

Reducing Violence: A Community Based Approach

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Introduction

Since the COVID-19 pandemic the U.S. has encountered a surge in community violence. Defined as intentional acts of violence against non-intimately related persons (Buggs, 2022; Bureau of Justice Assistance [BJA], n.d.), community violence disproportionately impacts racially and economically segregated communities (Buggs, 2022). In addition to individual trauma suffered by victims, communities also experience lasting effects such as collective trauma, economic disruption, and the erosion of public health (Buggs, 2022; BJA, n.d.). The struggle of policymakers and law enforcement to address the escalating violence has given rise to alternative violence-reduction methods known as Community-Based Violence Interventions (CVI) (Buggs, 2022). CVI are innovative approaches that are community-centered and that apply evidence informed strategies to the community to disrupt and reduce cycles of violence.

Community-Based Violence: Causes and Effects

The Centers for Disease Control and Prevention (Centers for Disease Control and Prevention [CDC], n.d.) define community violence as an intentional violent crime occurring outside the home among unrelated individuals that may or may not know one another. Community violence cases commonly include individual and group conflicts, such as bullying, gang-related fights, assaults, stabbings, and shootings in public areas. While some violent events may be anticipated by members of the community, they frequently occur abruptly and without warning (Peterson, 2018).

From 2019 to 2022, the U.S. has seen an approximately 30% increase in homicides due to

gun violence (Buggs, 2022; [CDC], n.d.). Many cities have observed an increased awareness of violence, although its distribution among U.S. cities is not proportional. This increase has led to erosion of community trust and cohesion, as heightened fear can cause residents to feel vulnerable and anxious about their safety (Buggs, 2022). Furthermore, the increase in violence has exacerbated observations of existing inequalities and disparities in communities that are affected.

The rise in community violence disproportionately affects economically disadvantaged and racially segregated communities (CDC, n.d.; Larby et al., 2022; Buggs, 2022). These communities with higher-than-average rates of violence also face structural and systemic discrimination stemming from policies and practices embedded in institutions (Buggs, 2022, Baily et al., 2017). As a result, these underprivileged communities struggle to access adequate healthcare, food, quality education, safe housing, and decent employment (Buggs, 2022). Additional risk factors include income inequality, financial instability due to criminal-legal history, and substance use disorders. Moreover, these communities face elevated risk of chronic diseases due to environments saturated with pollutants, toxins, alcohol, and drugs. The absence of protective measures further exacerbates the impact of violence, hindering developmental experiences, livable wages, and stable housing (Buggs, 2022; Jones, 2021; Baily et al., 2017). Consequently, strain and frustration among the community increases and creates conditions that foster violence.

Violence has long-term effects on the residents in the community and perpetuates a cycle of risk factors that lead to more violence. These risk factors primarily affect communities of color, who are at higher risk of firearm victimization (CDC, n.d.). For example, Black men

experience approximately 20 deaths per 100,000 people and account for 52% of all gun homicide in the U.S. and comprise of less than 6% of the population (Giffords, 2023). Additionally Black children under the age of 13 are twice as likely to use a firearm to self-inflict violence than are White children of the same age (Bridge et al., 2018, as cited in Burrell et al., 2021). The stark disparity in the incidence of self-inflicted violence among Black children highlights the pressing importance of examining the broader impacts of violence on children's well-being and development.

Exposure to violence creates long-term consequences for children. Exposure to violence robs children of their sense of safety and forces a constant state of "survival mode," upon them. This state can warp their perspectives on their future and project a feeling that they have no control in their environment. Exposure to violence shows association to lower graduation rates, further cementing long-term economic disadvantages (Wang et al., 2020). Adolescents living in volatile environments are predisposed to perpetrate violence before they themselves become victimized. This expectation of experiencing violence at a young age leads to apathy towards pursuing goals, skills, or education. This perpetuates income inequality and economic instability, keeping the criminal justice system well-fed (Peterson, 2018).

Community-Based Violence Reduction Strategies

The link between risk-factors and violence can be mitigated through the collective solidarity amongst the community to reduce violence by intervening in neighborhood dysfunction (Wang et al., 2020). Community-Based Violence Intervention (CVI) programs operate in communities with above average rates of violence to alleviate structural and social harm

(Buggs, 2022). Strategies encompass a range of approaches designed to combat the complex and ubiquitous nature of violence within communities. Numerous CVI programs exist throughout the U.S., each tailored to their own community. In addition to violence reduction, community intervention programs have achieved health-related improvements in teen-pregnancy, substance use disorder, HIV/AIDs, mental health needs, and community empowerment.

CVIs have guiding principles that provide a framework for operating (BJA, n.d.). First, CVIs should be community-centered. Members of the community should contribute to the organizations and influence the decision-making processes. Secondly, CVIs must be equity inclusive. All community members, especially those most affected by violence and disenfranchisement, should be involved in creating and benefiting from solutions. CVI programs can engage the community on street corners, porches, parks, or other community locations. The CVI organization staff should establish sincere bonds with those in the community by demonstrating commitment and reliability (Buggs, 2022). Third, a CVI's strategy should be evidence-based, having been informed by previously successful methods and applying those methods into their own strategies (BJA, n.d.). Evidence-based methods can be found in research, case studies, expert opinions, or documented information from practical applications. Organizations should also contribute data and results of their own for future research. CVI staff connect individuals to evidence-based programs, resources, and training that can help address their needs and encourage personal development (Buggs, 2022). Lastly, the programs implemented should be effective and sustainable (BJA, n.d.). Programs must demonstrate that their own methods can show measurable effects on violence and be dynamic enough to change and respond to new and persistent challenges

over time.

Research suggests that community ownership of interventions and partnerships are crucial for sustaining reductions in gun violence (Wang et al., 2020). Wang et al., (2020) conducted a study in New Haven, CT to determine if gun violence would be influenced when community members and local officials collaborated for a community-based approach to combat gun violence. Results found that parents created “action plans” with children to coordinate and check with neighbors' well-being in response to finding a gun or witnessing gun violence. When the community was engaged and actively taking responsibility for one another’s safety, relationships and solidarity increased and a decrease in gun violence and violence exposure resulted. The heightened social cohesion showed to be instrumental in reducing gun violence and exposure to violence within their neighborhoods.

Cure Violence is one of the most studied, well-known, and replicated intervention programs (Pugliese, 2020). The program views violence as contagion or disease and relies on community trust and intervention to stop violence from spreading throughout the community. Cure Violence relies on three key elements to stop violence from spreading (Butts et al., 2015). The first element is interrupting the transmission of violence directly. Interrupting directly is done by preventing retaliatory shootings, mediating ongoing disputes, and continuing to monitor to ensure the disputes remain "cool." The second element is to identify and recruit high-risk individuals. Staff of the program will utilize structured enrollment criteria to identify high-risk youth and young adults to engage and mentor them to change their behaviors. The third element is change group norms regarding violence. This last element requires efforts from public education and community events to communicate that violence

can be harmful and affect everyone in the community, not just the victim and offender. Cure Violence was shown to effectively reduce youth's inclination to use violence as a problem-solving method (Buggs, 2022). Additional results indicated improved confidence in police and increased confidence in the community's collective ability to reduce violence.

Additional CVI programs take a victim-centered approach, such as Hospital-based Violence Intervention Programs (HVIP), which aim to reduce recidivism and retaliatory injuries through case management services to victims of violence (Bell et al., 2018). After being treated and discharged from a hospital victims of violence face many obstacles regarding their injury. Obstacles can include the need for follow-up care, immediate return to work or school after victimization, and mental trauma. The strain of being unable to overcome these obstacles increases the risk to re-engage in behaviors that initially victimized them, self-medicating with illicit substances, weapon carrying for protection and other illegal activities. The victim may also feel pressure to then retaliate against their attackers. HVIPs were developed to interrupt this process by intervening and engaging with the victims during their care to deter retaliation or re-victimization. HVIPs significantly reduce the likelihood of future convictions or criminal activity, as well as being victimized and injured again (Buggs, 2022; Bell, 2018). These positive results are often sustained for years compared to those who do not receive such services.

Challenges

Research analyzing the effectiveness of CVIs is limited, as results can vary depending on the location, even within the cities where they are implemented (Buggs, 2022). Existing research

demonstrates the potential effectiveness of CVIs, but also illuminates the many challenges such as funding, political and public support, and providing immediate observable results. CVIs are community-based and often serve disenfranchised communities, which frequently results in underfunding and financial instability for the programs and their staff. Program leaders encounter difficulties securing sufficient financial and political support from higher authorities for operation and evaluation, as funds are often diverted away from the communities that need them most. This reluctance to allocate support is partly due to policymakers' hesitation to deviate from established concepts such as the formal criminal justice system as the primary deterrent for offenders (Branas et al., 2020). Additionally, there is the expectation that other institutions (schools, faith communities) will address the underlying structures and conditions associated with violence.

Furthermore, for strategies to gain broader support, CVIs need to demonstrate immediate and visible results (Buggs, 2022; Branas et al., 2020). This task is difficult due to numerous methodological challenges. CVIs cannot capture long-term preventative methods and present them as a single outcome. Moreover, CVIs focus on the individual-level, making it challenging to maintain contact with participants who are often disconnected from traditional institutions. These issues result in smaller sample sizes, difficulty controlling and maintaining treatment assignments, and numerous unmeasurable covariates. Consequently, the general public perceives CVIs as primarily favoring individual-level programs for known offenders instead of preventing crime in the broader population (Branas et al., 2020). In other words, public perception believes CVIs work with specific individuals after committing an offense rather than preventing the crime from initially happening, which creates reluctance to support programs. Lastly, CVIs are not equipped to address the root causes contributing to the risk

factors leading to violence (Buggs, 2022). While these strategies have benefits, they should be part of a collaborative effort within a broader framework of systemic shifts towards equity.

Conclusion

Violence has devastating effects on racially and economically segregated communities, extending beyond individual injury and trauma. It also manifests into economic inequality, community disruption, and the erosion of public health, which further spreads trauma throughout the community. CVIs have emerged as community-rooted approaches to combat violence, aiming to disrupt and reduce the cycles of violence within communities. Many of these programs demonstrate positive outcomes, including reduced violence and improved well-being. However, they face challenges such as underfunding, garnering broader support, and their inability to address underlying structural and systemic problems that cause violence. Despite the challenges, CVIs provide valuable strategies to mitigate violence within the community.

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