

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

Forward

Cities United encourages cities to develop comprehensive violence prevention and community transformation plans, that include prevention, intervention, enforcement and reentry strategies, in order to create lasting change in neighborhoods beset by gun violence. The following report, “Four Proven Violence Reduction Strategies”, presents brief overviews of violence reduction strategies with evidence of effectiveness. These strategies all work to reduce violence immediately as harm reduction models. When implemented correctly and with fidelity, these models can reduce violence within six to twelve months. Harm reduction or violence interruption strategies are vitally necessary to save lives now. But cities also need long-term community transformation so that violence reduction programs are not needed.

There is no coincidence that the communities with the highest rates of violence in America look very similar. These neighborhoods suffer from a history of bad policies that have created, extremely high rates of concentrated poverty; low-performing schools; tremendous blight; the proliferation of liquor stores; easy access to guns; drugs readily available; and very high rates of incarceration. Communities with these characteristics need immediate intervention and interruption of violence. But they also need long-term transformation efforts.

Community transformation prioritizes education reform, economic revitalization, and overall wellness. Community transformation occurs when children receive quality education that fully prepares them for college, where employment opportunities exist for all, businesses owned by local residents thrive, average income is well above the poverty rate, and wellness is the expectation. While such transformation will take significant investment and many years to achieve, longer than most Mayoral terms, we must demand such plans be developed and implemented in our cities.

Cities United continues to advocate for the development of citywide comprehensive violence prevention plans that seek to transform communities that have suffered from years of disinvestment. As a part of that strategy, we present the following report that profiles four proven strategies to reduce violence.

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Introduction

Launched in 2011, **Cities United** is a national movement focused on eliminating the violence in American cities related to African American men and boys. The 86 mayors participating in Cities United intend to reduce violence by 50%, by the year 2020, in each of their cities. Moreover, they are committed to restoring hope to their communities and building pathways to justice, employment, education, and increased opportunities for residents.

As a resource, Cities United helps mayors assess their current situations, increasing opportunities for awareness, action, advocacy, and accountability in communities across the country. The organization provides assistance with planning and implementing solutions by sharing best practices, instituting innovative approaches, and understanding how and where to reconfigure resources.

To that end, this publication highlights four effective violence reduction strategies employed by many Cities United member cities. These four strategies have proven effective at reducing Black male victimization.

The four strategies – Ceasefire, Hospital-based Violence Intervention, Operation Peacemaker Fellowship, and Cure Violence – have similar principles and characteristics and are sometimes confused for one another across the country. While the confusion is sometimes problematic, it's largely due to the common best practices implemented by each strategy. Those best practices include:

- Identifying and focusing on individuals, groups, and neighborhoods at the highest risk of being involved in gun violence.
- Engaging those individuals in a trusting relationship with trained case managers/ life coaches/outreach workers.
- Providing services, supports, and opportunities to the participants.

Several Cities United partner cities are utilizing these strategies. Ceasefire is being successfully implemented in Oakland, CA; New Orleans, Louisville and Minneapolis are all instituting Hospital-based Violence Intervention programs; Cure Violence has been replicated in many CU partner cities, including Philadelphia; and the Richmond, CA Operation Peacemaker Fellowship model is being launched in several cities in beginning in 2017.

The following brief is an overview of each of these four proven strategies with a list of resources at the conclusion for those cities seeking to gain more information. You can find other examples of what's working at www.citiesunited.org

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).

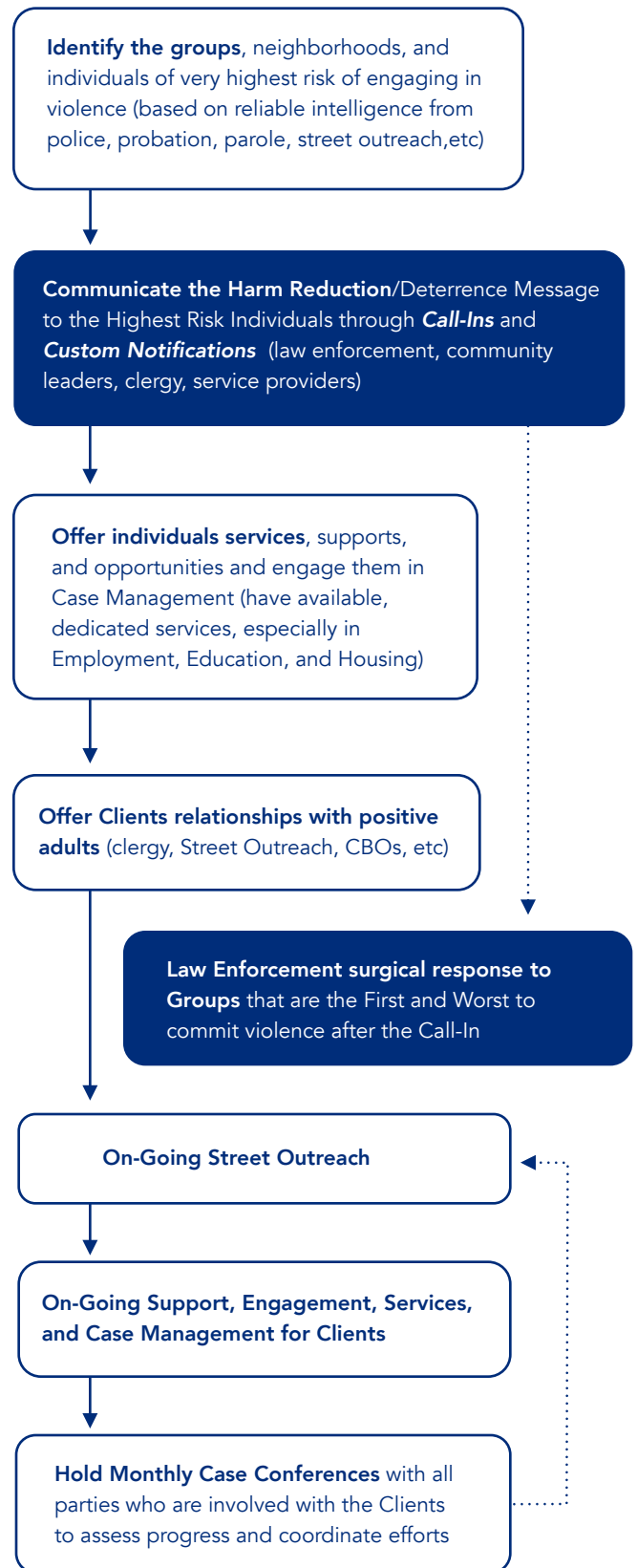
Services, Supports, & Opportunities

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.