

# **CERV Case Study: Thomas**

# **Working Paper 2025-04**

Irshad Altheimer, Ph.D.
Ellen M. Granberg Endowed Full Professor | Department of Criminal Justice
Director | Center for Public Safety Initiatives
Rochester Institute of Technology
ixagci@rit.edu

Alexander Tobey, M.S.
Research Associate | Center for Public Safety Initiatives
Rochester Institute of Technology
adtgcj@rit.edu

Ava Douglas, Research Assistant | Center for Public Safety Initiatives aid4232@rit.edu

Venita D'Angelo Research Associate | Center for Public Safety Initiatives vcdgcj@rit.edu

Sam Marino, Research Assistant, Center for Public Safety Initiatives srm9893@rit.edu

#### Introduction

Community Engagement to Reduce Victimization (CERV) has impacted a number of individuals in the community of Rochester, NY, all in different ways. Some consent to services, only to later self-isolate and cut off communication. Others feel obligated to retaliate after victimization, and some decline services because they struggle to trust others, especially those who offer help. Then there are others who report a really positive experience with the program and would recommend it to others. The CERV coordinator is constantly managing the risk of re-victimization among participants and new cases that come to them (sometimes daily). The coordinator remains committed to supporting the community and CERV participants, but only so long as they meet him half-way and demonstrate their willingness to work collaboratively.

### **Case Study**

This case study follows a shooting victim, Thomas, through his victimization journey; from the initial incident to his discharge from the hospital and connection with Community Engagement to Reduce Victimization (CERV). Thomas' first touchpoint after being shot was with a police officer who had seen and heard the gunshots. An ambulance eventually came to pick Thomas up and he was taken to Strong Hospital. He had been shot eight times and was fully conscious during the ambulance ride.

Yeah. I remember the ambulance ride, I remember goin' into the emergency room, them strippin' me out my clothes, they was tellin' they had to rush me to the emergency room – emergency surgery. I remember when a doctor – or the lady would like, "We about to put you to sleep," put the mask on me and it was over after that. I was gone.

I just didn't wanna die. I was calm. I don't know, I always said if you ever got shot just be calm 'cause I don't know what's the method behind it. I was just calm the whole time.

Thomas was then asked about how the EMS staff in the ambulance treated him.

It was good 'cause she just kept sayin' that – the lady was just tellin' me, "You're not gonna die, you good." I ain't know how many times I got shot. I ain't know I got shot eight times until –

Despite the officer being present, Thomas was not informed about the extent of his injuries until getting into the ambulance with the EMS team.

I just remember layin' on the ground 'cause it was 92 degrees that day, it was hot. I just remember layin' on the cement, and I just kept askin' to get me off the cement 'cause it was hot. They just kept sayin', "We can't move you. We can't move you."

Thomas was then asked about his experience at the hospital and what his stay was like.

Well, when I first got there, I was in mad pain. The nurses and stuff was good. This one doctor he just—I don't know, it was probably a couple days after, he would like, "You gotta get up, and move around or your gonna have to go into one of those facilities." Dude, I just got shot eight times.

Thomas continued to express his dissatisfaction with the hospital staff.

I got bullets in my leg, I can't move this leg and you tellin' me I gotta get up and walk and I'm in mad pain. I ain't understand that then. They threatenin' me like – I don't know what you call it – the rehabilitation houses or somethin', like, "You're gonna have to go there if you don't start gettin' up and movin'" – keep forcin' me to get up.

Thomas was in the hospital for a little less than a month. During this time he struggled with the hospital's strict visitation policies.

When you get shot, I guess they got strict policies of who could visit you. You gotta have a list and all that, so that was annoying tryin' to get certain people on the list, then you gotta take people off the list.

While the hospital fell short in its provision of services for Thomas, CERV was able to assist him upon his discharge from the hospital. Thomas learned about CERV from his cousin, who had previously received services.

I don't feel like they put in a good plan for my transitionin' from the hospital home type stuff. I ain't get no services when I was there. I didn't know nothin' about Rise Up and all that stuff 'til after I was already home. Didn't nobody come to the hospital...how CERV provides services for people that got shot, while they still at the bedside. I didn't get none of that. Somebody had to tell me about it, I think it was my cousin or somethin' that told me 'cause he got shot, and he told me about Rise Up. That's how I figured that this program even existed.

Thomas' cousin had informed him of CERV because Thomas was struggling with his pain and independently caring for himself, as the hospital's aftercare provisions were wholly insufficient.

I needed help going to the bathroom, I needed help just with mad stuff. I woke up one day able to do everything, now I need help doing it. I couldn't go up the steps, I had a brace on my leg, I had to get the inside of my stomach changed every day, so it was a lot. At the end of the day, I didn't get no nurse, health aide or nothin' when I got released from the hospital. I basically had to doctor myself back together.

Thomas shared that exposure to CERV made him feel cared about and supported.

It was good to know somebody was – that cared, that was willing to help... helped me a lot. Just anything I needed. No matter what, just call... Just had to talk to...if I needed a phone – 'cause I lost all my phones when I got shot, so they went and got me the phone – all that stuff. It was a big help.

When asked what other services CERV had provided, Thomas elaborated by saying:

Hotel, food, I ain't need no clothes, I already had clothes and stuff, but just simple stuff. Just simple stuff that I needed.

Thomas was asked whether he believed the assistance he received from CERV helped to prevent violence from continuing around him.

A little bit. I just be out the way though, but I was out the way before I got shot, so it's not like – I'm not gonna say, "Oh, because I went through CERV, I didn't retaliate," or stuff like that. I just didn't retaliate because I just didn't want to, I guess.

Thomas was asked about what CERV services he found to be the most beneficial.

Really relocation, and I guess the hotel would be somethin' too 'cause I know that hotels is more like safe housin' for people. You're not supposed to be on the internet and all that stuff.

For the medical transportation, they helped me set it up, and use the insurance and all that to – I would be able to call, and just give 'em a number – my social security number or somethin' and everything'll pop up. I was able to schedule it that they come to my house, pick me up and bring me back home.

Thomas was asked if he would recommend these services to others, to which he said:

... it's good services, but a lot of people don't know about the services. I know about it. I don recommended it to a couple people I know that got shot or stuff like that.

While Thomas reported a positive experience with CERV and Rise Up Rochester, he did not have the same experience with the Jordan Health Center. Jordan Health is a federally qualified health center. At one time there were aspirations for CERV to partner with Jordan Health to better meet the medical and mental health needs of participants. Unfortunately, this partnership did not work out, as exemplified in this case study.

They ain't do nothin'. Nothin'. Nothin'.

They used to have me come to appointments, then I'd get there, they talkin' 'bout they canceled it. They ain't send no type of message saying it was canceled. They did absolutely nothin', I was still in mad pain. That's another thing, when they let me go, I was in pain. I don't do drugs or nothin' but – you feel me? I needed some pain medicine, they gave me ibuprofen. I got shot eight times, I still have bullets, rods, and all the types of stuff in me, and all they gave me was some ibuprofen.

Thomas was given a prescription for pain medication, but it was only ten pills that did little given the extent of his injuries. Due to this negative experience, Thomas only went to Jordan Health a few times before giving up. Despite these challenges, Thomas is much better now and even works for Rise Up Rochester, helping other victims of violence.

I enjoy doing it [working at Rise Up] 'cause I've experienced it, I've been through it, so I tell people all the time—'cause majority of the people we run into—you're really not meetin' too many people that been shot eight times, so and able to walk, talk, move around. I be tryin' to be a inspiration to 'em like, "Look at me where I came from." I was

on that same side you was on, layin' in that same bed, probably way messed up more than you was, but I recovered in less than a year. Even though I still got barriers, like my leg's still messed up, but I don't let that stop me.

#### Conclusion

This case study underscores the profound impact that CERV can have on both individuals and communities. Thomas' journey from a near-fatal incident to a path of recovery highlights the crucial role that programs like CERV have in the stabilization of violence victims. Thomas now enjoys fulfilling employment at Rise Up Rochester, giving back to those who experience similar violence, providing the same services that he was once given. This case study, and others like it, validate CERV's effectiveness in fostering recovery and enhancing the quality of life for those impacted by violence. This case study also elucidates the lack of services provided by Jordan Health that could have aided in fostering recovery.

## About the Center for Public Safety Initiatives

The Center for Public Safety Initiatives (CPSI) is a multi-disciplinary research center that examines strategies to reduce crime and enhance the administration of justice. It provides program evaluation, data analytics, and project management services to area law enforcement, community non-profits, and other criminal justice professionals, and it contributes to general knowledge generation of the nature and causes of crime and violence. Its educational goals include training graduate and undergraduate students in strategic planning, program evaluation, and policy analysis.

The foundation of the Center is the practice of action research in which relevant data and analyses are brought to bear on the day-to-day decision-making processes of organizations. The Center serves the practice of policy development and implementation in real time and is a testing ground for 21st century university engagement, demonstrating how rigorous research and analysis can play a role in improving the lives of society's most marginalized citizens.

To access our full library of white papers, visit our website at rit.edu/cpsi.



#### Learn more

- rit.edu/cpsi
- CPSI@rit.edu
- (585) 475-6386



This project was supported by Grant No. 21-03897 awarded by the Greater Rochester Health Foundation. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the funder.