

Community Engagement to Reduce Victimization (CERV)

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What is CERV?

Community Engagement to Reduce Victimization (CERV) is a community-based violence intervention program that began on May 30, 2019. This program works in partnership with Rochester General Hospital (RGH), Pathways to Peace, Action for a Better Community's Save Our Youth, Rise Up Rochester, and the RIT Center for Public Safety Initiatives to reduce retaliatory dispute related violence. 60% of shootings¹ that occur in Rochester can be linked to an identifiable dispute. CERV's goals include reducing violence and associated trauma, reducing hospital readmissions, decreasing pain and suffering for victims and their families and guiding the development of a trauma-informed, public health response to urban retaliatory violence.

There are five main elements to CERV:

1. A full-time CERV Coordinator designated to coordinate the activities of the partner organizations.
2. Utilizing a risk-assessment tool to identify the cases with a high risk of revictimization or retaliation.
3. Establishing a clear protocol to ensure a smooth hand-off from the hospital to the community.
4. Working with community partners to tailor a person-centered, trauma-informed response for the victim and their surrogates (friends, family, etc.).
5. Providing wrap-around services to reduce the likelihood of revictimization and retaliation.

¹ Altheimer, I., Schaible, L. M., Klofas, J., & Comeau, M. (2019). Victim Characteristics, Situational Factors, and the Lethality of Urban Gun Violence. *Journal of Interpersonal Violence*, 34(8), 1633–1656. <https://doi.org/10.1177/0886260516652264>

CERV's Process

When an individual is a victim of violence (e.g., stabbing, shooting, or assault) and they arrive at RGH for treatment, an RGH clinician will attempt to obtain consent from the victim to be connected to Pathways to Peace. If the victim consents, Pathways will arrive and complete a risk assessment on the victim or the surrogate (i.e., friends or family) to determine the risk of revictimization. The CERV project coordinator will review the risk assessment and assess victim eligibility. CERV's eligibility criteria include:

1. A victim between the ages of 18 and 30² that arrives at RGH for treatment of a non-fatal gunshot wound, stabbing, or serious blunt force trauma (if the victim is transferred, they are eligible, as long as they made contact with RGH),
2. The police have been notified of the incident (per RGH protocol this is done by security if police were not already notified prior to arrival),
3. There is a high risk of revictimization or retaliation.
4. The victimization was not a result of intimate partner violence.

If eligible, the Survivor Intervention Team (SIT) will meet, devise an action plan for the victim, and assign a SIT member to carry out the action plan in consultation with the victim and his or her surrogates. The SIT member will provide the victim with services that are trauma informed and person centered based on the unique victim and dispute characteristics. Each intervention seeks to leverage strengths of the community partners. SIT team members communicate in real time to share information amongst partners and track dispute outcomes.

Pilot Summary

² This age limit is because of our partners' eligibility requirements. We continue to advocate for violence reduction services to expand their age requirements, especially because the median age of a shooting victim in Rochester is 28 years old.

During the first year of CERV, there were 139 eligible victims of violence who presented at RGH. CERV conducted 25 risk assessments and assisted in 11 disputes. It was often difficult to connect with victims at the hospital to provide them with a safety plan upon release because they are in the hospital for a very short amount of time, often less than 4 hours. The most common reported injury type was serious blunt trauma resulting from an assault followed by stabbings. Least common were gunshot wounds, although these are the most serious injury type and are the focal point of many violence reduction efforts. The overwhelming majority of these victims were black and male. For approximately 1/3 of the victims, this was not their first experience as a violence victim. This is consistent with an understanding of the cycle of violence, yet it warrants further analysis. Of those who consented to CERV and contact was made, a variety of wrap around services (i.e., money or resources to reduce the likelihood of near term violence) were provided including, a gift card for food or clothing, transportation (e.g., Uber ride, bus ticket), hotel stays, and dispute settlement. One of the main findings from this project is that there are many gaps in existing services for victims of violence. This will be discussed in future papers. The CERV partners plan to continue intervention focused on systematic change with a hope to one day be a standalone program in the community.