at root causes, and innovative targeted approaches to keep people from offending.

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SPEAKERS

MAYOR RAS BARAKA, CITY OF NEWARK, NJ

Mayor Ras J. Baraka’s progressive approach to governing has shined a national spotlight on Newark for its success in building cooperation between residents and the police, reducing crime to its lowest level in 50 years, establishing the nation’s strongest inclusionary zoning ordinance and civilian police review board, and prioritizing equitable growth. Under Mayor Baraka’s leadership, Newark has been recognized as a technology center - a finalist in Amazon’s search to locate a second world headquarters, as a city on the rise with more than \$4 billion in economic development underway, and as a place where the City and its major anchor institutions collaborate to place residents in local jobs, increase the number of Newarkers with college degrees and prepare school dropouts for successful careers.

Prior to becoming Mayor, Baraka was a long-time educator in the Newark Public Schools, his most recent assignment being principal of Central High School, a formerly failing school that he succeeded in turning around. His father, the late Amiri Baraka, was a legendary poet, playwright and civic activist. His mother, Amina Baraka, is herself a renowned poet. Mayor Baraka is a published poet as well.

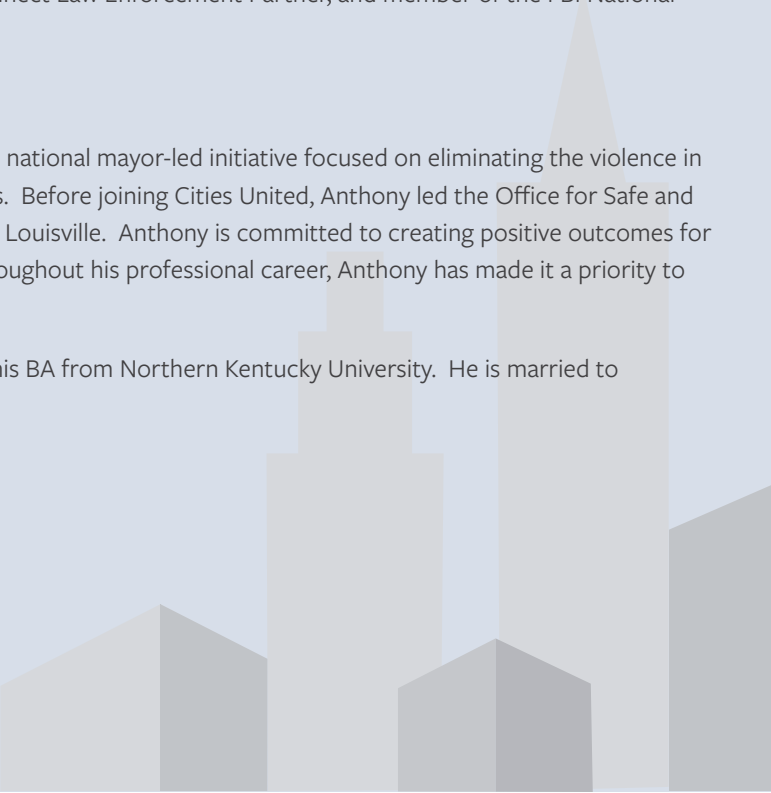
MELRON KELLY, CITY OF COLUMBIA, SC

Deputy Chief Melron Kelly is a 20-year veteran and second-in-command at the Columbia, South Carolina Police Department. He proudly serves as the commander of the Operations and Administrative Bureaus, which includes the Recruiting Division, Patrol/Regional Divisions, Criminal Investigations Division, and the Public Information / Media Relations and Marketing Departments. He is a Riley Diversity Fellow, Serve and Connect Law Enforcement Partner, and member of the FBI National Academy’s Class 270, and Omega si Phi Fraternity.

ANTHONY SMITH, CITIES UNITED

Anthony D. Smith is Executive Director for Cities United, a national mayor-led initiative focused on eliminating the violence in American cities related to African American men and boys. Before joining Cities United, Anthony led the Office for Safe and Healthy Neighborhoods for Mayor Fischer and the City of Louisville. Anthony is committed to creating positive outcomes for all youth, with a focus on young black men and boys. Throughout his professional career, Anthony has made it a priority to cultivate up and coming leaders.

Anthony was born and raised in Louisville, KY. He earned his BA from Northern Kentucky University. He is married to Devonya and has three boys – Kendrick, Haig and Chase.





The History of Violence

AS A PUBLIC HEALTH ISSUE



The History of Violence as a Public Health Issue

When and how violence was recognized as a matter for national—and then global—public health intervention

Violence is now clearly recognized as a public health problem, but just 30 years ago the words “violence” and “health” were rarely used in the same sentence. Several important trends contributed to a growing recognition and acceptance that violence could be addressed from a public health perspective. First, as the United States became more successful in preventing and treating many infectious diseases, homicide and suicide rose in the rankings of causes of death. Tuberculosis and pneumonia were the two leading causes of death at the turn of the 20th century. By mid-century, the incidence and mortality from these infectious diseases along with others such as yellow fever, typhus, poliomyelitis, diphtheria, and pertussis were dramatically reduced through public health measures such as sanitary control of the environment, isolation of contagious disease cases, immunization, and the application of new therapeutic and medical techniques. Since 1965, homicide and suicide have consistently been among the top 15 leading causes of death in the United States.^{1,2}

There are other reasons why violence became a greater focus for public health. The risk of homicide and suicide reached epidemic proportions during the 1980s among specific segments of the population including youth and members of minority groups. Suicide rates among adolescents and young adults 15 to 24 years of age almost tripled between 1950 and 1990.³ Similarly, from 1985 to 1991 homicide rates among 15- to 19-year-old males increased 154 percent, a dramatic departure from rates of the previous 20 years for this age group.⁴ This increase was particularly acute among young African American males. These trends raised concerns and provoked calls for new solutions.

Another important development was the increasing acceptance within the public health community of the importance of behavioral factors in the etiology and prevention of disease. It is now generally accepted that prevention of three of the leading causes of death in the United States—heart disease, cancer, and stroke—rests largely on behavioral modifications such as exercise, changes in diet, and



smoking cessation. Successes in these areas encouraged public health professionals to believe that they could accomplish the same for behavioral challenges underlying interpersonal violence and suicidal behavior. Finally, the emergence of child maltreatment and intimate partner violence as recognized social problems in the 1960s and 1970s demonstrated the need to move beyond sole reliance on the criminal-justice sector in solving these problems.



Calls for Action

These trends and developments led to the publication of several landmark reports that highlighted the public health significance of violence. In 1979, the Surgeon General's Report, *Healthy People*, documented the dramatic gains made in the health of the American people during the previous century and identified 15 priority areas in which, with appropriate action, further gains could be expected over the course of the next decade.⁵ Among the 15 was control of stress and violent behavior. This report emphasized that the health community could not ignore the consequences of violent behavior in an effort to improve the health of children, adolescents, and young adults. The goals for violence prevention established in this report were translated into measurable objectives in *Promoting Health/Preventing Disease: Objectives for the Nation*.⁶ These objectives called for substantial reductions by 1990 in: (1) the number of child-abuse injuries and deaths, (2) rate of homicide among black males 15 to 24 years of age, (3) rate of suicide among 15 to 24 year olds, (4) number of privately owned handguns, and (5) improvements in the reliability of data on child abuse and family violence. In 1985, the *Report of the Secretary's Task Force on Black and Minority Health* identified homicide as a major cause of the disparity in death rate and illness experienced by African Americans and other minorities relative to non-Hispanic whites.⁷ And the

Violence Prevention Timeline

1979

A report from the Surgeon General of the United States: *Healthy people: The Surgeon General's report on health promotion and disease prevention* identifies violence as one of the 15 priority areas for the nation. The report states that violence can be prevented and should not be ignored in the effort to improve the nation's health.

1980

The first measurable objectives for violence are established for the nation by the Department of Health and Human Services – *Promoting Health/Preventing Disease: Objectives for the Nation*.

1981

CDC epidemiologists begin one of the first collaborative efforts with law enforcement to investigate a series of child murders in Georgia.

1983

CDC establishes the Violence Epidemiology Branch to focus its public health efforts in violence prevention.

1989 *Report of the Secretary's Task Force on Youth Suicide* provided a comprehensive synthesis of the state of knowledge about youth suicide and recommended a course of action for stemming the substantial increases that had occurred over the previous three decades.³

Response to the Call

The emergence of violence as a legitimate issue on the national health agenda spurred a variety of responses from the public health sector during the 1980s. In 1983, the CDC established the Violence Epidemiology Branch, which was integrated into the Division of Injury Epidemiology and Control (DIEC) three years later. The creation of DIEC was a direct consequence of a National Research Council (NRC) and Institute of Medicine (IOM) report, *Injury in America: A Continuing Public Health Problem*.⁸ This report recommended establishing a federal center for injury control within the CDC and called for funding that would be commensurate with the size of the problem. Support for the NRC/IOM report recommendations contributed to a gradual increase in the number of staff and the size of the budget devoted to violence prevention research and programmatic activities at the CDC.

Further evidence of increased concern from the public health community during the 1980s was provided by the Surgeon General's Workshop on Violence and Public Health in 1985.⁹ This workshop was the first time that the Surgeon General clearly recognized violence as a public health problem and encouraged all health professionals to respond.

Applying the Tools of Epidemiology

During the same period, the CDC undertook a number of high-profile epidemiologic investigations, looking into a series of child murders in Atlanta and a suicide cluster in Plano, Texas.^{10, 11} These investigations helped to demonstrate that epidemiologic research methods could successfully be applied to in-



1985

The Surgeon General's Workshop on Violence and Public Health focuses the attention of the public health world on violence and encourages all health professionals to become involved.

CDC investigates a pattern of suicides in Texas, the first demonstrated use of field epidemiological techniques to identify suicide clusters.

The Report of the Secretary's Task Force on Black and Minority Health is released and underscores the importance of addressing interpersonal violence as a public health problem and identifies homicide as a major contributor to health disparities among African-Americans.

1986

CDC establishes the Division of Epidemiology and Control.

1989

Report of the Secretary's Task Force on Youth Suicide is released.

cidents of violence. Public health professionals contributed to the understanding of violence through the use of epidemiologic methods to characterize the problem and identify modifiable risk factors. In particular, efforts were made to: (1) describe the problem of homicide and suicide as causes of death, (2) monitor public health objectives for homicide and suicide, (3) examine epidemiologic characteristics of different types of homicide, (4) characterize homicide as a cause of death in the workplace, (5) describe patterns of homicide and suicide victimization in minority populations and among children, (6) study physical child abuse, and (7) quantify the risks of homicide and suicide associated with access to firearms.¹²⁻¹⁴

Determining What Works

Beginning in the early 1990s the public health approach to violence shifted from describing the problem to understanding what worked in preventing it. These efforts were bolstered by a number of appropriations from Congress. In 1992, the CDC received its first appropriation aimed at curbing the high rates of homicide among youth. The following year, the CDC published *The Prevention of Youth Violence: A Framework for Community Action*, an influential document that outlined the steps necessary to implement a public health approach to



youth violence prevention.¹⁵ By 1993, numerous violence-prevention programs were being developed and undertaken in schools and communities across the United States. In 1993, the CDC received its second appropriation for youth violence and used it to evaluate some of the more common prevention approaches being tried across the United States. These evaluation studies were among the first randomized control trials to specifically assess the impact of programs on

1990

“Violent and Abusive Behavior” is included as 1 of 22 public health priority areas in *Healthy People 2000*, the national disease-prevention and health-promotion strategy. It calls for “cooperation and integration across public health, health care, mental health, criminal justice, social service, education, and other relevant sectors.”

CDC establishes The Youth Risk Behavior Surveillance System to monitor priority health risk behaviors among adolescents, including violence-related behaviors that contribute markedly to the leading causes of death and disability in the United States.

1992

CDC receives its first congressional appropriations for youth violence prevention.

violence-related behaviors and injury outcomes. Overall, they helped demonstrate that significant reductions in aggressive and violent behavior were possible with applied, skill-based violence-prevention programs that address social, emotional, and behavioral competencies, as well as family environments.

The achievements made in the prevention of youth violence throughout the 1980s and 1990s were published in *Youth Violence: A Report of the Surgeon General*, which provided a comprehensive synthesis of the state of knowledge about youth violence, including what was known about the different patterns of offending, risk and protective factors within and across various domains (e.g., peer, family, school, and community), and about the effectiveness of prevention programs.¹⁶ The report also highlighted the cost effectiveness of prevention over incarceration and set forth a vision for the 21st century.

The early successes in youth-violence prevention paved the way for a public health approach to other violence problems such as intimate partner violence, sexual violence, and child maltreatment. Efforts were made to document each problem, understand the risk and protective factors associated



1993

A special issue of *Health Affairs* addresses violence as a public health issue – the first special issue to examine violence as a public health problem.

CDC establishes the Division of Violence Prevention within the newly created National Center for Injury Prevention and Control. The Division leads CDC's efforts to prevent injuries and deaths caused by violence.

CDC publishes *The Prevention of Youth Violence: A Framework for Community Action* to mobilize communities to effectively address the epidemic of youth violence sweeping the nation.

with each type of violence, and begin building the evidence-base for prevention. In 1994, for example, the CDC and the National Institute of Justice collaborated on the first national violence-against-women survey. Conducted over the next two years, the survey produced the first national data on the incidence, prevalence, and economic costs of intimate partner violence, sexual violence, and stalking.¹⁷ In 1994, Congress passed the Violence Against Women Act (Title IV of the Violent Crime Control and Law Enforcement Act)—landmark legislation that established rape prevention and education programs across the nation, in Puerto Rico and six other U.S. territories and called for local demonstration projects to coordinate the intervention and prevention of domestic violence. The CDC was given the federal responsibility to administer both efforts. The appropriations for these programs and their subsequent reauthorization from Congress were instrumental in building the infrastructure and capacity for the prevention of intimate partner violence and sexual violence at the local and state level.

Moving Forward in a Global Context

As public health efforts to understand and prevent violence gained momentum in the United States, they garnered attention abroad. Violence was placed on the international agenda in 1996 when the World Health Assembly adopted Resolution WHA49.25, which declared violence “a leading worldwide public health problem.” The resolution requested the WHO to initiate public health activities to: (1) document and characterize the burden of violence, (2) assess the effectiveness of programs, with particular attention to women and children and community-based initiatives, and (3) promote activities to tackle the problem at the international and country level. In 2000, the WHO created the Department of Injuries and Violence Prevention to increase the global visibility of unintentional injury and violence and to facilitate public health action. The organization’s *World Report on Violence and Health*, published in 2002, is used throughout the world as a platform for increased public health action toward preventing violence.¹⁸



Violence Prevention Timeline

1994

CDC and the National Institute of Justice collaborate on the National Violence against Women Survey. The survey, conducted in 1995-1996, provides the first national data on the incidence and prevalence of intimate partner violence, sexual violence, and stalking.

Congress passes the Violence Against Women Act (Title IV of the Violent Crime Control and Law Enforcement Act) which includes support for coordinated community responses to prevention intimate partner violence and state grants for rape prevention and education.

1996

The World Health Assembly passes a resolution and declares that “violence is a leading worldwide public health problem.”

Next Steps

As we move into the 21st century, public health is placing greater emphasis on disseminating and implementing effective violence-prevention programs and policies. The need to document and monitor the problem and identify effective programs and policies through research remains critically important. Nevertheless, a strong foundation has been laid for future success.



1999

CDC publishes *Best Practices of Youth Violence Prevention: A Sourcebook for Community Action*.

The U.S. Surgeon General releases the *Call to Action to Prevent Suicide* report.

2000

WHO creates the Department of Injuries and Violence Prevention.

CDC receives congressional appropriations to establish 10 National Academic Centers of Excellence for Youth Violence Prevention.

2001

The U.S. Surgeon General releases a comprehensive report synthesizing the state of knowledge on youth violence and its prevention.

The *National Strategy for Suicide Prevention* is released by the Department of Health and Human Services.

CDC receives first congressional appropriations for child maltreatment prevention.

PERSPECTIVE

There's No Such Thing as a Dangerous Neighborhood

Most serious urban violence is concentrated among less than 1 percent of a city's population. So why are we still criminalizing whole areas?



FEB 25, 2019

An abandoned building in Providence, Rhode Island. Lucas Jackson/Reuters

STEPHEN LURIE

Writer and former policy advisor at the National Network for Safe Communities

In 1982, George L. Kelling and James Q. Wilson told a story about a window, a story that changed the fates of entire neighborhoods for decades. Writing in the March issue of *The Atlantic*, Kelling and Wilson proposed that American policing needed to get back to the project of maintaining order if America wanted communities be safe from harm. “Disorder and crime are usually inextricably linked, in a kind of developmental sequence,” they argued. One broken window leads to scores of broken windows; broken windows signal the breakdown of neighborhood social control; neighborhoods become “vulnerable to criminal invasion,” communities ridden with destruction, drug dealing, prostitution, robbery, and ultimately, serious violence.

In essence, Kelling and Wilson argued that latent danger loomed everywhere, and everywhere people’s disorderly impulses needed to be repressed, or else. Their “broken windows theory” didn’t stay theoretical: Also known as order maintenance policing, this tactic propelled an entire generation of policing practice that sought to crack down on minor “quality-of-life” infractions as a way to stem violence.

As taken up by police in New York City, Los Angeles, and across the country, broken windows policing led to the aggressive use of stops, summons, and misdemeanor arrests in predominantly black and Hispanic neighborhoods. More than 30 years later, the evidence demonstrates that the broken windows paradigm does little to nothing to reduce serious crime but does tend to make people *feel* more unsafe, reduce trust in and cooperation with police, and could contribute to, in fact, producing and facilitating more violence.

While police departments often recognize that “we can’t arrest our way out of the problem,” the broken windows paradigm remains active throughout policing. Perhaps most significantly, it still colors how the public views violence and demands responses to it: both as a danger that characterizes entire poor communities of color, and as a menace that poses a constant threat.

This long-held view is, simply, wrong.

The knowledge that we’ve gained since 1982 unequivocally tells us something else: Serious violence is extremely concentrated in very particular places and, most importantly, among very particular people. Dispelling the notion of “dangerous neighborhoods,” extensive research on geographic concentration has consistently found that around half of all crime complaints or incidents of gun violence concentrated at about 5 percent of street segments or blocks in a given city. Moving past “violent communities,” sophisticated analysis of social networks have demonstrated that homicides and shootings are strongly concentrated within small social networks within cities—and that there is even further concentration of violence within these social networks.

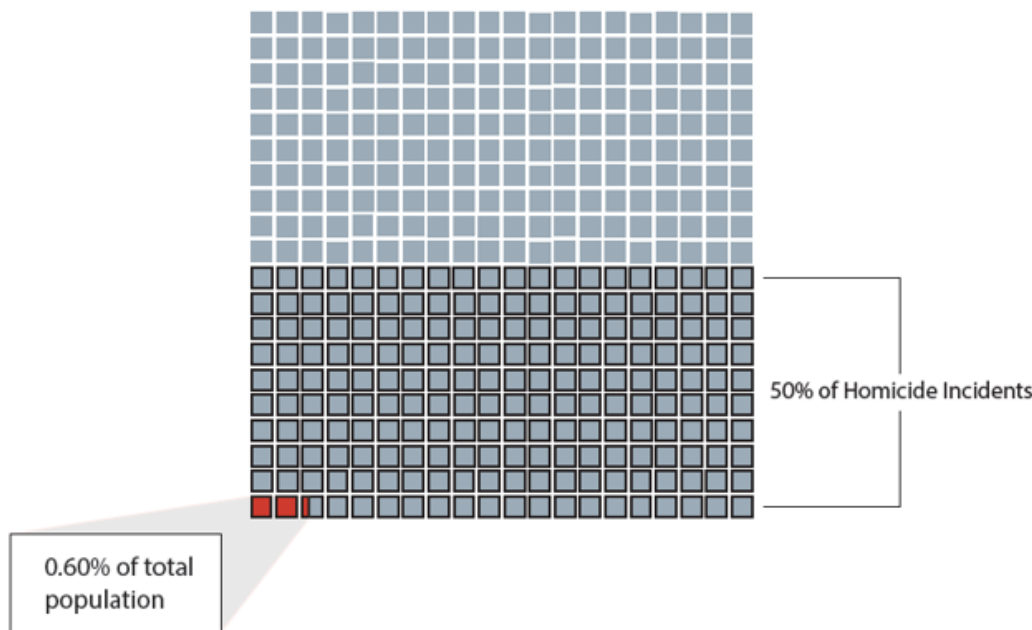
For example: In Chicago, a city often used in the media and elsewhere as an example of the worst of American urban violence, researchers found that a social network with only 6 percent of the city’s population accounted for 70 percent of nonfatal gunshot victimizations. Violent crime isn’t waiting to happen on any given block of a poorer neighborhood, nor is it likely to arise from just anyone who happens to live in one.

While violence is concentrated in very particular places, it’s not the places themselves that are committing homicides.

And, despite claims to the contrary about upticks in violence associated with the “Ferguson Effect” or “ACLU Effect”—reductions in street stops when police have opted to, or have been forced to, change enforcement practices—massive levels of low-level enforcement does not produce public safety. In fact, such policing can make communities less safe by pushing people away from formal means of resolving disputes and towards private forms of violence. So how can we explain the nature of serious urban violence?

At the American Society of Criminology’s annual conference, my colleagues and I at the National Network for Safe Communities at John Jay College recently presented evidence of what many in the violence prevention field have known for a long time, but has yet to become the public common sense. In our forthcoming study of serious violence in over 20 cities, we found that less than 1 percent of a city’s population—the share involved in what we call “street groups” (gangs, sets, and crews)—is generally connected to over 50 percent of the city’s shootings and homicides. We use “group” as a term inclusive of any social network involved in violence, whether they are hierarchical, formal gangs, or loose neighborhood crews. In city after city, the very small number of people involved in these groups consistently perpetrated and were victimized by the most serious violence.

To be clear: The number of group-involved people actually committing homicides or shootings is still far smaller than the less-than-1-percent of a city’s population in these groups.



(National Network for Safe Communities/John Jay College)

This held true even in areas considered chronically “dangerous,” like parts of East Baltimore. There, the group member population totaled only three quarters of a percentage point, even as they were connected to 58.43 percent of homicides. Shootings tend to be even more concentrated than homicides. In Minneapolis, we found that 0.15 percent of the population was determined to be involved in groups, but this population was connected to 53.96 percent of shootings—a proportion over 350 times higher than their population representation.

More than geography or social networks, this evidence offers the most focused lens yet in to what violence really looks like in American cities. Crucially, focusing on groups offers an explanation for homicides and shootings in ways that other theories have not. Broken windows theory posits that public disorder encourages lawlessness of all sorts. But it’s not clear why exactly someone who has started breaking the windows of abandoned cars—or someone simply observing petty acts of vandalism—would conclude from this that it’s also acceptable to shoot other human beings. While violence is concentrated in very particular places, it’s not the places themselves that are committing homicides.

Rather, to understand violence, our research points again to the context, norms, and dynamics of street groups. Street groups involved in violence are generally composed of young men of color living in communities with long histories of structural discrimination and alienation from state institutions, particularly law enforcement. These areas have generally suffered from both over-enforcement and under-protection. Intrusive, broken-windows-style policing means mass stop-and-frisk interactions, along with tickets and arrests for minor offenses—but it doesn’t come with an equivalent investment in preventing or solving offenses like homicide. Indeed, it often makes it harder to do so, thanks to the cycle of mistrust between police and community

members. The near-total impunity for homicides and shootings in distressed communities signals that the state can't or won't actually protect people from the most significant harm.

Where that's true, people feel the need to protect themselves and settle disputes through other means, including private violence. Street groups offer the perception of safety, but tend to embed norms and behaviors that produce violence and put group members at even more risk. Those norms include the use of violence to defend status and solve disputes, the presence of gun carrying, and cycles of retaliation. Being involved with a street group makes people more likely to be both a perpetrator and a victim of serious violence. It's not a surprise that groups are disproportionately connected to the total violence in a city—violence is acted out by people within a context of alienation from formal public safety systems and who face a very real fear of victimization.

If we recognize how violence actually transpires in our cities, we can reorient how we try to stop it. Less than 1 percent of the population is involved in groups connected to half of homicides and shootings—but there is, in fact, a far smaller number of people within those groups directly involved in committing that violence. We should direct public safety approaches at this tiny subset of the population, and recognize the concentration of trauma and violence around them. For example, hospital intervention, street outreach, and focused deterrence strategies all focus resources on the people at highest risk of being involved in violence. The strategies that focus specifically on groups offer a more effective, and less damaging, approach to preventing violence than surveilling a vast number of unknown perpetrators across entire areas of a city.

Changing public consciousness about the nature of violent crime is crucial to undermining the appeal of the broken windows paradigm. The notion that public disorder drives criminality can seem an intuitive approach to public safety. But if people understand that most serious violence circles specific interpersonal group dynamics in structurally disadvantaged communities, order maintenance policing seems more like what study after study shows it is: an unnecessary evil.

That doesn't mean there's no connection between the condition of the built environment and crime: Some kinds of place-based interventions, such as cleaning and converting vacant land, for example, do appear to increase public safety. But those projects don't use arrests or stops to fix broken windows. Stopping violent crime means addressing the risks and needs of those most likely to be involved in it. Now that we have clear evidence of the extraordinary concentration of that risk in American cities, we can and should follow those facts, not a theory that's only ever been just that.

About the Author

Stephen Lurie

Stephen Lurie is a writer and former research and policy advisor at the National Network for Safe Communities. He is based in Brooklyn.

RESEARCH



TESTING A PUBLIC HEALTH APPROACH TO GUN VIOLENCE

An Evaluation of Crown Heights Save Our Streets,
a Replication of the Cure Violence Model

Written by

Sarah Picard-Fritsche and Lenore Cerniglia

Acknowledgements

This report presents a comprehensive process and impact evaluation of the Save Our Streets (SOS) gun violence prevention program, launched by the Crown Heights Community Mediation Center and the Center for Court Innovation in January 2010. The authors thank the Save Our Streets staff for their contributions to the evaluation, including participation in one-on-one interviews and administration of the community survey. We also thank Benjamin Smith for his assistance with the process evaluation. We are particularly grateful to the SOS project director, Amy Ellenbogen, for her commitment to the evaluation process and comments on the report. We would also like to thank Michael Rempel and Greg Berman for their contributions to the analysis and comments on earlier drafts of this report.

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The cover photograph is courtesy of photographer Amnon Gutman.

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EXECUTIVE SUMMARY

Save Our Streets (SOS) is a community-based project established to address the problem of gun violence in Crown Heights, a neighborhood in central Brooklyn, New York. SOS is a replication of Chicago Ceasefire, a public health model for gun violence prevention founded in Chicago in 1999. The primary components of the Chicago Ceasefire model are outreach and conflict mediation directed towards individuals at high risk for future gun violence, as well as broader community mobilization and public education efforts throughout the target community.

In 2008, using a quasi-experimental comparison neighborhood design, researchers with Northwestern University found that the original Chicago Ceasefire project had a statistically significant impact on the incidence and density of gun violence in three of five intervention neighborhoods (Skogan et al. 2008). A subsequent evaluation of a replication effort in Baltimore found that it too reduced gun violence in three of four intervention neighborhoods (Webster et al. 2009). However, an evaluation of a Pittsburgh replication that opted to omit several of the original program elements did not detect positive results (Wilson et al., 2010).

The SOS project sought to implement the original Chicago model with high fidelity--with the help of technical assistance from the Chicago-based founders. Accordingly, this process and impact evaluation provides an important opportunity to determine whether Chicago Ceasefire can be effectively exported to other communities (the City of New York, for example, currently has Ceasefire replications in the works in several neighborhoods including Harlem, Jamaica, East New York, and the South Bronx).

About the Save Our Streets (SOS) Project

Save Our Streets (SOS) was implemented by the Crown Heights Community Mediation Center, a project of the Center for Court Innovation in New York. The planning process began in 2009 and involved Crown Heights staff working in collaboration with local stakeholders and staff of the Chicago Project on Violence Prevention, which founded Chicago Ceasefire.

With funding from the US Department of Justice's Bureau of Justice Assistance, SOS began outreach and community mobilization activities in early 2010. This report evaluates the project from January 2010 through May 2012. The key program elements were as follows:

- Target Population: The Chicago Ceasefire Model is a data-driven model based on evidence that a relatively small group of high-risk individuals is responsible for perpetrating a majority of violent crimes.
- Public Health Perspective: Similar to previous public health strategies for addressing problems such as smoking or seatbelt use, the Ceasefire model attempts to modify community norms regarding gun violence.
- Street Outreach and Conflict Mediation: The Ceasefire model seeks to identify and engage individuals deemed to be at a high risk for future violence through street outreach by "credible messengers," with experience in the target neighborhood and knowledge of local gang or street conflicts.

- **Public Education and Community Mobilization:** The Ceasefire model seeks to mobilize community leaders, clergy, residents, and law enforcement to change community-wide norms and perceptions related to gun violence. The model includes planned community events as well as “shooting responses” (vigils held within 72 hours of a shooting at or close to the shooting location with the purpose of sending a message that violence will not be tolerated).

In both initial design and implementation, SOS sought to adhere closely to the Chicago model. However, one substantive alteration was made to the SOS project design: The four staff members hired to conduct outreach activities were also tasked with conducting conflict mediation (“violence interruption”), whereas in the current Chicago Ceasefire model they are conceived to be distinct roles filled by separate staff members. This alteration does not appear to have had a significant impact on the ability of the team to conduct conflict mediation activities.

Outreach and Conflict Mediation Activities

The research team documented the following activities in Crown Heights:

- **SOS Client Characteristics:** Over the 29-month period studied, four SOS outreach workers recruited 96 participants. The majority of SOS participants were assessed as high risk (68%) or medium risk (18%), based on age, educational or employment problems, prior involvement with the justice system and gang activity. Demographically, most participants were male, black or West Indian, and between the ages of 15 and 26.
- **Outreach Content:** Outreach program participants were retained in the program on average for one year. Outreach workers carried caseloads of 5-15 participants and reported spending approximately 20 one-on-one hours with each participant over the course of their participation. Interviews with outreach workers suggest that time with participants was spent finding nonviolent alternatives to conflict, helping them understand the risks of gun violence, and acting as “a father-figure, friend, or spiritual advisor.”
- **Violence Interruption:** Outreach workers also worked as “violence interrupters” by identifying and mediating street conflicts that were likely to erupt into gun violence. The staff reported mediating more than 100 potentially violent street conflicts involving more than 1,000 individuals over the 29-month study period.

Impact on Gun Violence

An interrupted time series method was used to analyze the impact of the SOS project on gun violence. The analysis compared Crown Heights to a matched comparison group of three adjacent police precincts with similar demographic and baseline violent crime rates. (The comparison precincts approximately correspond to the neighborhoods of Brownsville, East Flatbush, and parts of Bedford-Stuyvesant). The analysis spanned 18 months prior to SOS implementation (pre period) and 21 months following implementation (post period).

- Changes in Gun Violence: Results showed that average monthly shooting rates in Crown Heights decreased by 6% from the pre to the post periods, while increasing in the three comparison areas between 18% and 28%.
- Relative Reduction in Gun Violence: The 6% decline in gun violence in Crown Heights after SOS was not statistically significant in and of itself, but when compared with the upward trend in the comparison precincts, the relative difference between Crown Heights and the other neighborhoods was significant. This analysis suggests that gun violence in Crown Heights was 20% lower than what it would have been had gun violence trends mirrored those of similar, adjacent precincts.

During the post-implementation period, monthly shooting rates increased in Brooklyn as a whole by nearly 20%, mirroring the average increase in the three comparison neighborhoods and suggesting that the comparison neighborhoods were broadly representative of borough-wide trends. Additionally, preliminary research suggests that there were no new violence prevention or special policing initiatives in Crown Heights during the implementation period other than SOS. These factors suggest that the decrease in Crown Heights may be attributable to the SOS program, rather than displacement of violent crime to neighboring precincts.

Impact on Community Norms Regarding Gun Violence

Over the 29-month study period, SOS organized 43 community events and 50 targeted shooting responses that were estimated to have attracted more than 6,000 participants. Additionally, the staff distributed over 5,000 flyers, educational materials, and posters regarding gun violence to stores, community centers and individuals across Crown Heights.

To measure the impact of the SOS community mobilization campaign, the research team conducted an anonymous pre/post survey of Crown Heights residents regarding perceptions of community safety and exposure to gun violence and the community mobilization campaign. The pre-SOS survey was conducted in July 2010, approximately three months after full SOS implementation, and the post-SOS survey was conducted 16 months later in November 2011. A convenience sample of approximately 100 residents recruited from public spaces participated in each wave of the survey.

- Resident Exposure to the Community Mobilization Campaign: Results from the community survey suggested that a high percentage of the community was exposed to the mobilization campaign. Specifically, at Wave I, only 27% of respondents were aware of a violence prevention campaign in the neighborhood, compared with 73% of survey respondents at Wave II.
- Perceptions of Campaign Effectiveness: Survey results suggested that exposure to SOS increased residents' confidence in the potential of a mobilization campaign to decrease gun violence in the community. Specifically, only 29% of Wave I respondents felt that a campaign such as SOS would be "very likely" to reduce gun violence as compared with 55% of respondents in Wave II. Respondents who personally participated in one or more community events or targeted shooting responses were significantly more likely than others to believe in the efficacy of the community mobilization campaign.

- Perceptions of Safety and Norms Related to Gun Possession: According to the survey results, the SOS program did not have a significant impact on residents' sense of safety in the neighborhood or opinions of the legitimacy of carrying guns or joining a gang for self-protection.
- Relationship of Violence Exposure and Normative Perceptions: One unanticipated survey finding was that opinions of the legitimacy of gun ownership and gang membership was significantly correlated with levels of exposure to gun violence in both survey waves. Among respondents who had ever seen someone threatened or shot with a gun, 56% supported the legitimacy of carrying a gun for self-protection, compared with only 35% of those who had not witnessed violence. Respondents who had witnessed violence were also more likely to support joining a gang for self-protection (31%) when compared with those who had not witnessed violence (23%).

This report is divided into six chapters: Chapter One provides an overview of the Chicago Ceasefire Model and background on the Save Our Streets project. Chapter Two is a review of the current academic literature on the problem of gun violence and the evaluation literature of Chicago Ceasefire and similar multi-component models for violence reduction (i.e., Project Safe Neighborhoods, Boston Gun Project). Chapter Three presents program data regarding the number and profile of clients as well as types of outreach, violence interruption, and community mobilization activities conducted by the SOS project. Chapter Four presents findings on the impact of SOS on gun violence in the target neighborhood of Crown Heights, when compared with three similar precincts (all shown in Figure 1.2) that did not have an intervention. Chapter Five examines the impact of the community mobilization component on experiences and perceptions of gun violence among residents of Crown Heights. Finally, Chapter Six discusses the implications of the study findings for policy, practice and future research in the field of violence prevention.

Strategies to Prevent Urban Violence

A Companion Report to the SSYI Evidence and Implementation Review

September 2013

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Executive Summary

The Massachusetts Safe and Successful Youth Initiative (SSYI) commissioned a review of strategies utilized by the federal government, states and cities trying to address serious youth violence among older youth ages 14-24. The goal of this work is to provide Massachusetts with a sense of where its own violence prevention efforts fit among the range of initiatives implemented in localities nationwide and provide additional insights on strategies that SSYI may want to employ in the future. This strategy review complements the 2013 report *“What Works to Prevent Urban Violence Among Proven Risk Young Men? The Safe and Successful Youth Initiative Evidence and Implementation Review”*. In that report, the SSYI evaluation team reviewed the state of the research on effective urban violence prevention programs targeting highest risk older youth, ages 14-24. Taken together, the guidance from research on effective programs and high quality implementation, along with the best thinking from state and local policymakers, provide SSYI with valuable information to inform SSYI moving forward.

Findings

While the federal government has been steadily increasing support for funding violence prevention activities in urban centers and among older youth involved with guns and gangs, very few states have made this type of violence the focus of their crime prevention efforts. The preponderance of state-level plans and funded programs aimed at curbing violence either target domestic and family violence or school-based violence, such as bullying. Of the 12 states which currently have public plans to combat serious youth violence:

- 7 of the 12 state plans were created in 2012 or later.
- 4 of 12 state plans specifically target gang members.
- Only 5 states currently provide funding to support recommendations in their state plan.
- 4 of 12 state plans support models that incorporate, or replicate, CeaseFire approaches.
- 1 state targets violent offenders who are also drug offenders, using all federal funds.
- 1 state employs intensive supervision of former violent offenders as its sole strategy.
- Only 1 state’s violence plan comes from a state Health Department.
- None of the state initiatives has been independently evaluated.

City-based initiatives to combat youth street violence are much more common than state strategies and in those cities at the top of the statistical rankings for having the most homicides per 100, 000 persons in 2012 there is typically more than one intervention in operation. The ten cities with the highest per capita homicide rate in 2012 are Detroit, Baltimore, Philadelphia, Memphis, Chicago, Milwaukee, Oklahoma City, Washington, D.C., Dallas, and Indianapolis. Of these ten cities:

- *4 of the 10 cities receive federal funding from the National Forum to Prevent Youth Violence.*
- *3 of the 10 cities have Academic Centers for Excellence in Youth Violence Prevention, funded by the Centers for Disease Control (CDC).*
- *None of the cities are funded to implement the STRYVE model from the CDC, although the Chicago Health Department follows this model in their practices.*
- *Chicago and Memphis receive philanthropic funds from the Bloomberg Mayors Innovation Delivery Team (MIDT), but only Memphis uses funds to reduce gun violence.*
- *5 of the 10 cities are implementing some variation of the CeaseFire approach.*
- *3 of the cities (Oklahoma City, Dallas, and Indianapolis) use no discernible youth violence prevention strategies aside from G.R.E.A.T. and tougher sentencing for gun-related crimes.ⁱ*
- *6 of the 7 cities implementing actual programming targeting youth at highest risk for violence use street outreach methods and provide supportive services.*

Philanthropic and medical community efforts to prevent youth violence are not that commonplace, although efforts appear to be growing in both areas. Some city trauma centers offer services to surviving gunshot victims in an attempt to prevent retaliatory shootings and engage family and friends who come visit these patients, with supportive services they may need. This is a unique access point for working with young people and other community members who can simultaneously be victims, offenders, and even bystanders to become part of the violence prevention solution. These programs should be evaluated in order to determine their place in larger-scale community-based violence prevention initiatives.



Interventions for Reducing Violence and its Consequences for Young Black Males in America

A CITIES UNITED REPORT

By Arnold Chandler,
Forward Change Consulting

Violent Crime - 23 of 81

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A. Structural Violence Prevention

Structural violence prevention refers generally to policy or program interventions that alter the structural underpinnings of violence to produce a reduction in violence over time. Interventions targeted at reducing neighborhood concentrated disadvantage or increasing the cohesion and informal control of neighborhoods by their residents are examples of structural violence prevention efforts. However, in the systematic reviews and meta-analyses that formed the basis for identifying evidence-based interventions in this report, no structural violence prevention interventions were identified.

A separate research scan was conducted to identify any community investment, neighborhood development, or housing-related intervention that has been shown in a research study to have the apparent effect of reducing violence in a community. One program in Seattle, the Neighborhood Matching Fund (NMF), was the only intervention identified in this scan. While the design of the study that assessed the impact of the NMF on violence in Seattle was neither experimental nor quasi-experimental, it has been included in this report to provide a potentially informative example of a possible structural violence prevention intervention.

Neighborhood Matching Fund, Seattle

Neighborhood Matching Fund is a neighborhood improvement funding program launched in Seattle, Washington in the 1980s that is targeted to low- and moderate-income neighborhoods.

Description: Founded in the late 1980s, the NMF, administered by the Seattle Department of Neighborhoods, provides resources to neighborhood-based community organizations to implement neighborhood improvement projects. The program provides funds to match either financial or in-kind (in the form of volunteer time) contributions from local residents, with the majority of funds targeted to low- and moderate-income neighborhoods.

Impact: Although not specifically a crime- or violence-reduction initiative, by facilitating community activism and strengthening ties among residents, the NMF is believed to strengthen informal social control within neighborhoods, contributing to a violence reduction effect. A regression-controlled panel study examined the association of changes in violent crime rates with neighborhood investments from 1993 to 2007, while taking into account overall declining violent crime rates during this period. Neighborhoods in the program receive, on average, \$11,000 a year and during the study period received an average of more than \$110,000 in total. By correlating NMF investments with changes in violent crime rates, the researchers found that “as neighborhood disadvantage increases, the association between annual funding and violent crime becomes significantly stronger and negative, so that higher levels of annual funding are associated with substantially lower violent crime rates.”²⁶ Specifically, the study found that gaining around \$150,000 in cumulative funding over 14 years was associated with a 50 percent reduction in crime rates over comparable neighborhoods that did not receive funding.

While neighborhood investments may be a promising avenue for reducing neighborhood violence, this study is limited in that it did not use an experimental or quasi-experimental design and that Seattle is a relatively advantaged city with low levels of segregation and concentrated disadvantage. Further research on neighborhood investment programs is needed to validate them as a potential violence reduction approach.

B. Developmental/Life Course Violence Prevention

Developmental violence prevention relies on evidence and theories that see violence as the result of a behavioral progression in which earlier life course precursors signal an increasing risk for later violence.²⁷ Developmental interventions target the most salient risk and protective factors, such as those depicted in Figures 1 and 2, at different ages to shift the developmental trajectory of a young person away from a path toward violence. As noted before, an “intervention” as described in this report is as much about the policies, programs, and practices that decision-makers should terminate as it is about the ones they should launch or expand.

Recommended Developmental Interventions

Based on an extensive review of the literature, the following seven developmental interventions targeted at different ages have demonstrated efficacy in reducing violence among African American males.

Age Targeted	Intervention
3-4	<i>High Scope Perry Preschool (HSPP)</i>
3-4	<i>Chicago Child Parent Centers (CCPC)</i>
10-13	<i>Aban Aya Youth Project (AAYP)</i>
10-18	<i>End Investment in Scared Straight</i>
12-16	<i>Becoming a Man (BAM)</i>
13-18	<i>One Summer Plus (OSP)</i>
18-30+	<i>Violence Intervention Program (VIP)</i>

High Scope Perry Preschool (HSPP)

High Scope Perry Preschool is an early child education and parenting support program that helps develop academic and socioemotional skills among preschool-age children.

Description: HSPP was begun in the 1960s in Ypsilanti, Michigan, as part of an RCT with 123 mostly male (59 percent), poor, African American children ages 3 to 4 with low IQ test scores.²⁸ The intensive preschool program is fully documented in a program manual and includes 2.5 hours of daily center-based instruction that involves active learning to develop both socioemotional and cognitive skills. The HSPP program is highly individualized to children's needs and has a low teacher-to-child ratio. It also features substantial parent involvement, including weekly home visits and monthly meetings to help parents better support their children's learning.

Impact: In a 37-year follow-up to the HSPP program as implemented in the early 1960s, substantial differences in violence were apparent between the HSPP participants and the control group. By their early 40s, members of the control group were six times (12 percent versus 2 percent) more likely to have been arrested for a violent felony and 1.5 times (48 percent versus 32 percent) more likely to have been arrested for any violent crime than those who participated in the HSPP program.²⁹ At 40, HSPP participants were also more likely to be employed (70 percent versus 50 percent for males) and have higher earnings (\$20,800 versus \$15,300) than the control group.³⁰

Cost: The estimated cost per participant, including operating costs such as teacher salaries and administrative costs, and capital costs such as classrooms and facilities, is \$17,759 in 2006 dollars.³¹

Replication: HSPP has not been replicated in another long-running longitudinal study. However, it is the subject of a federally funded, four-year, large-scale efficacy trial begun in 2015 that includes the randomization of 100 preschool centers in South Carolina to treatment or control conditions. The study will involve 400 preschool teachers and 1,600 children.³²

For technical information on the Perry Preschool model and curriculum and its implementation, contact High Scope (www.highscope.org).

Chicago Child Parent Centers (CCPC)

Chicago Child Parent Centers is an early child education and family support program serving preschool age (ages 3-4) and early school aged children (5-9) that improves parent-child relationship and builds early math and language skills.

Description: CCPC, established in 1967, serves children ages 3 to 9 (preschool to third grade). A study using a quasi-experimental design evaluated the impact of CCP Centers on an array of life outcomes for a gender-balanced sample of 1,539 (505 in a matched comparison group) primarily poor African American

children (93 percent) ages 3 to 4 who were served at 25 CCP Centers in 1980. For the study, children were drawn from what at the time were the poorest neighborhoods in Chicago.³³ CCP Centers are located in or near public elementary schools and provide one to two years of half-day preschool language and math instruction, individualized activities, and health and nutrition services. The program also included weekly parental participation consisting of parenting education, classroom volunteering, and field trips. One certified teacher and one aide were provided on average for every 17 participants.

Impact: Participants in the CCPC intervention have been tracked longitudinally since 1980, with the most recent follow-up data available for when the participants were 27. Those receiving two years of preschool programming at a CCP Center were significantly less likely to be arrested for a violent crime as a juvenile (9 percent versus 15.3 percent) than those in the comparison group.³⁴ There were no significant differences in violent crime arrests between the two groups when they were assessed at ages 24 and 27.³⁵ The violence-reducing benefits of receiving CCPC services, therefore, appear primarily to affect children and adolescents.

Cost: The per-participant cost of the CCPC program is \$8,512 in 2007 dollars for roughly 1.5 years of preschool program participation, the average participation length for the 1980 sample. Two-thirds of program costs are accounted for by instructional staff, the parent program, and administration.³⁶

Replication: No replication or long-term follow up studies for the CCPC could be identified in the literature scan. However, the program has been expanded to school districts in Illinois, Milwaukee Public Schools, and three Minnesota districts, including St. Paul Public Schools.³⁷

*For technical information on the CCPC model and curriculum contact the CCPC Office
(<http://cps.edu/Schools/EarlyChildhood/Pages/Childparentcenter.aspx>)*

Aban Aya Youth Project (AAYP)

Aban Aya Youth Project is a school-based social development curriculum based on Afrocentric principles that is designed to reduce high-risk behaviors among African American youth.

Description: The AAYP is a social development curriculum developed in the 1990s. It is usually delivered in social studies classes by school teachers and includes 16 to 21 lessons per year focused on enhancing social competencies for managing risky situations. The program teaches “cognitive-behavioral skills to build self-esteem and empathy, manage stress and anxiety, develop interpersonal relationships, resist peer pressure, and develop decision-making, problem-solving, conflict resolution, and goal-setting skills. It was structured to teach application of these skills to avoid violence, provocative behavior, school delinquency, drug use, and unsafe sexual behaviors.”³⁸ The AAYP has been evaluated using a cluster RCT involving a sample of African American children, including 552 boys, attending high-poverty schools in and

around Chicago that participated in the program from the fifth through the eighth grade between 1994 and 1998.³⁹

Impact: Because children in the fifth grade show very low levels of violence and other problem behaviors compared with children at later ages, particularly adolescents, the impact of the AAYP was assessed in terms of individuals' growth in violence over the four years of program participation. Using self-report data that tracked violence on a yearly basis, the evaluation found that the program showed significant effects for boys but not for girls. **The growth in violent behavior for AAYP participants was 35 percent lower than for controls, and the effect was three times as large for the most violent male participants at baseline.**⁴⁰ Findings from an additional study suggest that the mechanism that explains the AAYP's effect on violent behavior may be its influence on empathy among program participants.⁴¹ In addition to a reduction in violence, African American boys saw less growth in provoking behaviors, school delinquency, substance use, and risky sexual behaviors.

Cost: The AAYP program is documented in a program manual and is available for purchase online. As of July 2017, a hard copy costs \$820, and an electronic copy costs \$425. A one-day implementation training session with materials costs approximately \$5,000 with travel expenses included. Additional technical support is provided at \$150 per hour.⁴²

Replication: No replication studies for the AAYP were identified in the literature scan.

For technical information on the Aban Aya model and its implementation, contact Sociometrics (<http://www.socio.com/passt24.php>).

End Investments in Scared Straight

Scared Straight is a "shock" program that exposes at-risk or delinquent children to inmates serving life sentences in order to deter them from future delinquency or behavior problems. In RCTs, Scared Straight has been more likely to make children worse than better off.

Description: Scared Straight is a popular delinquency prevention program intended to deter delinquent youth from offending again. The program gave rise to "Beyond Scared Straight," a popular, nine-season television series that aired on the A&E network. The delinquency program's popularity rests on the straightforward notion that providing delinquent youth with firsthand observations of prison life through organized prison visits will deter them from future misbehavior. However, a recent meta-analysis of nine RCTs concluded that Scared Straight-type programs "are likely to have a harmful effect and increase delinquency relative to doing nothing at all to the same youths."⁴³ In other words, Scared Straight-type programs may cause further delinquency.

The mounting evidence suggesting that Scared Straight does more harm than good led California and

Maryland to suspend the programs statewide in 2011.⁴⁴ A meta-analysis of 548 studies on juvenile delinquency interventions spanning 1958 to 2002 found that programs that are effective in reducing juvenile delinquency take a therapeutic rather than a control or deterrence approach and match programs to the needs of delinquent youth, targeting the “most effective programs possible to the highest risk cases.” Moreover, programs most likely to yield positive outcomes for preventing delinquency and violence for youth are those that incorporate a cognitive behavioral component.⁴⁵

For more information on effective programs and practices in juvenile justice settings, see [Improving the Effectiveness of Juvenile Justice Programs: A New Perspective On Evidence-Based Practice](#) (Lipsey et al 2010) and [“A Practical Approach to Evidence-Based Juvenile Justice Systems”](#) (Howell et al, 2014).

Becoming a Man (BAM)

Becoming a Man is a non-academic high school program that helps improve behavioral and academic outcomes for mainly African American and Latino males through mentoring by pro-social adults, formal rites of passage, and skills development through group-based cognitive behavioral therapy (CBT).

Description: BAM is a school-based program administered by Youth Guidance, a Chicago nonprofit. It combines authentic youth engagement, which entails respecting and earning respect from youth, with CBT and “men’s work,” or “manhood development” work, which applies formal rites of passage and other culturally based practices that support the transition to adulthood for urban adolescent males.⁴⁶ As described by BAM’s creator Anthony DiVittorio, “Young men tap into their resiliency skills to survive in communities wracked by violence. They learn to shut off parts of themselves like showing feelings, empathy and compassion. The skills they develop to navigate their environments do not always adapt well in contexts like schools. BAM helps these young men feel liberated. To relax the front and connect with a different sense of manhood. Rites of passage into manhood are ancient in their origins but don’t really exist in America today.”⁴⁷ Ideally BAM’s approach should begin with young boys around age 12 and extend up through age 16.

The program is documented in a program manual and is delivered over one to two academic years (but ideally 3 or 4) by staff who have received more than 300 hours of training as well as ongoing coaching and support.

Central program features include⁴⁸:

- Weekly group meetings lasting an hour that incorporate CBT principles and involve group-based learning challenges or “missions”. Participants are allowed to skip an academic class in order to participate in BAM meetings. Group sessions include no more than 15 youth at a time and typically have a group-to-adult ratio of 8:1.⁴⁹

- Mentorship provided by BAM counselors in the form of one-on-one counseling, often in episodic “brief encounters” that occur before, during and after school. BAM counselors serve an average of 55 youth at a time, roughly 20 percent of whom may seek individual counseling.
- Afterschool and out-of-school activities including visits to sporting events or other field trips

BAM was evaluated in 2009-10 with an RCT and a sample of 2,740 very high-risk males in grades seven through ten at 18 very low-performing public schools in high-violence neighborhoods of Chicago. Because of its size, the sample included 75 percent of all male youth in those grades in the study schools. The sample consisted of “very high risk,” mostly African American males (70 percent), who were selected based on high scores on a risk index that comprised: whether a student was at least one year older than his assigned grade level; the number of classes for which a student had received an “F” during the prior academic year; the number of unexcused absences during the prior academic year; and the number of in-school suspensions during the prior academic year. The vast majority of the sample (86 percent) were low-income, more than a third (36 percent) had a history of arrest, and about half (53 percent) were old for their grade. Males who had missed more than 60 percent of school days in the prior year or who failed at least 75 percent of their courses were excluded from participation in the study because of the low probability that they would successfully complete the program.⁵⁰ In addition to all of the regular components of BAM, the program implementation evaluated in 2009-10 included a one- to two-hour session of after-school sports programming that incorporated BAM principles.

Impact: BAM has been shown to have a substantial impact on violence among a large cohort of high-risk African American males. The RCT results showed that during the 2009-10 program year, participants in BAM had 45 percent fewer violent crime arrests than the control group. Although the large impact on violent crime arrests did not persist after the program year, academic gains that were significant in the program year persisted into the following school year. Based on these findings, BAM is a very promising program for achieving large reductions in violence among high-risk males. BAM does not engage adolescent youth at the highest risk for violence, most of whom have dropped out of school or are far along the path to dropping out. However, BAM is designed to intervene with youth as early as late elementary school to help prevent school disengagement and dropping out and the development of a pathway toward violence.⁵¹ A qualitative study of BAM conducted by Chapin Hall finds that the components of BAM and related mechanisms that appear most connected the program’s impacts are:⁵²

- 1 The provision of a safe space characterized by a physical space that features respect through confidentiality and nonjudgement. Important as well is the consistent availability of the space, fun activities conducted there and the sense of security the space provides.
- 2 The cultivation of a set of core values that involves much more than teaching a set

of values through a curriculum. It is critical to help youth “value the value” and reflect on how it shows up in their lives. Youth in effect must “practice the value” before becoming practitioners of it.⁵³ In BAM groups, youth learn to understand, contribute to and enact social norms and values, particularly those related to safety, respect and a willingness to grow.

- 3 The **development of socioemotional skill** through group and individual “check-ins” that encourage self-reflection, the acknowledgement of feelings and guidance in communicating about feelings. Youth’s improved socioemotional skills involve developing a stronger understanding of their own and other’s emotional states and using language to express who they are, how they feel and what they want.
- 4 **Developmental relationships with counselors** that are built on principles of trust, vulnerability, and openness. These relationships are cultivated by counselors through several authentic relationship-building strategies.
- 5 **An enhanced sense of agency over one’s future** particularly as it relates to planning, decision-making and asking for help, particularly from counselors.
- 6 **A sense of belonging to BAM** as a community and to the values it promotes.

Cost: BAM costs about \$2,000 per participant in 2015 dollars.⁵⁴

Replication: In addition to the evaluation reported above, BAM has been evaluated in another large RCT involving 2,064 ninth- and 10th-graders in nine Chicago public high schools during the 2013-14 academic year. That study found that violent crime arrests for BAM participants in the expanded two-year program were 50 percent lower than for the control group and that high school graduation rates for participants were 19 percent higher.⁵⁵ Given the scale of the trials used to evaluate BAM, the program offers tremendous promise as a violence prevention strategy that can be transported to other locales.

*For technical information on the BAM model and its
Implementation, contact Youth Guidance (www.youth-guidance.org/bam).*

One Summer Plus (OSP): Summer Youth Employment

One Summer Plus is a youth violence-prevention program in Chicago that provides eight weeks of paid summer employment at the Illinois minimum wage (\$8.25) and a job mentor.

Description: OSP is administered by Chicago's Department of Family and Support Services (DFSS) and implemented by five local nonprofit organizations. It provides eight weeks of part-time (25 hours per week) summer employment at the Illinois minimum wage of \$8.25 per hour. The five DFSS nonprofit partners worked to match youth with jobs in the nonprofit and government sectors (e.g., summer camp counselors, YMCA staff, working with elected officials) that supported their exploration of career interests and the development of relevant skills. Youth were also assigned an adult job mentor at a ratio of 10 youth per mentor. Job mentors regularly visited the workplace, taught basic job skills, and helped youth navigate work challenges such as transportation, supervisor conflicts, and family responsibilities. Roughly 90 percent of participants completed the full eight weeks in 2012.⁵⁶

Because OSP was specifically focused on reducing violence, the program was targeted at high-risk youth. Chapin Hall, a research organization and data warehouse in Chicago, partnered with the DFSS to identify 5,000 Chicago youth at the highest risk for violence based on indicators such as gang or justice system involvement, truancy, and school engagement. Thirteen high schools with the highest number of these youth were targeted for participation in OSP. All students between 14 and 21 who were enrolled in those schools were eligible and were recruited to participate in a lottery for a summer employment slot. Nearly all of the 1,634 youth recruited to participate in the OSP trial were African American, with a mean age of 16 and a 90 percent eligibility rate for free or reduced price lunch. Twenty percent also had a history of arrest at baseline.

Impact: Youth assigned to participate in OSP had 43 percent fewer violent crime arrests over the summer and for 13 months afterward. Most of the difference in violent crime arrests occurred after the youth completed the summer employment program. This indicates that a mechanism driving the program's effects is not simply "incapacitation," meaning occupying youth's time with activities that help prevent them from getting involved in violence. Rather, the program appears to have had a developmental effect, shifting youth away from a path toward violence for several months after they participated. In addition, the program appeared to have had its greatest effect on youth with a history of violent offending. The number of crimes prevented was four times as large for youth who had a prior violent crime arrest at baseline. Prior violent crime arrests could thus serve as an effective way to target summer employment programs to maximize their violence reduction potential.

Cost: The cost to administer OSP for the City of Chicago was roughly \$3,000 per participant, including an average of \$1,400 in wages.⁵⁷

Replication: An RCT-evaluated summer employment program that targets very high-risk youth in the way

that OSP does was not identified in the literature scan. However, an RCT evaluation of New York City's Summer Youth Employment Program shows that that program has large and long-lasting effects on incarceration and mortality rates for those who participate, compared with the control group. For a program that is far less targeted than OSP, the evaluation of the New York program found that participants who received up to seven weeks of minimum-wage summer employment between 2005 and 2008 reduced their subsequent incarceration compared with the control group by 10 percent and reduced mortality by 20 percent when measured as much as nine years later.⁵⁸ Remarkably, youth who participated in the program at age 19 were 54 percent less likely than those in the control group to be incarcerated during that year.⁵⁹ The evaluation of OSP together with the findings from the evaluation of the New York program provide compelling evidence that summer youth employment programs can be adopted in other jurisdictions and produce potentially large impacts on violent crime among youth participants.

For more information on the One Summer Plus model and its Implementation, visit: <http://www.onesummerchicago.org/>

Violence Intervention Program (VIP)

The Violence Intervention Program is a violence prevention program centered in the R. Adams Cowley Shock Trauma Center in Baltimore, Maryland. The program includes up to 2.5 years of intensive psychosocial services and case management for patients admitted to the trauma center who are repeat victims of violence and on parole or probation.

Description: The VIP operates on the theory that a near-death experience provides a powerful motivation for behavior change. The program targets repeat victims of violence who are 18 or older and on parole or probation. Through a social worker who partners with participants' parole or probation officers, program clients receive up to 2.5 years of intensive follow-up services that may include substance abuse treatment, employment training, educational services, and family or group therapy. Social workers and members of a VIP team composed of "two social workers; two case workers; a program manager; a parole and probation agent; and representatives from psychiatry, epidemiology, and preventive medicine, as well as trauma and critical care" conduct home visits and weekly "group encounter sessions" with clients.⁶⁰

Impact: A randomized controlled trial of the VIP was conducted between 1999 and 2003 with a sample of 100 cases eligible for the study. Fifty-six participants received VIP services while 44 controls received standard medical treatment and follow-up. Eighty-seven percent of the sample cases were African American, and 95 percent were male. More than half in the sample were older than 30, and roughly 60 percent were high school dropouts. Nearly three-quarters (71 percent) of participants were tracked for a period of one year to more than two years. At the conclusion of the study, **control group participants were found to be three times as likely to have been arrested for a violent crime (57 percent versus 18 percent) and four times as likely to have been convicted of a violent crime (55 percent versus 13**

percent). The VIP also positively affected employment. Program participants were four times as likely as controls (82 percent versus 20 percent) to be employed during the follow-up period. While hospital violence-prevention programs have been touted as a means to reduce retaliation by violently victimized individuals, this study doesn't provide evidence that such an impact occurred. Future RCT studies are needed to empirically validate this potential impact.⁶¹

Cost: Cost data for VIP could not be identified from the literature scan.

Replication: A systematic review of the literature yielded four other RCT-evaluated, hospital-based violence prevention programs in Chicago; Baltimore; Flint, Michigan; and Richmond, Virginia. While similar, these four programs differ in important respects from the VIP:

- **Target populations:** All four of the other programs target populations younger than 18, and three target only children and adolescents. None of them explicitly targets people on probation or parole or repeat victims.
- **Duration of services:** *All four programs provide services for less than six months. The Flint and Richmond programs provide only brief interventions to children and youth while they're in the hospital.*

For more information on implementing hospital-based violence prevention programs, contact Shock Trauma at the University of Maryland Medical Center:

<http://umm.edu/programs/shock-trauma/services/injury-prevention/violence/vip>

C. Situational Violence Prevention

Gun violence, particularly homicide, is often group- or gang-related and concentrated within social networks of a relatively small number of individuals.⁶³ This pattern has been demonstrated across multiple cities over the past two decades:

- Research on gun violence in Boston in the early 1990s found that 60 violent groups with membership comprising just 0.3 percent of the city's population were responsible for 60 percent of the city's homicides for those under age 21.⁶⁴
- In Cincinnati, researchers found that 74 percent of the city's homicides committed during 2006-07 involved a victim and/or offender whom the police knew to be associated with violent street groups that together comprised less than 0.3 percent of the city's population.⁶⁵

- Chicago shows a similar pattern. Seventy-five percent of the roughly 11,000 gun violence episodes in the city between 2006 and 2014 took place within a single large social network of co-offenders, or people who were arrested together in connection with the commission of the same crime.⁶⁶

Just as gun violence is concentrated among certain individuals, it is also highly concentrated in certain “micro-places” consisting largely of addresses, street segments, and intersections known as “hot spots.”⁶⁷ Research from Minneapolis; Jersey City, New Jersey; Boston; Seattle; and New York shows that often half of the crime and violence is concentrated at less than 5 percent of street segments and intersections.⁶⁸

The concentration of gun violence among violent groups, within the social networks of violent individuals, and in violent crime hot spots is the core premise underlying the theory and practice of prominent approaches to situational violence prevention. Situational violence prevention interventions are policies and programs that seek to deter or interrupt violence by focusing attention on the people and places that are chronically violent or at highest risk for near-term violence. This form of prevention involves law enforcement suppression tactics as well as community outreach and supportive services.

Recommended Situational Interventions

Based on an extensive review of the literature, the following five situational interventions are associated with a reduction of violence among African American males.

Primary Site/Lead	Intervention
<i>Community/Neighborhood</i>	<i>Cure Violence: a public health approach to violence prevention</i>
<i>Law Enforcement</i>	<i>Focused deterrence</i>
<i>Law Enforcement</i>	<i>Hot spots policing</i>
<i>Law Enforcement</i>	<i>Reduce aggressive drug law enforcement</i>
<i>Law Enforcement</i>	<i>End the use of juvenile curfews</i>

Cure Violence

Cure Violence is a community-based violence prevention approach informed by public health frameworks that uses street outreach, supportive services, and community-level norm change through public education and community mobilization to prevent the emergence and spread of violence.

Description: Launched in Chicago in 1995, Cure Violence — formerly the Chicago Ceasefire program — is a community-centered violence prevention approach that views violence in communities as spreading in a way similar to the contagion of infectious diseases. The approach relies on disease control and public health methods similar to those used by the World Health Organization to prevent the spread of diseases like AIDS and cholera.⁶⁹ There are three core components to the Cure Violence prevention framework:

- Interrupting transmission.
- Identifying and changing the thinking and behaviors of the highest-risk transmitters.
- Changing social norms that support violence.

Interrupting Transmission

Central to the Cure Violence approach is the work of “violence interrupters,” who are tasked with stopping the transmission of violence within a community by preventing violent acts before they occur. These individuals, because of their background in the community, often as former high-level or popular gang members, are able to build relationships with young people at high risk of committing violence. Described as “credible messengers,” these individuals are tasked with detecting potential violent events, particularly acts of retaliation as part of ongoing conflicts, and engaging in tactics to prevent those events from occurring. Interrupters track potential “trigger situations” for violence, including “territorial disputes, interpersonal and gang conflicts, the emergence of new factions or cliques,” robberies, and the admission of shooting victims to emergency rooms.⁷⁰ Because interrupting violent events depends on timely information about trigger situations, interrupters typically rely on information about brewing conflicts from community members, law enforcement, parties to the conflict, or hospital emergency room staff. To intervene before a conflict escalates to violence, interrupters are trained in mediation methods to connect with relevant parties and defuse violent situations. They may meet one-on-one with parties to the conflict, host small group peace-keeping sessions, or bring in respected third parties to help broker a nonviolent resolution.⁷¹

Identify and Change the Thinking and Behaviors of the Highest-Risk Transmitters

The second major component of Cure Violence is the work of outreach workers who, like interrupters, may have prior involvement with gangs or a prison background. Outreach workers are not as focused on monitoring threats and intervening to prevent violence. Rather, they seek to build relationships with a targeted group of those at the highest risk for violence to shift their risk for violence over the long term. According to the Cure Violence model, individuals targeted for outreach services should meet at least four of the following seven risk criteria for engaging in violence⁷²:

- Carries or has ready access to a gun.
- Is involved with a gang.
- Has a criminal history.
- Is involved in high-risk street activity such as drug dealing.
- Is a recent shooting victim (past 90 days).
- Is between 16 and 25.
- Has recently been incarcerated for a crime against a person.

Outreach workers are similar to case managers and work as “behavior change agents, connectors, and mentors” on both short- and long-term risk factors for violence. They typically carry a caseload of up to 15 individuals with whom they stay in constant contact and help connect with services and opportunities related to employment, housing, education, substance abuse treatment, anger management counseling, and support for leaving gangs. Outreach workers often work in teams with violence interrupters, supervisors, and program directors of violence prevention organizations.

Change Social Norms That Support Violence

For Cure Violence, efforts to change community norms revolve around two main strategies: community mobilization and public education campaigns. Community mobilization efforts engage multiple stakeholders to stand against violence, including residents, faith leaders, local service providers, neighborhood associations, community organizations, law enforcement, and high-risk individuals themselves. Events, marches, and rallies typically are important activities in this process. Public education campaigns usually involve the creation of materials such as billboards, signs, posters, fliers, T-shirts, and bumper stickers that reinforce an anti-violence message.

Impact: A 2004 to 2007 evaluation of Chicago Ceasefire launched in 1995 (now called Cure Violence) was conducted using an interrupted time series quasi-experimental design. The evaluation compared the seven program sites that Ceasefire served with seven comparable areas of the city that did not receive program services. Using 17 years of data, the study found that four of the seven program sites receiving Cure Violence intervention experienced an average decline in shootings of between 16 and 28 percent.⁷³ The evaluation study noted implementation challenges that included difficulties setting up new programs in severely disadvantaged neighborhoods due to a lack of community leaders willing to host the program; inadequate staffing and high turnover, particularly for violence interrupters; limited resident buy-in; funding gaps; and problems recruiting high-risk individuals to work as violence interrupters and outreach workers.⁷⁴

Replication: Three replications of the Cure Violence model have been evaluated using regression-controlled and quasi-experimental study designs in Baltimore, MD, Brooklyn, NY.

Baltimore Safe Streets

Description: The Baltimore City Health Department launched BSS in the summer of 2007 in four high-

violence neighborhoods, in east and south Baltimore targeting high-risk youth ages 14 to 25. The program focused on community coalition-building against violence, including a public health campaign to change norms about violence, as well as street outreach activities modeled on the Chicago CeaseFire approach. Importantly, BSS combined the roles of violence interrupters and outreach workers into the same position, a potentially important deviation from the Chicago model.⁷⁵ The effort included the involvement of clergy and collaboration with law enforcement.

Impact: An evaluation of the program, using a regression controlled design focused on the period from 2007 to 2010, found that **monthly homicides and non-fatal shootings declined substantially in one neighborhood, Cherry Hill, down 56 percent and 24 percent, respectively.** Homicides also declined by 26 percent in a second neighborhood, McElderry Park. Of the two remaining neighborhoods, one did not experience a statistically significant decrease in homicides, while the other saw a 270 percent increase in homicides during the study period. Nonfatal shootings, however, did decline in both of these neighborhoods.⁷⁶ Overall, the evaluators concluded that across the four sites, BSS prevented five homicides and thirty-five nonfatal shootings.

Brooklyn Save Our Streets (BSOS)

Description: BSOS was launched by the Crown Heights Community Mediation Center and the Center for Court Innovation in the Crown Heights neighborhood of Brooklyn, New York in the summer of 2010. Like the Chicago and Baltimore programs, BSOS implemented street outreach and conflict mediation, community mobilization, and public education. As in Baltimore, the Brooklyn replication deviated from the Chicago model by combining the roles of violence interrupters and outreach workers.⁷⁷

Impact: Using an interrupted time series quasi-experimental design, researchers compared monthly shootings in Crown Heights with those in three similar Brooklyn neighborhoods between June 2010 and May 2012. Comparing 18 months prior to the implementation of BSOS and 21 months following implementation, the study found that **average monthly shootings fell by 6 percent in Crown Heights while increasing by 18 percent to 28 percent in comparison neighborhoods.** Gun violence in Crown Heights was found to be “20 percent lower than what it would have been had gun violence trends mirrored those of similar, adjacent precincts.”⁷⁸

Phoenix’s Truce Project (PTP)

Description: PTP was launched in 2010 and was modeled on Chicago Ceasefire. While the implementation adhered to much of the Chicago model, it did not involve faith leaders, nor was it centered in the community.

Impact: A time series analysis evaluation of the program for June 2010 through December 2011 found that it was associated with a decrease in monthly assaults but an increase in shootings.⁷⁹

Replication Summary: Altogether, the evaluation evidence in support of the Cure Violence model is mixed, with inconsistent findings across the original Chicago site as well as the three replication sites. Implementations in the three replication sites deviated in important ways from the Chicago model. However, implementation challenges appear to have been present across all four sites.⁸⁰

Program Mechanisms: To the extent that the model is effective in reducing violence, it is not clear what about the program causes such results. Existing evaluation studies were not designed to ascertain the causal mechanisms or the key program components responsible for the program outcomes. Future evaluation studies will be necessary to understand what aspects of the Cure Violence model might be most effective for reducing violence.

For more information on Cure Violence and the violence interruption approach, contact Cure Violence (<http://cureviolence.org>).

Focused Deterrence

Focused deterrence is a police-led problem-solving strategy that has been extensively focused on reducing group-involved gun violence. It incorporates aggressive law enforcement, service provision, and the mobilization of community stakeholders to take a public stand against

Description: Boston Operation Ceasefire was a problem-oriented strategy launched in 1996 by the Boston Police Department's Youth Violence Strike Force. Central to that strategy was "focused deterrence," or "pulling levers," which involves the focused application of resources and the communication of deterrence messages to people involved in group- or gang-related gun violence. In partnership with researchers at Harvard University, a working group composed of law enforcement agencies, social service providers, and community-based organizations developed a comprehensive approach to reducing gun violence that has been refined over the ensuing two decades and across multiple replications. In addition to an explicit focus on group- or gang-involved violence, the focused deterrence approach consists of the following core components⁸¹:

- Use of data and intelligence
- Formation of a diverse working group
- Face-to-face communication with targeted groups and offenders
- Sustained follow-through

Use of Data and Intelligence

Data and intelligence are used to identify specific violent offending groups and violent individuals at a citywide or neighborhood level. Methods to support the gathering and synthesis of data and intelligence on offenders include group audits, incident reviews, group violence scorecards, and social network analysis.⁸²

The field experience of frontline police officers and the knowledge of street outreach workers are crucial for the success of this component.

Formation of a Diverse Working Group

A diverse working group is composed of federal, state, and local law enforcement agencies, including probation and parole, as well as social service providers, street outreach workers, and community leaders.

Face-to-Face Communication With Targeted Groups and Offenders

In face-to-face gatherings typically known as forums, notifications, or call-ins, offending groups and individuals receive three core messages from members of the working group or their designees:

- **A deterrence message** notifying participating groups that their actions are under intense scrutiny and that continued violence will trigger an aggressive and comprehensive law enforcement response using all means legally available.
- **A moral message**, often delivered by a faith member or parent of a homicide victim, emphasizing that participants are valuable to the community and urging them to avoid further gun violence.
- **Offers of assistance** that encompass an array of social services to help participants steer their lives away from violence.

Sustained Follow-Through

Sustained follow-through on promises made in face-to-face communications includes the provision of promised social services as well as the close monitoring of groups for signs of possible violence, followed by special enforcement operations should groups continue to engage in violence. Such operations could entail efforts to “disrupt street drug activity, focus police attention on low-level street crimes such as trespassing and public drinking, serve outstanding warrants, cultivate confidential informants for medium- and long-term investigations of gang activities, deliver strict probation and parole enforcement, seize drug proceeds and other assets, ensure stiffer plea bargains and sterner prosecutorial attention, request stronger bail terms (and enforce them), and bring potentially severe federal investigative and prosecutorial attention to gang-related drug and gun activity.”⁸³

Impact: A quasi-experimental evaluation of Boston Operation Ceasefire, using interrupted time series analysis, was conducted in 2001 and covered the evaluation period of 1991 to 1998. The study looked at the changes in monthly counts of homicides among people 24 or younger. The researchers reported a 63 percent reduction in youth homicides, a 32 percent decrease in gunshot-related calls for service, a 25 percent decline in monthly gun assault incidents across Boston, and a 44 percent decline in youth gun assaults in a targeted police district.⁸⁴

Replication: The Operation Ceasefire, or focused deterrence, model has been replicated across several cities over the past two decades with varying degrees of fidelity to the original Boston model. These implementations have been evaluated using quasi-experimental approaches (e.g. interrupted time series, propensity score matching) and found in most instances to significantly reduce violent events in targeted neighborhoods or across entire cities.

Below is a list of nine evaluated focused deterrence replications that were found to have had a significant impact on violence:

Stockton Operation Peacekeeper (SOP)

Description: Operation Peacekeeper was implemented in Stockton, California, between 1998 and 2002 in response to gang-related violence in the city. It was modeled after Boston Ceasefire and applied all of its core components to targeted gang offenders after a violent incident by members of an offending group.

Impact: An evaluation study using an interrupted time series design found that **monthly homicides fell citywide by 42 percent after the program was implemented, and reductions in homicide persisted through 2005.** Importantly, however, the effect of focused deterrence on monthly homicides “decayed,” with the effect decreasing in strength over time.⁸⁵

Indianapolis Violence Reduction Partnership (IVRP)

Description: The IVRP was launched in Indianapolis, Indiana in 1999 and maintained until 2004. It targeted youth ages 15 to 24 at high risk for committing a homicide in neighborhoods with high levels of community violence. It incorporated all of the core elements of the focused deterrence model, including a strong community outreach effort that included law enforcement, community leaders, faith leaders, service providers, ex-offenders, and local educators.⁸⁶

Impact: A time series evaluation of the IVRP showed a **34 percent decline in citywide monthly homicides between 1999 and 2001.**⁸⁷ In addition, **gang-involved homicides decreased by 38 percent and black male homicide rates, specifically, decreased from 145.2 to 54.1 per 10,000 of those at risk.**⁸⁸

Philadelphia Youth Violence Reduction Partnership (YVRP)

Description: The Philadelphia YVRP was launched in 1999 to help reduce homicides among mostly young males ages 14 to 24. The program varies from the Boston Ceasefire model in several important ways:

- Its target population is youth on active probation who are determined to be at high risk for being a perpetrator or victim of homicide.⁸⁹ Relevant risk factors include a history of gun charges, a conviction for a violent crime, an arrest in a drug offense, a history of incarceration, age of first arrest, family history of abuse or neglect, and sibling involvement in the juvenile or criminal justice system.

- Each youth participant in the YVRP is assigned a probation officer and a street worker who work as a team to keep youth out of trouble and on track to a positive outcome.
- There is no face-to-face forum or call-in with targeted offenders, and enhanced law enforcement efforts with persistently violent offenders occur within the context of greater probation supervision.

Impact: A quasi-experimental evaluation of the YVRP examined potential impacts on youth homicides at both the neighborhood and individual level. The neighborhood-level assessment found that only one of five YVRP neighborhoods had a statistically significant decrease in quarterly homicides as a result of the program. For the individual-level evaluation, on the other hand, **youth who participated in the YVRP program were 38 percent less likely to be arrested for a violent crime and 44 percent less likely to be convicted of a violent crime** than a similar group of youth that was assessed through propensity score matching.⁹⁰

Chicago Project Safe Neighborhoods (PSN)

Description: Chicago PSN was initiated in 2002 with funding from the U.S. Department of Justice. The program targeted young gun offenders and weapons traffickers. It incorporated two key focused deterrence components among several other strategies, including offender notification forums and enhanced law enforcement. Enforcement efforts included increased federal prosecution for felons who carried and used guns as well as lengthier prison sentences. An additional strategy employed in the Chicago PSN that falls outside of the focused deterrence model was firearm policing that increased the rate of gun seizures.

Impact: A quasi-experimental evaluation using propensity score matching found that **police beats receiving these four PSN strategies experienced a 37 percent decline in quarterly homicides**. Furthermore, homicide declines were greatest in beats that held an offender notification forum.⁹¹

Lowell, Massachusetts, Project Safe Neighborhoods (PSN)

Description: PSN was launched in 2002 and incorporated all of the main components of the Boston Ceasefire model.

Impact: A time series evaluation that examined gun violence incidents occurring from 1996 to 2005 found that the implementation of Lowell PSN led to a **44 percent decline in monthly gun violence assaults**.⁹²

Boston Operation Ceasefire II (reconstituted program)

Description: Boston Operation Ceasefire II is an effort to reconstitute the original Boston Operation Ceasefire, which became defunct in 2000 when the city's police department discontinued the strategy as

its primary response to outbreaks of gang violence.⁹³ In 2007, Ceasefire was reinstated as a citywide interagency approach to reduce gang violence.

Impact: A quasi-experimental evaluation of this new program using propensity score matching examined the effects of Ceasefire on violence among 19 Boston gangs subjected to the renewed program between January 2007 and December 2010. The evaluation found that **gangs participating in Ceasefire showed a 31 percent reduction in total shootings compared with matched comparison gangs.**⁹⁴

Cincinnati Initiative to Reduce Violence (CIRV)

Description: The CIRV was launched in 2007 and implemented all of the core components of the Ceasefire model. It also featured a comprehensive organizational structure that included systems stakeholders such as law enforcement, social service providers, and community engagement agencies. This institutionalized organizational infrastructure has been credited with promoting the long-term sustainability of the focused deterrence approach in Cincinnati.⁹⁵

Impact: A quasi-experimental interrupted time series evaluation of the CIRV examined homicide incidents from 2007 to 2010. The study found that **gang-involved homicides declined by 41 percent over 3.5 years** while non-gang homicides increased. Moreover, the CIRV was associated with a **22 percent decrease in violent firearm incidents.**⁹⁶ Importantly, the evaluators found no relationship between the level of services received by targeted gang members and their levels of violence.

Chicago Violence Reduction Strategy (VRS)

Description: The Chicago VRS was implemented in 2010 and targets members of violent gang factions, particularly their leaders. The program is intensively data-driven, relying on all available data to identify individuals and groups who are actively involved in gun violence. The VRS approach incorporates the core components of the Ceasefire model, including data and intelligence, a diverse working group, face-to-face offender communication (“call-ins”), the provision of services, and enhanced enforcement in the event of continued violence among targeted groups and individuals.

Impact: A quasi-experimental evaluation of the Chicago VRS using propensity score matching assessed the impact of 18 call-in meetings with 149 gang factions between August 2010 and December 2013. The study found that **attendance at a call-in meeting by at least one member of a gang faction resulted in 23 percent fewer shootings by that gang faction in the year after the call-in compared with factions that had no members who attended a call-in.** In addition, **call-in attendance reduced the likelihood of fatal or nonfatal victimization for that gang attendee by 32 percent in the year after the call-in date.**⁹⁷

New Orleans Group Violence Reduction Strategy (GVRS)

Description: The New Orleans GVRS was launched in 2012 and targets offenders who are associated with problem gangs and who have been incarcerated and are on probation or parole. The program featured the core components of the Boston model and conducted five offender notifications with 158 individuals between October 2012 and March 2014 that were evaluated for impact.

Impact: A quasi-experimental interrupted time series evaluation that examined the GVRs strategy over the two-year period found that the program reduced homicides by 17 percent, gang-involved homicides by 32 percent, homicides of young black males by 26 percent, and both lethal and nonlethal firearms violence by 16 percent.⁹⁸

Replication Summary: Across the nine focused deterrence replications based on the Boston Ceasefire model, there is fairly consistent evidence of effectiveness, with homicide reductions ranging from 17 percent to 42 percent, gang-involved homicide declines ranging from 32 percent to 41 percent, and decreases in shootings ranging from 22 percent to 44 percent. Although not subject to an RCT in any of the replications described above, increasingly rigorous quasi-experimental evaluations (particularly propensity score matching) have yielded convincing evidence that the focused deterrence approach is a robust violence reduction tool across jurisdictions of different sizes and compositions. However, despite their success, focused deterrence programs appear difficult to sustain, with many programs now defunct or declining in effectiveness over time.⁹⁹ In fact, the original Boston Ceasefire model was abandoned in 2000 only to be reconstituted by a new administration and police chief in 2007. Cities like Cincinnati stand out for creating an organizational infrastructure for their focused deterrence program that has helped enhance institutional sustainability.¹⁰⁰ Determining how to sustain the impacts from focused deterrence programs remains the critical next challenge for this violence prevention approach.

Program Mechanisms: Due to the nature of the evaluation designs used to assess the original Boston Ceasefire model and its replications, as well as variation in the implementation of the Ceasefire approach, it is not possible to determine persuasively what aspects of the model give rise to its effectiveness. The deterrent effect of face-to-face offender notification forums is considered important, but how important remains an open question. The importance of social services offered and used, the influence of moral messengers, and the value added by outreach street workers are also outstanding questions. A leading evaluator of focused deterrence initiatives has noted that “the sole focus on deterrent effects may be misleading as these programs may also affect opportunity structures, improve police legitimacy, and possibly improve community collective efficacy, all factors which have been found to be associated with violent crime rates in other lines of research.” He continues, “Little is currently known about the effectiveness of individual ‘pulling levers’ program components and their unique contribution to crime reductions.”¹⁰¹ More research on focused deterrence replications will be necessary to help narrow down what might be the key aspects of this approach that help drive its effectiveness.

For more information on Cure Violence and the violence interruption approach, contact Cure Violence (<http://cureviolence.org>).

Table 1. Key Components of Multi-Pronged Situational Violence Prevention Interventions (launch year in parentheses)

Intervention	Enhanced Law Enforcement	Community Notification to Targeted Offenders	Street Outreach Workers	Service Provision	Community Mobilization
Cure Violence Model					
<i>Chicago Ceasefire (1995)</i>			✓	✓	✓
<i>Baltimore Safe Streets (2007)</i>			✓	✓	✓
<i>Brooklyn Save Our Streets (2010)</i>			✓	✓	✓
Focused Deterrence Model					
<i>Boston Operation Ceasefire (1996)</i>	✓	✓	✓	✓	✓
<i>Stockton Operation Peacekeeper (1998)</i>	✓	✓	✓	✓	✓
<i>Indianapolis Violence Reduction Partnership (1998)</i>	✓	✓		✓	
<i>Philadelphia Violence Reduction Partnership (1999)</i>	✓		✓	✓	
<i>Chicago Project Safe Neighborhoods (2002)</i>	✓	✓		✓	
<i>Lowell, Massachusetts, Project Safe Neighborhoods</i>	✓	✓	✓	✓	✓
<i>Cincinnati Initiative to Reduce Violence (2007)</i>	✓	✓	✓	✓	✓
<i>Chicago Violence Reduction Strategy (2010)</i>	✓	✓		✓	
<i>New Orleans Group Violence Reduction Strategy (2012)</i>	✓	✓		✓	

Hot Spots Policing

Hot spots policing strategies focus enforcement efforts on small geographic areas where violent crime is concentrated and recurrent.

Description: As noted above, violent crime is highly concentrated at street segments and intersections known as hot spots. That has given rise to “hot spots policing,” which concentrates police presence in such places as a tactic to increase the certainty of crime detection and apprehension. Such efforts are meant to raise the perception among offenders that law enforcement will detect their actions, thus providing a deterrence to continued offending. The available evidence on hot spots policing is extensive and has demonstrated that it is an effective approach to violence reduction that does not lead to the displacement of violence to other areas of a city.¹⁰² Five hot spot interventions targeting violent crime have been rigorously evaluated over the past 25 years and are described in more detail below:

Kansas City, Missouri, Gun Project

Description: The Kansas City Gun Project was an intensive enforcement of laws against illegally carrying concealed firearms via safety frisks during traffic stops, plain view searches, and searches upon arrest on other charges. The intervention was conducted over 7.5 months in 1992 and 1993 and was evaluated using a quasi-experimental time series analysis that matched treatment police beats with similar control beats.

Impact: The treatment beats showed a 65 percent increase in guns seized and a 49 percent decrease in gun crimes. Control beats, on the other hand, showed a 15 percent decrease in guns seized by the police and a 4 percent increase in gun crimes.¹⁰³

Philadelphia Drug Corners Crackdown

Description: The Philadelphia Drug Corners Crackdown involved stationing police officers at high-activity drug locations over 4.5 months in 2002. The intervention was evaluated using a quasi-experimental time series analysis of treatment areas matched with similar comparison areas.

Impact: There were statistically significant reductions in violent crimes and drug crimes in treatment areas but no statistically significant changes in violent crimes and drug crimes in comparison areas.¹⁰⁴

Boston Safe Street Teams Program

Description: The Boston Safe Street Teams Program is a problem-oriented policing intervention composed of disorder reduction initiatives and limited situational responses that was conducted over three years starting in 2007. The intervention was evaluated using a quasi-experimental design in which 478 street units receiving the intervention were matched with 564 comparison street units using propensity score matching. Growth curve regression models were used to estimate the treatment effects.

Impact: Street units receiving the intervention showed a 17 percent reduction in violent crime

Jacksonville, Florida, Policing Violent Crime Hot Spots Program

Description: The Jacksonville Policing Violent Crime Hot Spots intervention tested the effectiveness of two types of policing approaches for their impact on violent crime: problem-oriented policing and direct-saturation patrol policing. The intervention took place over three months in 2009. An RCT was used to evaluate the intervention. Eighty-three places were randomly allocated: 22 to problem-oriented policing, 21 to saturation patrols, and 40 to a control group that conducted business as usual. A difference-in-difference post-test comparison was conducted for the treatment and control groups.

Impact: The problem-oriented policing activities generated a 33 percent reduction in street violence. Direct-saturation patrols, however, did not generate any statistically significant reductions in violence.¹⁰⁶

Philadelphia Foot Patrol Program

Description: The Philadelphia Foot Patrol intervention in violent crime hot spots was conducted during the summer of 2009 and was evaluated using an RCT. The program matched 120 places in pairs based on violent crime rates. Control or treatment conditions were randomly allocated to 60 places within the matched pairs. Difference-in-difference post-test comparison was conducted on treatment and control conditions.

Impact: Places that received the foot patrol intervention showed a 23 percent reduction in street violent crime incidents.¹⁰⁷

Replication Summary: The interventions described above provide strong evidence that hot spots policing can be a viable strategy for reducing violence at the micro-places where violence is concentrated. Notably, problem-oriented policing strategies appear to have the strongest impact on violence.

For technical information on mapping and understanding violence hot spots, see Mapping Crime: Understanding Hot Spots at <https://www.ncjrs.gov/App/Publications/abstract.aspx?ID=209393>

Replace Aggressive Drug Law Enforcement with Focused Deterrence Drug Enforcement

A significant and growing body of research shows that aggressive drug law enforcement has a limited impact on drug market violence and may, in fact, do more to increase violence by producing persistent instability in drug markets. A recent meta-analysis of 11 longitudinal studies that used sophisticated regression analyses found that an increase in the intensity of drug market enforcement was associated with an increase in drug market violence.¹⁰⁸ Research that seeks to explain this suggests that removing key players from a lucrative drug market may often result in violent competition by others seeking to fill the

vacuum. Similar evidence and analysis are used to explain the explosion in violence that occurred during alcohol prohibition in the U.S. during the early 20th century.¹⁰⁹

Some evidence suggests that the violence that results from drug market instability can be tempered when drug enforcement is combined with focused deterrence strategies that were developed as part of Boston's Operation Ceasefire.

The High Point Drug Market Intervention (DMI) targeted open-air drug markets in High Point, North Carolina, and was implemented by the city's police department.¹¹⁰ The DMI program included:

- An intelligence and data-driven phase to identify four high-density crime areas with a high prevalence of drug arrests that were connected to other serious crimes.
- Police collaboration with the community, narcotics investigators, and probation and parole officers to develop cases against identified drug dealers using confidential informants and undercover officers.
- Notification forums, or "call-ins," with offenders who committed nonviolent or nonfelony offenses to communicate a deterrence message regarding their continued drug offending.
- Needs assessments to help match offenders with community services including education, housing, employment, food, clothing, drug and alcohol treatment, and transportation.

A quasi-experimental evaluation of the DMI using propensity score matching compared violent incidents occurring in the target areas between 1998 and 2008 with similar areas in High Point. The study found that **areas targeted by the DMI saw a 7.9 percent decrease in violence while comparison areas experienced a 7.8 percent increase in violence.** The DMI also led to a decline in drug availability in the targeted areas and was positively received by residents of targeted communities.¹¹¹ High Point's DMI provides a promising model of how to reduce the prevalence of drugs in a community as well as its associated violence without alienating local residents.

End the Use of Juvenile Curfew Laws

Juvenile curfews have a long history in America, dating back over 100 years.¹¹² They are popular in the United States, with most large cities having a juvenile curfew ordinance on the books. Curfews are targeted at youth under 18 and typically are in effect from the late evening to early morning hours with varying times on weekdays, weekends, and holidays. The rationale for juvenile curfews is fairly straightforward: Requiring youth to be indoors by a certain time of the evening will reduce the likelihood that they will commit a crime or become victimized during later evening and early morning hours. However, this rationale has not been

subjected to systematic empirical scrutiny until recently. A recent systematic review of 12 state and local juvenile curfews found that on average these policies have no effect on juvenile crime or juvenile victimization.¹¹⁴ One possible explanation for this finding can be drawn from a study that found that most juvenile crimes are committed in the hours before and after school, not in the late evening and early morning.¹¹⁵ Regardless of what drives the ineffectiveness of juvenile curfews, these policies risk doing more harm than good by subjecting a large number of youth at low risk for violence to higher interaction with the police, fines, and possible arrest. Not only is this an inefficient use of police resources, it risks reducing the legitimacy of police in the eyes of many young people not engaged in crime or violence. The full weight of the evidence on effective violence prevention strongly favors approaches that focus on those youth at greatest risk for violence rather than dragnet-style approaches affecting all youth regardless of risk.

Summary of Findings

This section of the report synthesizes the evidence on effective violence reduction interventions reviewed so far and organizes them into an integrated framework that can be used to guide violence planning efforts among city leaders. The following key findings emerge from a thematic review of evidence-based programs described in this report:

- 1** There is a paucity of structural interventions for violence reduction but some promising avenues for further experimentation.

Only one intervention, the Seattle Neighborhood Matching Fund, was found to have some evidence that suggests it may be an effective way to reduce violent crime through a neighborhood investment strategy. Using neighborhood improvement funding as a strategy for enhancing the cohesion of residents and their active improvement of their neighborhoods serves as a promising avenue for continued experimentation by city leaders.
- 2** There are multiple environments for effective violence prevention intervention.

It is clear from the evidence that effective violence prevention intervention can be deployed in a variety of environments affecting the lives of those at risk for violence. These environments include family, school, community/neighborhood contexts, juvenile justice systems, workplaces, hospitals, and interactions with law enforcement in neighborhoods and other settings. As illustrated in Figure 4 city leaders are wise to target several domains for violence prevention simultaneously and, to the extent possible, document them and evaluate their impacts separately.
- 3** Situational and developmental programs work.

Broadly speaking, evidence-based violence prevention interventions are situational or developmental. They are largely targeted at reducing the near-term risk for violence by addressing proximate situational causes, or they are focused on reducing violence in the long term by shifting developmental trajectories away from violence-prone pathways. Cities would thus be well-served to employ both situational and developmental interventions as part of a comprehensive violence reduction approach.
- 4** Evidence-based programs target different age ranges starting as early as preschool.

Interventions can be targeted at different age groups that vary in the timing of their risk for violence. Adolescents and young adults have near-term risks for violence, while preschoolers to those in middle childhood face more distant risks. Age also corresponds to likely variations in the institutional attachments that can facilitate violence reduction efforts. Youth under 18 are in school and are therefore more accessible through school-based prevention efforts. Young adults in their 20s may be more accessible through employment-based programs as well as focused deterrence or Cure Violence-type approaches that involve greater levels of interaction in neighborhood settings. Figure 5 depicts the developmental and situational interventions described in this report that target different age ranges and domains.

5 Violence is concentrated among a relatively small number of individuals, often group-involved, and in a relatively small number of places.

Data from several cities show that violence is concentrated among a small group of actors, often involved in gangs, who are connected to each other through common social networks. In addition, violence is disproportionately located in a relatively small number of hot spots, or micro-places, composed largely of street segments and intersections. Violence reduction efforts are most likely to succeed when they actively target the small number of people and places that drive the lion's share of violent crime.¹¹⁶ Moreover, the extent of success and its sustainability is likely to be heavily influenced by the degree to which interventions targeting so-called "hot people" and "hot places" improve rather than detract from police legitimacy and community members' desire to cooperate with authorities.

6 Some programs and practices are harmful either because they increase rather than decrease violence or they yield no positive benefits while incurring harmful collateral consequences.

Evidence shows that Scared Straight programs, juvenile curfews and aggressive drug law enforcement that is unfocused based on targeted offenders or geography are largely counterproductive. Evidence-based violence prevention should entail not only the adoption of innovative programs that work but also the abandonment of failed programs and practices that do more harm than good.

Strategic Recommendations

Based on the evidence-based interventions described in this report as well as key insights garnered from an extensive review of the violence prevention literature, the following strategic recommendations are offered to help city and community leaders develop effective violence prevention strategies.

- 1 Focus violence prevention interventions and resources on the highest risk individuals.**
 Across intervention types — whether school-based, summer employment or police-led — interventions that are focused on the highest risk individuals and in the highest risk places yield the greatest reductions in violence. Often this involves targeting the highest risk individuals in the highest risk places. Furthermore, targeting the highest risk individuals typically means meeting them “where they are” both in terms of where they are likely to spend their time and the needs they present as potential leverage for changing their behavior. One practical consideration is that targeting high-risk individuals means having extended hours and having close to real-time responsiveness to developing situations.¹¹⁷
- 2 Use data and analysis to develop an ongoing focus on those most at risk for violence.**
 Using data and intelligence drawn from a broad set of agencies (e.g. frontline police, parole, probation, schools, hospital emergency departments) and community stakeholders (e.g. street outreach workers, faith leaders, community organizations) is critical for defining the nature and dynamics of the violence problem as well as identifying the priority characteristics of potential target populations. Data and analysis are also essential for ongoing evaluation and refinement of intervention strategies as the violence problem evolves. Analytical tools like group audits, incident reviews, group violence scorecards, and social network analyses can be used to establish and update a shared understanding of the violence problem in a city.
- 3 Make a down payment on developmental prevention for every dollar invested in situational suppression.**
 Violence prevention efforts that focus primarily on situational suppression led by law enforcement are attractive for a variety of reasons. However, they are most attractive because the violence reduction benefits they could yield can happen in months or years, well within a mayor’s or city council member’s term. On the other hand, developmental prevention, conducted with a third-grader, for example, may take years to bear fruit. New cohorts of youth enter the age of heightened risk for violence every couple of years. Catching youth in elementary or middle school before they start down the path to violence, like with the Aban Aya Program or Becoming a Man, can help produce long-term and enduring violence reductions that are often difficult for near-term situational interventions like focused deterrence or hot spot policing to sustain over time.
- 4 Interventions that have a well-defined and understood theory of change are most likely to be implemented with fidelity and success.**
 Maintaining fidelity to a program model is a big challenge for violence prevention programs. In many

instances, programs deviate from core elements of the canonical models that inspired them, such as focused deterrence or Cure Violence. In other instances, the program experiences “drift” as key elements are poorly implemented or neglected over time. Even the strongest evidence-based violence interventions will fail when not implemented properly. Having a clear and well-understood theory of change is typically a prerequisite for keeping the eyes of various stakeholders on the ball. Understanding how each program component matters to the success of the overall effort is critical, as are high-quality management practices.

5**Engagement with system and community stakeholders should be active and ongoing.**

A diverse set of institutional and community stakeholders is important for coordinating the data, intelligence and services that matter for reducing violence. While robust interagency collaboration can take years and strong commitment to achieve, the investment is more than worthwhile. Dedicated staff who are committed to relationship-building and openness are generally a prerequisite for sustained partnerships.¹²⁰ In addition, an interorganizational architecture that institutionalizes the roles of a diverse set of stakeholders, like that adopted in Cincinnati, can help ensure that violence prevention efforts are sustainable and effective over the long term.¹²¹

4 PROVEN

Violence Reduction Strategies

The following report provides brief one-page overviews of four proven strategies to reduce violence in cities across the country:

1. Ceasefire, also known as Group Violence Reduction
2. Hospital-based Violence Intervention
3. Office of Neighborhood Safety Peacemaker Fellowship
4. Cure Violence/Violence Interruption

1. Ceasefire & Group Violence Reduction Strategy

CeaseFire is a comprehensive violence reduction strategy. Ceasefire uses a data driven process to identify the individuals and groups at the very highest risk of gun violence in a city and engages those individuals in direct communication to inform them of their risks and offer them support. The individuals are then enrolled in services, supports, and opportunities and also receive heightened law enforcement attention if they continue to engage in violence. Ceasefire is a harm-reduction model that first focuses on short-term reductions of gang/group related gun violence.

Data-Driven

A data-driven strategy that looks at where in the city is the problem of violence the greatest and dissects the details of what neighborhoods, groups, and individuals need the most urgent intervention. This includes an initial Problem Analysis report on the specific nature of violence in the city and regular on-going Shooting Reviews to maintain a tight focus on gun violence.

Direct Communication to the Highest Risk Groups and Individuals

Through credible data and intelligence, the strategy engages the most potentially dangerous street groups and individuals and offers opportunity and accountability through direct communication in Call-Ins (group meetings) and Customized Notifications (individual meetings).

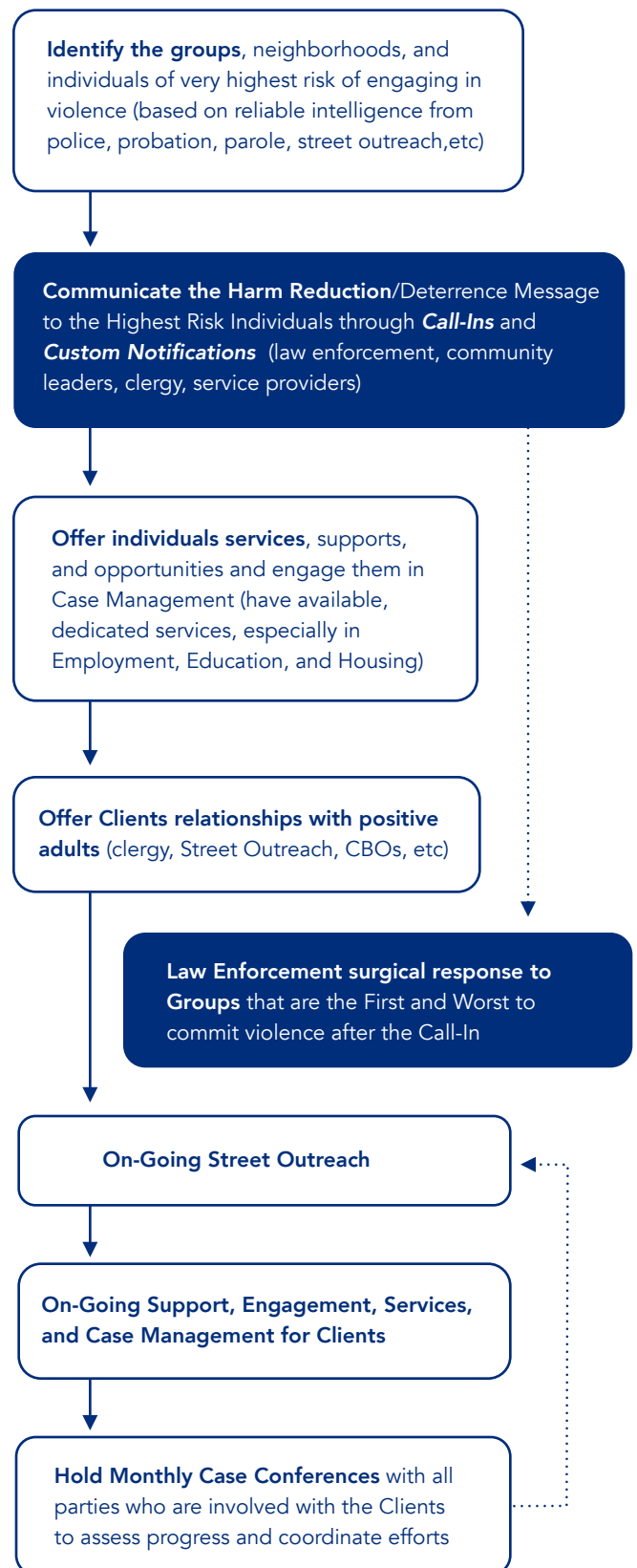
Services, Supports, & Opportunities

Individuals identified as needing urgent and intensive intervention are offered an array of services and supports, including: housing, employment, education, drug treatment, mental health services, case management, mentoring, and more.

Supervision and Focused Enforcement

For those who do not respond to the message and continue to engage in violence, there is follow up Supervision and Enforcement by police, probation, parole, and prosecutors.

Group Violence Reduction Strategy Flow Chart



2. Hospital-based Violence Intervention Programs

Hospital-based Violence Intervention Programs (HVIPs) combine the efforts of medical staff and community-based partners to intervene with violently injured young people as soon as possible after hospitalization. HVIPs reach those caught in the cycle of violence immediately after they have been hospitalized. At this critical moment, this vulnerable population is at a crossroads: they can either encourage retaliation for the violence committed against them, or they can turn their traumatic experience into a reason to take themselves out of “the game.”

Intervention Specialist

Breaking the cycle of violence means that each patient can begin working with a highly trained “Intervention Specialist” – a paraprofessional from the community – who provides crisis intervention, long-term case management, linkages to community-based services, mentoring, home visits, and follow-up assistance designed to promote health, including mental and physical recovery from trauma.

Hospital-based violence intervention (HVIP) is based on seizing the rare opportunity for intervention — the teachable moment — at the hospital bedside when a person is most open to addressing the risk factors associated with intentional injury. Several studies have demonstrated the effectiveness of interventions at these moments.

Building Trust

The HVIP model enhances the teachable moment by engaging Intervention Specialists who can quickly gain the trust of traumatized patients and their family members at the bedside. All have good people skills, street smarts, and cultural sensitivity; reflect the racial and ethnic diversity of their clients; and many have a history of exposure to violence and/or have family members with similar histories.

Discharge Plan

The HVIP model also strengthens the positive outcomes of the bedside intervention by developing a discharge plan with each patient and working closely with them in the community for months, and sometimes years, following discharge. The average HVIP patient/client receives services for six to twelve months. HVIP Intervention Specialists develop these discharge and ongoing service plans with patients and their family members based on formal assessments of individual, family, and community risk factors for re-injury. The plans are amended as the patients’ progress and conditions change. HVIP Intervention Specialists help a discharged patient do what they need to do to stay healthy and safe, which usually includes physical and mental health services; substance abuse treatment; academic support; vocational and recreational programs; and housing assistance.

Caseloads

HVIP Intervention Specialists generally carry caseloads of 20 patients/clients, regularly conduct home visits, and take clients to appointments as needed, often to ensure that culturally less competent providers fully understand client needs and to ensure attachment to a primary care physician or clinic for ongoing care. This intensive case management approach increases client access to services and improves outcomes.

3. Office of Neighborhood Safety (Peacemaker Fellowship)

In 2005, the City of Richmond, CA contracted with The Mentoring Center in Oakland to design and develop a new city government agency solely focused on violence reduction. The agency was developed in 2006 and launched in 2007 as the Office of Neighborhood Safety (ONS). ONS focuses strictly on reducing gun violence in the City of Richmond. ONS operates the Street Outreach Strategy and Operation Peacemaker Fellowship which provide and coordinate targeted intervention services for those identified as being most responsible for perpetrating gun violence. The focus of this strategy is to reduce shootings, retaliatory shootings and firearm related homicides by helping to improve the social and emotional health and wellness of those they serve.

Street Outreach Strategy

Each day the city’s street outreach teams directly engage on a face-to-face basis those who are most likely to commit gun violence. Neighborhood Change Agents (NCA) work to build healthy and consistent relationships with identified individuals, serving as their mentors and credible messengers who provide examples of healthy lifestyles. The NCA’s also work to expand access to quality opportunities, exposures, resources, and services that build on the identified populations strengths in an effort to reduce their involvement in gun violence.

Operation Peacemaker Fellowship Program

An extension of the Street Outreach Strategy is the Operation Peacemaker Fellowship program. “The Fellowship” is a Transformative Mentoring Intervention designed for those most likely to be involved in gun violence. This intervention works to transform the attitudes and behaviors that have given rise to the selected individual’s involvement in gun violence. The Fellowship is representative of those individuals who are most resistant to change and/or are chronically unresponsive to the traditional range of services offered or available in the Richmond community. In addition to the public safety concerns that these individuals pose, they are among the most expensive population to serve in policing, incarceration, hospitalization and social services. Enabling them to right their life trajectory will have a collateral

and positive effect on their communities, families and peers, in addition to saving tax payer dollars.

The Fellowship provides these individuals who are identified as being the very highest risk of being involved in gun violence with life coaching, mentoring, connection to needed services and cultural and educational excursions, with ONS taking Fellows on trips across the country and to several international destinations. ONS 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.

Since the inception of ONS, the City of Richmond has experienced a dramatic decrease in violence. Homicides have declined in the City by more than 60 percent. Several cities across the country are working to replicate the ONS model, including Oakland, Washington, DC, and Baltimore.

4. The Cure Violence Health Model

The Cure Violence Health Model uses the same three components that are used to reverse epidemic disease outbreaks. 1) Interrupting transmission of the disease. 2) Reducing the risk of the highest risk. 3) Changing community norms.

Interrupting Transmission of the Disease

Trained violence interrupters and outreach workers prevent shootings by identifying and mediating potentially lethal conflicts in the community, and following up to ensure that the conflict does not reignite.

- **Prevent Retaliations** – Following a shooting, trained workers immediately work in the community and at the hospital to cool down emotions and prevent retaliations – working with victims, friends and family, and anyone connected with the event.
- **Mediate Ongoing Conflicts** – Workers identify ongoing conflicts by talking to key people in the community about ongoing disputes, recent arrests, recent prison releases, and other situations and use mediation techniques to resolve them peacefully.
- **Keep Conflicts ‘Cool’** – Workers follow up with conflicts for as long as needed, sometimes for months, to ensure that the conflict does not become violent.

Reducing the Risk of the Highest Risk

Trained, culturally-appropriate outreach workers work with the highest risk to make them less likely to commit violence by meeting them where they are at, talking to them about the costs

of using violence, and helping them to obtain the social services they need – such as job training and drug treatment.

- **Access Highest Risk** – Workers utilize their trust with high-risk individuals to establish contact, develop relationships, begin to work with the people most likely to be involved in violence.
- **Change Behaviors** – Workers engage with high-risk individuals to convince them to reject the use of violence by discussing the cost and consequences of violence and teaching alternative responses to situations.
- **Provide Treatment** – Workers develop a caseload of clients who they work with intensively – seeing several times a week and assisting with their needs such as drug treatment, employment, leaving gangs.

Change Community Norms

Workers engage leaders in the community as well as community residents, local business owners, faith leaders, service providers, and the high risk, conveying the message that violence should not be viewed as normal but as a behavior that can be changed.

- **Respond to Every Shooting** – Whenever a shooting occurs, workers organize a response where dozens of community members voice their objection to the shooting
- **Organize Community** – Workers coordinate with existing and establish new block clubs, tenant councils, and neighborhood associations to assist
- **Spread Positive Norms** – Program distributes materials and hosts events to convey the message that violence is not acceptable.

Initially developed in Chicago, numerous cities across the country have implemented the Cure Violence Model.

cities united
resource series

A Strategic Resource for Mayors on Disrupting Community Violence and Preventing Homicides

August 2018

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Violent Crime - 59 of 81

*Working Together to
Build Safe, Healthy and
Hopeful Communities*

I'm a young Black male who had the world stacked against me and because I had a couple of revolutionary people in my life step in at the right moments at the right time, bullets didn't hit me. I want to be a force against the force of systemic violence. **No successful movement has ever happened without youth and young adults.**

I am proud to have been part of One Love Louisville where our local government recognizes and elevates youth voice in the improvement of social wellness and safer neighborhoods.

– BRANDYN BAILEY, ASSISTANT DIRECTOR, MUHAMMAD ALI INSTITUTE FOR PEACE AND JUSTICE, UNIVERSITY OF LOUISVILLE, KY

Mobilize all corners of the community toward a common vision and plan

In this section, we share a recommended city planning process within the Cities United roadmap framework.⁸⁴ This process can help cities have a strong action plan that is rooted in social justice, equity, youth voice and collaboration, and is supported by goals and objectives that are specific, measurable, achievable, results-focused and time-bound. Cities United utilizes the Roadmap to Safe, Healthy and Hopeful Communities planning process to assist cities as they chart a course to establishing a city-level action plan that will guide a comprehensive, public health approach to reducing violence and incorporating all corners of the community.

1. Prepare to Plan

1.1 BUILD POLITICAL WILL TO CHANGE

Developing sustainable solutions that will result in lasting change requires committed leadership from mayors, police chiefs, superintendents of public schools, faith leaders, local heads of health and human services organizations, neighborhood-level elected officials and community leaders.

1.2 CREATE A CITYWIDE WORK GROUP OR LOCAL LEADERSHIP TEAM

Organize a cross-sector public safety and community building leadership team in every city to facilitate efforts within city government and between city government and the community. The working group can encompass multiple sectors, including community services, law enforcement, education, public health and social services as well as the business sector and the faith community. Tap committed individuals to join these efforts to improve community, youth and family outcomes. The working group can also assess existing efforts and needs, identify what's working and connect with leaders and community members addressing these issues.

84. See Roadmap to Safe, Healthy and Hopeful Communities for customizable guidance on creating a city action plan: <http://citiesunited.org/wp-content/uploads/2017/03/CU-RoadMap-11x25.5brochure-Final-03092017-2-1-1.pdf>

1.3 ENGAGE LEADERS IN AREAS MOST IMPACTED BY VIOLENCE

Bring young people along with community leaders to the table and engage them in a dialogue to save lives. Prioritize youth participation and get comfortable with their presence—youth are critical to lasting change in communities. Youth have the capacity to become violence interrupters but only if we meet them where they are. Young Black men must have a seat at the table when devising solutions that affect their lives. As we note in an earlier section, effectively engaging young people and family members requires understanding their needs and planning meetings and events to accommodate school and work schedules.

1.4 BUILD PARTNERSHIPS AND RELATIONSHIPS

Addressing community violence and developing a city-level action plan takes time. Build partnerships and relationships over the long haul to create an environment of trust while also enabling city agencies and community advocates to work across silos. Ensure the city's action plan and partnerships are designed to endure beyond the term of any individual mayoral administration, to guarantee that the work continues and benefits young people and communities for the foreseeable future.

1.5 RAISE AWARENESS

Key audiences—city residents, decision-makers, business owners, etc.—may not be aware of how community violence affects them nor how a comprehensive, public health approach represents the solution. Use communications and media activities to raise awareness about the urgency of action as well as the emerging city action plan.

1.6 CONNECT CITY LEADERS TO A NATIONAL NETWORK

Help city leaders find out what works in other cities and support them as they borrow and modify successful strategies.

2. Construct a Multiyear Plan of Action

2.1 CREATE MULTIYEAR EVALUATION PLAN AND DATA PLAN

Create a multiyear evaluation plan and data plan that guides the city's efforts and measures progress against key indicators of community development and violence reduction. Cities can create and drive a comprehensive action plan that measures specific outcomes for African American men and boys. Document, monitor and measure outcomes that build in flexibility to modify the plan when outcomes and circumstances warrant.

2.2 DEVELOP COMMUNICATIONS PLAN

Develop a communications plan that will communicate the city's efforts and ensure key audiences understand why their participation is crucial and choose to get involved. Communications can also assist with fundraising and policy change.

2.3 ALIGN AND IDENTIFY EVIDENCE-BASED ACTIVITIES

Many violence prevention and violence interruption models exist across the country.⁸⁵ Identify models that will work in your city and prioritize evidence-based activities that have been shown to work in other cities.

2.4 DEVELOP MULTILAYERED SMART GOALS

Develop SMART (specific, measurable, achievable, relevant and time-bound) goals that will help guide the set of interventions you choose to employ in your city (e.g. public health, education, workforce, etc.) to ensure you make concrete progress against these goals.

2.5 DEVELOP BALANCED APPROACH BASED ON PIER (PREVENTION, INTERVENTION, ENFORCEMENT, RE-ENTRY) TACTICS

Addressing youth and community involvement with the justice system is a key aspect of reducing community violence. Draw from PIER tactics used across the country to apply a balanced approach that will work within the context of your city. Involve community, youth, health leaders and law enforcement stakeholders in this process.

2.6 DEVELOP AN INTEGRATED RESPONSE STRATEGY

It will take all of us, from city leaders to youth and community members to the business and philanthropic sectors, to tackle the public health crisis of losing our young Black men and boys to community violence. Develop an integrated response strategy across government agencies, public and private sectors, across age groups, civic and community organizations and faith institutions.

2.7 BE SYSTEMATIC ABOUT TARGETING RESOURCES WHERE THEY ARE MOST NEEDED

Create grids across the city to identify the targeted geography and understand neighborhoods experiencing violence. Not every neighborhood is equally impacted. Cities must isolate pockets of violence and concentrate efforts and resources to maximize effectiveness. Targeting resources has the wider impact of ensuring safer, healthier and more hopeful communities for every resident across the city.

3. Implement a Multiyear Plan of Action

3.1 IDENTIFY AND SECURE GOAL OWNERS AND ACTIVITY LEADS

Be clear about roles and responsibilities across city and community stakeholders to ensure that city agencies, community advocates, youth leaders, business owners, etc., all see and understand their measurable role in carrying out the action plan. Ensure there are ways to hold everyone accountable and that incentives are aligned with the goals.

85. See Interventions for Reducing Violence and its Consequences for Young Black Males in America, 2017: https://gallery.mailchimp.com/a26fd55f7374a0e3b8a5a6f99/files/5b0af200-e9d1-45de-a315-6bfa354bcccd/Interventions_for_Reducing_Violence_and_its_Consequences_for_Young_Black_Males_in_America_August_2017reduced.pdf

3.2 IDENTIFY AND MATCH SUSTAINABLE RESOURCES

Determine the funding strategy for the city action plan to ensure resources will exist to fund the plan throughout its duration. Rely on a mix of government, foundation, individual donor and business contributions.

3.3 IMPLEMENT MULTIYEAR EVALUATION AND DATA PLAN

Carry out the action plan you have developed across all corners of the city with broad participation and track the activities and outcomes. Include a focus on building and growing capacity to understand and implement multisector, public health-based approaches.

3.4 COMMUNICATE SUCCESS AND ACTIVITIES

Deploy the communications plan and share successes and activities along with challenges to continue to motivate stakeholders to get involved and stay involved, while also mobilizing funders, changing norms and influencing decision-makers.

4. Create Sustainability Plan

4.1 IDENTIFY AND MOVE POLICY AGENDA (ORGANIZATIONAL, LOCAL, STATE)

Policy change will be an important part of ensuring the city action plan can succeed in the medium and long term to reshape community investment, budgeting and priorities that support a comprehensive, public health approach to violence prevention, violence reduction and, ultimately, community development. Recommended policy changes are detailed in the previous Program and Policy Interventions section of this document.

4.2 ENHANCE AND GROW ORGANIZATIONAL AND COMMUNITY CAPACITY

Develop the necessary organizational and community capacity to adequately staff the plan. Be clear on roles and responsibilities as well as metrics to enable the multiple activities in the action plan to be carried out.

4.3 SECURE SUSTAINABLE PUBLIC AND PRIVATE FUNDING STREAMS

Identifying sustainable funding streams across government, foundations, individual donors and business owners will ensure the length of investment required for a city action plan to succeed and make real change.

4.4 CONTINUOUSLY ENGAGE PHILANTHROPY

The local, regional and national philanthropic community will be an important partner in ensuring the city action plan can be sustained for the medium to long term. This is critical as change will not happen overnight and will require sustained investment.

5. Develop Continuous Improvement and Evaluation

5.1 ANNUALLY REVIEW AND UPDATE MULTIYEAR PLAN OF ACTION

It will be important to regularly review and update the multiyear plan of action to ensure lessons and metrics are continuously being applied to the plan and activities.

5.2 IMPLEMENT COMMUNITY FEEDBACK MECHANISMS

Community feedback will form a critical aspect of capturing lessons learned to inform the continuous improvement and evaluation of the plan. Put into place mechanisms for capturing this feedback including community forums and surveys.

5.3 DEVELOP COMMUNITY WIDE INTEGRATED GOVERNANCE STRUCTURE

Develop a community wide integrated governance structure that ensures the buy-in of the range of stakeholders whose leadership and participation are required for the plan to succeed.

Spotlight: Newport News, VA

Newport News, VA, initiated its first violence prevention initiative, Building Better Futures,⁸⁶ centered on young people impacted by community violence in 2011, and in 2014 they hired their first program director, MaRhonda Echols. The city is currently in a strategic planning process to recommit to its efforts and ensure sustainability of their plan for the long haul.

Cities United is aiding the city in its strategic planning, sharing lessons learned from cities around the nation to ensure Newport News is able to build off the data, evaluation, lessons and successes of peer city leaders tackling similar challenges as well as federal initiatives that have captured national best practices.

Community outreach is a central feature of the city's violence intervention and officials have drawn heavily from the Comprehensive Gang Model developed by the DOJ's Office of Juvenile Justice and Delinquency Prevention.⁸⁷ The data-driven model has guided the city to focus its efforts in neighborhoods where youth are most impacted by violence.

Spotlight: Fort Wayne, IN

The city of Fort Wayne, IN, launched Fort Wayne United in summer 2016,⁸⁸ bringing the community together to create opportunities for neighborhoods across the city. The initiative prioritizes improving the life outcomes of young African American men and boys and integrates the city's involvement with Cities United and My Brother's Keeper. The initiative clearly calls out a vision of racial equity centered on Black men and boys: "Every black male in Fort Wayne is respected and valued and has the opportunity to achieve his full potential."⁸⁹

Fort Wayne United seeks to create opportunity for young Black men by showing them career options, such as in the building trades, pairing them with mentors and caring adults. The initiative exposes young people to what happens behind the scenes in the police department and in courtrooms. The programming will enable young men to sit down with police officers to discuss each other's perceptions, perspectives and experiences.

86. <https://www.nnva.gov/1907/Youth-Gang-Violence-Prevention>

87. <https://www.nationalgangcenter.gov/Comprehensive-Gang-Model>

88. <https://www.cityoffortwayne.org/latest-news/3084-mayor-henry-announces-fort-wayne-united-program-to-advance-opportunities-for-african-american-men-and-boys.html>

89. <http://www.fwcommunitydevelopment.org/fwunited>

Cities United has partnered with Fort Wayne since the inception of Fort Wayne United to ensure the community plan brings together stakeholders across the city, with youth opportunity at the center, particularly for young Black men and boys. Faith leaders, schools and educators, local law enforcement, youth leaders, community-based organizations and multiple city departments have all been involved since the initiative's launch.

Spotlight: Louisville, KY

The city of Louisville, KY, launched its comprehensive, public health approach to violence reduction and building safe, healthy and hopeful communities through the city's Office of Safe and Healthy Neighborhoods,⁹⁰ established in 2013. Since initiating phase 1 of the city's plan, a Blueprint for Safe and Healthy Neighborhoods, the city has seen an overall reduction in crime,⁹¹ and a reduction in shootings and homicides of young men under 24. Mayor Greg Fischer recently announced a new 6-point plan⁹² to further reduce homicides that includes enforcement, intervention, prevention, community mobilization, organizational change and re-entry.

The city's youth-focused initiatives have met with success including SummerWorks that put 5,200 young people into jobs⁹³ in summer 2017; Right Turn and REimage programs that have served 600 youth from neighborhoods with high levels of violence,⁹⁴ placing them into jobs, college, postsecondary training and workforce education; and One Love Louisville, which has activated young people across the city to drive community-led action plans.⁹⁵ The city's initial successes with youth investment and violence reduction sparked a recent multimillion-dollar investment from W.R. Kenan, Jr. Charitable Trust⁹⁶ to establish young leader fellowships to continue to provide opportunities for youth at risk of violence.

Cities United has been a partner to the city since 2013, working collaboratively to ensure data and evaluation drive the city's efforts to implement its citywide action plan and creating an exchange of lessons learned by local city leaders to inform other efforts across the country.

90. <https://louisvilleky.gov/government/safe-neighborhoods>

91. <https://louisvilleky.gov/news/crime-down-4-percent-louisville-first-half-2017>

92. <https://louisvilleky.gov/news/mayor-fischer-details-comprehensive-six-point-crime-plan-outlines-call-action>

93. <https://www.summerworks.org/news/2017-record-celebration>

94. <https://louisvilleky.gov/news/reimage-program-expands-give-more-louisville-youth-second-chance-help-prevent-violence>

95. https://louisvilleky.gov/sites/default/files/safe_neighborhoods/youth_edition_action_plan-updated-printersmarks-07072016.pdf

96. <https://louisvilleky.gov/news/kenan-charitable-trust-invests-over-5-million-boost-life-outcomes-young-black-men-louisville>



Case Study: Young People Curbing Gun Violence in Columbia, SC

By Giovanni Rocco and [Amber Gaither](#)

[Articles](#), [Criminal Justice Reform](#), [Gun Violence Prevention](#)

August 23, 2018

Generation Progress is launching a series of case studies to explore how young people have successfully moved forward the dual priorities of gun violence prevention and criminal justice reform at the local level. Young people understand that if we are to end the gun violence epidemic, we must place it in context with the criminal justice system and policing. To read the full compilation, "Fighting for Our Future," click [here](#).

COLUMBIA CASE STUDY

Generation Progress is launching a series of case studies to explore how young people have been involved in local efforts that have successfully moved forward the dual priorities of gun violence prevention and criminal justice reform. Young people are the generation most impacted by gun violence. According to [America's Youth Under Fire](#), a 2018 joint report by Generation Progress and the Center for American Progress, gunfire has surpassed car accidents as a leading killer of young people in the United States. Young people understand that if we are to end the gun violence epidemic, we must place it in context with the criminal justice system and policing.

The first city that Generation Progress visited to explore the leadership of young people on these issues was Columbia, South Carolina. In Columbia, Generation Progress conducted interviews with local law enforcement, community members, activists, and elected officials, to understand how this southern city has become a leader in the fight to prevent gun violence, reform the criminal justice system, and transform police practices, all with the help of young people.

INTRODUCTION

Columbia, South Carolina is a model for youth-centered reforms, and why Generation Progress picked it as the first city to visit as part of our series. Columbia is a city that has established two community review boards for law enforcement, and the first city to ban the use of bump stocks, a firearm accessory that accelerates the rate-of-fire. Engaging young people was essential in the city's criminal justice reform and gun violence prevention initiatives.

Through our #Fight4AFuture Gun Violence Prevention and Criminal Justice Reform network members, we learned of the bold steps that the city and county law enforcement agencies have

been taking to create more responsive and transparent police departments. Although culturally and geographically a southern American city, Columbia shocked the country by passing a ban on the use of bump stocks. It's believed that the city is the first, or one of the first, in the country to do so. In early July, Generation Progress visited Columbia, South Carolina to speak with those instrumental in the city's reforms. Through conversations with Chief of Police William Holbrook, Deputy Chief M.J. Kelly, County Sheriff Leon Lott, and youth activist Tracey Tucker, we learned how this city was able to harness the power of young people to develop progressive criminal justice and gun control initiatives.

COMMUNITY REVIEW BOARDS

For years, young people horrified by the police brutality seen in cases across the country have been calling for greater transparency from our nation's law enforcement. The calls from youth organizers, community leaders, and Black Lives Matter activists, have often gone unheard and police-community relationships have been hurt. In Columbia, the city and county police have incorporated many ideas with input from local youth organizers to create a police force that's more open and accessible to the public. In Columbia young organizers were deeply involved in the establishment of two community review boards, one for the sheriff's department, and one for the city police.

- Sheriff Lott's Citizens' Advisory Council is comprised of 26 council members that represent the residents of Richland County. Service on the council is voluntary and members convene approximately four times per year, or as requested by the Sheriff. The Council has three main tasks. Their roles include reviewing complaints against Sheriff Department employees, reviewing disciplinary actions, and reviewing internal policies and procedures.
- The ten members of the Columbia Police Department's Community Advisory Council represent various stakeholders, the majority of which are appointed by the mayor and city council members. The Council provides oversight and recommendations to city police as well as citizen input in administrative cases.

While the idea of community councils is not new, Columbia has taken it a step further. Sheriff Lott has recently given his Citizens Advisory Council a say in the department's hiring practices, ensuring that police officers hired by the department are vetted by the community members that they will police. This follows Sheriff Lott's overhaul of professional standards and internal affairs unit that installed a discipline command review board. The department implemented body cameras that differ from those cameras found in other departments. While many body cameras require the officer to turn the device on, resulting in human error, the cameras worn by county police officers turn on automatically when a weapon is drawn. Eliminating the need to voluntarily turn on body cameras is a great move that will reduce human error, but there is room for improvement. There are other interactions that don't involve weapons where body cameras can serve a useful purpose. Departments should consider more comprehensive uses of their body cameras, beyond situations involving deadly force. The city's police department have followed many of Sheriff Lott's reforms, including the creation of their own advisory council. Columbia police and the sheriff's department have also joined in the chorus calling for sensible gun control measures by supporting a ban on bump stocks in the city. While the move is mostly symbolic and is a small step, it shows that police departments have a stake in the fight for gun violence prevention and have a unique voice that can help push the conversation forward.

GUN VIOLENCE PREVENTION

While gun violence is a problem that disproportionately affects young people, the ramifications and effects of gun-related crimes affect entire communities. “We are on the receiving end, along with the families, of dealing and processing those crime scenes,” says Deputy Chief of Police Melron Kelly. Police officers are uniquely positioned to understand the effects of gun violence, not only as first responders and targets of that violence, but also as witnesses to the traumatic impacts that gun violence leaves on communities. Frustrated by the lack of action at the federal level even after a string of mass shootings, Columbia Mayor Steve Benjamin decided to act to curb gun violence in his city. There was just one problem—South Carolina’s pre-emption laws prevented him from regulating firearms or their components. That’s when he enlisted his city’s police department’s staff attorney and police advisor. Together they crafted language that is in line with state law and circumvents the state’s pre-emption restrictions. The ordinance does not outlaw bump stocks, but rather bans their use. While the mayor’s move is not a major step in dealing with gun violence, it is an important step that sends a message. “It is symbolic because we are in a state that is gun friendly,” says Chief Holbrook. In an area known for their lack of commonsense gun violence prevention measures the move, along with the police department’s support, shows that it is possible for local municipalities to act to protect their citizens and prevent gun violence.

WHAT’S NEXT

Columbia should serve as a blueprint of how young people’s involvement in local politics can turn into meaningful and lasting change. The reforms in the city also show that there’s an opportunity for young people to have a bigger voice. Police departments should be explicit in their inclusion of young people in their community boards and be proactive in their outreach to communities that might not feel welcomed in law enforcement spaces. Millennials are the most [diverse](#) generation in American history, with black and Latino youth, two groups that have historically been heavily monitored and overpoliced, making up more than a third of the generation. When dealing with youth of color it is important for police departments to be mindful of these realities and understand the reasons why some young people might be apprehensive to engage. Organizations working towards facilitating positive relationships between police and young people and community members must also be supported and funded. While young people were instrumental in the creation of Columbia’s community boards, as key parts of the community, they should be fairly and accurately represented. One possible way to bring more young people on board is for the police departments to be deliberate and proactive in their outreach to young people, either directly or through local organizations. Keeping the needs of young people in mind, law enforcement would be well prepared when reaching out to local youth to include them in their reform efforts.

CONCLUSION

Engaging local youth is essential to driving progressive criminal justice reform and gun violence prevention efforts. Columbia, South Carolina is a model for how young people can get involved these reforms at the local level. Sheriff Lott of the Richland County Sheriff’s Department and Columbia Chief of Police Holbrook have been instrumental in leading with bold reforms and efforts. As police departments across America look for ways to prevent gun violence and reform criminal justice practices, they can look at Columbia, South Carolina, and the work of local youth organizers, as a model for their own departments. Columbia law enforcement also has an opportunity to give young people a greater voice. Young people today, understandably, engage with police in adversarial contexts and in confrontational scenarios. This creates an opportunity for police departments to engage with young people in proactive, constructive, and respectful, ways to ensure that the voices of local youth are being heard.



S Carolina's Largest City Focuses on Stopping Gun Violence

Law enforcement around South Carolina's largest city say they are creating a task force to find the area's most prolific violent criminals and crack down on gun violence.

April 24, 2018, at 11:15 a.m.

S Carolina's Largest City Focuses on Stopping Gun Violence

BY JEFFREY COLLINS, Associated Press

COLUMBIA, S.C. (AP) — After a sharp increase in gun violence, often committed by the same people with the same guns, the police chief in [South Carolina](#) largest city is announcing a different approach to cracking down on crime and weapons.

Detectives will combine crime data analysis and old-fashioned police work to identify and track the Columbia area's most prolific violent offenders, and partner with Richland County deputies to crack down on these people, about ten of them at a time, Columbia Police Chief Skip Holbrook said Tuesday.

"We're going to make sure they don't spit on the sidewalk. And if they break the law, we are going to be there to catch them," Richland County Sheriff Leon Lott said.

Residents can help. The chief and sheriff both said that many of the guns used in these shootings are stolen out of vehicles.

"When you get home at night, don't leave your pistol in your car," Lott said. "We have hoodlums who go around to neighborhoods and break into cars and steal guns."

Holbrook approached Lott about the task force after discovering Columbia had 59 gun incidents from January to March with 19 people wounded and five killed. Everyone shot was African-American, and ballistics tests showed that about half the shootings were done with a weapon used in a previous shooting.

The two jurisdictions intertwine, so it makes sense to work together, Holbrook said.

Task force members also will pay attention to places where shootings are more likely to happen, and where the targets spend their time, Holbrook said.

"We're focusing on where people live and sleep and who they hang out with," the chief said.

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The Star-Ledger

Youth homicides have dropped 40% in Newark, yet there is more work to do, mayor says

Posted Apr 4, 2019



Aristide Economopoulos | NJ Adva

Of course murders still happen, but Newark's crime rates over the past two years are at their lowest levels in decades, Mayor Ras J. Baraka says. Above is the scene at a 2018 murder in Newark. (Aristide Economopoulos | NJ Advance Media)

By [Star-Ledger Guest Columnist](#)

By **Ras J. Baraka**

Our young people are facing significant challenges every day. Now more than ever, we must be steadfast and resolute to protect the health, well-being and safety of today's youth.

Last week, I participated in the Advocates of New Jersey's Kids Count report release that presented data on the current state of our children. What stood out for me, and why I am writing today, is due to the data that indicated that young men experience differences from young women in education, health care access and exposure to violence and the juvenile justice system at an early age. While we have known this, awareness and attention to this issue must be given

Since I have taken office, my approach has been to confront these challenges and make them a part of our core mission and vision for the future of Newark and ensure that all residents play a part in the process. Our current public safety strategies have shown early success. The investments we have made have been necessary in order to create a better tomorrow for our youth.

For the past two years, Newark's crime rates are at their lowest levels in decades, while college enrollment from Newarkers has increased significantly -- a 70 percent increase from Rutgers-Newark alone. We also have a 25 percent reduction in crime since our Public Safety Director Anthony F. Ambrose and I have implemented programs to confront these challenges in a truly collective manner. While no homicide is acceptable by our city administration, our latest numbers prove there is a significant reduction in crime and many of the policies and outreach programs by myself and director Ambrose are changing or rather saving lives.

Our strategic and comprehensive community engagement programs include:

- My new initiative, the Brick City Peace Collective (BCPC)'s primary goal is to reduce violence and conflict. It is a catalyst for organizations on the frontlines of helping people who are experiencing trauma and violence. Organizations work collaboratively to become more effective by creating a network focusing on eliminating conflicts before they become violent. It is also an attempt to divert funding from police agencies to network community-based solutions around trauma and violence. Organizations involved in the BCPC include the Newark Community Street Team, the Newark Anti-Violence Coalition, the West Ward Victims and Anti Violence Coalition and others.
- The Newark Community Street Team (NCST) was launched in 2015 to put concerned men into mentorship roles with boys and young adults who are at risk to join gangs and engage in violent street crime. The program enlists former gang-members and released inmates, to help these boys and young men steer clear of the trouble that negatively impacted their lives.
- My Brother's Keeper works to get young men to return to school and to develop high aspirations for education and employment, including workshops on resume writing, interviewing and even dressing for success. Over 1,000 young men are involved.
- Summer Employment Program. Newark's jobs program has doubled in the past two years' and includes educational and employment opportunities.
- The Citizens Virtual Patrol Program. City streets are currently equipped with 126 cameras that allow citizens to watch the streets of their neighborhoods from the safety of their homes via the Internet and notify police in case of trouble. Crime is down 15 percent within 300 feet of each camera this year.
- Precinct Community Engagement. Each of the city's seven precinct captains have officers carry out five outreach programs each week.
- The Public Safety Academy. Members of the clergy, civic leaders and concerned citizens enroll in a two-month program to help the public understand the working and procedures of the police. For this class, there are more than 40 registrants.
- Stationhouse Adjustment. In 2016, this program of putting youthful minor offenders on the right path with the help of city services was re-energized by director Ambrose.
- Cops and Kids Workshops. Over 200 officers have participated in a program in which the city's children buddy-up with them in workshops, role-reversal exercises and even theatrical productions.
- Gang Resistance Education and Training (G.R.E.A.T.) by our officers has reached more than 12,000 Newark school kids.

We are doing all of this and much more to ensure and protect the quality of life of Newark's youth. While we are having early preliminary results, much more work must be done. To see improvement, we must invest in the future of our youth. We must change how we look at public safety, and start to shift how we are making investments into communities. We need our state and local police agencies to use some of their operational dollars to fund alternative programs like the ones we are doing in Newark to have systemic and sustainable impact.

Ras J. Baraka is the mayor of Newark.

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BLUEPRINT FOR PEACE

41 LIFE

APPENDIX E: GUIDING EVIDENCE & FRAMEWORKS

The Blueprint for Peace draws on guiding evidence and frameworks for action.

A PUBLIC HEALTH APPROACH TO VIOLENCE

A public health approach to violence prevention focuses on preventing violence before it occurs (i.e., primary prevention), while also acknowledging the need for balance of efforts to enhance the impact of violence after it has occurred and reduce the likelihood of future violence (i.e., secondary and tertiary prevention strategies).¹²⁹ This approach is population-based and works to increase interrelated resilience factors while reducing risks. Driven by data and a growing research base, a public health approach focuses on the implementation and evaluation of strategies to address risk and resilience factors associated with violence.^{130 131 132} Authentic community engagement and participation from diverse sectors are key components of this approach, and public health can play a central role in convening and facilitating collaboration between community members and multiple sectors.^{133 134} Working across all levels of the Spectrum of Prevention, with a strong emphasis on policy and practice change, strategies aim to build on existing assets to reduce risk factors and bolster resilience factors at the individual, relationship, community, and societal levels.^{135 136 137} Increasingly, efforts focus on factors in the community environment, including social-cultural, build/physical, educational, and economic factors. A public health approach has served as the foundation of the planning process in Milwaukee and informed the development of balanced, comprehensive, and collaborative strategies to prevent violence in the city. Drawing from research based resources such as the CDC Technical Packages for Violence Prevention, the strategies included in the Blueprint address risk and resilience factors for violence in Milwaukee by building on community assets and engaging multiple sectors.





CONNECTING THE DOTS AMONG MULTIPLE FORMS OF VIOLENCE

Developed by the Centers for Disease Control and Prevention (CDC) and Prevention Institute, Connecting the Dots provides an overview of the links among multiple forms of violence. Exposure to one form of violence increases risk of further victimization and engagement in violent behavior.¹³⁸ Since multiple forms of violence share common underlying risk factors and are often experienced together for individuals, families and communities, addressing shared risk and resilience factors is most effective in addressing and preventing violence.¹³⁹ In Milwaukee, Connecting the Dots was used to identify risk and resilience factors across forms of violence, and to ensure that the goals and strategies address these risk and resilience factors.

THRIVE (TOOL FOR HEALTH AND RESILIENCE IN VULNERABLE ENVIRONMENTS)

THRIVE (Tool for Health and Resilience in Vulnerable Environments) is a community resilience framework and tool for understanding: 1) how structural drivers play out at the community-level, impacting daily living conditions and, consequently, community outcomes for health, safety, and health equity; and, 2) how community change can push back against these structural drivers. THRIVE identifies 12 interrelated community determinants of health and safety, grouped in three interrelated clusters: the social-cultural environment (people), the physical/built environment (place), and the economic/educational environment (equitable opportunity). THRIVE was created through an iterative process of scanning peer-reviewed literature, reports, and interviews with practitioners and academics starting in 2002, and was updated in 2011-2012 based on a review of social determinants of health literature.¹⁴⁰ The language of THRIVE was developed by piloting and gaining feedback from communities with the goal of incorporating “community friendly” terms rather than research/academic language. In Milwaukee, THRIVE was used to emphasize community resilience and to ensure that a holistic set of factors at the community environment are addressed by the Blueprint’s goals and strategies.

ADVERSE COMMUNITY EXPERIENCES AND RESILIENCE: A FRAMEWORK FOR ADDRESSING AND PREVENTING COMMUNITY TRAUMA

Prevention Institute's Adverse Community Experiences and Resilience (ACE|R) report offers a framework for understanding and preventing trauma at the community level. The report describes how trauma manifests at the community-level, not just the individual-level, particularly by acknowledging the impacts of structural violence and institutional racism in the production of trauma. Structural violence refers to distal social forces, such as income inequality and segregation that concentrate disadvantage and harm individuals, families, and communities by preventing them from meeting their basic needs.¹⁴¹ Building on Prevention Institute's THRIVE framework and tool, ACE|R organizes the symptoms of community trauma in three interrelated clusters: people (the social-cultural environment), place (the physical/built environment), and equitable opportunity (the education and economic environment). The ACE|R framework offers examples of strategies within these three clusters to prevent community trauma, build community resilience, and promote community healing. Examples of strategies include: strengthening connection to a positive cultural identity, improving public spaces, and implementing restorative justice practices. In addition, the framework offers examples of strategies to counter structural violence, such as increasing collective capacity for action, and removing barriers to housing and employment access for formerly incarcerated individuals. The most effective strategies engage multiple sectors, involve community healing, and build on community knowledge, expertise, and leadership. In Milwaukee, the ACE|R framework was shared with participants throughout the planning process. The framework informed and affirmed participants' understanding of the relationship between various forms of violence and trauma, and the need to include strategies that counter structural violence, build community resilience, and promote community healing.





THE UNITY ROADMAP

The UNITY RoadMap helps cities to understand and map out solutions for effective and sustainable violence prevention. Key elements delineated in the UNITY RoadMap include: partnerships (high-level leadership, collaboration and staffing, and community engagement), prevention (programs, practices, and policies; communication; and training and capacity building), and strategy (strategic plans, data and evaluation, and funding). In Milwaukee, the UNITY RoadMap was used to inform: the goals, strategies, and indicators; the data and evaluation framework; and the implementation structure for effectiveness and sustainability, including citywide and neighborhood-based implementation efforts. It was also used to delineate initial plans for communications, resource development, and capacity building. In particular, the UNITY Roadmap affirmed planning participants' understanding of the critical need to reduce silos and foster greater synergy across sectors. The UNITY RoadMap includes information, resources, and examples from a diverse array of cities, and as such, can be used an ongoing resource during implementation and evaluation of the plan.

THE FRAMEWORK FOR INTEGRATING THE HEALTH APPROACH TO VIOLENCE PREVENTION

The Framework for Integrating the Health Approach to Violence Prevention introduces a system for addressing violence in all forms as a health issue in impacted communities across the United States. This system is updated to include a unified, integrated effort that encourages and supports extensive cross-sector collaboration with emphasis on health. It improves the current fragmented approach that leans heavily on the justice system. The framework laid out in the infographic in Appendix F represents a cost-effective means to reduce the incidence and impact of violence that works mainly through existing infrastructure, addresses systemic and institutionalized trauma, and connects the health sector to community resources, social services, schools, the justice system, and other municipal systems. This framework was developed by over 50 health practitioners representing national and local health organizations and is endorsed by more than 400 health and community practitioners representing over 40 cities and 40 national organizations. The framework will guide local government, as well as organizational and community leaders, to improve and systematize their efforts in violence prevention, making our country safer, healthier and more equitable.

The Elements of the Health System to Prevent Violence is an infographic to represent the Framework for integrating the Health Approach to Violence Prevention.

HEALTH SYSTEM to PREVENT VIOLENCE

www.violenceepidemic.org

ENSURING AN EQUITY LENS

Ensuring greater benefit and less burden for marginalized communities by:

- Changing perceptions
- Increasing accountability
- Aligning resources in partnership with communities



SCHOOLS

Creating Safe and Healthy Learning Environments



MENTAL HEALTH

Promote Accountability for
Greater Well-Being



ACADEMIC MEDICAL CENTERS

Advancing Research on Violence Prevention



FAITH-BASED INSTITUTIONS

Educating and Inspiring Communities



SCHOOLS OF PUBLIC HEALTH & UNIVERSITIES

Preparing Movement Leaders with Curricula and Research



PUBLIC HEALTH DEPARTMENTS IN PARTNERSHIP WITH ELECTED OFFICIALS

Coordinating and Developing Interventions



HOSPITALS AS ANCHOR INSTITUTIONS

Ensuring Quality Care, Outreach and Follow Up



EMERGENCY DEPARTMENTS AND ACUTE CARE FACILITIES

Identifying and Supporting
Individuals and Families at Risk



HEALTH CARE SYSTEM

Incorporating Violence
Prevention in Economics
and Policy



BEHAVIORAL HEALTH CARE

Providing Trauma-Informed Services
for Improved Outcomes

EARLY CHILDHOOD DEVELOPMENT CENTERS & THE CHILD WELFARE SYSTEM

Addressing Trauma to Start Off Strong



PRIMARY CARE

Establishing a Safe
Environment and
Making Connections



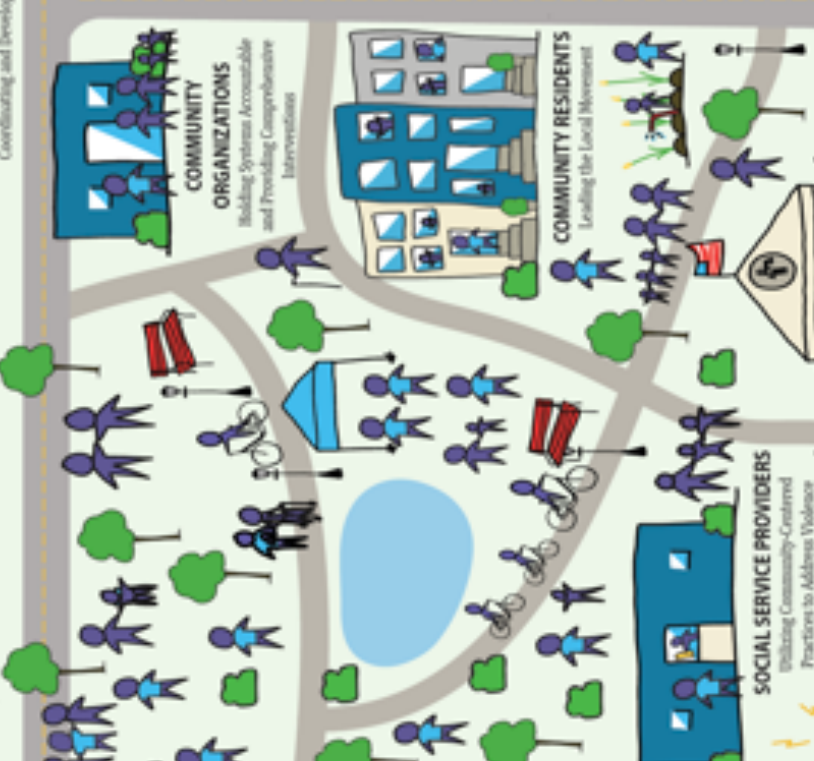
LAW ENFORCEMENT AND THE JUSTICE SYSTEM

Supporting Public Health Contributions and Ensuring
Accountability Towards a Healthy/Resilient System



MEDIA

Changing to
a Health Narrative



COMMUNITY ORGANIZATIONS

Building Systems Accountable
and Providing Comprehensive
Interventions

COMMUNITY RESIDENTS

Leading the Local Movement

SOCIAL SERVICE PROVIDERS

Utilizing Community-Centered
Practices to Address Violence

COMMUNITY INFORMATION SYSTEMS

Monitoring Trends of
Violence Nationwide

Outreach workers, violence
interrupters, hospital responders,
and community health workers

Violence is among the most significant health problems in the United States not only because of the harm, loss, and trauma caused to families and communities, but also to a broad range of mental and physical health problems that disproportionately impact children, youth, and communities of color. This visual representation of a health system to prevent violence is derived from the framework created by the Institute of Medicine (IOM), the National Academies of Medicine (NAM), and the National Academies of Health Sciences (NAHS), which is led by David Satcher, MD, MPH, and Larry Slutsky, MD, MPH. At the center of the framework are the health system and the health care system, which are the most visible and measurable components of the health system. The framework is designed to guide local community organizations and agencies that can be supported by federal and state partners. Coordinated implementation of these strategies with an equity lens will work to address detrimental disparities to improve outcomes for all communities.

THE ELEMENTS OF THE HEALTH SYSTEM TO PREVENT VIOLENCE

1. Public Health Departments (or other lead agency - such as a non-profit or a university)

- Coordinate violence prevention efforts across all sectors and ensure equity is embedded in all strategies
- Hire, train, and support violence prevention professionals as well as research and monitoring professionals

2. Community Organizations and Residents

- Detect and interrupt violence
- Identify individuals at risk for violence
- Change environmental factors and norms related to violence
- Address social determinants of health risk factors

3. Social Service Providers

- Work within health sector to deliver trauma-informed care

4. Primary Care

- Educate, screen, and refer for all forms of violence
- Input data to ensure appropriate services and interventions
- Advocate for health-based programs and policies

5. Emergency Departments and Acute Care Facilities

- Educate, screen, and refer for all forms of violence
- Identify, treat, and assess risk of those impacted by violence
- Fine tune efforts to identify hotspots and reduce recidivism

6. Hospitals as Anchor Institutions

- Train staff in trauma-informed care to reduce re-traumatization
- Hire in, advocate for, and invest in communities impacted by violence
- Integrate violence prevention into needs assessments

7. Health Care System Economics

- With insurance providers, reimburse for violence prevention
- Evaluate the financial results for health care and other expenses
- Invest community benefit dollars in violence prevention efforts

8. Mental Health

- Implement health approach to reduce risk of victimization
- Increase access to mental health and community services
- Advocate for policies to increase resiliency and reduce risk

9. Behavioral Health Care

- Implement behavioral health training throughout the community
- Integrate community healing programs into existing efforts

10. Academic Medical Centers

- Incorporate the health approach for hospitals
- Research violence and the effects of the health approach

11. Primary and Secondary Schools

- Train educators on conflict resolution and trauma informed care
- Identify, refer and track individuals at risk for violence
- Implement policies and programs that reduce out of school time

12. Early Childhood Development and Child Welfare Systems

- Train staff to identify and reduce all forms of violence
- Deliver therapeutic interventions to those experiencing violence

13. Schools of Public Health

- Fund faculty and research on the health approach to violence
- Coordinate local expertise to assist communities in implementation
- Incorporate the health approach to violence into curricula

14. Community Information Systems

- Collect data on all incidents and interventions of violence
- Create standards for data to promote effectiveness

15. Law Enforcement and the Justice System:

- Train for implementing violence prevention protocols
- Identify, refer and track those exposed to or at risk for violence
- Assess and treat staff exposed to violence

16. Faith-Based Institutions

- Connect individuals and neighborhoods to services and resources
- Promote the health understanding of violence and positive norms
- Mobilize the community to advocate for violence prevention

17. Media

- Advance public understanding of violence as a health issue
- Identify health leaders to serve as spokespeople
- Implement standards for reporting on violence

18. Cross-Sector Collaboration

- Implement shared data on all forms of violence, protocols for screenings, referrals, and programs and policies to prevent violence
 - Hold regular meetings with all leadership to discuss violent trends and identify program and policy improvement