

CERV Jordan: Lessons Learned

Working Paper 2025-06

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Introduction

Violent disputes in the United States are the most frequent causes of homicide, with retaliatory gun victimization being traumatic, costly, measurable, predictable, and avoidable (Klofas et al., 2020). Rochester's homicide rate has remained stable over the past 15 years, while the shooting victimization rate has gradually increased.

Approximately 60% of homicides in Rochester, NY, result from a violent dispute that began as a minor altercation escalating into violence. Efforts to address the problem have been isolated and failed to leverage community resources for a comprehensive, community-based, public-health informed response. The Community Engagement to Reduce Victimization (CERV) program was supported to engage partners assisting gun violence victims aiming to decrease retaliatory victimization.

CERV Overview

Started in 2018 and housed at RIT's Center for Public Safety Initiatives (CPSI), the CERV program aims to improve New York State's health system for victims of non-fatal gun violence. It leverages community, health system, and research partners to reduce gun violence victimization, focusing on predictable and measurable disputes that cause 60% of non-fatal shootings. CERV's goals include reducing gun violence and trauma, lowering health system costs, decreasing pain and suffering for victims and their families, and developing a comprehensive, trauma-informed public health response to urban retaliatory violence.

CERV differs from street outreach by integrating with Hospital-based Violence Intervention Programs (HVIPs), which address the psychosocial, educational, and mental health needs of victims to reduce re-victimization (Affinati et al., 2016). These programs engage individuals shortly after violent victimization when they are most receptive to making changes (Affinati et al., 2016; Foje et al., 2022; Juillard et al., 2016; Nofi et al., 2023; Ranjan et al., 2023). Hospital staff contacts CERV, which then collaborates with community groups, creating a bridge between hospital and community, increasing engagement with offered services (Nofi et al., 2023).

The project objectives will be achieved by connecting with victims of serious violence on-site in an emergency department setting. This requires conferencing each incident to identify those based on serious ongoing disputes, assessing the risk for subsequent retaliation using CPSI's risk assessment tool, and leveraging community assets to implement an effective intervention. To accomplish this, the project requires a Project Manager, Emergency-department (ED) Intake Assessors, CPSI Principle Investigators, and a Survivor Intervention Team (SIT) that assigns Victim Intervention Specialists (VIS's) from local nonprofits to provide wraparound intervention to victims.

The project begins with admission into the ED where an intake specialist will assess if the victimization was a result of violence and intervention services are needed. If so, the CERV coordinator is dispatched to conduct the risk assessment for the victim. CPSI's risk assessment tool is used to review the circumstances of the incident and likelihood of retaliation or re-victimization. The cases are reviewed at weekly SIT meetings to assess

interventions and services needed in order to stabilize the victim and prevent further violence.

Interventions are trauma informed, meaning care is designed to address the impact of trauma and decrease symptoms to facilitate recovery. Trauma-informed interventions intend to empower the victim to avoid participation in further violence. Consequently, the expected outcomes of this project include reductions in victimization and associated trauma preventing re-admissions to the hospital, less suffering for the victim and family, and decreases in the likelihood of retaliatory violence.

Pre-Implementation

Community outreach organizations may impose age restrictions for victims; typically excluding individuals over the age of 30, despite the average age of gun violence victims in Rochester being 28 years old. Hospital systems often fail to effectively connect victims with community services (Alzheimer & Duda-Banwar, 2021). Victims are admitted and discharged within a four-hour window, receiving unclear instructions for post-release care but also facing the possibility of being ineligible for support through community organizations. Those who are eligible typically encounter poorly coordinated services lacking trauma-informed practices.

CERV aims to enhance hospital-based violence services by integrating risk assessments and utilizing community resources to improve case management with trauma-informed approaches. Achieving this involves collaboration between hospital officials, project staff,

and community partners. Hospital staff will handle the initial intake with the intake lead being from Pathways to Peace. The Project Manager will oversee the intervention process and coordinate efforts. CPSI will manage data collection, analysis, and evaluation. Together, partners can work swiftly and cohesively to reduce victimization.

CERV's committed formal partners include the University of Rochester Medical Center (URMC), specifically Strong Hospital's Emergency Department, the City of Rochester's Pathways to Peace program, and Action for a Better Community's street outreach program. These partners have provided letters of support and are fully dedicated to CERV. Additionally, strong relationships with United Christian Leadership Ministry, The Center for Youth, Teen Empowerment, and Partners in Restorative Initiatives have been cultivated. Leaders from these organizations have shown keen interest in contributing to CERV's success through training, technical support, and staff involvement.

Implementation

During CERV's pilot year, about 140 eligible victims were admitted into Rochester General (CPSI, 2021). CERV conducted 25 risk assessments and intervened in 11 disputes. Victims were found to be in the hospital on average less than four hours, making it difficult to conduct risk assessments for safety plans. The majority of victims were black males that endured blunt force trauma, stabbings, or gunshot wounds and approximately one-third of victims reported having been victimized previously.

Victims who consented and maintained contact were provided with wrap-around services (i.e., money or other resources to reduce risk of further violence in the immediate future) (CPSI, 2021). Wrap-around services commonly provided were gift cards for food or clothing, transportation services, relocation to hotels, and even dispute settlements in the event the victimization was caused by unpaid debts. A significant finding from CERV's pilot year was the identification of service gaps for victims as evidenced by the length of the average hospital stay.

Post-Implementation

CERV is an ongoing initiative in Rochester, supporting violence victims in recovery. Weekly meetings have increased in attendance from new organizations, with partners dedicated to discussing safety plans for both CERV participants and non-CERV participants.

CERV provides wrap-around funds for immediate use, such as short-term lodging and gift cards for clothing and food, as measures to prevent victims from immediately returning to their environments (CPSI, 2023). From May 2022 to May 2023, CERV assisted approximately 51 individuals with \$53,357.55 in wrap-around funds. The average cost of treating and releasing a non-fatal firearm injury victim is \$29,234, meaning costs for 51 CERV cases would theoretically exceed approximately \$1.5 million (D'Angelo, 2024; Miller et al., 2023). However, actual expenditures were only approximately \$53,358, indicating a net benefit for the community.

CERV's primary objective is to support victims of violence and mediate violent disputes. Immediate assistance and relocation have helped break the cycle of violence. In some cases, CERV participants were unwittingly victimized as bystanders in unrelated disputes, while others were directly involved and victimized. Regardless of involvement, many chose to avoid retaliation after CERV support.

Case Study

This case study follows a participant from victimization to several months post-discharge after CERV's intervention. In fall of 2023, the participant intervened in an altercation unrelated to them because multiple men were attacking a woman. The participant's partner stepped in and was struck by one of the attackers. The participant retaliated and heard gunshots moments later. Their partner dialed 911, and emergency vehicles with law enforcement responded.

The participant maintained consciousness during ambulance transport and was admitted to the hospital, where they underwent medical procedures and stayed less than 24 hours. The participant reported being provided medication, but no follow-up once the pain persisted. Due to overcrowding, available beds were in public spaces. The participant was prepped for discharge with medication for a blood clot and a follow-up appointment but received no further guidance. They felt overwhelmed and insecure with the reality of returning home.

At that point, I was kind of still overwhelmed 'cause I didn't wanna go back, but I knew I had to...

When law enforcement visited for questioning, they informed the participant about programs like Rise Up and SNUG, which was the first time the participant had learned about these programs. The participant was met by the CERV coordinator upon discharge and quickly set up with a hotel room to avoid returning home. CERV also assisted with food, transportation, and other resources for medical appointments.

I needed food, he come supply me with food, bus passes...anything. If I have questions about where should I go...He'll let me know that...he's Uber'ed me for my appointments...Anything I ask him for...he make sure he handles it.

During the intervention period, CERV referred the participant to Department of Human Services (DHS) for financial assistance, medical supplies, and food for their family. During the weekly SIT meetings the participant's case and their safety plan was discussed. SNUG Outreach, an evidence-based violence reduction organization prioritizing those impacted by gun violence was the referral organization. SNUG provided job training and secured employment for both the participant and their partner. During relocation, the participant struggled to find affordable housing. CERV paid the security deposit, and SNUG covered the first month's rent to help stabilize the participant.

The participant continued contact with CERV after the intervention and funds ended. With the help of Rise up Rochester, the participant was referred to Esther House, an organization that assists women and families with resources and sustainability to prevent homelessness. Additionally, CERV worked with DHS to help furnish the new residence for the participant. Lastly, Adaptt Rochester, an organization providing resources necessary

for daily life for those in need, was contacted and provided beds and bedding for the family as well as covered moving costs during relocation.

CERV intervened at a critical point in the participant's life. They were a bystander placed into an unrelated dispute and injured as a result. The participant has since expressed gratefulness for the significant shift in the trajectory of their life.

I'm aggressive person myself...I woulda went and...shot everybody that was there...Because they [CERV] helped me out...they got me in a safe area, I'm not too much worried about what they got goin' on.

This case study exhibits the impact CERV has on individuals and communities. From a near-fatal event to self-betterment exemplifies the crucial role programs like CERV play in stabilizing victims. Previously at the brink of death and likely to seek revenge, the participant now enjoys stable employment and a comfortable living environment they consider safe. 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.

Lessons Learned

1. Implementation

I. Collaboration Challenges

CERV requires collaboration from all community organizations to aid violence victims. Effective collaboration is crucial but challenging, and without it victims may destabilize and fall back into violence. CERV's focus on short-term intervention, referring victims to

other agencies after immediate intervention is essential. CERV relies on community partners to assist victims in a “warm hand-off” manner for continued support. However, responsiveness fluctuates, with some organizations requesting more referrals but failing to follow through.

Despite aiming to avoid competition, non-profits experience a variety of competitive pressures (Curley et al., n.d.). Non-profits face competitive pressures similar to for-profits, with funding going to those serving the most people (Harrison & Thornton, 2021). Organizations may seek additional referrals to secure funding then reduce reciprocation once the meeting of their targets subsides.

Improving collaboration is challenging but necessary. While competition can drive innovation, non-profits should also collaborate (Curley et al., n.d.). Collaboration can offer sharing and receiving new ideas for innovation to foster continuous growth. Additionally, collaboration can establish strong communication pathways to provide comprehensive and effective support for victims.

II. Trust and Integrity

Trust between community partners is essential for CERV’s effectiveness. Initially, trust and reliability fluctuated due to communication challenges and some partners restricting their outreach workers from attending meetings, leading to dysfunction within the organization and between partners. In one instance, a representative ordered a CERV member not to communicate directly with outreach staff, indicating a desire to control

information and potentially causing a loss of trust. Trust issues arose with new members, with some partner privately requesting the exclusion of certain new members without objective reasons. Such actions threatened CERV's integrity, raising concerns about its effectiveness in the community if it could not resolve internal quarrels and build trust.

Brush et al. (2020) report successful partnerships rely on mutual trust, respect, and openness, which foster effective communication and cooperation, further strengthening communication channels which enhances relationships and help partners achieve shared goals. Current CERV meetings have a much stronger trust network. Members are welcoming to new faces, introducing themselves, their organizations, and goals at the start of each meeting. CERV has adopted a wholesome approach where members briefly discuss their mental, physical, and emotional state if they choose to. This has brought notable observations of strengthening bonds between members as they talk through personal and/or professional struggles.

III. Community Partner Engagement and Communication Considerations

The early stages of the CERV faced significant challenges including inconsistent engagement and pervasive communication issues, which delayed assistance to victims and eroded program integrity. The lack of reliable communication and adherence to protocols emphasized the need for structured improvements and strategic reform aimed at enhancing the efficiency and reliability of the CERV meetings and overall operations.

Partners frequently missed meetings, causing delays in safety plans for victims.

Communication was hindered by a lack of transparency, with key partners withholding information about layoffs, vacations, and resignations. During COVID-19, entire teams would quarantine without notifying others, further complicating coordination. Some partners failed to follow up on victims, leaving the victim in limbo in a service model designed to support them. Additionally, partners took extended periods to submit risk assessments for victims even though they do not require extended periods of time to complete (aside from delays meeting with the victim).

Lack of follow up or communication would be blamed on the organization's hours of operation, which were set days and hours (e.g. Tuesday-Saturday, 9am-5pm). Even though inaccessible organizations when gun violence is a 24/7 risk pose a significant problem, partners remained rigid in their hours. Solutions for when partners are unreachable are mediated by hospitals contacting other organizations or CERV directly.

Structured meeting agendas were introduced and meetings improved. An agenda helps colleagues understand the framework of each meeting and allows them to prepare any items for discussion. Adhering to the agenda is crucial and including a final entry each week for "Open Discussion" allows colleagues to engage in further discussion once the meeting's priorities have been addressed.

The quality of meetings has significantly improved due to the CERV coordinator's dedication to the community and high expectations for all attendees. Partners are often provided with healthy food and water, believing that maintaining health and energy is

crucial for effective community service. SIT meetings begin with brief introductions and informal questions to foster camaraderie. The coordinator insists that everyone introduce themselves, even those who arrive late, to ensure everyone is familiar with the resources and people available. This has made notable differences in the meeting atmosphere, strengthening relationships among partners.

Partners communicate effectively during meetings and outside meetings through email or phone calls. Communication has become less formal and observably more comfortable as partners bond each week and demonstrate higher spirits. Additionally, partners are held accountable for all referred victims. They will be questioned on follow-up about meeting the victim and asked for status reports on progress. If unable to contact the victim, they will notify everyone during the meeting and troubleshoot alternatives to make contact.

IV. Ethical Considerations

Research involving human participants, particularly vulnerable populations, must adhere to ethical guidelines to ensure anonymity and confidentiality to prevent harm and participant identification. While CERV adheres to these guidelines, concerns have arisen due to the behavior of former partners. In one instance, a participant had confidentially informed a partner about a bench warrant issued against them. Police were notified causing distress for the participant. After discussion with police, arresting the participant did not occur. In a separate case, a partner's relative was threatened and the aggressor

disclosed their knowledge about the SIT meetings. This raised concerns of confidential information being leaked, risking both the safety of victims and meeting members.

To ensure confidentiality, partners are informed of the risks of breaking ethical guidelines. Participants use ID's instead of names, and while disputes are discussed to provide context for safety plans, no law enforcement officers attend the meetings. Ensuring ethical adherence is challenging as involvement grows, but expanding membership is crucial for broader victim support.

2. Programmatic

I. Maintaining Participant Connections

Individuals exposed to violence become conditioned to accept it, especially in a community with a violent status quo (Snyder, 2018). Providing intensive support to violently victimized individuals is crucial to prevent re-victimization by helping with housing, legal issues, and trauma (Bell et al., 2018). Even with these supports in place, individuals may revert to behaviors that increase their risk of re-victimization. CERV's participant population, one which is conditioned to be skeptical and uncooperative, makes building trust challenging. Even when HVIPs are available, participant attrition in HVIPs ranges from 5% to 43% with reasons varying from work responsibilities to the fear of leaving home (Affinati, et al., 2016; Webster et al., 2022).

CERV coordinators face difficulties with consistent communication as participants often drop out of contact, change phone numbers, or move through temporary housing. Some

initially accept services but later disengage, only to reconnect for more help outside of CERV's intervention window. While CERV strives to maintain contact, pursuing unresponsive victims detracts from assisting those who are responsive. Additionally, the coordinator has other participants accepting and requiring assistance. Additionally, victims may be reluctant to leave disputes, especially with gang affiliation, reducing their interest in services. For effective engagement, victims must seek to help themselves.

3. Victim Needs

I. Mental Health Services

Victims of violence endure immediate and long-term health issues that can hinder their ability to work and can impact their mental health (Office for Victims of Crime [OVC], 2020). Most report socio-emotional problems due to their victimization (Langton & Truman, 2014). Therefore, mental health services are critical alongside immediate needs for food and housing.

CERV coordinators, untrained in mental health, face frustration, impacting victim stabilization. Mental Health Awareness Training (MHAT) equips professionals with skills and resources to support victims effectively (Substance Abuse and Mental Health Services Administration [SAMHSA], 2023). Partnerships with organizations offering mental health services, such as Strong Memorial Hospital who employ trained counselors providing mental health services, can provide additional support and resources.

II. Relocation and Housing

Housing and relocation posed challenges for the project, particularly affecting Black, Latino, and Indigenous communities in the low-income bracket (Aurand et al., 2023). From May 2022 to May 2023, the primary need for participants was safe housing, with \$41.5K spent on temporary relocation for participants (CPSI, 2023). Removing victims from their environment is crucial to reduce further victimization. Temporary housing, like motels, consumes a significant portion of CERV's budget. While temporary housing offers respite, victims must eventually return home, potentially facing renewed risk, making permanent relocation the next challenge. Coordinators advise victims to allocate funds for deposits and moving and to begin searching for housing upon or before leaving the hospital to reduce temporary housing expenses.

III. Transportation

CERV faces transportation challenges, as participants lack personal transportation and may have mobility issues due to injuries. CERV funds transportation for medical appointments, employment-related needs, appointments with partner organizations, and more. To reduce costs, methods such as contracting with non-emergency medical transportation (NEMT) companies, covered by Medicaid for eligible medical appointments, have been considered (Centers for Medicare & Medicaid Services [CMS], 2023). However, participants need transportation for non-medical purposes, too. Collaborating with community partners for transportation solutions is being explored to reduce spending.

Conclusion

Community Engagement to Reduce Victimization (CERV) has been instrumental in intervening in disputes and reducing violence in the City of Rochester. Continuous monitoring and assessment have identified challenges and insight on lessons learned to enhance the effectiveness of the program. In moving forward, it is imperative for CERV to continue to adapt and evolve in response to the dynamic needs of the community. In doing so, CERV can continue to make a meaningful impact in reducing violence and improving the lives of those affected by it.

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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(s) and do not necessarily represent the official position or policies of the funder.