

REVIEW OF COMMUNITY VIOLENCE INTERVENTION STRATEGIES

REPORT TO THE WASHINGTON STATE DEPARTMENT OF COMMERCE OFSVP

Prepared by: Olivia Nawal McCollum, Julia Schleimer, & Ali Rowhani-Rahbar of the University of Washington Firearm Injury & Policy Research Program

Introduction

Community violence intervention (CVI) is a promising strategy to reduce community violence.¹ CVI programs vary in setting (e.g., hospital-based or community-based), approach to identifying and recruiting those at greatest risk of community violence involvement, and specific intervention focus area(s) (e.g., priority focus on violence interruption, cognitive behavioral intervention).² This brief report to the Washington State Department of Commerce, Office of Firearm Safety and Violence Prevention (OFSVP) summarizes existing evidence on various CVI models/approaches across the United States (US), categorized by their defining focus area.

Our team categorized CVI models/approaches into the following typologies in accordance with prior literature, our ongoing work, and consultation with experts in the field. It is important to note that this typology may not comprehensively describe every CVI program in the US; rather, it encapsulates the underlying theory and key activities of some of the most common CVI programs and offers a general guiding framework to synthesize existing literature.

Types of CVI

Fellowships

Fellowship programs are structured mentorship programs that typically include life coaching, social service provision, and healing-centered relationships with credible messengers (individuals in the community with prior lived experiences similar to those they serve), and may additionally include conflict mediation and street outreach.

Victim Services

Victim service programs include wraparound case management services for victims of community violence and their families. Examples include hospital-based violence interventions (HVIPs) which offer services and support to violently injured patients immediately after injury.

Violence Interruption

Violence interruption programs primarily focus on identifying and interrupting conflict through street outreach and mediation and building prosocial norms through community engagement, events, and messaging.

Behavioral Science Intervention

Behavioral science interventions prioritize behavioral therapy (e.g., Cognitive Behavioral Therapy) to support positive behavior change and emotion regulation.

Enforcement Strategies

Enforcement strategies include direct engagement between law enforcement and community partners and focus on imposing direct, focused, and predictable consequences for violent acts for specific individuals and groups, while simultaneously increasing access to social services and supports.

Methods

Our team conducted a review of the CVI outcome evaluation literature (process/implementation evaluations were not included). We gathered literature from sources such as program reports and academic journals, selecting articles/reports for their relevance and geographic and programmatic representativeness. For each article/report, we extracted information on the name and location of the CVI program, time period under study, populations served, staff characteristics, and key results of the outcome evaluation.

We extracted information from 27 sources, including 5 evaluations of fellowship programs, 6 evaluations of victim services programs, 6 evaluations of violence interruption programs, 4 evaluations of behavioral science programs, and 6 evaluations of enforcement strategy programs. Results are summarized below and in the literature matrix located at the end of this document.

Results

Fellowships

Fellowship programs are centered around structured mentorship, most often from people who have lived experience with violence and local community ties.

This review summarized 5 evaluations of fellowship programs, including evaluations for the following 3 programs: Advance Peace (AP), READI Chicago, and Chicago Create Real Economic Destiny (CRED). All three evaluations of Advance Peace (located in multiple cities throughout California) found city-level reductions in gun assault and/or homicide.³⁻⁵ Additionally, READI Chicago and Chicago CRED evaluations found individual-level reductions in risk of violent crime arrests (including shootings and homicide arrests) or shooting/homicide victimizations.^{6,7}

For example, between 2018 and 2021, AP neighborhoods in Sacramento, CA went from representing 52% of all gun homicides in the city to 45% (7% change). In Stockton, AP neighborhoods represented 71% of all gun homicides in 2018 and 24% in 2021 (47% change). In Richmond, AP neighborhoods represented 50% of all gun homicides in 2018 and 38% in 2021 (12% change). These findings suggest AP may have helped mitigate gun violence during the COVID-19 pandemic.³ Across the three cities, public expenditure savings attributed to Advance Peace were estimated to be between \$65 and \$494 million.³ Another evaluation of Advance Peace in Richmond, CA found that the program was associated with 55% fewer firearm homicide and assault victimizations and 43% fewer firearm homicide and assault crime incidents in the city. The program was, however, associated with 16% more non-firearm homicides and assault victimizations and 3% more non-firearm homicide and assault crime incidents.⁵

READI Chicago's evaluation, one of few randomized controlled trials in the field, found evidence that individuals' risk of shooting and homicide arrests declined by 65% (but this decrease was not statistically significant). However, participants recruited by outreach workers experienced significant reductions in arrests for shootings/homicides (79% reduction) and shooting/homicide victimizations (43% reduction).⁶

Victim Services

Victim service programs prioritize wraparound case management for victims of community violence and their families. These programs are often implemented in point-of-care settings, including hospitals, to offer services immediately after a violent event.

This review included 6 victim services papers, encompassing 5 programs: Helping Individuals with Firearm Injuries (HiFi) in Seattle, WA; Wraparound Program (WAP) in San Francisco, CA; University Hospital of Newark Hospital-based Violence Intervention Program in Newark, NJ; a hospital-based intervention program (HVIP) in Baltimore, MD; and one HVIP simulation study. Of the three programs evaluated for their association with subsequent violence or criminal legal system outcomes (HiFi, WAP, Baltimore HVIP), WAP and the HVIP from Baltimore found evidence of reduced risk of re-injury or re-arrest.

WAP and the University Hospital of Newark HVIP also examined goal attainment and service needs and found an increased likelihood of goal attainment or having needs met post-intervention.^{8,9}

For example, the evaluation of the HVIP in Baltimore, a randomized trial among participants who had at least one previous hospital admission for violent injury, found significant differences in those who participated in the program versus those who did not in terms of any conviction, arrests for violent crime, violent crime conviction (there was no difference for any arrest), violent re-injury, and employment. Those who did not participate in this HVIP were 2 times as likely as those who did participate to be convicted of any crime, 3 times as likely to be arrested for a violent crime, 4 times as likely to be convicted of a violent crime, and 6 times as likely to be hospitalized for a violent injury in the 2 years after the program.¹⁰ Additionally, at the beginning of the study, 39% of the intervention group and 45% of the non-intervention group were employed. By the end of the study period, employment increased to 82% in the intervention group and 20% in the non-intervention group, representing a 43 percentage point increase and 25 percentage point decrease, respectively. In contrast, the HiFi Program in Seattle, WA found no difference between participants and non-participants in their cumulative incidence of arrest or subsequent injury at 1 and 2 years after the program.¹¹

The simulation study also used previously published estimates of the association between the intervention and violent re-injury and violence perpetration to estimate that an HVIP may prevent 83 incidents of nonfatal violent re-injury not resulting in hospitalization, 10 re-injuries resulting in hospitalization, 1 fatal violent injury, and 3 cases of assault conviction within 5 years. The HVIP simulation study also estimated significant return on monetary investment, with estimated savings ranging from \$82,765 to \$4,055,873 (assuming HVIPs reduce the 5-year incidence of violent re-injury by 25%).¹²

Violence Interruption

Violence interruption programs focus on conflict identification, mediation, and community engagement. Programs often employ community violence interrupters, who are individuals with relevant lived experience such as gang-involvement or incarceration.

Five violence interruption programs were included in this report including: Safe Streets in Baltimore, MD; Chicago Ceasefire in Chicago, IL; the TRUCE Program in Phoenix, AZ; Cure Violence Philadelphia in Philadelphia, PA; and One Vision One Life in Pittsburgh, PA. All programs evaluations, except for One Vision One Life, found evidence of reductions in violent crime (including homicide and non-fatal shootings) within their target areas,¹³⁻¹⁷ but results differed across sites.

For instance, in a 2013 evaluation of the Safe Streets, researchers estimated that the program prevented approximately 35 nonfatal shootings and at least 5 homicides across 112 cumulative months and 4 sites. There was variation across sites such that three of the four intervention neighborhoods experienced relatively large program-related reductions in at least one measure of gun violence without also having a statistically significant increase in another measure of gun violence.¹⁸ A second evaluation of Safe Streets in 2023 also found an estimated \$7.20 to \$19.20 savings per \$1 invested in the program.¹⁴

Similarly, the Phoenix TRUCE Project saw an average reduction of 16 violent assaults and 16 criminal incidents per month compared to the control areas during the 19 months following implementation.^{16,16} However, the TRUCE Project also observed an increase of 3.2 shootings on average per month in intervention areas compared to controls.¹⁶

Behavioral Science

Behavioral health intervention programs utilize behavioral science approaches such as cognitive behavioral therapy to foster positive behavior change and well-being in their participants.

All four behavioral science program evaluations analyzed for this report examined the ROCA program. The evaluations assessed ROCA's main violence intervention program (Chelsea, Springfield, Holyoke, Boston, and Lynn, MA), the Young Mother's Program (Massachusetts and Connecticut), the Re-WIRE Cognitive Behavioral Therapy (CBT) Program (Chelsea, Springfield, Holyoke, Boston, and Lynn, MA and Baltimore, MD), and the Pay for Success Program (Boston, Chelsea, and Springfield, MA). All except the Pay for Success Program were associated with positive outcomes related to emotional regulation, arrests, or violent behavior.¹⁹⁻²¹

For example, ROCA's main program evaluation found lower reincarceration rates among participants when compared to Massachusetts state averages at 1, 2, and 3 year post-intervention follow-ups.²¹ Additionally, the ROCA Re-WIRE CBT Program found that 67% of participants responded that they used their CBT skills to deescalate potentially violent situations.²⁰ However, ROCA's Pay for Success Program evaluation, a randomized controlled trial, found that ROCA participants were incarcerated for 43 more days and employed for 1.12 fewer quarters than the control group.

Enforcement Strategies

Enforcement strategy programs use deterrent strategies including public and personal messaging to individuals at elevated risk of violence perpetration. Messaging generally includes warnings about the type and severity of consequences for violence including prosecution and incarceration, along with offers of social services and wraparound case management for participants.

This review summarized six different enforcement programs including: Detroit Ceasefire, RAVEN in Rockford, IL, Oakland Ceasefire in Oakland, CA, Boston Ceasefire, Cincinnati Initiative to Reduce Violence (CIRV), and Philadelphia Focused Deterrence. All programs, except Detroit Ceasefire, found reductions in gang-related shootings and violent assaults.²³⁻²⁷

For example, RAVEN in Rockford, IL was associated with a 20.5% reduction in gun robberies, 15.9% reduction in gun assaults, 14.0% reduction in total gun crime, 9.51% reduction in total violent crime in the city.²³ Additionally, Oakland Ceasefire was significantly associated with a 20% reduction in shootings in treated block groups, a 27% reduction in shootings among treated gangs, and a 26% reduction in shootings among gangs close to the intervention group ("vicariously treated") during the follow-up period.²⁴

Likewise, in an analysis of CIRV, the intervention was significantly associated with a 37.4% reduction in group-member-involved homicides after 24 months (and a 41.4% reduction after 42 months). CIRV was also associated with a 22% reduction in shootings after 42 months, with no similar reductions in non-group member-involved homicides or non-shooting violent offenses.²⁶

The Importance of Lived Experience

Broadly, **lived experience is a representation and understanding of human experiences, choices, and options and how these factors impact an individual and their relationships immediately and throughout the course of their life.**²⁸

Across all the different types of CVI programs explored in this report, one pattern remained clear and consistent: **CVI programs that integrate lived experience into their approach are both feasible and promising.** Staff and mentors with lived experience, particularly those who have experienced violence or have prior experiences of incarceration or gang involvement, are able to understand the complex circumstances of program participants' lives while offering support that others without those experiences cannot. Lived experience allows CVI staff to help participants see alternative options for their future, even in challenging circumstances. Just as this report did not compare CVI effectiveness across program models, it did not compare effectiveness or outcomes by the lived experiences of program staff. Thus, while further analyses are required to fully understand the impact of CVI mentors and staff with lived experience on participant outcomes, their role in fostering trust, facilitating outreach, and enhancing community relevance of CVI cannot be overlooked.

Limitations

This review has several limitations. First, this was not a systematic review of the literature. Thus, many potentially relevant articles are not included here. Second, the categorization of CVI programs is still not formalized in the academic literature, and we assigned CVI programs to mutually exclusive categories (which may not reflect how CVI programs operate in reality).

Further, this typology categorization may not capture important nuances between programs within categories, and it might miss other models/approaches that do not fall into these categories or that have not been studied. For example, grassroots community interventions, especially those developed by and for marginalized groups, may not be captured in the literature due to structural discrimination and barriers (e.g., accessibility to research partners). Third, it can be difficult to compare evaluations of CVI programs because of substantial variation in local context of communities (e.g., dynamics of violence, economic and social conditions, populations). Finally, we did not assess the quality of evaluations.

Program Typology	Program Name	Location	Date of Program Being Evaluated	Population Served*	Population serving those in the program	Results of Outcome Evaluation	Citations
FELLOWSHIP	Advance Peace (AP)/Operation Peacemaker Fellowship	Sacramento, CA	2018-2021	Individuals engaged in retaliatory gun violence	Neighborhood Change Agents (NCAs) were employed for the program. NCAs bring relevant life experience to program participants as well as conflict mediation and life skills. NCAs help participants mediate conflict in their own lives and act as mentors. Total of 6 full time NCAs and 3 part time NCAs.	In 2018, the AP zones (neighborhoods) represented 52% of all gun homicides in Sacramento, 71% in Stockton, and 50% in Richmond. By 2021, this percentage had decreased to 45% in Sacramento, 24% in Stockton, and 38% in Richmond, suggesting AP may have helped mitigate gun violence during the COVID-19 pandemic. Census tracts with larger Black populations (>=20%) also saw a decrease in gun homicides relative to the rest of the city in Sacramento (from 44.8% in 2018 to 26% in 2021) and Stockton (from 43% in 2018 to 30% in 2021). Further, comparing 2021 to 2018, Stockton and Richmond had a 15% and 42% reduction, respectively, in the percentage of all gun homicide victims that were Black males aged 35 years old or younger. The authors estimated that AP contributed to an estimated \$65 to \$494 million dollar savings of public expenditure all together across the three cities.	Corburn 2022 "Preventing Urban Firearm Homicides during COVID-19: preliminary results from three cities with the Advance Peace Program."
		Stockton, CA	2018-2021			Comparing trends in gun homicides and assaults over time (post vs. pre intervention) among Sacramento AP zones (neighborhoods) and non-AP zones (the rest of the city), the authors found that the intervention was significantly associated with a 27% reduction in gun homicides and assaults.	Corburn 2020 "Outcome Evaluation of Advance Peace Sacramento, 2018-2019."
	Richmond, CA	2018-2021	Young adults identified as most likely to be perpetrators and/or victims of gun violence	AP does not work with law enforcement and NCAs respond to violent events such as shootings to mediate conflict as well as mentor participants.	At the individual-level, 64% of fellows completed the 18-month fellowship and by the end of the fellowship, 90% had no new gun charges, 44% had no new arrests, 2% were shot or killed by firearms during the program (1 person), and 98% were still alive. Further, 25% of LifeMAP milestones		

						were reached, 13 fellows entered paid internships, and 19 fellows obtained work.	
						The authors estimated that for every dollar the city spent on Advance Peace, they received between \$18-41 dollars in return.	
	Richmond, CA	2010-2016	Community-dwelling individuals who the police department believed were responsible for most of Richmond's firearm crimes			Using a synthetic control analysis to estimate counterfactual trends in violence over time (post vs. pre intervention) in Richmond in the absence of the intervention, the authors found that the intervention was significantly associated with a reduction in firearm violence (55% fewer firearm homicide and assault victimizations and 43% fewer firearm homicide and assault crime incidents) but an increase in non-firearm violence (16% more non-firearm homicide and assault victimizations and 3% more non-firearm homicide and assault crime incidents).	Matthay 2019 "Firearm and Non-firearm Violence After Operation Peacemaker Fellowship."
	READI Chicago	Chicago, IL	2017-2020	Men 18+ years at highest risk of gun violence based on risk algorithm and human referral	Outreach workers were employed to find participants. Although not explicitly mentioned to have lived experience, outreach workers were privy to local information that may not be known by police and were trained to refer men at the highest risk of gun violence.	In a randomized controlled trial, there was no statistically significant change in an index combining three measures of serious violence (the study's primary outcome) among individuals after 20 months. However, there was suggestive evidence that individuals' risk of shooting and homicide arrests declined by 65% (p-value = 0.13), and participants recruited by outreach workers experienced significant reductions in arrests for shootings/homicides (79% reduction) and shooting/homicide victimizations (43% reduction). The authors estimated that READI had social savings of \$182,000 and \$916,000 per participant (benefit-cost ratio between 4:1 and 18:1).	Bhatt 2024 "Predicting and preventing gun violence: An experimental evaluation of READI Chicago"
	CRED (Create Real Economic Destiny)	Chicago, IL	2016-2021	Men at highest risk of involvement in gun violence	CRED employs outreach workers that have lived	Comparing CRED participants (all enrolled participants, a subsample that made it through the initial phase, and those who completed the programming) to a matched	Ross 2023 "Evaluating the impact of a street outreach

					experience with gun violence to recruit participants. Mentorship is another aspect of the program, however mentor lived experience is not explicitly explained.	comparison group, the authors found that the intervention was not associated with individuals' risk of gunshot victimization or homicide, but it was associated with a 73.4% reduction in individuals' risk of violent crime arrest 24 months after the date of enrollment among individuals who completed the 18-month program (CRED alumni).	intervention on participant involvement in gun violence"
VICTIM SERVICES	HiFi (Helping Individuals with Firearm Injuries)	Seattle, WA	2016-2019	Assault or unintentionally injured trauma patients age 18+	Support specialists were employed for this project. The support specialist was a person of color, had training in social competency for low income and minority patients and had worked as a counselor or case manager for 6 years prior. This individual was not documented to have lived experience as a perpetrator or victim of gun violence. No other program staff were listed as having relevant lived experience.	In a cluster randomized controlled trial, neither intervention group assignment nor program engagement quantity were associated with cumulative incidence of arrest or subsequent injury among individuals at 1 year or 2 years post-intervention.	Lyons 2021 "Helping Individuals with Firearm Injuries: A Cluster Randomized Trial"

	Unnamed HVIP	Baltimore, MD	1999-2002	Repeat victims of violence on parole/probation	No program staff were listed as having relevant lived experience.	In a randomized controlled trial, there was no difference between groups in the number of arrests for any crime after the intervention, but the non-intervention group was 3 times as likely to be arrested for a violent crime, 2 times as likely to be convicted of any crime, and 4 times as likely to be convicted of a violent crime. The non-intervention group was sentenced to spend 50 more years in jail than the intervention group. Further, the non-intervention group was 6 times as likely to be hospitalized for a violent re-injury. Two nonintervention participants died because of violent acts, and none died from the intervention group. Prior to the study, 39% of intervention group were employed and 45% of the non-intervention group were employed. After the intervention, 82% of the intervention group and 20% of the non-intervention group were employed.	Cooper 2006 "Hospital-Based Violence Interventions Work"
	Wraparound Program (WAP) Unnamed HVIP	San Francisco, CA	2005-2014	Individuals aged 10-35 years who presented to the emergency department with an intentional injury and had a case worker-defined status of "high risk" of reinjury	Mentorship and case management is an integral part of the WAP program, however, no description was available for the type of mentorship and if the mentors for the participants had relevant life experience.	Comparing program participants to a historical group of violently injured patients, the authors found that the re-injury rate at the hospital decreased from 8.4% to 4.9% after introduction to the intervention. Black HVIP patients had the lowest risk of re-injury (2%), whereas 11% of Latino HVIP patients and 100% of White HVIP patients were re-injured. Men enrolled in the HVIP were also more likely to be reinjured (13%) than women in the HVIP (3%). Having needs in housing, education, court advocacy, and driver's licenses were associated with increased risk of reinjury; however, when these needs were met (vs. unmet), they all were found to be protective against re-injury.	Julliard 2016 "A decade of hospital-based violence intervention: Benefits and shortcomings"
		San Francisco, CA	2005-2011	Individuals aged 10-30-year-olds at high risk for reinjury		In this descriptive study, violent injury during the VIP period for VIP participants was 4.5% compared to historical institutional risk of 16%. A "high dose" exposure to a case manager in the first 3 months post-injury was associated with	Smith 2013 "Hospital-based violence intervention: Risk reduction resources that are

						higher rates of success (defined as: at least 50% of risk-reduction needs met, no attrition from the program and no recidivism from violent injury), however, case manager (CM) contact during other periods of time and cumulatively was not associated with success. Those who received moderate CM contact (3-6 hours/week) during the first 3 months were 5 times as likely to be successful as those who had low exposure (0-1 hours/week), and those who received high exposure (6+ hours/week) were 5.6 times as likely to be successful as those with low exposure. Additionally, if mental health needs were met, clients were 6 times as likely to be successful, and if employment needs were met, clients were 4 times as likely to have success.	essential for success"
University Hospital of Newark Hospital-based Violence Intervention Program	Newark, NJ	2017-2020	18–60-year-old patients who are victims of interpersonal violence	Case managers for the project helped participants get resources, however, there was no reference to lived experience of the case managers.	In this descriptive study, the most common goals achieved by HVIP participants were medical (38/295), victim of crime compensation (33/295), and emergency food service (23/295). 51% of HVIP participants achieved one goal, 36% achieved 2 goals, and 9% achieved 3 goals. Compared with a non-HVIP patients, HVIP patients had lower PTSD scores at time of discharge; however, there was no difference in PTSD 3-6 months post discharge. HVIP participants were more likely to achieve early positive health outcomes like victim of crime compensation, education, return to school, work, and medical follow up. Qualitative results showed that participants said they felt the HVIP was "a safe haven" and "enlightening."	Gorman 2022 "Beyond recidivism: Hospital-based violence intervention and early health and social outcomes"	
Unnamed HVIP (simulation study)	N/A	2012-2016	Not specified	NA (Simulation)	In a simulation study, the authors estimated that savings ranged from \$82,765 to \$4,055,873, assuming HVIPs reduce the 5-year incidence of violent re-injury by 25%. HVIPs were estimated to prevent 83 incidents of nonfatal violent re-	Purtle 2015 "Cost-benefit analysis simulation of a hospital-based violence	

						injury not resulting in hospitalization, 10 re-injuries resulting in hospitalization, 1 fatal violent injury, and 3 cases of assault conviction.	intervention program"
VIOLENCE INTERRUPTION	Safe Streets	Baltimore, MD	2007-2011	"High-risk" youth in high crime areas	The program employs individuals familiar with the community and with lived experience similar to those living with higher risk of gun violence. These individuals interrupt violence but also can help participants get access to services and opportunities to help reduce their risk of future violent involvement.	Comparing trends in homicide and nonfatal shootings over time (post vs. pre intervention) among neighborhoods that did and did not receive the intervention, the authors found that effect estimates varied across neighborhoods (three of the four intervention neighborhoods experienced relatively large program-related reductions in at least one measure of gun violence without also having a statistically significant increase in another measure of gun violence). Overall, the authors estimated that the intervention prevented about 35 nonfatal shootings and at least five homicides across 112 cumulative months of program implementation across the four sites. Program effects were strongest in Cherry Hill (56% decrease in homicides and 34% decrease in nonfatal shootings incidents).	Webster 2013 "Effects of Baltimore's Safe Streets program on Gun Violence: A Replication of Chicago's Ceasefire Program"
			2007-2022			Using a synthetic control analysis to estimate counterfactual trends over time (post vs. pre intervention) in treated neighborhoods in the absence of the intervention, the authors found that, among the five longer-running sites, there was a significant 23% reduction in nonfatal shootings over the entire study period and a significant 32% reduction in homicides during the first four years of program implementation. Over the entire study period, Safe Streets was associated with a statistically significant 23% reduction in nonfatal shootings across all sites, and 8 of 11 sites had program-related reduction in nonfatal shootings. The authors estimated \$7.2 to \$19.2 savings per \$1 invested in the program.	Webster 2023 "Estimating the effects of Safe Streets Baltimore on Gun Violence"
	Chicago CeaseFire	Chicago, IL	2002-2006	Individuals with a high chance of	Violence interrupters	Comparing trends in rates of shootings and firearm homicides over time (post vs.	Skogan 2009. "Evaluation of

				either being shot or being a shooter in the immediate future	hired by the program were often individuals with similar pasts as the participants, including prior gang affiliation, prior arrest, and prior involvement with violence.	pre intervention) among Ceasefire sites and comparison areas, the authors found that the program significantly decreased shootings in 5/7 sites but only 4 of these 5 sites had data reliably suggesting the decrease was due to the program (as measured by changes in comparison areas).	CeaseFire-Chicago"
TRUCE Program	Phoenix, AZ	2010-2012	Community members identified as being at risk of being a victim or perpetrator of gun violence	Outreach workers and violence interrupters were selected based on their tie to the community and lived experience with similar situations as the participants.	Comparing trends in rates of violent crime incidents over time among CeaseFire sites and comparison areas, the authors found that implementation of the program was significantly associated with a decrease of 16 assaults on average per month, a decrease of 16 violent incidents, and an increase of 3.2 shootings per month. There were mixed findings in terms of the association between specific intervention activities and violence. For example, every conflict mediated by TRUCE was associated with a decrease of 1.9 assaults and 2.7 violent crimes. However, two activities (serving unemployed clients and referral to an education program) were associated with an increase of approximately 0.5 shootings per month.	Fox 2015 "Evaluation of the Phoenix TRUCE project: A replication of Chicago CeaseFire"	
Cure Violence Philadelphia (CeaseFire)	Philadelphia, PA	2013-2015	Community members identified as being at risk of being a victim or perpetrator of gun violence (ages 16-25)	Violence interrupters were individuals who are no longer active members of the street scene but are well aware of the community and structures within it.	Comparing trends in rates of fatal and nonfatal shootings over time among areas that did and did not receive the intervention, the authors found that each of the three sets of CeaseFire areas showed a significant reduction in shootings after program implementation; however, the decrease was unique to CeaseFire areas (and not comparison areas) only when the unit of analysis was defined as "gun crime hotspots."	Roman 2018 "Quasi-experimental designs for community-level public health violence reduction interventions: a case study in the challenges of selecting the counterfactual"	

	One Vision One Life	Pittsburgh, PA	2004-2012	Individuals at risk of violence	One Vision employs community coordinators who use street-level intel to find and intervene on violent interactions. These individuals are selected for their connections and familiarity with the neighborhoods of interest and lived experience with rival groups/gang structures/ community violence.	Comparing trends in rates of violence over time among neighborhoods that did and did not receive the intervention, the authors found no significant association between the intervention and homicide rates, but the program was associated with an increase in monthly aggravated and firearm assault rates. There was no evidence no spillover impacts for homicide, but there was evidence of protective and harmful spillover impacts for aggravated and/or firearm assault for some sites.	Wilson 2011 “Community driven violence reduction Programs: Examining Pittsburgh’s One Vision One Life”
BEHAVIORAL SCIENCE	ROCA Young Mother’s Program	Massachusetts and Connecticut	2019-2023	Young mothers “at risk”	No mention of staff lived experience.	The program found significant reductions in emotional dysregulation, depressive symptoms, PTSD, relationship violence, and alcohol use. Through post-program interviews, participants showed the following outcomes: mental health improvements, feeling less stuck and able to move on from trauma, building and maintaining relationships was easier, making progress toward reunifying with their children, staying out of jail, working towards self-determined goals was possible, increased economic stability, increased confidence and independence, and ability to self-advocate.	Tufts Interdisciplinary Evaluation Research 2024 “Roca Young Mothers’ Program (YMP): Data Brief”
	ROCA Re-WIRE Cognitive Behavioral	Chelsea, Springfield, Holyoke, Boston, and	2018-2021	Young men and mothers "at-risk" ages 17-24	No mention of staff lived experience.	Early CBT program engagement was related to engagement with ROCA, higher probability of employment, and lower probability of later arrest. When asked about the situations in which they had	Abt Associates 2021 “Final Report Phase II Evaluation of Roca’s CBT Curriculum”

	Therapy (CBT) Program	Lynn, MA and Baltimore, MD				used CBT to cope, participants most often said they used CBT for violent situations (67%), relationship issues (59%, job loss (50%), educational setbacks (38%), the COVID-19 pandemic (35%), and childcare issues (23%). Respondents who had ever tried CBT were less likely to say they did something against the law since engaging with ROCA. Respondents who engaged frequently with CBT used drugs less often after going through ROCA.	
	ROCA	Chelsea, Springfield, Holyoke, Boston, and Lynn, MA	2017	Young men at greatest risk of involvement in violent crime (18-24 y/o)	No mention of staff lived experience.	ROCA's 2017 cohort had lower incarceration rates than state average at 1, 2 and 3 years follow up even if the participant had a history of violent offenses. Statewide reincarceration rates in MA were 30% higher than for ROCA participants and grew over time, suggesting that longer ROCA participation could be beneficial.	Hickman 2024 "Reincarceration among ROCA participants in Massachusetts"
	ROCA Pay for Success	Boston, Chelsea, and Springfield, MA	2014-2024	Young men at greatest risk of involvement in violent crime	ROCA participants were grouped together to find support with other community members, however, administrative staff lived experience was not explicitly discussed	In this randomized controlled trial, the authors found that the treatment group was incarcerated for 43 days more than the control group (95% CI: -21, 108) and were employed for 1.12 fewer quarters than those in the control (95% CI: -0.66, 0.43). Using a difference-in-differences approach, which also used a different control group than the RCT, the authors found that ROCA decreased incarceration by 17 days and increased employment by 0.7 quarters per person. No estimates in this evaluation were statistically significant.	Roca, Inc. 2024. "Final Report Massachusetts Juvenile Justice Pay For Success Project"
ENFORCEMENT	Detroit Ceasefire	Detroit, MI	2013-2019	Gangs and violent-risk groups	No mention of staff lived experience.	Using a synthetic control analysis to estimate counterfactual trends over time (post vs. pre intervention) in treated precincts in the absence of the intervention, the authors found no independent effect of Ceasefire on the number of shooting victimizations among 15-24-year-olds or 25-34-year-olds 1, 2, 3, and 4 years after implementation of the intervention.	Circo 2021 "Focused Deterrence and Program Fidelity: Evaluating the Impact of Detroit Ceasefire"

	RAVEN	Rockford, IL	2013-2014	Parolees with history of violent crime	No mention of staff lived experience.	Using a synthetic control analysis to estimate counterfactual trends over time (post vs. pre intervention) in the city of Rockford in the absence of the intervention, the authors found the intervention to be significantly associated with a 29.08% reduction in non-gun robberies, 20.52% reduction in gun robberies, 15.89% reduction in gun assaults, 14.03% reduction in total gun crime, 9.51% reduction in total violent crime, and 6.26% reduction in total non-gun crime during the follow-up period (March 2013-December 2014).	Clark-Moorman 2019 "Impact evaluation of a parolee-based focused deterrence program on community-level violence"
	Oakland Ceasefire	Oakland, CA	2013-2017	Gangs involved individuals	No mention of staff lived experience.	Comparing trends in (fatal and nonfatal) shootings over time (post vs. pre intervention) among block groups and gangs in Oakland that did and did not receive the GVRS intervention, the authors found that the intervention was significantly associated with a 20% reduction in shootings in treated block groups (with no significant displacement), 27% reduction in shootings among treated gangs, and 26% reduction in shootings among vicariously treated gangs during the follow-up period (2013-2017).	Braga 2019 "Street gangs, gun violence, and focused deterrence: Comparing place-based and group-based evaluation methods to estimate direct and spillover deterrent effects"
	Boston Ceasefire	Boston, MA	2006-2010	Gang-involved individuals and communities	No mention of staff lived experience.	Comparing trends in gang-involved shootings (by and against specific gangs) over time (post vs. pre intervention) among gangs in Boston that were vicariously treated or not treated (either directly or vicariously), the authors found that the intervention was significantly associated with a 24.3% reduction in total gang-involved shootings and 26.7% reduction in suspected gang-involved shootings.	Braga 2013 "The Spillover Effects of Focused Deterrence on Gang Violence"
	CIRV (Cincinnati Initiative to Reduce Violence)	Cincinnati, OH	2007-2010	Gang-involved members	There were 14 street advocates employed by the program. They were	Comparing city-wide trends over time (post vs. pre intervention) in the number of group-member-involved homicides and fatal and nonfatal shootings, the authors found that the intervention was significantly associated with a 37.4%	Engel 2013 "Reducing gang violence using focused deterrence: Evaluating the

					selected for their lived experience in high crime neighborhoods and involvement with the criminal legal system. They served as case managers and violence interrupters.	reduction in group-member-involved homicides after 24 months (41.4% reduction after 42 months) and 22% reduction in shootings after 24 and 42 months. There were no similar reductions in non-group member-involved homicides or non-shooting violent offenses. There was no evidence that provision of social services was responsible for these reductions.	Cincinnati Initiative to Reduce Violence (CIRV)"
Philadelphia Focused Deterrence	Philadelphia, PA	2013-2015	Gang-involved members	The community outreach coordinator for this program is someone who lives in the neighborhood and is well acquainted with the community. However, no mention of other staff or the community outreach coordinator having any shared lived experience with participants.	Comparing trends in the rate of fatal and nonfatal shootings over time (post vs. pre intervention) among block groups and gangs in Philadelphia that did and did not receive the intervention, the authors found that the intervention was significantly associated with a monthly average reduction of 2.4 shootings per 1000 residents. There were, however, no significant reductions in shootings attributed to the specific gangs subjected to the intervention.	Roman 2018 "Assessing the gang-level and community-level effects of the Philadelphia focused deterrence strategy"	

REFERENCES

1. Community Violence Intervention Action Plan: Mapping Transformation for the Field. CVI Action Plan. Fall 2024. Accessed September 13, 2024. <https://www.cviactionplan.com>
2. Buggs S. Community-Based Violence Interruption and Public Safety. Arnold Ventures; 2022.
3. Corburn J, Boggan D, Muttaqi K, Vaughn S. Preventing Urban Firearm Homicides during COVID-19: Preliminary Results from Three Cities with the Advance Peace Program. *JOURNAL OF URBAN HEALTH-BULLETIN OF THE NEW YORK ACADEMY OF MEDICINE*. 2022;99(4):626-634. doi:10.1007/s11524-022-00660-4
4. Corburn J, Fukutome-Lopez A. Outcome Evaluation of Advance Peace Sacramento, 2018-2019. UC Berkeley Institute of Urban & Regional Development; 2020.
5. Matthay EC, Farkas K, Rudolph KE, et al. Firearm and Nonfirearm Violence After Operation Peacemaker Fellowship in Richmond, California, 1996–2016. *Am J Public Health*. 2019;109(11):1605-1611. doi:10.2105/AJPH.2019.305288
6. Bhatt MP, Heller SB, Kapustin M, Bertrand M, Blattman C. Predicting and Preventing Gun Violence: An Experimental Evaluation of READI Chicago*. *The Quarterly Journal of Economics*. 2024;139(1):1-56. doi:10.1093/qje/qjad031
7. Ross MC, Ochoa EM, Papachristos AV. Evaluating the impact of a street outreach intervention on participant involvement in gun violence. *Proceedings of the National Academy of Sciences*. 2023;120(46):e2300327120. doi:10.1073/pnas.2300327120
8. Smith R, Dobbins S, Evans A, Balhotra K, Dicker R. Hospital-based violence intervention: Risk reduction resources that are essential for success. *JOURNAL OF TRAUMA AND ACUTE CARE SURGERY*. 2013;74(4):976-980. doi:10.1097/TA.0b013e31828586c9
9. Gorman E, Coles Z, Baker N, et al. Beyond Recidivism: Hospital-Based Violence Intervention and Early Health and Social Outcomes. *J Am Coll Surg*. 2022;235(6):927-939. doi:10.1097/XCS.000000000000409
10. Cooper C, Eslinger D, Stolley P. Hospital-based violence intervention programs work. *JOURNAL OF TRAUMA-INJURY INFECTION AND CRITICAL CARE*. 2006;61(3):534-537. doi:10.1097/01.ta.0000236576.81860.8c
11. Lyons VH, Floyd AS, Griffin E, et al. Helping individuals with firearm injuries: A cluster randomized trial. *J Trauma Acute Care Surg*. 2021;90(4):722-730. doi:10.1097/TA.0000000000003056
12. Purtle J, Rich L, Bloom S, Rich J, Corbin T. Cost-Benefit Analysis Simulation of a Hospital-Based Violence Intervention Program. *AMERICAN JOURNAL OF PREVENTIVE MEDICINE*. 2015;48(2):162-169. doi:10.1016/j.amepre.2014.08.030
13. Webster D, Whitehill J, Vernick J, Curriero F. Effects of Baltimore's Safe Streets Program on Gun Violence: A Replication of Chicago's CeaseFire Program. *JOURNAL OF URBAN HEALTH-BULLETIN OF THE NEW YORK ACADEMY OF MEDICINE*. 2013;90(1):27-40. doi:10.1007/s11524-012-9731-5
14. Webster DW, Tilchin CG, Doucette ML. Estimating the Effects of Safe Streets Baltimore on Gun Violence.; 2023. Accessed July 24, 2023. <https://publichealth.jhu.edu/sites/default/files/2023-03/estimating-the-effects-of-safe-streets-baltimore-on-gun-violence-march-2023.pdf>
15. Roman C, Klein H, Wolff K. Quasi-experimental designs for community-level public health violence reduction interventions: a case study in the challenges of selecting the counterfactual. *JOURNAL OF EXPERIMENTAL CRIMINOLOGY*. 2018;14(2):155-185. doi:10.1007/s11292-017-9308-0

REFERENCES CONT.

16. Fox A, Katz C, Choate D, Hedberg E. Evaluation of the Phoenix TRUCE Project: A Replication of Chicago CeaseFire. *JUSTICE QUARTERLY*. 2015;32(1):85-115. doi:10.1080/07418825.2014.902092
17. Skogan W, Hartnett S, Bump N, Dubois J. Evaluation of CeaseFire-Chicago. March 2008. Accessed May 29, 2025. <https://nij.ojp.gov/library/publications/evaluation-ceasefire-chicago>
18. Webster DW, Whitehill JM, Vernick JS, Parker EM. Evaluation of Baltimore's Safe Streets Program: Effects on Attitudes, Participants' Experiences, and Gun Violence.
19. Tufts Interdisciplinary Evaluation Research. Roca Young Mothers' Program (YMP): Data Brief.; 2024. <https://rocainc.org/wp-content/uploads/2024/08/TIER-Data-Brief-Roca-Young-Mothers-Program-June-2024.pdf>
20. Abt Associates. Final Report: Phase II Evaluation of Roca's CBT Curriculum.; 2021.
21. Hickman S, Masters C, Reddy N. Recarceration among ROCA Participants in Massachusetts.; 2024. https://rocainc.org/wp-content/uploads/2024/05/ABT_MA-3-YR-RECIDIVISM-RATES-2024.03.19.pdf
22. Roca, Inc., Commonwealth of Massachusetts, Third Sector Capital Partners, Inc. Final Report Massachusetts Juvenile Justice Pay For Success Project.; 2024.
23. Clark-Moorman K, Rydberg J, McGarrell EF. Impact Evaluation of a Parolee-Based Focused Deterrence Program on Community-Level Violence. *Criminal Justice Policy Review*. 2019;30(9):1408-1430.
24. Braga A, Zimmerman G, Barao L, Farrell C, Brunson R, Papachristos A. Street Gangs, Gun Violence, and Focused Deterrence: Comparing Place-based and Group-based Evaluation Methods to Estimate Direct and Spillover Deterrent Effects. *JOURNAL OF RESEARCH IN CRIME AND DELINQUENCY*. 2019;56(4):524-562. doi:10.1177/0022427818821716
25. Braga A, Apel R, Welsh B. The Spillover Effects of Focused Deterrence on Gang Violence. *EVALUATION REVIEW*. 2013;37(3-4):314-342. doi:10.1177/0193841X13518535
26. Engel R, Tillyer MS, Corsaro N. Reducing Gang Violence Using Focused Deterrence: Evaluating the Cincinnati Initiative to Reduce Violence (CIRV). *JQ: Justice Quarterly*. 2013;30(3):403-439. doi:10.1080/07418825.2011.619559
27. Roman C, Link N, Hyatt J, Bhati A, Forney M. Assessing the gang-level and community-level effects of the Philadelphia Focused Deterrence strategy. *JOURNAL OF EXPERIMENTAL CRIMINOLOGY*. 2019;15(4):499-527. doi:10.1007/s11292-018-9333-7
28. Boylorn RM. Lived Experience. In: The SAGE Encyclopedia of Qualitative Research Methods. SAGE Publications, Inc.; 2008. doi:10.4135/9781412963909