A QUALITATIVE ANALYSIS OF THE RECOMMENDED IMPLEMENTATION AND REPLICATION OF
THE CURE VIOLENCE MODEL ACCORDING TO NEW YORK CITY AND CHICAGO PROGRAM STAFF
INTERVIEWS

by

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Abstract

Gun violence is a significant threat to the health and safety of many urban youth in the United States. Gun violence also has a high social and economic cost. One analysis estimated that the annual cost of gun violence in the U.S. is $100 billion (Cook, 2000). To combat this issue of urban gun violence, Dr. Gary Slutkin developed the CeaseFire program in Chicago in 1995 in order to reduce youth firearm violence. The CeaseFire intervention (now called Cure Violence) is a community-based program that involves the use of street outreach workers (often former gang members or former drug dealers) who cultivate relationships with high-risk youth in high crime urban areas.

An independent evaluation found some evidence that the Chicago program led to significant reductions in gun violence (Skogan, 2009). However, several other studies have found mixed results regarding the effectiveness of the intervention (Butts J. G., 2015) (Skogan, 2009) (Webster D. W., 2013) (Fox, 2015) (Picard-Fritsche, 2010) (Wilson J. C., 2011). This study’s main goal was to gain insight into the recommended implementation and replication of the Cure Violence model by conducting semi-structured interviews with current program staff at six sites in New York City and the one remaining Cure Violence site in Chicago.

Eight major themes emerged from the Cure Violence staff interviews. The individual-level theme that emerged was about hiring practices/recommendations. Organization-level themes that emerged included maintaining fidelity to the original Cure Violence model, the inclusion of hospital and school responders in the program, recommended training, how to prevent staff burnout, and how to prioritize the program budget (Themes 2-7). For example,
participants recommended that all programs include school and hospital responders (Themes 3 and 4). Interview participants mentioned the stress of such a dangerous job, and emphasized the need for a staff therapist (Theme 6). Participants mentioned the importance of funding year-round employment programs and participant activities, increasing staff salaries, and organizing community events (Theme 7). The community-level theme that emerged was about the recommended relationship with the police force. The participants emphasized that they could not have any relationship with the police force (Theme 8).

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Chapter 1: Introduction

Problem Statement

Gun violence is the most significant threat to the health and safety of urban youth in the United States (Control, 2017). For males in the United States ages 15 to 24 years, homicide is the leading cause of death for Blacks and the second leading cause of death for Hispanics (Control, 2017). Nine out of 10 of these deaths are from gun violence (Control, 2017). In addition, for every one youth who is murdered with a gun, there are an additional four youth who are treated for a nonfatal gunshot wound (CDC, 2020). This issue is particularly concerning in urban locations. For example, the homicide rate in urban U.S. counties is twice as high as the homicide rate in less urban counties (CDC, 2020).

Gun violence has an incredibly high social and economic cost. One analysis by the economists Philip Cook and Jens Ludwig estimated that the annual cost of gun violence in the U.S. is $100 billion (Cook, 2000). The medical cost to treat a gunshot injury is estimated to be $15,200, and the cost of productivity loss due to gun violence is estimated to be $308,000 per incident (Corso, 2007). In addition, this exposure to gun violence often has long-lasting effects on mental health (Fowler, 2009), and has been associated with reduced healthy outdoor activities in communities where shootings are common (Roman, 2009).

Many youths in urban communities observe that carrying a gun in a high-crime neighborhood is common, and they perceive that the social norm in these neighborhoods is to be willing to respond to a threat with lethal violence (Anderson, 2000). They believe that failure to respond with violence could impact their perceived masculinity and social status, as well as

The level of gun violence in a community is also closely related to many deep structural issues such as concentrated poverty, health inequalities, and social determinants of health (Kim, 2019). Community gun violence (interpersonal gun violence that occurs between two non-related individuals) tends to disproportionately affect Black and Hispanic/Latino communities (Kim, 2019). For example, Black Americans are twice as likely to die from gun violence as white Americans (Ferdman, 2014). In addition, Black children and teens are fourteen times more likely to die from gun homicide than their White counterparts (Ferdman, 2014). Gun violence reduces the life expectancy of Black Americans by four years (Kalesan, 2019).

This type of gun violence tends to be concentrated in under-resourced neighborhoods within cities. The same neighborhoods that are affected by gun violence also tend to be affected by social and economic inequities. These inequities are often related to racism, segregation, and discriminatory policies such as redlining and mass incarceration. These same neighborhoods are also underfunded for basic social and economic opportunities, and they experience concentrated poverty and a lack of access to healthy food. Additional structural inequities include a lack affordable housing, less access to decent schools, and a lack of job opportunities. (Kim, 2019)
Historically, gun violence has been addressed primarily though police and criminal justice responses. Well-implemented law enforcement strategies that are designed to decrease illegal gun possession have, at times, been able to reduce shootings. However, the consistently high rates of gun violence, the high cost of incarceration, and concerns over discriminatory policing strategies suggest a need for more community-based interventions (Koper, 2006) (Papachristos A. V., 2007) (Braga A. K., 2001) (Corsaro N, 2009) (Braga A. , 2006). Many public health researchers have advocated for a new approach to gun violence that emulates the approach and success of public health initiatives (Prothrow-Stith, 2003). There are several different public health-based approaches that could be effective in preventing youth gun violence, including reducing the availability of firearms (Hemenway, 2020), and focusing on changing youth behaviors and social norms (Prothrow-Stith, 2003).

Background

History of Gun Violence in the United States

Gun violence has been a continuous public health issue in the United States since the early 1970’s (Zimring, 1975). Gun violence began to decrease in the late 1990’s, and was concentrated among urban youth ages 15-25 years old (Cook P. , 2002) (Reich, 2002). By 1994 there were over 6,000 firearm-related deaths among youth under the age of 20. While national gun violence has decreased since then, some cities still experience high rates of gun violence (Fund, 2012) (Kirk, 2011) (Reich, 2002). In addition, during the 2020 COVID-19 pandemic, shootings and homicides increased in many inner cities (Gun Violence Archive, 2020).
Mass Shootings

Gun violence in the form of mass shootings has tripled since 2011 (Cohen, Azrael, & Miller, 2014). There is no standard definition of what constitutes a mass shooting; however, the Investigative Assistance for Violence Crimes Act of 2012 was signed into law in January 2013 and defines a mass shooting as one that results in at least three victims (excluding the shooter) (Ingraham, 2015). Mass shootings are most often associated with white men, and the Associated Press found that white men comprised around 50 percent of the mass shooters in the United States (Bellisle, 2019). In contrast, felony mass shootings, those connected with a previous crime, tend to be committed by young Black or Hispanic males with previous criminal records. These are also typically committed against people from the same ethnic group (Bellisle, 2019).

The Cure Violence Model in Chicago

One public health approach to reducing youth gun violence was developed by Dr. Gary Slutkin at the University of Illinois at Chicago. After realizing that the spread of gun violence often echoed the spread of a contagious disease, Dr. Slutkin decided to draw upon his experience combating infectious diseases in order to combat the youth gun violence epidemic from a public health perspective. The CeaseFire program that Dr. Slutkin developed (now named Cure Violence) is a public health prevention program that is designed to prevent youth gun violence by changing youth behaviors, attitudes, and social norms related to gun violence.

The Cure Violence program targets urban cities and neighborhoods with the highest rates of gun violence. The program contracts with community-based organizations who are
located in the target neighborhoods and are in the best position to effect change with local high-risk youth. Street outreach workers are hired who cultivate trusting relationships with youth ages 14 to 25 years who are at the greatest risk of being involved in gun violence. These outreach workers serve as positive role models and connect the high-risk youth with educational and professional opportunities that direct the youth away from violence. The outreach staff usually work evening hours, when most shootings occur, and mediate conflicts between individuals and gangs that have the potential to escalate into violence. The *Cure Violence* program also organizes a community response to any shootings that do occur, and holds monthly events that are designed to bring the community together, promote nonviolence, and provide positive activities for neighborhood youth.

The *Cure Violence* program was designed to have the following five components:

1. Use of surveillance data to identify communities with high rates of youth gun violence.

2. Development of a community coalition involving clergy, community-based organizations, and relevant city agencies (public health, police, schools).

3. A campaign with a message of “no shooting” by means of special community events, community responses to shootings, and media.

4. Direct outreach to high-risk youth to provide mentoring, alternatives to violence, and referrals to services in order to reduce risk factors and increase protective factors.

5. Identifying and intervening in conflicts (e.g., through mediation) that could otherwise result in a shooting or serious violence.
The theoretical framework below (Figure 1) (Butts J. G., 2015) shows the two main theoretical pathways that the Cure Violence program uses to decrease shootings in the community. The pathway on the top half of the figure includes program activities that lead to changes in individual behavior. This includes both Cure Violence program participants as well as other high-risk youth in the target neighborhood. The green-colored pathway on the bottom half of the figure models how Butts et al. (2015) hypothesized that the Cure Violence program works to denormalize violence and change social norms across the entire community. As is evident from the five components listed above and the hypothetical framework below, Cure Violence activities are designed to change both at-risk individuals, as well as community-wide social norms, through public education campaigns, shooting responses, public education materials, etc.
A 2008 independent evaluation of the Cure Violence program in Chicago found that the program was associated with statistically significant reductions in shootings and retaliatory homicides in four of the seven intervention neighborhoods studied (Skogan, 2009). This evaluation analyzed seven intervention neighborhoods, each of which had implemented the program for at least 33 months. There was variation in the estimated program effects across sites, however there was evidence that the program did lead to fewer shootings and homicides in four of the seven target neighborhoods (Skogan, 2009). To further support this evidence,
when the program was interrupted because of funding cuts, shootings increased in the affected areas (Ransford, 2009).

However, some cities, such as Pittsburgh, have replicated some components of *Cure Violence*, but not the exact model, and have not been as effective (Wilson J. C., 2011). This suggests that fidelity to the *Cure Violence* model may be important. To support this, in a study of the *Cure Violence* program in Baltimore City, the authors (Webster D. W., 2012) found that fidelity to the *Cure Violence* model and the correct implementation of the model led to better outcomes in the neighborhoods with high model fidelity. However, as the *Cure Violence* model is often implemented by local community-based organizations, it may be difficult to retain high fidelity to the model, and it would be useful information to know how critical fidelity to the model is to program outcomes. In the current study I asked the *Cure Violence* site staff who implement the model every day in New York City and Chicago for their insight into how critical it is to remain faithful to the original *Cure Violence* model when replicating the program in new sites and new cities. Many cities remain highly interested in a gun violence prevention program that is based in the community and does not rely on punishment (Cerda M. T., 2019).

**History of the *Cure Violence* Model in the State of New York**

Operation SNUG (“guns” spelled backwards) was the second state-wide implementation of the *Cure Violence* model. SNUG was launched in 2009 as a project of the New York State Division of Criminal Justice Services. The New York State Legislature allocated $4 million for the program which covered seven cities statewide. SNUG is currently funded at $2.9 million by the state, and covers ten cities statewide (Albany, Buffalo, Mt. Vernon, Nassau County, Jacoby
Medical Center in NYC, Rochester, Syracuse, Troy and Yonkers. The current study focuses on six of the New York City sites.

**Study Design & Study Aims**

The aim of this study is to explore the recommended implementation and replication of the Cure Violence model according to semi-structured staff interviews in six New York City sites and one Chicago site, all of which were currently operating sites at the time of the study. The research questions explore these issues at the individual level, the program-level, and the community level. Semi-structured interviews were conducted with 4 program staff working at the Chicago Cure Violence site, and 24 program staff total working at six New York City sites. There were 28 interviews total. The semi-structured interviews used for this inquiry were based on the structure of the Consolidated Framework for Implementation Research (CFIR) (CFIR, 2020), which was designed specifically to evaluate the implementation and expansion of public health intervention programs. The interview questions focused on the five CFIR dimensions which are: intervention characteristics, the inner setting of the intervention program, the outer setting of the intervention program, characteristics of the participants and staff involved, and the process of planning, executing and reviewing the intervention. These five dimensions were organized under the umbrella of the three research questions below.

**Research Questions**

Three research questions guided this evaluation:

1) What are factors at the individual staff and individual participant level that are important for the implementation and expansion of the program at current sites?
2) What are factors at the organizational level that are important for the implementation and expansion of the program at current sites?

3) What are factors at the community/neighborhood level that are important for the implementation and expansion of the program at current sites?

**Significance**

**Potential Impact of the Proposed Research**

Gun violence can spread similarly to an infectious disease (Fagan, 2007) and efforts to prevent gun violence could potentially reduce the spread of gun violence to areas adjacent to intervention sites. Dr. Gary Slutkin developed the *Cure Violence* program in order to apply this public health approach to decreasing gun violence in some of Chicago’s most high-crime neighborhoods. A previous independent evaluation of the *Cure Violence* program, using a multiple interrupted time series design, found a significant reduction in gun violence and retaliatory homicides in four of the seven intervention neighborhoods included in the study (Skogan, 2009). To further support the effectiveness of the program, when budget cuts reduced program implementation, shootings increased in those areas (Struett, 2020).

The *Cure Violence* model uses a logic model that aims to reduce gun violence by facilitating changes in community norms about the acceptability of using guns to settle disputes. Violence interrupters and community organizers achieve this aim by acting as role models and modeling positive behavior, as well as organizing community events that promote nonviolence, and distributing materials and information with non-violence messages. These
violence interrupters are also trained to identify the individuals in the community who are believed to be at the greatest risk of killing or being killed by gun violence.

Although the semi-structured staff interviews in the current study will tend to be specific to the experiences of the Chicago and New York City staff, the study aim is to collect data that when considered carefully may be useful to other Cure Violence sites that intend to implement or replicate the model, as well as for other urban gun violence prevention models. In addition, study findings may be applicable in other settings and populations. Several studies have been done previously on whether the Cure Violence model is effective in achieving a quantitative decrease in violence, and on whether Cure Violence truly changes community norms and participant attitudes towards violence (Webster D. W., 2012) (Gorman-Smith D. a.-G., 2014). However, no study to date has done extensive in-depth qualitative interviews with current Cure Violence staff in order to learn from their on the ground experience about how the intervention should be designed and implemented in their city.
Chapter 2: Literature Review

Literature search keywords: Cure Violence, CeaseFire, violence prevention, community intervention, firearm violence, youth violence, urban gun violence, conflict resolution, contagious violence, youth brain development, adolescent health, emotional self-efficacy, mental health, violence and aggression, weapon-carrying, adolescence, aggression, perceived behavioral control, self-control, theory of planned behavior, crime, program evaluation, Cure Violence Chicago, Cure Violence New York City

History of Gun Violence in the United States

Gun violence has been a continuous public health issue in the United States since the early 1970’s (Zimring, 1975). Gun violence has historically been concentrated among urban youth ages 15-25 years old (Cook P., 2002) (Reich, 2002). By 1994 there were over 6,000 firearm-related death among youth under the age of 20. While national gun violence has decreased since then, certain cities still experience high rates of gun violence (Fund, 2012) (Kirk, 2011) (Reich, 2002).

Gun Violence During COVID-19

During the COVID-19 pandemic, shootings and homicides increased in many inner cities (Gun Violence Archive, 2020). In fact, more than 41,000 people died from gun violence in 2020 (Crime and Justice News, 2020). Many Black and Latino neighborhoods experienced disproportionately high rates of gun violence. These gun deaths included 23,000 people who died by suicide (Crime and Justice News, 2020). The shooting rate in New York was 95 percent higher in 2020 than during 2019 (Crime and Justice News, 2020). In Chicago, homicide rates
increased by 56 percent, and shootings increased by 54 percent (Crime and Justice News, 2020). Although the cause of this increase in gun violence is not known, researchers are speculating that a combination of factors was responsible. These factors could potentially include higher gun sales, increased tension between police department and communities, a summer violence spike, the disruption of school attendance, etc. (Crime and Justice News, 2020)

**History of Gun Violence in Chicago**

As mentioned, my interviews took place in New York City and Chicago, so I am providing additional information on the history of gun violence in those two cities. The Chicago Police Department has tracked crime in Chicago since the beginning of the 1900’s and the city’s overall violent crime rate is higher than the U.S. average (Chicago Police Department Crime Statistics, 2020). Even in 2016 when the nation’s crime rates were near historic lows, Chicago was responsible for half of the increase in homicides in the nation that year (Chicago Police Department Crime Statistics, 2020).

Chicago has also experienced a 50% increase in shootings and murders during the COVID-19 pandemic (November 2020 compared with November 2019). In addition, four times as many Chicago police officers had been shot at (67 officers) by November 2020 than at the same time one year earlier. The Chicago Police Department reported that there have been 655 murders this year through the end of October 2020, as compared with 431 murders by October 2019, which is a 51% increase. Lastly, over 3,465 people have been shot at through the end of
October 2020, versus 2,221 shooting victims through October 2019 (a 56% increase). (Struett, 2020)

**History of Gun Violence in New York City**

Gun violence in New York City was highest in the 1980’s and the early 1990’s and was estimated to be related to the crack epidemic (Johnson, Golub, & Dunlap, 2006). Gun violence then decreased until 2018, and New York City had one of the lowest crime rates of any major United States city (Durose, 2003). The homicide rate increased in 2020 during the COVID-19 epidemic, however the rate still remained lower than the years 1960-2011 (Stieb, 2020). New York City has experienced almost double the number of shootings through fall of 2020 as compared to the same time in 2019. In addition, shooting fatalities are also almost double (Crime Statistics, 2020).

**Gun Violence Prevention Programs**

Since the gun violence epidemic began in the 1970’s, many state and local programs have been developed to address gun violence. These programs include legislation, suppression programs, public health programs, public education, etc. Many of these early programs helped inform the development of the *Cure Violence* model.

**Boston Ceasefire**

The Boston *Ceasefire* program (later referred to as the “Boston Gun Project” or the “Boston Miracle”) was the first comprehensive and community-based approach to preventing gun violence. The program began in 1996 and was the first program to encourage the direct interaction of law enforcement and high-risk individuals (Kennedy, 2011). Those at high-risk of
engaging in gun violence were “called-in” by officers and were warned that there would be a crackdown on gun violence that could lead to federal and state prosecutions. Another interesting characteristic of this program is that the program designers looked at Boston homicide data and realized that a small number of high-risk individuals were responsible for most of the violent crime (Braga A. K., 2001) (Kennedy, 2011). Therefore, it made sense to concentrate prevention efforts among those few individuals.

The program identified the target high-risk individuals through police officers in Boston’s Anti-Gang Unit. Community outreach workers and local clergy were tasked with spreading a message discouraging gun violence. At the same time, the program tried to decrease the number of illegal guns that were entering the city. A 2001 evaluation of the program showed a large decrease in gun homicides (63%) among young people (Braga A. K., 2001) (Kennedy, 2011). Projects were then initiated in California, Massachusetts and Ohio that attempted to replicate the program. All of these programs showed similar decreases in gun violence (Braga A. &., 2012). The Cure Violence model incorporates some of the aspects of this intervention, specifically its focus on high-risk individuals and the use of data to target those at highest risk of committing gun violence or becoming a victim of gun violence.

Project Safe Neighborhoods

The Boston Ceasefire program then inspired others to create “Project Safe Neighborhoods” (PSN) in 2011. This intervention was a funded by a one-billion-dollar Congressional budget that was split between 94 different jurisdictions. The goal was to design “context specific” approaches for preventing gun violence (Papachristos A. V., 2007). The PSN
model used the “focused deterrence” approach from the Boston Ceasefire intervention, but in addition to that, some local programs looked to the community to help implement the model. For example, in Chicago they used the Ceasefire “call-in” method but also added a component that aimed to increase the perceived legitimacy of the police in their target neighborhoods. This was one of the first programs to use the “call-in” of high-risk individuals to not only discourage them from being violent, but to also proactively connect them with the social services that they needed (Papachristos A. V., 2007). A 2007 evaluation of Chicago’s Project Safe Neighborhoods used a quasi-experimental comparison group design (Papachristos A. V., 2007). This evaluation found a 37% reduction in quarterly homicides in the program's target communities. Through a multi-level quantitative analysis, the researchers were able to attribute the largest effect on gun violence to the high-risk individual “call-in” component of the program (Papachristos A. V., 2007).

**Chicago CeaseFire**

The Chicago CeaseFire intervention built off of the Boston Ceasefire and the Project Safe Neighborhoods interventions, and is the focus of the current research study. The Chicago CeaseFire model was one of the first interventions to focus on preventing gun violence from a public health perspective. The model is similar to Boston Ceasefire and Project Safe Neighborhoods in that it also uses data to hone in on the individuals most at-risk of committing gun violence. One of the most unique parts of the intervention is the use of “credible messengers” to send an anti-violence message to high-risk individuals as well as the entire community (Skogan, 2009).
A research team at Northwestern University in Chicago conducted an in-depth analysis of the processes and the outcomes of the *Cure Violence* program in Chicago in 2009 (Skogan, 2009). The researchers used a quasi-experimental matched-comparison group design and found a statistically significant decrease in shootings (17%-34%) in four of the seven target neighborhoods included in the study (Skogan, 2009). The researcher team also conducted interviews with staff and outreach clients that suggested that there was a change in the acceptability of gun violence among the target high-risk individuals, and confirmed that the CeaseFire staff and activities were visible in the target communities (Skogan, 2009). However, as this model was replicated in other cities, subsequent evaluations found mixed results on the effectiveness of the intervention (Butts J. G., 2015). The current study aims to use a qualitative research design to investigate the recommended implementation and replication of the *Cure Violence* model at currently operating sites.

**History of the Cure Violence Model**

**The Cure Violence Model**

As mentioned, one public health approach to reducing youth gun violence was developed by Dr. Gary Slutkin at the University of Illinois at Chicago. After realizing that the spread of gun violence often echoed the spread of a contagious disease, Dr. Slutkin decided to draw upon his experience combating infectious diseases in order to combat the youth gun violence epidemic from a public health perspective. The *CeaseFire* program that Dr. Slutkin developed (now named *Cure Violence*) is a public health prevention program that is designed to prevent youth gun violence by changing youth behaviors as well as community social norms related to gun violence. (Cure Violence, 2020)
The *Cure Violence* program targets urban cities and neighborhoods with the highest rates of gun violence. The program contracts with community-based organizations who are located in the target neighborhoods and are in the best position to effect change with local high-risk youth. Street outreach workers are hired who cultivate trusting relationships with youth ages 14 to 25 years who are at the greatest risk of being involved in gun violence. These outreach workers serve as positive role models and connect the high-risk youth with educational and professional opportunities that direct the youth away from violence. The outreach staff usually work evening hours, when most shootings occur, and mediate conflicts between individuals and gangs that have the potential to escalate into violence. The *CeaseFire* program also organizes a community response to any shootings that do occur and holds monthly events that are designed to bring the community together, promote nonviolence, and provide positive activities for neighborhood youth. (Skogan, 2009)

*Basic Organizational Structure*

Many *Cure Violence* sites have a site director, an outreach workers supervisor, a violence interrupter coordinator, outreach workers, violence interrupters, and some have hospital responders or a school responder component. This can vary across sites and cities. Each *Cure Violence* site is also supposed to develop positive working relationships with local clergy, schools, police, businesses, social service providers, community groups, and politicians. (Cure Violence, 2020)

*Role of Cure Violence Violence Interrupters*

The Violence Interrupters are trained to intervene and prevent gun violence. Many Violence Interrupters are from the same community as the high-risk participants and have
previously been engaged in a street lifestyle that involved dealing drugs or being a member of a gang. They often have life-long relationships with people in their neighborhood. Each site also puts together community responses to shootings including marches, rallies, and prayer vigils that bring together all of their community partners. (Skogan, 2009)

*Role of Cure Violence Outreach Workers*

Outreach workers help with a broad range of issues, such as helping their participants get a GED, connecting participants with housing, counseling, parenting classes, job readiness training, etc. Outreach workers work to provide the high-risk youth participants with healthy alternatives to drugs and joining a gang. Outreach workers also help with distributing posters, t-shirts, etc. to local businesses, politician’s offices, schools, etc. (Skogan, 2009)

*The Cure Violence Intervention: Five Main Components*

The *Cure Violence* program was designed to have the following five components:

1. Use of surveillance data to identify communities with high rates of youth gun violence.

2. Development of a community coalition involving clergy, community-based organizations, and relevant city agencies (public health, police, schools).

3. A campaign with a message of “no shooting” by means of special community events, community responses to shootings, and media.

4. Direct outreach to high-risk youth to provide mentoring, alternatives to violence, and referrals to services to reduce risk factors and increase protective factors.
5. Identifying and intervening in conflicts (e.g., through mediation) that could otherwise result in shootings or other serious violence.

A 2008 independent evaluation of the *Cure Violence* program in Chicago found that the program was associated with statistically significant reductions in shootings and retaliatory homicides in four of the seven intervention neighborhoods studied (Skogan, 2009). This evaluation analyzed seven intervention neighborhoods, each of which had implemented the program for at least 33 months. There was variation in the estimated program effects across sites, however there was consistent evidence that the program did lead to significantly fewer shootings and homicides (Skogan, 2009). To further support this evidence, when the program was interrupted because of funding cuts, shootings increased in the affected areas (Ransford, 2009).

However, some cities, such as Pittsburgh, have replicated some components of *Cure Violence*, but not the exact model, and have not been as effective (Wilson J. C., 2011). This suggests that fidelity to the *Cure Violence* model may be important. To support this theory, in a study of the *Cure Violence* program in Baltimore City, the authors (Webster D. W., 2012) found that fidelity to the *Cure Violence* model and the correct implementation of the model led to better outcomes in some neighborhoods versus others. For example, the original request for proposals in Baltimore asked that each site have a site director, a violence prevention coordinator, four outreach workers, and an outreach supervisor. Instead, the three program sites in East Baltimore shared one office, one director, one outreach supervisor, and one violence prevention coordinator. In addition, during 2008 and 2009, outreach staff from the...
McElderry Park site were pulled over to work in two other intervention neighborhoods because of a spike in violence in those neighborhoods.

The Union Square site also had some trouble implementing the program. For example, they had a difficult time hiring a stable group of outreach workers, and their contract was eventually discontinued. The Safe Streets East site experienced challenges with a lack of strong community organizations that could help support the intervention. The Safe Streets East staff also worked from an office in McElderry Park instead of from their own neighborhood. Since the *Cure Violence* model is often implemented by local sites like in the Baltimore replication, it may be difficult to retain a high level of fidelity to the model, and it would be useful information to know how critical fidelity to the model is to program outcomes.

In the current study we asked current *Cure Violence* staff who implement the model every day about their insight into how critical it is remain faithful to the original *Cure Violence* model when replicating the program in new sites and new cities. Other implementation obstacles investigated in the current study include absence of support by community leaders, no community buy-in, issues with the hiring and management of high-risk individuals, etc. Even with all of these potential obstacles to implementation, many cities remain highly interested in a gun violence prevention program that is based in the community and does not rely on punishment (Cerda M. T., 2019).
History of the *Cure Violence* Model in Chicago

In Chicago the *CeaseFire* model (later renamed to *Cure Violence*) was administered by the Chicago Project for Violence Prevention (CPVP) and was housed under the University of Illinois’ School of Public Health. CPVP was formed to reduce violence through community violence prevention programs, and the *Cure Violence* program was a large part of their role. One of their important tasks was to identify which specific neighborhoods would benefit most from *Cure Violence*, as well as help select the community-based organization that would run the program locally. Once the local site and community organization were selected, CPVP also provided training and technical assistance, helped them develop their violence reduction plan, monitored the workload of each site, etc. The program headquarters also assisted with printing signs, pamphlets, t-shirts, etc. Another important CPVP role was securing funding for the sites, often through state and federal grants. (Skogan, 2009) (Cure Violence, 2020)

Criteria for High-Risk Participants

The Chicago *CeaseFire* sites determined which individuals were “high-risk” by using the following criteria below. To be classified as high-risk, a potential client had to meet at least four of the seven criteria.

1) Gang involvement

2) Key role in a gang

3) Prior criminal history

4) Involved in high-risk street activity such as selling drugs

5) Recent victim of a shooting
6) Ages 16-25

7) Recently released from prison

Program Implementation: Lessons Learned

By 2003, the original Cure Violence intervention in Chicago had increased to five active sites. Around 2006 Cure Violence peaked at 22 active sites in Chicago. However, as of 2021 there was only one active site in Chicago, and that site closed a few months after the study interviews were conducted due to lack of funding. Skogan et al. (2009) found that the original Cure Violence model did not take into account variations among neighborhoods. For example, some communities were not happy about the shooting marches and vigils that were organized because they felt that it was decreasing their property values. Another example is that in the Latino communities, they did not respond as well to public education materials as they did to one-on-one communication. This research helped inform some of the interview questions in the current study where I wanted to investigate whether the Cure Violence staff felt that any variations to the model were made or should be made to account for differences in their specific neighborhood. (Skogan, 2009)

Interestingly, the exception helped prove the rule. CPVP on occasion had to take on oversight of a local site, and those sites struggles because CPVP could not draw on the local relationships that seem to be integral to the success of the model. Skogan et al. conducted a community partner survey, and found that in sites that had been run by CPVP there was poor local recognition of the program and very little actual involvement of the community partners with the program. (Skogan, 2009)
Many of my interview questions are around the implementation of the program, such as how to hire staff and how uncertain program funding affects the staff. Given the high-risk background of almost all of the staff members, these issues can be particularly complicated. The “credible messengers” often do not have experience in a traditional workplace. The original Chicago *Cure Violence* program had some safe guards to help ensure that their staff did not return to their previous lifestyle. This included drug testing, background checks, requiring a high school diploma, and successfully staying out of trouble after returning home from prison.

During the original Chicago *Cure Violence* intervention, there were a few times that the program unknowingly hired staff who were active gang members (Skogan, 2009). The program also experienced high staff turnover because of the instability of funding and the demands of the job. (Skogan, 2009)

*CeaseFire Chicago Training*

Outreach Workers received a six-day training session alongside other new hires, and two-hour monthly sessions that were required for all outreach workers. The monthly training would often address an issue that had come up at various sites. Outreach workers received both classroom instruction and hand-on experience canvassing, documenting client contacts, visiting homes, attending shooting responses, etc. One of my interview questions was around which specific training the staff members themselves found to be most valuable and useful for their work and program outcomes. (Skogan, 2009)

*CeaseFire Chicago Funding*

The *CeaseFire* Chicago program was on a yearly budget cycle, and therefore had to fight to have their program included in the budget each year. This process also took time away from
the staff members’ working hours. Unfortunately, during years when the legislature did not agree to a budget by the end of the fiscal year, the CeaseFire offices were forced to close and staff members were forced to work on a voluntary basis until a budget was approved. In some areas the CeaseFire program was cut and then reinstated several times. This history of the program funding helped inform one of my interview questions which focused on how the staff members react towards any uncertainty in funding. In 2007, the legislature missed its July deadline for passing a budget. The Governor cut CeaseFire from the final budget, forcing all but two CeaseFire Chicago sites to close down. CPVP then went on to focus on replicating the CeaseFire (Cure Violence) model in other cities instead. (Skogan, 2009)

**History of the New York City Crisis Management System & CV Model**

In New York City, there was a Task Force to Combat Gun Violence that used data on shootings from the New York Police Department (NYPD) to measure gun violence in the city. This task force discovered that shooting incidents remained high in New York City even though crime overall was declining in New York. The data also showed that the shooting incidents were concentrated in the same concentrated geographic areas. For example, out of 76 police precincts, 44 percent of all shootings were occurring in 15 percent of the precincts. The task force data also showed that the shootings were occurring mostly among males ages 14-24 years old.

This data led the Task Force to recommend that any violence prevention programs should focus on specific neighborhoods and specific groups of very high-risk individuals. These Task Force recommendations evolved into the “Crisis Management System” (CMS) under which
the current New York City *Cure Violence* sites are managed. Since the NYC task force studied the average age of offenders, the age has risen slightly. For example, in 2019, the age group from 20-24 years old committed the most homicides, followed by the age group from 25-29 years old. The age group 17-19 years old was third for number of homicides committed in 2019 (FBI, 2021). (NYC Crisis Management System, 2020)

The first *Cure Violence* program in New York City was then launched in 2010 and was funded through the U.S. Department of Justice. Now there are over 20 sites throughout the city. As of 2016 the programs employed over 130 staff members. Staff include over 20 supervisors and more than 80 front-line staff members. All staff members are required to take a 40-hour training that takes place in New York City. The New York City *Cure Violence* staff members also undergo monthly trainings on subjects such as active listening, conflict mediation, suicide prevention, record keeping, database management, etc. (NYC Crisis Management System, 2020)

The New York City Crisis Management system is designed to provide a coordinated response to gun violence in New York City. The system aids gun violence victims and aims to prevent gun violence. The Task Force recommended that the system build its efforts around the *Cure Violence* model. An important component of the New York City system is that they supplement the traditional *Cure Violence* model with many additional support services.

For example, the NYC CMS provides mental health services for both the youth and the violence interrupters. The system provides legal services to at-risk youth and their families, and to those already in the justice system. The CMS also connects at-risk youth with government
services such as childcare and healthcare. Many families also need assistance with housing and immigration issues, and accessing jobs programs. During the current study I asked staff interview participants which wraparound services they believe are most important for reducing gun violence, and I discuss the results in the “Funding Wraparound Services” section within the “Program Budget” section of the results chapter (NYC Crisis Management System, 2020).

The Crisis Management System requires a high level of coordination among many different service providers. The Cure Violence programs serve as the central focus, and the Cure Violence staff are often the ones providing their participants with referrals to the other services. Cure Violence staff have reported back to the Crisis Management System that job readiness and job training programs are particularly critical for providing their participants with an alternative to their street lifestyle. The Crisis Management System reports that from 2010 to 2019, data showed that their system led to a 40% reduction in shootings in their target program areas, as compared with a 31% decline in shootings in 17 of the highest violence precincts in New York City. (NYC Crisis Management System, 2020)

The NYC Crisis Management System is backed by a $36 million investment from the City Administration and City Council, and its network of nonprofit providers covers 21 precincts. The NYC CMS funding tends to be more secure and long-term than other Cure Violence cities. As mentioned in the Chicago Cure Violence section, the Chicago program experienced very rapid growth and then had to fight for funding every single year and experienced multiple abrupt shutdowns of their program. This difference in funding security led me to include a question in the interview asking the staff members how the stability of funding affects their ability to do
their jobs, and how it affected their relationship with the program. (NYC Crisis Management System, 2020)

Figure 2

Structure of the New York City Crisis Management System
The *Cure Violence* Model in New York State

Operation SNUG (‘guns’ spelled backwards) was the second state-wide implementation of the *Cure Violence* model. SNUG was launched in 2009 as a project of the New York State Division of Criminal Justice Services (Klofas, 2013). The New York State Legislature allocated $4 million for the program which covered 7 cities statewide. SNUG is currently funded at $2.9 million by the state, and covers ten cities statewide (Albany, Buffalo, Mt. Vernon, Nassau County, Jacoby Medical Center in NYC, Rochester, Syracuse, Troy and Yonkers (Klofas, 2013).

The current study will focus on six of the New York City-specific sites. New York City currently has over twenty sites (Office of the Mayor, 2021). The six sites included in this study were selected through a combination of what questions I wanted to answer (such as the effect of having a hospital component), length of time in operation, data availability, variety of implementation models, similarities and/or differences from the Chicago site, etc. The New York City sites that will be included in this research study are:

1. Man Up Inc.- Brooklyn, NY
2. GMACC (Gangsta’s Making Astronomical Community Changes) – Brooklyn, NY
3. Bronx Connect – Bronx, NY
4. SAVE – Harlem, NY
5. BRAG North (Bronx Rises Against Gun Violence) – Bronx, NY
6. BRAG Northwest – Bronx, NY
**Cure Violence Locations**

*See Appendix A for a list of international Cure Violence locations*

- **United States/Canada**
  - The *Cure Violence* model is implemented by local partners in more than 50 sites located in more than 25 cities:
    - Chicago, New York City, Baltimore, Kansas City, Philadelphia, Durham, Omaha, New Orleans, Jacksonville, Louisville, etc.

- **Latin America/Caribbean**
  - Puerto Rico, Trinidad and Tobago, Jamaica, Mexico, Honduras, El Salvador, Brazil

- **Middle East/North Africa**
  - Iraq, Syria, West Bank

- **Central and South Africa**
  - Nigeria, Kenya, Morocco, South Africa

- **Europe**
  - United Kingdom
**Cure Violence Pillars of Management**

Appendix B contains a copy of the Cure Violence Pillars of Management document that the National Cure Violence office gives to individual Cure Violence sites to give them a template of how to run their daily meetings and what to focus on.

**Research Evaluations of the Cure Violence Model**

The Cure Violence website reports that the Cure Violence model has been replicated in more than 100 communities and in 10 different countries (Cure Violence, 2020). The program can at times lead to a 40-70% reduction in shootings, however outcomes are often mixed or even negative (as detailed in the research evaluations summarized in the section below). Some locations have gone three years without a single shooting, and yet some locations experience an increase in homicides and/or nonfatal shootings. The Cure Violence website also reports that Cure Violence can save $18 for every $1 invested. However, Cure Violence may be motivated to share only the most positive intervention outcomes and research studies on their website, as their website is used for marketing material to expand the program to new cities and new countries. See Appendix A for a summary of Cure Violence international programs and their effectiveness as listed on the Cure Violence website. (Cure Violence, 2020)

Butts et al. (2015) compared all of the major evaluations that had been done by 2015 on the Cure Violence model. The programs included in their study were Cure Violence Chicago; the Safe Streets program in Baltimore, Maryland; the Save Our Streets program in Brooklyn, New York City; the TRUCE program in Phoenix, Arizona; and the One Vision One Life program in Pittsburgh, Pennsylvania. These individual evaluations are all discussed in more detail below.
Butts et al. (2015) came to the conclusion that some evaluations did find some moderate support for the program, and some evaluations (especially when key components of the model were changed) did not find any effect, or even found that the intervention led to an increase in shootings (Butts J. G., 2015).

The research questions for this current study arose from these mixed evaluation findings. Gun violence is an incredibly important and heartbreaking issue, and *Cure Violence* is a community-based and potentially cost-effective solution (Cure Violence, 2020). However, the evaluation results are mixed to date. I wanted to speak in-depth with a population (*Cure Violence* site staff) that had not been spoken with before and who have first-hand insight into which aspects of the model they find most effective in preventing gun violence. In addition, the *Cure Violence* model is implemented in a wide variety of cities and neighborhoods, so I was interested to ask the staff members if they ever adjust the model to fit their specific neighborhood’s culture, or if they feel it is important to stay true to the original model, and why?

**Evaluations of Chicago’s *Cure Violence* Program**

Skogan et al. (2009) evaluated the effectiveness of the original *Cure Violence* Chicago intervention. As mentioned, the Chicago program was administered by the Chicago Project for Violence Prevention (CVPV) at the University of Illinois, Chicago. The program was formed in 1999, and at one point they had 25 active program sites. The researchers (Skogan, 2009) performed both a process and an outcome evaluation of the *Cure Violence* intervention. For the process portion of their evaluation, they documented how the program actually worked in real
life in the field. Some examples of process issues that arose were selecting the target neighborhoods, choosing which community organization ran the site, training the staff, and managing the staff. The outcome evaluation used models, crime hot spots, and a gang network analysis to analyze the program’s impact in each target neighborhood. To do this, the researchers compared changes in the target sites with changes in matched comparison areas. (Skogan, 2009)

Some of the Chicago sites faced implementation obstacles such as the challenge of creating a new program in neighborhoods that do not have a high level of community organization or community leaders. Some other issues noted were absence of community buy-in, inconsistent funding, and the complexity of hiring previous offenders and high-risk individuals as staff members. In Chicago, sites were not always fully staffed, and some did not have Violence Interrupters at all for long periods of the intervention. The Chicago sites also experienced high rates of employee turnover. (Skogan, 2009)

A survey performed by the research team found that the program was in fact succeeding at targeting very high-risk individuals. For example, four out of every five (82%) of participants had been arrested previously. Forty five percent had five or more prior arrests, and 56% reported a previous incarceration. This finding was promising because many violence prevention interventions have not been effective because this is such a difficult population to reach and change. The survey also confirmed that the participants saw their outreach workers frequently and even participated in Cure Violence program activities themselves, such as shooting vigils or passing out literature. The clients reported that the outreach workers did in fact help them with their most pressing problems. They reported that the issues they were
most concerned about were finding a job, getting back into school or getting a GED, and wanting to get out of a gang. (Skogan, 2009)

The researchers performed an interrupted time series analysis with 16 years of shooting and attempted shooting data. The analysis found that the intervention significantly decreased shootings in five of the seven intervention sites. In addition, the decrease in shootings at these sites was greater than in the matched comparison neighborhoods. The impact evaluation also included a social network analysis that assessed changes in gang involvement in homicide, retaliatory gang killings, and gang violence density in the intervention neighborhoods. These analyses found positive changes in some sites, but not in others. Overall, the researchers concluded that their findings were promising but mixed. (Skogan, 2009)

Perceptions of Safety

One study (Gorman-Smith D. &.-G., 2015) aimed to assess whether the behavior and perceived social norms of high-risk individuals were truly changing due to the Cure Violence intervention in Chicago. This study focused on both program participants and neighborhood residents living in four of the target police precincts. The researchers asked neighborhood residents about the perceived safety of the neighborhood, about norms regarding the use of violence, and about their knowledge and awareness of Cure Violence program activities. The researchers conducted interviews with forty high-risk individuals (20 clients and 20 other high-risk young adults) and thirty-five neighborhood residents. (Gorman-Smith D. &.-G., 2015)

The interviews conducted with participants revealed that the participants reported a decreased involvement in crime, and that they attributed their change in behavior to the
mentoring of their outreach workers, and specifically to employment opportunities. The high-risk participants confirmed that they were more willing to listen to the *Cure Violence* staff members’ message because of their credibility. The high-risk participants specifically mentioned that the *Cure Violence* staff had similar life experiences, “the things I did, they did”. Nearly all (n=38) of the high-risk individuals interviewed (including those who were not clients) had heard about *Cure Violence* and were able to describe their program activities such as rallies and distribution of violence prevention literature. Of the neighborhood residents, only 34% had heard of the *Cure Violence* program, and few had had any personal interactions with the *Cure Violence* staff or their program activities. (Gorman-Smith D. &.-G., 2015)

All of the study participants reported that, in their view, youth ages 11-17 were the perpetrators of most of the violent crime in the area. The researchers asked the neighborhood residents and the high-risk individuals what precipitated violence, and they mentioned incidents that begin on social media (35%), arguments over women (42%), drugs and alcohol (62%) and conflicts over drug market territories (65%). The researchers asked the clients for their recommendations to prevent gun violence, and they recommended parenting programs, job training, mentoring, and program activities that give youth something productive to do (such as sports leagues) that get them off of the streets. Participants across the different groups of the survey mentioned that easy access to guns increased the likelihood of gun violence.

The program participants reported that they did in fact see the *Cure Violence* staff members as role models who came from the same background and who were able to change their life trajectory. However, researchers found that in this specific community, the program was struggling to change social norms of the entire community as the intervention aims to do.
The results of this study helped inform one of the interview questions in the current study which asks the Cure Violence staff if they feel they are truly able to change the social norms of the neighborhood, and which specific program activities they feel achieve this goal. (Gorman-Smith D. & G., 2015)

*Evaluation of Hospital Responders as a Component of the Cure Violence Model*

In some cities, the Cure Violence Program includes having a Hospital Responder at local trauma centers that provides a comprehensive response whenever a gunshot, stabbing, or blunt trauma victim arrives at the hospital. The goal is for Cure Violence staff to intervene during the critical window after a violent incident in order to prevent retaliation and interrupt the cycle of violence. The process varies across sites, but usually when a patient arrives in the emergency room, medical staff contact the Hospital Response Hotline, and a Hospital Responder arrives at the patient’s room within the hour. (Cure Violence, 2020)

As with the rest of the Cure Violence model, the hospital responders are “credible messengers” from the community with similar backgrounds to the trauma victims. The Hospital Responders are trained in crisis intervention, trauma-informed care, and de-escalation techniques. They provide immediate intervention to prevent retaliation from family, friends, or the victim. They use persuasive dialogue and motivational interviewing techniques, capitalizing on this potential turning point to encourage the victim to make positive changes. (Cure Violence, 2020)

The Hospital Responders also activate community-based staff back at the program site to intervene in the neighborhood to prevent ongoing violence that can stem from the original
incident. The *Cure Violence* Outreach Workers then provide support to the victims as they transition back into the community. They coordinate long-term recovery, community-based support, and connect patients to outpatient counseling, job training, employment, and education services in an effort to prevent re-injury or retaliation. (Cure Violence, 2020)

An evaluation of the *Cure Violence* Hospital Response Program in Chicago found that it was associated with an almost 50% decrease in readmission for violent injury over three years (Skogan, 2009). Similar hospital programs have been found to reduce retaliatory violence, prevent potentially fatal hospital readmissions, and drastically reduce the costs of violent injury (Cure Violence, 2020). One goal of this study was to ask current *Cure Violence* staff in Chicago and New York City whether having a hospital responder component to the model is helpful. If the site did not have a Hospital Responder component, I asked them if having a Hospital Responder at their site would be helpful, and how they would structure and staff the program.

In summary, Skogan et al. (2009) found that there was a statistically significant decrease in shootings in four of the seven intervention neighborhoods (versus the comparison neighborhoods). The researchers also conducted surveys with some of the high-risk participants who reported that the issue they were most concerned about was finding a job. Gorman-Smith (2015) conducted interviews with high-risk individuals (both program participants and non-participants) and found that the participants reported a decreased involvement in crime, and that they attributed their change in behavior to the mentoring of the outreach workers, and specifically to employment opportunities. This was one of the only *Cure Violence* evaluations to utilize qualitative interviews in their research, and they spoke with high-risk individuals (versus the current study which spoke with staff).
Evaluations of New York City *Cure Violence* Interventions

A group of researchers at John Jay College of Criminal Justice (Butts J. W., 2015) worked with the New York Police Department (NYPD) to analyze whether the *Cure Violence* program led to decreases in gun violence in its target areas, and compared it with the violence over time in similar non-intervention neighborhoods in New York City. The researchers looked at the years 2010-2013 and used data from two *Cure Violence* programs in Brooklyn and one in Manhattan. When they compared homicide rates in the three intervention precincts with a matched comparison group, the *Cure Violence* areas showed an 18 percent decrease in homicides between 2010 and 2013, whereas in the comparison neighborhoods homicides were 69 percent higher in 2013 than they were in 2010 (see Figure 3 below). The researchers used growth curve modeling to depict the homicide trends. The results of the analysis were not definitive, but do support that the intervention was effective in reducing homicide rates. (Butts J. W., 2015)

Figure 3

*Effect of the Cure Violence Intervention on Homicide Rates in New York City*
Save Our Streets Crown Heights Evaluation

A different New York City Cure Violence evaluation looked at the Save Our Streets (SOS) site in Crown Heights, Brooklyn in New York (Picard-Fritsche, 2010). This program was interesting because their aim was to replicate the original Chicago with high fidelity and with the input and training of the national Cure Violence office in Chicago. My current study aims to answer a similar research question around best practices for replicating the original Cure Violence model in a new city or a new neighborhood. The SOS site designed their program to be the same as the Chicago model, and aimed to implement the intervention in a similar manner.

The one major difference in the SOS model was that they combined the role of outreach worker and violence interrupter. In Baltimore City they also combine these two positions. This led to an interview question in the current study around whether staff members recommend the Violence Interrupter and Outreach Worker be the same role or separate roles, and why. The researchers used an interrupted time series design to analyze the impact of the SOS intervention on gun violence rates. They compared the intervention neighborhood with a matched comparison of three adjacent precincts with similar demographics and a similar baseline rate of violent crime. The researchers were able to analyze the time period from 18 months before implementation to 21 months post implementation. (Picard-Fritsche, 2010)

The researchers found that the average monthly shootings rates in the intervention neighborhood decreased by 6 percent. In the three comparison neighborhoods, the average monthly shooting rate increased between 18% and 28%. These results suggested that the rate of gun violence in Crown Heights was 20% lower than what is might have been with no
intervention (Picard-Fritsche, 2010). In addition, the researchers wanted to measure whether SOS was truly mobilizing the community and changing norms around gun violence.

To measure this, the research team conducted a pre- and post-survey of the residents in the area regarding their perceptions of the safety of their community and their exposure to gun violence. The pre-intervention survey was conducted three months after the program began, and the post-intervention survey was conducted 19 months after the intervention began. The research team recruited 100 residents from public areas. In the first survey, only 27% of residents were aware of a violence prevention campaign existing. In contrast, in the second survey 73% of residents were aware of the violence prevention campaign. In the first survey, only 29% of residents felt that a similar campaign could actually reduce gun violence. By the second survey 55% of residents felt that a similar campaign could reduce gun violence. If a resident had personally participated in a Cure Violence event, they were significantly more likely to believe in the effectiveness of the community mobilization efforts. (Picard-Fritsche, 2010)

Interestingly, according to the survey results, the intervention did not have an impact on residents’ feeling of safety in their neighborhood. The intervention also did not impact their perception of the legitimacy of carrying a gang or needing to join a gang for self-protection. Another interesting survey outcome was that survey respondents who had seen someone threatened or shot with a gun were more likely (56%) than those who had not to support the legitimacy of carrying a gun for self-protection. Of those who had not seen someone threatened or shot with a gun, only 35% supported carrying a gun for self-protection. In addition, residents who had witnessed violence were also more likely to support joining a gang for self-protection (31% vs 23%). The researchers hypothesized that fear created from being
exposed to gun violence may have increased the respondents’ support for carrying a gun for self-protection. (Picard-Fritsche, 2010)

The research team spoke with the SOS site director, and specifically asked whether there were any characteristics unique to the Crown Heights neighborhood that affected whether they were able to retain fidelity to the original Cure Violence Chicago model. The Site Director reported that they were able to implement the majority of the model in Crown Heights without making any changes. She did point out that there was some intra-community racial tension that was considered during program design. Lastly, because of budget constraints, the planning committee was forced to hire only four core staff members who had to act as both outreach workers and violence interrupters. (Picard-Fritsche, 2010)

The research team interviewed these staff members and asked them to describe their work with the participants. The staff members reported that 65% of the referrals they helped with were for employment assistance. The second most common referral was for education at 17 percent. The study researchers specifically mentioned that future research should be done on the importance of each of the three pillars of the model to program outcomes. In the current study, I asked Cure Violence staff which pillar of the model they find to be most vital for preventing gun violence and why. (Picard-Fritsche, 2010)

South Bronx and East New York Evaluation

Delgado et al. (2017) performed an evaluation of the Cure Violence program in two intervention neighborhoods in New York City: Man Up! Inc. in East New York, Brooklyn; and Save Our Streets, South Bronx. Man Up! Inc. was also a participant in this current study. The
researchers began the evaluation in 2012 and compared the two intervention neighborhoods with comparison neighborhoods that had similar demographics and crime trends (but did not have a Cure Violence program). In order to examine social norm trends in the two intervention neighborhoods, the research team conducted an annual survey of young men living in a dozen neighborhoods. Some of these neighborhoods had Cure Violence sites and some did not.

The research team examined the intervention’s effect on gun violence by using a quasi-experimental design that utilized police data, hospital data, and the survey data mentioned above. The two measures of gun violence used in this study were a monthly count of shooting victimizations, and gun injuries that required medical attention. The researchers used an Autoregressive Integrated Moving Average (ARIMA) interrupted time-series analysis for all four intervention and comparison areas. The research team then analyzed monthly trends in gun violence from 2005 to 2016 for gun injuries, and for 2009 to 2016 for shooting victimizations. This type of time-series analysis can help account for prior trends and seasonality (gun violence historically increases during summer months).

The results of the ARIMA analysis in the South Bronx sites showed a significant decrease in shooting victimizations. The shootings in East New York decreased, but not enough to reach statistical significance. There was a small decrease in gun violence in the comparison sites, but this decrease was not significantly different from zero. The researchers concluded that there was a statistically significant decrease in gun violence in intervention sites that may not have occurred without the presence of the Cure Violence program. The measure of social norms that was used was the willingness of young male neighborhood residents ages 18 to 30 to use violence in both trivial and serious hypothetical conflicts. The researchers found that young
men living in neighborhoods with Cure Violence programs expressed fewer violence-endorsing norms over time in hypothetical scenarios. Overall, this study found support for the positive effects of the Cure Violence intervention on decreasing gun violence, as well as decreasing support for violence in hypothetical scenarios. (Delgado, 2017)

In summary, both the Butts (2015) evaluation and the Save Our Streets evaluation (Picard-Fritsche, 2010) found small decreases in gun violence rates in the intervention neighborhoods, as compared with increases in gun violence rates in the comparison neighborhoods. Both of these studies used quantitative methods and found that the intervention may have been effective, but no definitive conclusions could be drawn. The Save Our Streets study (Picard-Fritsche, 2010) also surveyed community residents about their perceptions of safety in their community (pre-intervention and during the intervention).

This part of the study utilized a multiple-choice survey of community residents, in contrast with the current study which conducted semi-structured interviews with current Cure Violence staff. The researchers found that in the first survey, only 29% of residents felt that a similar Cure Violence-type campaign could actually reduce gun violence. In contrast, by the time of the second survey, 55% of residents felt that a similar campaign could reduce gun violence. (Picard-Fritsche, 2010). I also found it interesting that when the research team collected data on the resources that outreach workers provided to participants, the staff reported that 65% of their referrals are for employment assistance. Lastly, Delgado (2017) found positive effects of the Cure Violence program on reducing gun violence in two intervention neighborhoods, and also found a decrease in survey respondents’ propensity to support violence for both trivial and serious hypothetical conflicts.
Evaluation of the Safe Streets Baltimore Intervention

One evaluation of the Safe Streets Baltimore intervention (Milam, 2016) investigated whether the Safe Streets intervention (which was a replication of the Cure Violence model) was truly effective in changing the attitudes of high-risk youth ages 18-24 towards guns and shootings in two Baltimore City neighborhoods pre-Safe Streets implementation and 1-year post-implementation. The researchers used chi-squared tests and exploratory structural equation modeling (ESEM) to examine changes in attitudes towards gun violence one year after the implementation of the Safe Streets intervention in Baltimore City. The researchers found a statistically significant improvement in 43% of the attitudes assessed in the intervention community post-intervention. This was compared with an improvement of 13% of the attitudes in the control community. The researchers also found a statistically significant improvement in the violent attitudes toward personal conflict resolution scale after implementation of the intervention in both the intervention (b = -0.522, p < 0.001) and control community (b = -0.204, p < 0.032). Overall, the study supported that the Safe Streets model has the potential to improve attitudes toward violence in the intervention communities. (Milam, 2016)

Another Safe Streets evaluation by a team of researchers at Johns Hopkins investigated whether the Cure Violence model was in fact effective in reducing homicide and nonfatal shootings when the Safe Streets model was implemented in Baltimore (Webster D. W., 2013). The researchers compared the change in shootings incidents in four intervention neighborhoods versus high-crime comparison areas. They controlled for factors such as police activity, and baseline levels of gun violence. The researchers found that in three of the four
sites, the intervention was associated with a decrease in gun violence. In one East Baltimore program site, the intervention was associated with a reduction in homicides. In another program site, it was associated with a reduction in nonfatal shootings. In a third site, it was associated with a decrease in nonfatal shootings, but an *increase* in homicides. In total, the analysis indicated that the program was associated with 35 less nonfatal shootings and five less homicides throughout the 112 months of program activity across all four sites. The Cherry Hill site showed the strongest results with a 56% decrease in homicides and a 34% decrease in nonfatal shooting incidents. The McElderry Park neighborhood also experienced an impressive 22-month stretch with no homicides (July 2007 to April 2009). (Webster D. W., 2013)

Interestingly, some of the program effects seemed to extend to nearby neighborhoods. This finding is consistent with the underlying *Cure Violence* theory that gun violence often spreads like a contagious disease. The intervention activity that was most closely linked with the reduction in homicides appeared to be the number of conflict mediations conducted by the Outreach Workers. For example, the two sites with the greatest reduction in homicides had about three times as many conflict mediations as the other two intervention sites. This study was the first extensive evaluation of a replication of the *Cure Violence* model in a new city. The program successfully mediated over 200 disputes in four high-risk neighborhoods, and the intervention was associated with less acceptance for guns to settle grievances. The researchers recommended that future research study how to improve program implementation and study the conditions under which the *Cure Violence* model is most effective. (Webster D. W., 2013)
This evaluation was significant in part because it looked at whether a replication of the *Cure Violence* program was effective in a new city. The study found somewhat mixed results, as do many studies that evaluate the *Cure Violence* model. These mixed results led to the development of my current research questions. My aim was to conduct qualitative interviews with the program staff who are on the ground to hear which parts of the program they see as most effective and important, and which parts may not be effective or may need improvement.

**Using Synthetic Control Methodology to Estimate Intervention Effects in Baltimore**

Buggs, Webster, & Crifasi (2021) utilized synthetic control methodology to better estimate the effects of the *Cure Violence* intervention at seven intervention sites in Baltimore City, Maryland (Buggs, 2021). Model-generated counterfactuals were contrasted with observed rates of gun violence in the seven intervention sites in order to estimate program effects at each site. Previous evaluations have used panel regression data from all city neighborhoods. The study team looked at homicides and nonfatal shootings for seven program sites from the years 2007-2017. Of those fourteen tests, there were only three estimates that indicated the equivalent of statistical significance, and they all included *increases* in gun violence in the intervention neighborhoods.

For example, the Cherry Hill and Sandtown-Winchester sites experienced 21 percent and 9 percent reductions in homicides. However, these two sites experienced an *increase* in nonfatal shootings (11 percent and 15 percent, respectively). The Madison-Eastend and Mondawmin sites experienced a 69 percent and 76 percent increase in homicides. They also experienced a 153 percent (Madison-Eastend) and 27 percent (Mondawmin) increase in
nonfatal shootings. In contrast, Lower Park Heights had non-significant decreases in homicides and nonfatal shootings during the study period. As mentioned, the homicide increases in Mondawmin and Elwood Park, as well as the increase in the number of nonfatal shootings in Madison-Eastern, were significantly different from the placebo test results.

The researchers also investigated program effects over time and found that the protective effects attenuated over time in McElderry Park. In fact, nonfatal shootings increase over time in McElderry Park relative to the counterfactual over the same study time period. In contrast, the Cherry Hill site experienced relatively stable program-related decreases in both gun violence measures at each year tested. Overall, this study found more evidence of harm than benefit from the implementation, with a wide variety of impact across different sites and time periods. None of the sites experienced a decrease in gun violence outside of the norm when compared with the placebo tests. This research study raises the question: what are the differences between sites in the same city (with the same training and the same city administration) that could be associated with such large differences in program outcomes?

Webster, Buggs, & Crifasi (2018) compared the effects on gun violence of four different interventions: focused deterrence, drug law enforcement, the Baltimore Cure Violence program, and hot spot policing focused on gun offenders (Webster D. B., 2018). The research team utilized a multiple interrupted time-series design to estimate the effects of these four interventions. The study period began in 2003 and ended in 2017. The outcomes of interest were the number of homicides and nonfatal shootings, organized by Baltimore Police Department (BPD) post, month and year. The research team used negative binomial logistic
regression models that included fixed effects for police post/year/month to control for any baseline differences in gun violence. The research team found that the Safe Streets program showed no effect on homicide if all sites were examined together. However, the Cherry Hill site was associated with a 39% reduction in homicides. The Cure Violence model has previously been associated with reductions in shootings in other cities, and in New York City the program is well-funded and has many wraparound services for the high-risk participants. The findings around the Cure Violence program suggests that providing sufficient resources and employment programs may be an important factor in the success of the interventions.

**Evaluation of the Phoenix TRUCE Project**

The TRUCE intervention was implemented in Phoenix, Arizona in 2010 and was based off of the Cure Violence model. The TRUCE staff received training from the Chicago Cure Violence office. A team of researchers at Arizona State University (Fox, 2015) evaluated the TRUCE intervention from June 2010 through December 2011. They found that the program had a strong media campaign, conducted conflict mediations, and was able to identify the target demographic of high-risk individuals for its participants (Fox, 2015). However, the research team found that the intervention was not able to establish a strong relationship with community groups (Fox, 2015).

The researchers performed a time-series analysis that demonstrated that program implementation did correspond with a significant decrease in the number of assaults and shootings per month, when compared with control areas. Interestingly, the decrease in violence crime was driven more by the decrease in assaults, whereas the Cure Violence
intervention is designed to focus specifically on gun violence. In fact, the program was actually associated with a statistically significant increase of 3.2 shootings per month in the intervention area. It is important to note that the research team was not able to identify an adequate comparison area in regards to similar racial composition. Once again, a replication of the Cure Violence model showed promise, but the results were mixed and demonstrate the need for further evaluation of the intervention using both quantitative and qualitative methods. (Fox, 2015)

**Evaluation of Pittsburgh’s One Vision One Life Intervention**

One evaluation evaluated the One Vision One Life program that ran from 2004-2012 in Pittsburgh, Pennsylvania (Wilson J. C., 2011). The intervention was modeled partially on the Cure Violence model; however, it also included some elements from the Boston Gun Project and Focused Deterrence programs. The six main goals of the program were to 1) mediate conflicts, 2) use outreach to provide alternatives to at-risk individuals, 3) develop community coalitions, 4) send a “no shooting” message to the community, 5) provide shootings responses, and 6) provide programming for local at-risk youth. This intervention also had a component that aimed to have local Black clergy link high-risk youth with social services. (Wilson J. C., 2011)

The researchers used a quasi-experimental statistical technique to examine changes in the rates of aggravated assaults and aggravated assaults with a gun. Notably, the police department did not provide shooting data so aggravated assaults were used as a proxy measure. Using a difference in differences approach, the researchers analyzed whether the start of the intervention in each neighborhood led to a significant change in the level of
violence. The research team found no association between the intervention and a decrease in homicide rates.

In fact, all three intervention neighborhoods experienced a statistically significant increase in aggravated assaults and gun assaults after the intervention (Wilson J. C., 2011). The researchers concluded that the intervention did not appear to have an effect on rates of violence, and may have had a harmful effect. It is important to note that the One Vision One Life intervention did not follow the methods of the national Cure Violence office, and they did not document their activities consistently. They also did not have staff whose only purpose was to interrupt conflicts and prevent violence. The staff tended to focus on all people who were in need, versus focusing in on those at highest risk of gun violence. In addition, the intervention did not focus in on gangs and drug markets. (Wilson J. C., 2011)

The results of the One Vision One Life study helped inform my interview questions around whether it is important to have high fidelity to the original Cure Violence model, and why. For example, the research team concluded “the results from Chicago and the initial results from Baltimore suggest the promise of street-worker programs. The results from Pittsburgh suggest the need for continued rigorous evaluation. Taken together, there appears to be enough promise for continued programmatic experimentation but also enough questions that future programs should be coupled with continued evaluation.” (Wilson J. C., 2011).

**Evaluation of the Trinidad & Tobago Cure Violence Replication**

One evaluation looked at a Cure Violence replication in Trinidad and Tobago that was established by the Ministry of National Security (Maguire, 2018). The intervention targeted 36
“high-needs” communities throughout the entire country. The intervention aimed to reduce violence through five core components: street outreach to at-risk youth, public education, faith-leader involvement, community mobilization, and collaboration with law enforcement. The Trinidad and Tobago program focused specifically on preventing injuries associated with firearm-related violence, proactively preventing the escalation of tension that is likely to lead to violence, reducing the likelihood that high-risk individuals will engage in criminal and antisocial behavior, improving public perceptions of safety and improving coordination and collaboration among stakeholders to enhance efficiency in delivering violence prevention services. (Maguire, 2018)

This replication of the Cure Violence model was named Project REASON. Project REASON began in 2015 and ended in 2017, and targeted 16 urban neighborhoods. The research team performed a process evaluation, an impact evaluation, and a cost-effectiveness evaluation. The process evaluation found that Project REASON staff did successfully implement many of the key goals of their intervention. Staff were engaged in gun violence prevention efforts, and they improved the coordination among stakeholders who were involved in violence prevention. The research team found that the program had selected the correct type of employees for the violence prevention work, and many staff reported that they had been doing violence prevention work in the community for years prior to being hired. The staff did in fact appear to have street credibility and were deeply embedded in their communities. (Maguire, 2018)

Project REASON also received strong support from the National Cure Violence office in Chicago, which provided initial and ongoing training and technical assistance. The process
evaluation did find that the staff were not focusing in on the highest-risk youth. The staff also did not enter their activities in a timely manner into the Cure Violence database. In addition, the staff were not able to plan a formal shooting response to every single incident, as the Cure Violence model requires. Project REASON staff also reported that they did not have enough staff members to cover all of their target communities. Lastly, the Project REASON staff reported that they had mistrust towards the group managing their program that was so strong that it even led to the program being terminated three months earlier than planned. (Maguire, 2018)

The impact evaluation used a quasi-experimental design and found that the Project REASON intervention was associated with a significant reduction in violence. There was a decrease in the number of calls for police to respond to violent incidents, and there was a reduction in hospital admissions for gunshot wounds, as compared with a hospital without the program. A survey also reported a small but significant decrease in fear of crime in the intervention neighborhoods, and a decrease in self-reported violence victimization. However, the survey results also found that only 16 percent of residents in the intervention neighborhoods had ever heard of Project REASON. The cost-effectiveness analysis found that Project REASON cost approximately $3,500 to $4,500 for every violent incident it prevented. Taken together, these findings indicate that the Cure Violence program was effective at reducing violence and achieving program outcomes in Trinidad and Tobago. The results also show that some key elements of the intervention had room for improvement (recognition of the program, not focusing on highest-risk youth, not entering data regularly, issues with the
management organization, etc.). (Maguire, 2018)

**Perception of Outreach Workers**

One study took place at The United Teen Equality Center in Lowell, Massachusetts which uses Street Outreach Workers (OW’s) to intervene with individuals 13-23 years old who are involved in high-risk behaviors or in need of assistance (Pollack, 2011). Few studies have explored the perceptions of OW’s by their target population (both individuals they have worked with and those who they have not yet worked with). To better understand how youth perceive the OW’s and to contribute to the limited literature regarding their roles and impacts, the researchers conducted a community-based survey to capture youth perspectives of, and experiences with OW’s. Regardless of whether they had worked with an OW, youth respondents reported that their peers believed the OW’s made Lowell a better place. (Pollack, 2011)

Youth who had prior contact with a OW were more likely to respond that their peers viewed the OWs as helpful and respected. Youth who had no prior contact with OW’s were more likely to report that OW’s were not present where they lived. Among youth who had worked with an OW, 38% received help finding a job and 67% indicated that working with a OW made a difference in their lives. Approximately 82% of individuals who participated in mediation activities led by the OW’s reported that it resolved their conflict. These results support the value of OW’s in helping youth address underlying risk factors and in mediating disputes. OW’s should continue to connect with local agencies to address the needs of youth, especially employment, which was reported to be a priority. This current qualitative analysis of
the *Cure Violence* model will build upon this research by speaking directly with the *Cure Violence* outreach workers in Chicago and New York City about their experiences and ideas. (Pollack, 2011)

**Summary**

As seen from the evaluations discussed above, the evidence in support of the *Cure Violence* model is at times strong, but at times very mixed. Most of these evaluations either found effects in one neighborhood but not another, or they found an effect on one type of gun violence but not another. Many of these researchers noted that the implementation of the intervention and any implementation obstacles experienced may have decreased the efficacy of the program. Therefore, this current research study aims to research the recommended implementation of the intervention from the point of view of the on-the-ground staff members. As mentioned, there is a strong need and desire for a community-based intervention that is cost-effective and does not rely on expensive police resources, especially when police departments are having difficulty establishing trust in many cities at the moment. The *Cure Violence* intervention *proactively* prevents violence versus traditional approaches that rely on suppression and punishment (and are not always effective).

**Research Comparing *Cure Violence* and Alternative Gun Violence Reduction Programs**

**Comparing Public Health and Criminal Justice Approaches**

One group of researchers simulated a test of the effect of 1) the *Cure Violence* intervention and 2) directed police patrol in violence hot spots in New York City (Cerda M. T., 2018). Both of these crime reduction strategies focus on geographic “hot spots” of crime. These
are small areas within neighborhoods where half of all crimes occur. Some have even attributed the drop in violence since 1990 to this hot spot strategy. However, increasing concerns around police abuse and racial bias in policing have led many to advocate for a more community-based approach to reducing gun violence. (Cerda M. T., 2018)

The research team used an agent-based model to simulate a 5% sample of the NYC adult population. The simulation found that investment in Cure Violence could achieve the same reductions in violence as a much larger investment in directed hot spot police patrols. The simulation found that homicides would decrease by 24% over 20 years with an investment in Cure Violence in violent areas. The simulation found the same reduction in homicides would require doubling the police force over the same 20-year period. (Cerda M. T., 2018)

Interestingly, increasing the police force by 40% and also implementing a violence interrupter intervention for 10 years decreased violence more than either intervention alone. The researchers found that the combination of the two approaches could achieve more with fewer resources and in less time. Notably, the main aspect that drove the violence reduction effects of the Cure Violence simulation was the addition of more Violence Interrupters. (Cerda M. T., 2018)

**Community-Level Approaches to Reducing Youth Violence**

One study analyzed three promising community-level approaches to achieving community-wide reductions in contagious youth violence. The three approaches evaluated were the Business Improvement Districts (BID’s) in Los Angeles, California; an alcohol policy to reduce youth access in Richmond, Virginia; and the Safe Streets program in Baltimore,
Maryland (a *Cure Violence* replication city) (Massetti, 2016). The evaluation found that BID’s in Los Angeles were associated with a 12% reduction in robberies (one type of violent crime) and an 8% reduction in violent crime overall. In Richmond’s alcohol policy program, investigators found that the monthly average of ambulance pickups for violent injuries among youth aged 15-24 years had a significantly greater decrease in the intervention (19.6 to 0 per 1,000) than comparison communities (7.4 to 3.3 per 1,000). The interim evaluation of *Safe Streets* found that some intervention communities experienced reductions in homicide and/or nonfatal shootings, but the results were not consistent across communities (Webster D. W., 2012). (Massetti, 2016)

The investigators concluded that community-wide rates of violence can be changed in communities with disproportionately high rates of youth violence associated with entrenched health disparities and socioeconomic disadvantage. The researchers recommended that community-level strategies be a critical part of comprehensive approaches that aim to achieve broad reductions in violence and health disparities. This study supports the effectiveness of community-level approaches to reducing youth violence (a question I investigate in this study), but also demonstrates that different programs may have different levels of effectiveness. (Massetti, 2016)

**Alternate Approaches to Reducing Gun Violence**

**Comparison of Approaches**

One team of researchers examined and compared the existing evidence of police-led versus community-led versus public-health based violence reduction strategies. The researchers
concluded that traditional suppression-only law enforcement is not an effective method for decreasing gang violence in the short-term or in the long-term (McManus, 2020). One study found that it may even strengthen gang cohesion and make gang-related violence increase (Decker, 2000). Focused deterrence is one violence prevention program that is designed to deter potential offenders by using a combination of law enforcement, social services and community actions. Focused deterrence has been found to be effective in decreasing violent crime rates in past studies, particularly in gangs or in drug markets. This intervention has shown positive short-term impacts on violent crime. (McManus, 2020)

As mentioned, some violence reduction strategies focus on specific geographic areas in which the majority of violence crime is occurring. The researchers concluded that interventions that focus police and community resources on a small number of high-risk residents in high-risk areas are more effective at reducing violence and crime. The researchers concluded that effective violence reduction interventions are usually proactive, and aim to prevent the crime from occurring in the first place. Successful interventions also utilized perceived legitimacy, community organizations, and created a feedback loop between the police and community residents that led to a more sustainable intervention. The researchers found that the most effective interventions were based on an underlying and well-defined theory of change that guided the implementation of the program. The research team found that successful interventions also involve community stakeholders and use a more comprehensive approach to violence prevention. The Cure Violence model contains many of these same elements such as being based on an underlying theory of change, involving the community, focusing on high-risk individuals, etc. (McManus, 2020)
**Ceasefire Baltimore**

*Ceasefire* is the name of another community-led program that aims to decrease gun violence. The program plans recurring community-led and weekend-long ceasefires in Baltimore City. During a *Ceasefire* weekend, a message of zero shootings is disseminated through personal outreach, social media, radio, television, public events, newspaper articles, etc. In addition, the program encourages community members to help connect residents with resources that address the root causes of violence. Rituals are performed whenever someone is killed in the city, and groups of people visit the location to pray, etc. (Phalen, 2020)

One team of researchers used data that is regularly released from the City of Baltimore to compile daily counts of all shootings between January 2012 and July 2019 (Phalen, 2020). The goal was to analyze whether the *Ceasefire* intervention was linked to a decrease in gun violence. The researchers fit a Bayesian model to estimate the effect of the intervention on gun violence during designated *Ceasefire* weekends versus other weekends. The researchers also checked the shooting numbers after each *Ceasefire* weekend to test to see whether shootings were simply being postponed until after the *Ceasefire* weekend was over. The analysis found a 52% (95% credible interval [CI] = 33%, 67%) reduction in gun violence over *Ceasefire* weekends, and did not find any evidence for a “postponement” effect. The researchers concluded that the *Ceasefire* intervention may in fact be an effective intervention for reducing gun violence. Although this is a promising intervention, the reductions of gun violence are intermittent and reliant on a *Ceasefire* weekend being scheduled. In contrast, the *Cure Violence* staff are constantly looking to prevent an escalation of gun violence, and they aim to change the norms of the entire community as well. (Phalen, 2020)
Focused Deterrence

The focused deterrence approach to decreasing gun violence involves seeking to change the behavior of potential offenders by using a mixture of law enforcement, community groups, and social services (Braga A. &., 2012). This approach includes a public-health component because it identifies the underlying risk factors that can lead to gun violence and aims to address these underlying problems. Braga et al. (2012) reviewed the empirical evidence on focused deterrence and found that the evidence suggests that these strategies are related to decreases in gun violence. Just as the Cure Violence model targets retaliatory shootings, the focused deterrence model also focuses on retaliations and ongoing gang conflicts. (Braga A. &., 2012)

In a similar manner to Cure Violence, focused deterrence does not attempt to eliminate all gang activity, but instead tries to minimize gang-related gun violence. The intervention works by communicating an anti-violence message, and emphasizing the negative consequences of breaking the law. The intervention seeks to diffuse the “kill or be killed” social norm by getting both sides to operate under rules of decreased violence. Notably, the intervention is similar to Cure Violence in that it also links potential offenders with jobs and services that address their underlying situation. However, Focused Deterrence relies heavily on police and other authority figures, and some communities who have a deep mistrust of police may not respond well to that. Cure Violence is more community-based and also aims to change the social norms of the entire community, which may lead to more long-term and sustained violence reduction. (Braga A. &., 2012)
Mediating Violent Conflicts

One previous study aimed to describe the conflicts mediated by outreach workers (OW’s) in Baltimore's Safe Streets program, examined neighborhood variations, and measured associations between conflict risk factors and successful nonviolent resolution (Whitehill J. W., 2013). The researchers performed a cross-sectional study using the records for 158 conflicts mediated between 2007 and 2009. Involvement of youth, gangs, retaliation, weapons and other risk factors were described. The researchers used a principal component analysis (PCA) for data-reduction purposes before the relationship between conflict risk components and mediation success was assessed with multivariate logistic regression. (Whitehill J. W., 2013)

The study found that most conflicts involved 2-3 individuals. Youth, persons with a history of violence, gang members and weapons were common risk factors. OW’s reported immediate, nonviolent resolution for 65% of mediated conflicts, and an additional 23% were at least temporarily resolved without violence. The PCA analysis identified four dimensions of conflict risk: the risk-level of individuals involved; whether the incident was related to retaliation; the number of people involved; and shooting likelihood. However, these factors were not related to the OW's ability to resolve the conflict. Neighborhoods with program-associated reductions in homicides mediated more gang-related conflicts and neighborhoods without program-related homicide reductions encountered more retaliatory conflicts and more weapons. This study researched the association between successful OW mediation and participant risk factors by looking at previous program records. In contrast, in the current study, I used a qualitative approach to interview current staff members, and I focused on the
implementation of the *Cure Violence* program and the point of view of the staff members on the ground. (Whitehill J. W., 2013)

*Conflict Mediation Techniques*

One study by the same lead researcher investigated the specific conflict mediation techniques used by programs that are effective in preventing gun violence (Whitehill J. W., 2013). The researchers conducted case studies of *Cure Violence* programs in two inner cities using qualitative data from focus groups with 24 Violence Interrupters (VI’s) and eight program managers. The study sites in Chicago and Baltimore were sampled to represent programs with more than one year of implementation and evidence of program effectiveness. Staff with more than 6 months of job experience were recruited for participation. The researchers found that successful mediation efforts were built on trust and respect between the VI’s and the community, particularly the high-risk youth. (Whitehill J. W., 2013)

During conflict mediation, the researchers discovered that immediate priorities included physically separating the potential shooter from the intended victim and from peers who encourage violence, followed by persuading the parties to resolve the conflict peacefully. Tactics for brokering peace included arranging the return of stolen property and emphasizing the negative consequences of violence such as jail, death, or increased police attention. By utilizing these approaches, Violence Interrupters can potentially prevent gun violence and interrupt cycles of retaliation. The current study will build on these findings by performing semi-structured interviews with *Cure Violence* staff at Chicago and New York City sites, and will focus on the implementation of the program, although I also gathered information on the
strategies that staff use to decrease gun violence and de-escalate potentially violent conflicts.

(Whitehill J. W., 2013)

**Research on Adolescent Gun Violence**

**Contagious Violence**

As previously described, Dr. Gary Slutkin hypothesized that urban violence acts similarly to a contagious disease, and he created the *Cure Violence* intervention in order to treat violence as an epidemic. Dr. Slutkin hypothesized that violence acts like an epidemic in that it clusters like a disease, it spreads like a disease, and it is transmitted like a disease (through exposure, modeling, social learning, and norms). In order to stop this type of contagion you have to interrupt the transmission, prevent future spread, and change the existing norms. (Fagan, 2007)

In support of this theory, one study demonstrated that an individual’s social network can predict their likelihood of getting shot (Papachristos A. W., 2015). The researchers wanted to examine the concentration of nonfatal gunshot injuries across social networks. The researchers used six years of data on gun violence in Chicago, and discovered that 70 percent of all nonfatal gunshot victims could be located in co-offending networks that were comprised of less than 6 percent of the city’s population. The researchers ran a logistic regression model which found that as an individual’s exposure to gunshot victims increased, that individual’s odds of victimization also increased. Specifically, for every 1 percent increase in exposure to gunshot victims in an individual’s immediate network, the odds of their personal victimization increased by around 1.1 percent, holding other variables constant. This connection extended as far as a network connection who was two or three steps removed. This study helps lend
support to violence prevention interventions, such as *Cure Violence*, which target specific high-risk individuals and aim to change social norms. (Papachristos A. W., 2015)

Another study tested the same hypothesis that violence among U.S. adolescents can spread like a contagious disease, and also tested it through the lens of social networks (Bond, 2017). The participants in the study were a nationally representative sample of US students ages 12 to 18 years who were participants in the National Longitudinal Study of Adolescent Health. Participants were asked to report the number of times in the preceding 12 months that they had been involved in a serious physical fight, had hurt someone badly, or had pulled a weapon on someone. (Bond, 2017)

The researchers found if a friend had engaged in the same behavior, participants were 48% more likely to have been involved in a serious fight, 183% more likely to have hurt someone badly, and 140% more likely to have pulled a weapon on someone. This influence spread up to four degrees of separation (i.e., friend of friend of friend of friend) for serious fights, two degrees for hurting someone badly, and three degrees for pulling a weapon on someone. The researchers concluded that adolescents were more likely to engage in violent behavior if their friends did the same, and that this contagion of violence extended beyond immediate friends all the way to friends of friends. This study supports the theory of contagious violence that led to the creation of the *Cure Violence* model. (Bond, 2017)

Another study investigating gun violence and social networks performed a systematic review of the scientific evidence that examined the transmission of gun violence in household networks, intimate partner networks, peer networks, and co-offending networks (Tracy, 2016).
The review included 16 studies that suggested that exposure to a victim or a perpetrator of violence in one’s own social network also increased the risk to one’s self of victimization or perpetration (Tracy, 2016). The researchers also found a high concentration of gun violence in small networks. Physical violence of one’s parents, and the use of a weapon by an intimate partner, increased an individual’s risk of both victimization and perpetration. Gun violence traveling through social networks may be related to the epidemic-like patterns that Dr. Slutkin originally observed in gun violence data that led to the development of the *Cure Violence* model. (Tracy, 2016)

One team of researchers wanted to evaluate the extent to which people who will become victims of gun violence can be predicted through a model that forecasts gun violence as an epidemic that is transmitted through social interactions (Green, 2017). The study was designed as an epidemiological analysis of a social network of people who were arrested in Chicago throughout an 8-year period. The researchers used a probabilistic contagion model to model the spread of gun violence over the social network. The participants were tracked from 2006-2014, were 27 years old on average, 82% were male, 75.6 were Black, and 26.2% were members of a gang. The researchers found that social contagion accounted for 63% of the gunshot violence incidents. The researchers concluded that gun violence follows an epidemic-like pattern of social contagion that is transmitted through social interactions and social networks. This study also lends support to the theoretical framework of the *Cure Violence* model. (Green, 2017)
One team of researchers investigated the relationship between an individual’s position in a high-risk social network and their probability of being a gunshot victim (Papachristos A. B., 2012). The researchers investigated a neighborhood in Boston, and used a logistic regression model to analyze the probability of being a gunshot victim, and whether it is related to age, gender, race, prior criminal activity, exposure to local gangs, exposure to other gunshot victims, and the social distance of other gunshot victims. The researchers found that 85% of the gunshot incidents happened within a single social network. As an individual became more removed from another gunshot victim, their personal odds of becoming a gunshot victim decreased by 25% (odds ratio = 0.75; 95% confidence interval, 0.65 to 0.87). The reverse is also true, the closer an individual is to a gunshot victim, the more likely they are to become a gunshot victim themselves. This study also lends support to the theoretical underpinnings of the Cure Violence model. (Papachristos A. B., 2012)

Retaliatory Violence

Many shootings in Chicago and New York, as well as other urban areas, are retaliatory in nature. Because of this, one study examined the effect of retaliatory attitudes on subsequent violent behavior and fight-related injuries among youth who presented to the emergency department with assault injuries (Copeland-Linder N. J., 2012). The assault-injured youth were interviewed at baseline, 6 months, and 18 months post-incident in order to assess fighting behavior, retaliatory attitudes, weapon carrying, and injury history as part of a larger randomized control trial. The study occurred in two emergency departments in urban areas that were selected for the study. The participants included a total of 129 adolescents aged 10-
15 years. The outcome measures were fighting behavior, assault injury, weapon carrying, and aggressive behavior. (Copeland-Linder N. J., 2012)

The study found that higher retaliatory attitudes at baseline were associated with more aggression and a higher frequency of fighting over time. The researchers concluded that retaliatory attitudes may fuel cycles of violence among youth. Therefore, medical professionals in acute care settings have an opportunity to identify youth at risk of future assault injury by assessing retaliation, providing anticipatory guidance and referring them to intervention programs. (Copeland-Linder N. J., 2012)

The same researchers performed a study aimed at describing attitudes regarding retaliation among adolescents who have been assaulted (Copeland-Linder N. J.-M., 2007). Their objective was to examine assault/event characteristics and personal/parental/environmental factors associated with the retaliatory attitudes of adolescents who have been assaulted. The study participants were African American youth ages 10-15 years who presented to two large urban hospitals with peer assault injury and a parent/caregiver who completed interviews in their home after the emergency department visit. (Copeland-Linder N. J.-M., 2007)

The researchers performed a multivariate analysis that revealed that lower SES, older age, and adolescents’ perceptions that their parents support fighting were related to endorsing retaliatory attitudes. Girls who were aggressive were more likely to endorse retaliatory attitudes. However, level of aggression did not impact boys’ retaliatory attitudes. Affiliating with aggressive peers influenced the retaliatory attitudes of boys but did not influence girls'
retaliatory attitudes. Overall, youths’ perceptions of their parents’ attitudes toward fighting had the greatest impact on retaliatory attitudes. (Copeland-Linder N. J.-M., 2007)

The researchers concluded that adolescents’ perceptions of their parents’ attitudes toward fighting may be a factor in subsequent re-injury among youth. Violence prevention and intervention efforts need to involve components that assess parental attitudes and incorporate strategies to engage parents in violence prevention efforts. In addition, interventions for youth who have been assaulted may need to incorporate some gender-specific components in order to address the unique needs of girls and boys. These studies also suggest that the hospital responder component of the Cure Violence model may be particularly important for preventing retaliatory shootings by connecting with the adolescents as well as their friends and family as soon as the incident occurs. I included interview questions in the interview guide around the importance of a hospital responder and how that role should be structured according to the Cure Violence staff. (Copeland-Linder N. J.-M., 2007)

Carrying Weapons

One study investigated whether aggressive and weapons carrying behaviors are indicative of youth violence (Finigan-Carr, 2015). The theory of planned behavior was used in the analysis to improve the understanding of violence-related behaviors. The researchers examined the influence of perceived behavioral control (self-control and decision making) as a part of the overall framework for understanding the risk and protective factors for aggressive behaviors and weapons carrying. As the baseline assessment of an intervention trial, survey data were collected on 452 sixth-grade students (50% girls; 96.6% African American; mean age
12.0 years) from urban middle schools. A total of 18.4% had carried a weapon in the prior 12 months, with boys more likely to carry a weapon than girls (22.5% vs. 14.2%, p = .02). Of the participants, 78.4% reported aggressive behaviors, with no significant differences found between girls (81.3%) and boys (75.5%). (Finigan-Carr, 2015)

In logistic regression models, having peers who engage in problem behaviors was found to be a significant risk factor. Youth with peers who engaged in numerous problem behaviors were five times more likely to be aggressive than those who reported little or no peer problem behaviors. Teens who reported that their parents opposed aggression (odds ratio [OR] = 0.76; confidence interval [CI] = 0.66, 0.88) and who used self-control strategies (OR = 0.59; CI = 0.39, 0.87) were found to report less aggressive behaviors. For weapons carrying, being a girl (OR = 0.56; CI = 0.32, 0.97) and self-control (OR = 0.52; CI = 0.29, 0.92) were protective factors. This study suggests that the theory of planned behavior may provide a useful framework for the development of violence prevention programs. (Finigan-Carr, 2015)

Along these lines, another study aimed to identify features of neighborhoods associated with concealed firearm carrying among a representative sample of youth from Chicago, Illinois (Molnar, 2004). The researchers performed a cross-sectional analysis of individual- and neighborhood-level data collected by the Project on Human Development in Chicago Neighborhoods. The participants included a population-based sample of 1,842 multiethnic youth aged 9 to 19 years and the 218 neighborhoods in which they lived. The main outcome measure was whether the participants had ever carried a concealed firearm. The researchers found that lifetime estimates for concealed firearm carrying were 4.9% for males
and 1.1% for females. They found that youth in safer and less disordered neighborhoods were less likely than youth in unsafe and more disordered neighborhoods to carry concealed firearms. (Molnar, 2004)

Specifically, multilevel nonlinear regression models identified a positive association between concealed firearm carrying and (1) community members' ratings of neighborhoods as unsafe for children; (2) neighborhood social disorder; and (3) neighborhood physical disorder. Neighborhood collective efficacy was negatively associated with concealed firearm carrying. Models controlled for neighborhood economic indicators and individual and family factors associated with the carrying of concealed firearms by youth. The researchers concluded that youth are less likely to carry concealed firearms in areas where there is less violence and increased safety. Interventions to improve neighborhood conditions such as increasing safety, improving collective efficacy, and reducing social and physical disorder may be effective for preventing firearm use and its associated injuries and death among youth. These findings are important because the Cure Violence model attempts to address several of these conditions such as improving collective efficacy, decreasing violence, and increasing the safety of the surrounding neighborhood. (Molnar, 2004)

Risk Factors and Protective Factors

One study examined risk factors for youth antisocial behavior and weapons carrying from a multivariate format (Ferguson, 2010). The researchers hoped that the research would illuminate which risk and protective factors are most important to focus on for
future prevention and intervention efforts. The study examined multiple factors associated with youth antisocial traits and behavior in a sample of 8,256 youth (mean age 14), with the goal of identifying the strongest and most consistent risk or protective factors. (Ferguson, 2010)

Data were collected from the Ohio version of the Youth Risk Behavior Surveillance System’s (YRBSS) school-based Youth Risk Behavior Survey (YRBS) developed by the Centers for Disease Control (CDC). Hierarchical multiple regression analyses identified peer delinquency, drug use and negative community influences as predictive of antisocial traits. Schools and families functioned as protective factors. Youth who fought frequently tended to be male, antisocial, drug using, depressed, and associated with delinquent peers. Weapons carrying was most common among drug using, antisocial males. Television and video game use were not predictive of antisocial, fighting or weapons carrying outcomes. Developmental patterns across age ranges regarding the relative importance of specific risk factors were also examined. These findings suggest that strategies for intervention and prevention of youth violence that focus on peers, neighborhoods, depression, and families may be particularly effective. (Ferguson, 2010)

A similar study investigated adolescent risk behaviors and their relationship with violence (Melzer-Lange, 1998). Previous research has found that high-risk health behaviors in adolescents such as alcohol, tobacco, and drug use, early onset of sexual behavior, STDs, and early parenthood, have been linked with violence. Analysis of the 1991 Youth Risk Behavior Survey revealed that adolescents who were using alcohol were twice as likely to carry weapons or engage in fights compared to non-alcohol users. In a study of male youth offenders accused of violent crimes, 88% admitted weekly alcohol intoxication. (Melzer-Lange, 1998)
A survey conducted on 10,645 youth ages 12-21 years regarding risk-taking behaviors also established a significant association between violent behavior and cigarette smoking although it could not determine the sequence of events in connection with smoking and violence. Furthermore, a 1995 survey of high school students in the US reported that 42% had used marijuana in their lifetime while 7% had tried cocaine at some time in their life. The 1991 Youth Risk Behavior Survey (n = 12,272) also revealed that the rate of weapon-carrying increased with the use of marijuana (48% vs. 22%, P 0.001) and the use of cocaine (71% vs. 25%, P 0.001). Sixty three percent of marijuana users and 74% of cocaine users reported physical fighting. Any intervention that addresses youth violence should also consider the interrelationship of high-risk health behaviors and violence. (Melzer-Lange, 1998)

**Impulsivity in Adolescents**

One cross-sectional study explored the relationship between aggressive and violent behaviors and emotional self-efficacy (ESE) in a statewide sample of public high school adolescents in South Carolina (N = 3836) (Valois, 2017). The US Centers for Disease Control and Prevention Youth Risk Behavior Survey items on aggressive and violent behavior items and an adolescent ESE scale were used. Logistic regression analyses and multivariate models, constructed separately, revealed significant race by sex findings. The results suggested that carrying a weapon to school (past 30 days) and being threatened or injured with a gun, knife, or club at school (past 12 months) were significantly associated (p < .05) with reduced ESE for specific race/sex groups. These results have implications for school- and community-based mental health services and social and emotional learning and
aggression/violence prevention programs for adolescents. Measures of ESE as a component of comprehensive assessments of adolescent mental health, social and emotional learning and aggressive/violent behaviors in fieldwork, research, and program-evaluation efforts should be considered. (Valois, 2017)

Factors of Youth Aggression

One study researched youth violence among African American adolescent males (LaVome Robinson, 2011). The study utilized a multilevel approach to predict aggression within a community sample of low-income, urban African American adolescent males (n = 80). Participants’ self-report data on normative beliefs about aggression, exposure to community violence, and depressive symptoms were used in multiple regression equations to predict (a) self-reported interpersonal aggression and (b) self-reported aggressive response style when angered. The results of this study indicated that all three of the independent variables contributed significantly to the prediction of interpersonal aggression and aggressive response style when angered. These findings are important for increasing our understanding of pathways to various types of youth aggression and guiding the development of evidence-based approaches to violence prevention among African American adolescent males. (LaVome Robinson, 2011)

Another study examined the role of neighborhood disadvantage and perceptions of neighborhood on the development of aggressive behavior among a sample of urban low-income African American middle school aged youth (mean age = 11.65 years) (Romero, 2015). Results of hierarchical linear modeling indicated that youth experienced significant changes in
rates of aggression across the three middle school years, and that on average, negative youth perceptions of neighborhood predicted increases in aggression. Both parent and youth perceptions of neighborhood disadvantage trended toward significance as a moderator between objective neighborhood characteristics and aggression. These results are similar to results from past research, which suggests that personal evaluations of the disadvantage of a neighborhood influence child development and behavior. Future studies should examine the role that these perceptions play in youth development and any interventions geared towards decreasing youth aggression. (Romero, 2015)

Another study investigated the association between neighborhood-level income inequality and aggression and violence outcomes (Pabayo, 2014). The data were collected from a sample of 1,878 adolescents living in 38 neighborhoods who were participating in the 2008 Boston Youth Survey. The researchers used multilevel logistic regression models to estimate the association between neighborhood income inequality and attacking someone with a weapon, being attacked by someone with a weapon, being physically assaulted, being shown a gun by someone in the neighborhood, shot at by someone in the neighborhood, witnessing someone getting murdered in the past year, and having a close family member or friend murdered. (Pabayo, 2014)

Race and income inequality cross-level interactions were also tested, and analyses were stratified by sex. The researchers found that among nonblack boys, after adjusting for nativity, age, neighborhood-level income, crime, disorder, and proportion of the neighborhood that is black, income inequality was associated with an increased risk for committing acts of aggression
and being a victim of violence. Among nonblack girls, those living in neighborhoods with high-income inequality were more likely to witness someone die a violent death in the previous year, in comparison to those in more equal neighborhoods. The researchers concluded that income inequality appeared to be related to aggression and victimization outcomes among nonblack adolescents. (Pabayo, 2014)

A similar study analyzed event-level data to identify unique precursors to firearm conflicts (Carter, 2017). Youth (ages 14-24) seeking Emergency Department (ED) treatment for assault or for other reasons and reporting past 6-month drug use were enrolled in a 2-year longitudinal study. Time-line follow-back substance use/aggression modules were administered at baseline and each 6-month follow-up. Violent non-partner conflicts were combined across time-points. The regression analyzed a) antecedents of firearm-related conflicts (i.e., threats/use) as compared to non-firearm conflicts; and b) substance use on conflict (vs. non-conflict) days for those engaged in firearm conflict. (Carter, 2017)

During the 24-month study, the researchers found that 421 youth reported involvement in violent non-partner conflict (n=829-conflicts; 197-firearm/632-non-firearm). Among firearm conflicts, 24.9% involved aggression and 92.9% involved victimization. Retaliation was the most common motivation for firearm aggression (51.0%), while “shot for no reason” (29.5%) and conflicts motivated by arguments over “personal belongings” (24.0%) were most common for firearm victimization. Male sex (AOR=5.14), Black race (AOR=2.75), an ED visit for assault (AOR=3.46), marijuana use before the conflict (AOR=2.02), and conflicts motivated by retaliation (AOR=4.57) or personal belongings (AOR=2.28) increased the odds that a conflict
involved firearms. Alcohol (AOR=2.80), marijuana (AOR=1.63), and prescription drugs (AOR=4.06) had a higher association with conflict (vs. non-conflict) days among youth reporting firearm conflict. Overall, the researchers found that firearm conflicts are differentially associated with substance use and violence motivations. (Carter, 2017)

Programs that address substance use, interrupt the cycle of retaliatory violence, and develop conflict resolution strategies that address escalation over infringement on personal belongings may aid in decreasing and preventing adolescent firearm violence. These findings are significant because the Cure Violence model addresses several of these risk factors. (Carter, 2017)

Gap in Research

Several studies have been done previously on whether the Cure Violence model is effective in achieving a quantitative decrease in violence, and on whether Cure Violence truly changes community norms and participant attitudes towards violence (Webster D. W., 2012) (Gorman-Smith D. a.-G., 2014). Of those studies that have been conducted, which are summarized in the chapter above, many conclude with mixed results. No study to date has done extensive in-depth qualitative interviews with current Cure Violence staff in order to learn from their on the ground experience and opinions about how the intervention should be designed and implemented in their city. There are very few qualitative studies on this topic, and there are no studies that interview current Cure Violence staff about their personal experiences and opinions. This study aims to fill that gap in knowledge.
Chapter 3: Research Methods

Qualitative semi-structured interviews were conducted with current Chicago program staff and current New York City program staff. Around five staff members per site were interviewed at six New York City sites and one Chicago site (there was only one active site in Chicago) for a total of twenty-one interviews with twenty-eight participants (some interviews were group interviews).

Research Questions

The purpose of this qualitative analysis was to explore the recommended implementation and replication of the Cure Violence model according to semi-structured staff interviews in one Chicago site and six New York City sites. All seven sites were currently operating sites. The research questions explored this inquiry at the individual level, the organization level, and the community.

Three research questions guided this evaluation:

1) What are factors at the individual staff and individual participant level that are important for the implementation and expansion of the program at current sites?

2) What are factors at the organizational level that are important for the implementation and expansion of the program at current sites?

3) What are factors at the community/neighborhood level that are important for the implementation and expansion of the program at current sites?
Study Aims

The aim of this qualitative study was to assess the factors that affect the implementation and replication of the Cure Violence model. This study involved semi-structured interviews with staff at seven program sites: the only site in Chicago and six of the program sites in New York City. Semi-structured interviews were used for this inquiry using the structure of the Consolidated Framework for Implementation Research (CFIR) (CFIR, 2020), which was designed to evaluate the implementation and expansion of public health intervention programs. The interview questions focused on the five CFIR dimensions: intervention characteristics, the inner setting of the intervention program, the outer setting of the intervention program, characteristics of the participants and workers involved, and the process of planning, executing and reviewing the intervention. These five domains were organized under the umbrella of the three main research questions.

Study Design

The qualitative research method that I drew from for this study is called ethnography. When utilizing an ethnographic approach, a researcher studies a social/cultural group in order to better understand it. For this research, the group I studied was Cure Violence staff members at existing program sites in New York City and Chicago. This study utilized qualitative methods that focused on how the Cure Violence program model is implemented and replicated in two different cities, and in seven different neighborhoods. Most previous studies of the Cure Violence model have been quantitatively focused, with a few studies including community surveys surrounding whether attitudes towards the acceptability of gun violence are in fact changing. In addition, not many studies have focused on a process and implementation
analysis, and have instead focused on violence interruption strategies and the interaction between the violence interrupters/outreach workers and the high-risk participants.

This study investigated how the program is implemented from the viewpoint of the staff and Site Directors, and explored how the original Cure Violence program model should be replicated and/or adjusted at future sites in Chicago and New York according to site staff. This qualitative analysis was supplemented by source material provided by the participants and staff, such as participant recruitment literature, participant violence reduction plans and staff training materials. This rich information helped inform how the program can be successfully implemented with future sites and populations. Once the semi-structured interviews were completed, I analyzed them for emergent themes, the number of times that a topic was mentioned, and the details and specificity of each respondent. The Atlas.ti computer analysis program was used for the analysis.

Setting and Participants

Sites

The current study focuses on six of the New York City sites. The six sites included in this study were selected through a combination of what questions I wanted to answer (such as the effect of having a hospital component), length of time in operation, data availability, variety of implementation models, similarities and/or differences from the Chicago site, etc. The New York City sites that will be included in this research study are:

1. Man Up Inc.- Brooklyn, NY
2. GMACC (Gangsta’s Making Astronomical Community Changes) – Brooklyn, NY
3. Bronx Connect – Bronx, NY
4. SAVE – Harlem, NY
5. BRAG North (Bronx Rises Against Gun Violence) – Bronx, NY
6. BRAG Northwest – Bronx, NY

Snowball Sampling

In this study I utilized a snowball sampling method (also known as chain-referral sampling) to sample from within each participating site. This is a nonprobability sampling technique where existing study subjects recruit future subjects from among their acquaintances. However, this sampling technique is not random, and therefore subject to bias. For example, people who have more friends are more likely to be recruited into the sample. In addition, the first participants will have a strong impact on the sample. Another disadvantage of this type of sampling is that there is no definite way to know whether the sample is an accurate reading of the target population. The best approach to mitigate these concerns is to begin with the most diverse set of informants possible. In addition, since some sites have a smaller staff size, at some locations I spoke to all staff members at the site.

Study Design & Sampling Plan

As mentioned above, I chose a qualitative design rooted in ethnography for this study because my research questions involved the detailed opinions and experiences of the Cure Violence staff members, and the context and richness of their feedback would be lost in a quantitative survey. My total population of interest was every staff member at the Chicago and
New York City *Cure Violence* program sites. I chose not to use randomized selection of staff participants, but instead I chose to use purposive sampling (subtype: snowball sampling) in order to focus on finding information-rich cases. This sampling method was more closely aligned with the objectives of this study and the detailed information I was aiming to collect. As part of this snowball sampling, I asked site directors and participants to identify staff members with a variety of positions and experiences within each site.

I originally chose to use semi-structured individual interviews. However, group interviews of 2-4 participants occurred at three of the sites because of the nature of the layout of the office and the limited time available for individual interviews because of the busy and unpredictable schedule of the participants. I chose a semi-structured interview because I wanted to focus my inquiry on the recommended implementation and replication of the program, and therefore an entirely unstructured interview would not have allowed me to focus on my research questions. In contrast, a very structured questionnaire would not have left the desired room for unanticipated topics to arise and be explored.

**Sample Size & Data Saturation**

I selected my sample size by choosing a sample size that was similar to comparable studies that have been done using qualitative semi-structured interviews in a similar population. I aimed for a sample size that achieved the goal of getting the greatest depth and context of information from the study participants. I reached data saturation when I began hearing the same ideas repeated over and over again, and there were diminishing returns from interviewing additional participants. I modified the sample size and the number of interviews as
the interviews progressed, based on the principles of emergent design. For example, in Chicago there is only one active program site, and after interviewing all staff members at the site, I had reached data saturation and was hearing the same ideas repeated in interviews.

**Participant Criteria**

Participant criteria included being over 18 years of age, working for a *Cure Violence* site in Chicago or New York City, and speaking English.

**Institutional Review Board (IRB)**

The IRB Determination Form (Appendix C) and the IRB Consent Form (Appendix D) were approved by the Johns Hopkins Bloomberg School of Public Health IRB office. The IRB office overseeing data collection determined that the proposed activity involved “program development or evaluation” as part of “public health practice” and therefore did not qualify as human subjects research and did not require IRB oversight. This is a public health practice project that aims to examine the factors that affect the implementation and replication of the *Cure Violence* model.

**Sources of Data**

**Data Collection**

Eighteen individual interviews and three group interviews total were conducted at a location that was convenient for the interviewees and sufficiently private. I used a recording app on my phone to record each interview. I also took thorough notes during the interviews. This study utilized multiple sources of data. The main focus was the interviews conducted with
Chicago and New York City staff members. Informed consent, including permission to record audio of the interview, was obtained prior to the start of each interview. I made it clear that the participants could end the interview at any time. At the end of each session, all participants were asked to provide copies of any documents that could inform understanding of the program, such as training manuals, meetings agendas and minutes, violence reduction plans, etc. All participants received a $50 Visa gift card for their participation in the study, regardless of whether they completed the full interview (all participants completed the full interview).

The main source of data was the verbatim semi-structured interviews with *Cure Violence* Chicago and New York City staff. The interview transcripts were coded by identifying recurrent words, themes, and concepts. Each transcript was carefully examined for phrases or sentences relevant to the overall research question. Similar codes were grouped into categories. The category names were changed or joined/separated as the analysis continued in order to enhance clarity. A total of 160 codes were grouped into 23 networks and eight overarching themes (see Appendix H for the full codebook). I also collected Chicago and New York City program documents (Appendix E).

**Measures**

The standard Consolidated Framework for Implementation Research (CFIR) (Appendix F) was adapted for this study to include the questions most central to the three primary research questions.
Recommended Implementation

Implementation focuses on how to use interventions as they were designed in order to achieve results in a real-world setting (Network, 2018). In this study I measured “recommended implementation” as what the staff members reported is currently done at their site (in comparison with the original Cure Violence model), and I compared this with their opinion on what would be optimal. One example of this would be whether to make Violence Interrupters and Outreach Workers two separate roles or one combined role. The original Cure Violence model has them structured as two separate roles. However, in some cities they are combined into one role because of budget constraints. I asked the staff members for their opinion on whether they think this is a good idea, or whether they believe they would be able to achieve better intervention outcomes (a decrease in shootings and homicides) if they were two separate roles.

The implementation framework selected for this research study is named the Consolidated Framework for Implementation Research (CFIR). Because so many different implementation frameworks are used in implementation science, in 2009 Damschroder et al. undertook a study to combine the elements and underlying theories of these frameworks into a single framework, the CFIR. The CFIR organizes constructs that may be important to implementation and outcomes into five domains. My interview guide was structured around these five CFIR domains: features of the intervention itself, the community context, the implementing agency, the characteristics of the program staff, and the implementation process (Damschroder LJ, 2009). The CFIR is applied most usefully in implementation studies that aim to
find out what works where, and why, across multiple contexts (Damschroder LJ, 2009).

The first domain involves characteristics of the intervention itself. For example, whether key stakeholders feel that the intervention was developed from within or from outside sources. This domain also involves questions about the strength of the evidence in support of the intervention, whether the intervention is flexible in response to program needs, how complex it is, how expensive it is to implement, etc. The second domain involves the outer setting of the intervention, and focuses on the degree to which the community-based organization coordinates with other organizations, whether there is competitive pressure between sites or other violence reduction programs, and how the external policies in the city and government affect the intervention and organization.

The third domain involves the inner setting of the organization, which in this case focuses on the organization that runs each Cure Violence site as well as any overarching city agency that runs the programs. This domain will help structure questions around how the characteristics of these organizations, such as the culture of the organization, the size of the organization, or the resources provided to staff, are related to program implementation and success.

The fourth domain explores how the characteristics of the individuals involved interact with program implementation and outcomes. In this study the individual component focuses on the staff and site directors. The staff characteristics can include attitudes towards the intervention, how staff identify with the organization, learning style, etc. The fifth CFIR domain focuses on process, such as whether the intervention was planned in advance, execution of the
implementation, and feedback and debriefing procedures. Figure 4 below visualizes the five CFIR domains.

**Figure 4**

*The Consolidated Framework for Implementation Research (CFIR)*

![Diagram of CFIR domains](image)

**The Standard CFIR Framework**

I. Intervention Characteristics

a. Intervention Source

b. Evidence Strength & Quality

c. Relative Advantage

d. Adaptability

e. Trialability

f. Complexity
g. Design Quality & Packaging

h. Cost

II. Outer Setting

a. Patient Needs & Resources

b. Cosmopolitanism

c. Peer Pressure

d. External Policy & Incentives

III. Inner Setting

a. Structural Characteristics

b. Networks & Communications

c. Culture

d. Implementation Climate

i. Tension for Change

ii. Compatibility

iii. Relative Priority

iv. Organizational Incentives & Rewards

v. Goals and Feedback
vi. Learning Climate

e. Readiness for Implementation

i. Leadership Engagement

ii. Available Resources

iii. Access to Knowledge & Information

IV. Characteristics of Individuals

a. Knowledge & Beliefs about the Intervention

b. Self-efficacy

c. Individual State of Change

d. Individual Identification with Organization

e. Other Personal Attributes

V. Process

a. Planning

b. Engaging

i. Opinion Leaders

ii. Formally Appointed Internal Implementation Leaders

iii. Champions
iv. External Change Agents

c. Executing

d. Reflecting & Evaluating

The adapted CFIR semi-structured interview guide used in this study focused on the following key topics:

Semi-Structured Interview Guide Framework

- Introduction
- Training and Resources

1) Intervention Characteristics
   a. Intervention Design
   b. Cost

2) Inner Setting
   a. Structural Characteristics
   b. Networks & Communication

3) Outer Setting

4) Characteristics of Staff

5) Process
   a. Engaging
i. Opinion Leaders

ii. Community Based Organization

iii. Hospitals

iv. Law Enforcement

Full Standard CFIR Framework

See Appendix F

Full Study Interview Guide

See Appendix G

Analysis Plan

The audio files were transcribed, validated, and added to an Atlas.ti database. I coded all of the interviews using an open-coding approach of marking segments of text that reflected unique ideas, meanings, or themes. These codes were added to a structured codebook and defined. I wrote notes to capture working theories, connections, and explanations as they emerged. All documents obtained from the programs were added to the database. A process of triangulation between documents and participants' interviews was used to address the study aims.

Coding and Analysis Process

1) I quickly browsed through all transcripts as a whole

2) I made notes about first impressions
3) I read the transcripts again, one by one

4) I started to label relevant words, phrases, sentences, sections, etc. (coding)
   
   a. Relevant because it is repeated in several places, it is surprising, or the interviewee states that it is important, etc.

5) I created new codes by combining codes, and I created categories.

6) I labeled the categories, I decided which are most relevant, and how they connect to each other.

7) I decided if there was a hierarchy, and if one category was more important.

8) Results
   
   a. I described the categories and how they are connected

   In addition to considering themes specific to the research questions described above, the interview guide and coding scheme were flexible enough to allow for the detection of emergent themes that were not anticipated. The coding scheme was revisited and revised as the data were analyzed, as new patterns/themes were identified, and as expectations were confirmed or disconfirmed. In addition to considering overall thematic content, I considered patterns/themes that vary as a function of city, site location, and violence interrupter versus outreach worker versus site management participants. A brief summary was written and shared with research participants in order to assess the validity of our interpretation of the data.

**Ethical Considerations**
The standard ethical principles applied to this research that apply to all research, such as respect for individuals and an individual’s choice whether to participate in the research. I took steps to ensure that the anonymity of each participant was maintained in such a small population size, such as using pseudonyms for each respondent and being careful that direct quotes did not easily identify site locations. I took steps to ensure that participants understood that they could discontinue the interview and the study at any time.
Chapter 4: Findings

Introduction

As mentioned, gun violence is the most significant threat to the health and safety of urban youth in the United States (Control, 2017). The aim of this qualitative study was to assess the factors that affect the implementation and replication of the *Cure Violence* model. This study involved semi-structured interviews with staff at seven program sites – the only site in Chicago and six of the program sites in New York City. All seven sites were currently operating sites at the time the interviews were conducted. There were 28 staff interview participants in total. The research questions explored this inquiry at the individual level, the organizational level, and the community level. The semi-structured interview guide was organized around the three research questions and the structure of the Consolidated Framework for Implementation Research (CFIR) (CFIR, 2020), which was specifically designed to evaluate the implementation and expansion of public health intervention programs.

Demographic Information

Participants were mostly male (85%) and were either supervisors (57%), violence interrupters (21%), outreach workers (18%), or hospital responders (4%). Participants worked at either a New York City site (85%) or the Chicago site (15%). Participant characteristics are reported in Table 1 below.
Table 1

*Demographic Characteristics of Study Participants*

<table>
<thead>
<tr>
<th><strong>New York City</strong></th>
<th>n</th>
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<tbody>
<tr>
<td><strong>Sex</strong></td>
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</tr>
<tr>
<td>Male</td>
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</tr>
<tr>
<td>Female</td>
<td>4</td>
</tr>
<tr>
<td><strong>Interview</strong></td>
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</tr>
<tr>
<td>Individual Interview</td>
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</tr>
<tr>
<td>Group Interview</td>
<td>4</td>
</tr>
<tr>
<td><strong>Position</strong></td>
<td></td>
</tr>
<tr>
<td>Site Director/Supervisor</td>
<td>15</td>
</tr>
<tr>
<td>Violence Interrupter</td>
<td>4</td>
</tr>
<tr>
<td>Outreach Worker</td>
<td>4</td>
</tr>
<tr>
<td>Hospital Responder</td>
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</tr>
<tr>
<td><strong>Total NYC Participants</strong></td>
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</tr>
<tr>
<td><strong>Total Study Participants</strong></td>
<td>28</td>
</tr>
<tr>
<td>Position</td>
<td></td>
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<tr>
<td>--------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Site Director/Supervisor</td>
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</tr>
<tr>
<td>Violence Interrupter</td>
<td>2</td>
</tr>
<tr>
<td>Outreach Worker</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Chicago Participants</strong></td>
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<tr>
<td><strong>Total Study Participants</strong></td>
<td><strong>28</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NYC &amp; Chicago Combined</th>
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</thead>
<tbody>
<tr>
<td>Supervisor</td>
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<tr>
<td>Violence Interrupter</td>
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<tr>
<td>Outreach Worker</td>
<td>5</td>
</tr>
<tr>
<td>Hospital Responder</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Study Participants</strong></td>
<td><strong>28</strong></td>
</tr>
</tbody>
</table>

**Major Themes**

In addition to considering themes specific to the three research questions, the interview guide and coding scheme were flexible enough to allow for the detection of emergent themes that were not anticipated. The coding scheme was revisited and revised as the data were analyzed, as new patterns/themes were identified, and as expectations were confirmed or disconfirmed. A total of 160 codes were grouped into 23 networks and eight overarching themes. Table 2 below illustrates these eight themes along with their related subcodes, and a sample quote from the interviews. Please see Appendix H for the full Atlas.ti codebook, and Appendix E for the full list of documents collected from each site.
The eight major themes were hiring recommendations, model fidelity, school responder program component, hospital responder program component, training recommendations, burnout/stress prevention, program budget, hiring recommendations, and recommended relationship with police. The table below includes the name of each theme, codes that are related to each theme, and which research question and CFIR domain the theme is organized under.

**Table 2**

*Major Themes*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Theme Name</th>
<th>Related Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 1</td>
<td><strong>Hiring</strong></td>
<td>Hiring – red flags, hiring – where to look, staff – already doing the work, credibility/responsibility, passion for work, staff – from the neighborhood, staff – tempted to return to lifestyle</td>
</tr>
<tr>
<td></td>
<td>(Research Question 1: Individual Level, CFIR Domain 4: Characteristics of Individuals)</td>
<td></td>
</tr>
<tr>
<td>Theme 2</td>
<td><strong>Model Fidelity</strong></td>
<td>Cure Violence model, Model fidelity, not cookie cutter/own style, Violence as a disease/health approach to gun violence</td>
</tr>
<tr>
<td></td>
<td>(Research Question 2: Organization Level, CFIR 1: Intervention Characteristics)</td>
<td></td>
</tr>
<tr>
<td>Theme 3</td>
<td><strong>School Responders</strong></td>
<td>Identify and treat the highest risk, fights – social media, mediate conflicts, violence – retaliation, violence – starts young, violence escalates</td>
</tr>
<tr>
<td></td>
<td>(Research Question 2: Organization Level, CFIR Domain 1: Intervention Characteristics)</td>
<td></td>
</tr>
<tr>
<td>Theme 4</td>
<td><strong>Hospital Responders</strong></td>
<td>Detect and interrupt conflicts, identify and treat the highest risk, consequences of violence, family, interrupt violence/mediate conflicts, participants – change mindset, staff – participants can relate to them, staff – street</td>
</tr>
<tr>
<td></td>
<td>(Research Question 2: Organization Level, CFIR)</td>
<td></td>
</tr>
</tbody>
</table>
Domain 1: Intervention Characteristics) experience, violence – retaliation, violence escalates

Theme 5 **Training**
(Research Question 2: Organization Level, CFIR 3: Inner Setting)
Training – hand on, one-minute pitch, OSHA training, VIRT

Theme 6 **Burnout/Stress**
(Research Question 2: Organization Level, CFIR 3: Inner Setting)
Staff – burnout/how destress, staff – therapist, staff – always on the job, staff – vacation days

Theme 7 **Program Budget**
(Research Question 2: Organization Level, CFIR Domain 3: Inner Setting)
Activities – sports, Program Budget, Community Events, Participant Events, Food, Jobs, Participants get outside of neighborhood, Participants – music, Participants – safe place off the streets, Wraparound Services, Staff – benefits, Staff - salaries

Theme 8 **Relationship w/ Police**
(Research Question 3: Community Level, CFIR Domain 2: Outer Setting)
Dangerous job, police – no relationship, police harassment, police their own neighborhood, staff – credibility/respect, trust/mistrust/doubt

**Interview Introduction Questions and Network Example**

Below is an example of a network that I put together to visualize the connections between codes and quotes for the questions in the interview guide. The question below was a simple introduction question that I used to get the participants comfortable with the interview. I asked them how they first got involved with the program, whether they are from the area, and what their role in the Cure Violence program is. The participants very frequently mentioned that they grew up in the area, and that they were already “doing the work” when they got recruited to work at Cure Violence. For example, many of them were already mediating neighborhood
conflicts, organizing basketball games, etc. Many staff members expressed that they were the ones who terrorized their neighborhood growing up and that now they are passionate about giving back to their neighborhood. They mentioned that the best place to find potential hires (which is a very specific and hard to find population) is to look for similar people who are from the neighborhood, who had a past, and who are now are actively volunteering and giving back to their community. I’m including the network below to give an example of how I utilized the Atlas.ti “networks” tool to begin visualizing and drawing connections between quotes and codes, I also used the networks tool to begin creating hierarchies and notice major themes emerging.
**Figure 5**

*Network 1: Introduction Questions*

Well, I first heard about this program through Omar and Jayvon. I grew up with them in a neighborhood, and I saw what they were doing. I had done some time. I was away for a little while, and then I came home and they were into this program. And, I saw the changes that they were making in the community, how people were looking up to them and stuff like that, and I just felt like it was something I wanted to be a part of. I started volunteering and eventually, they asked me do I want to come on board officially.

I personally got involved 2008 once I was released from prison. First the program’s called Cease Fire. Basically it’s a similar concept, it was a campaign to stop the shootings and the killings. I started volunteering because most of my nephews and younger brothers, they were still involved with high level street activities and they were still in the cliques, little gangs or whatever. My main thing was try to get them straight and get them in the right direction.

Doing that, Cease Fire heard about me and they it was brought to their attention that there’s a guy that came home that could help their program out. That could really help them with some gang violence they have in the community. So they asked me to join onboard. So I got onboard in 2009 and I’ve been on ever since.
Research Question 1: Individual-Level Factors

CFIR Domain 4: Characteristics of Individuals

Hiring

See Appendix I: Hiring Network & Appendix J: Hiring - Where to Recruit

Where to Recruit New Hires

During the first part of the interview, I asked each participant how they first heard about the Cure Violence program, and how they personally got hired for the program. They mentioned that they had “already been doing the work” and had been volunteering in the neighborhood, and that someone from the Cure Violence program who knew their criminal past had noticed that they had changed their ways, and had encouraged them to apply to work at Cure Violence. The participants mentioned that they often test out potential hires by walking around the neighborhood with them and seeing how people react to the potential hire. For example, to make sure people don’t walk up to the potential hire looking for drugs. They also make sure that the potential hire doesn’t have any active conflicts with people in the neighborhood. Several staff members mentioned that they volunteered for the program for a while before being officially hired.

Supervisors mentioned that they would think about the population of high-risk participants who needed to be reached, and would try to think if they already knew someone who would be able to reach that population. For example, if they needed to reach more women, or members of a certain gang. This was an important area of inquiry because the specific type of employee that the Cure Violence model requires is very hard to find, and the
“street” background of the employees also increases the risk that an employee may choose to return to their previous lifestyle.

How Current Staff Got Involved

“Well, I first heard about this program through Omar and Jayvon. I grew up with them in a neighborhood, and I saw what they were doing. I had did some time. I was away for a little while, and then I came home and they were into this program. And, I saw the changes that they were making in the community, how people were looking up to them and stuff like that, and I just felt like it was something I wanted to be a part of. I started volunteering and eventually, they asked me do I want to come on board officially.” (NYC, Violence Interrupter)

“I personally got involved 2008 once I was released from prison. First the program's called CeaseFire. Basically it's a similar concept, it was a campaign to stop the shootings and the killings. I started out volunteering because most of my nephews and younger brothers, they were still involved with high level street activities and they were still in the cliques, little gangs or whatever. My main thing was try to get them straight and get them in the right direction. Doing that, CeaseFire heard about me and they it was brought to their attention that there's a guy that came home that could help their program out. That could really help them with some gang violence they have in the community. So they asked me to join onboard.” (Chicago, Supervisor)

Already Volunteering in the Community

“Yeah, I did basketball games in the community. I did dance contests, and he knew me from the
community. He knew everybody respected me because at one point in time I was just this guy that everybody looked up to in the community. So, he just said I was not on a good level, but on a bad level at that time, so I just wanted to give back and do something positive for the community. I came and they listened to my story and they knew my background and they hired me, and I became a violence interrupter in the community. That's what makes me really successful in the community because I'm from there. I grew up there.” (NYC, Violence Interrupter)

Staff Connections

“I mean, this job isn't that you can advertise. This job has to be hand-picked. Someone has to pick you for this job.” (Chicago, Violence Interrupter)

“Whether recruit friends who would be good or have people officially apply - There's a little bit of a mixture. We know somebody that's good, we bring them in. You have to stand in front of a panel for this job of seven people. So, then you have to go to another... you have to go to three interviews to get this job. So, we can refer somebody, but that doesn't guarantee that they are going to be hired. They have to sit down with every employee that works here, and they have to sit down with the whole panel that is coming from the committee like a priest, different people, DOH, and somebody from GSS. It's no guarantee they are going to get hired, but we recommend people we feel that's best for the job.” (NYC, Violence Interrupter)

“We've been talking about maybe putting up posts about the job. But for the most part, we
pretty much know what we're looking for at the time we're looking for it. If I need a certain piece that moves a certain way, then we kind of sit down, and crunch it down, and say, ‘Damn, this is what we need. We need somebody that's really good with this population right here, and could really get ... Because that's what we're missing. Do we know anybody like that?’ And then while we out there, we try to identify that after having the conversation. Say, ‘Yo man, damn brother (anonymous name) man, he been through some things, and he really good at talking about this specific topic, and that's what we need right now, so let's bring that in.’ You know? You can't just bring him in because that's your homeboy, or your cousin. That's not going to do it. Those are the hardest people to manage.” (NYC Participant)

Credibility

One theme that emerged frequently during the interviews was the need for hires to be credible. That means that they have to be from the neighborhood, have lived the street lifestyle, have never snitched to the police, and are also trustworthy and humble.

“I think the most important thing when you starting a group like this, is to hire people from that area, that are very, very credible.” (NYC, Supervisor)

“I think first and foremost I'll look for credibility out of both sides. I'll also look for passion. I would look for passion, credibility and I must say, how could you say? Consistency? Somebody who's consistent at what they do, that can be able to get knocked down.” (NYC, Outreach Worker)
“And this is why they say credible, because you have to be credible. You have to think of a young person's mindset. When you're trying to stop a young person from doing something and their brother or they get caught, you may have told. This is why you have to be credible. Because they be like, ‘Oh, they work with the police.’ And we don't work with no police. We don't do nothing with the police. But for a person that doesn't know no better, if something happens it's like, ‘Oh, man, they told.’ Because we trying to stop it. First hand trying to stop it in your face. So now if something happens behind that it's like, ‘Damn, them n*****s told.’" (NYC, Outreach Worker Supervisor)

Consistency

The participants expressed that when hiring, they look for someone who is able to deal with having their message rejected over and over, knowing that it will be eventually be effective in the long-term. The staff canvas the neighborhood for hours daily and offer “pub ed” (public education) materials to everyone they come across about decreasing shootings (see Appendix K and Appendix L for sample “palm cards”). They also try to recruit high-risk participants over many sessions. They experience many rejections, and they have to be confident in knowing that they will slowly change the community norms over years and years of effort.

“It's the medicine. It's the consistent dosage of it. Same way if you're getting constant negative images through your phone, and if you're listening to hip hop lyrics that they constantly tell you to go one way, and others in the street constantly pulling you this way. It's a continuous struggle, and a continuous fight. It has to be seen. Palm cards, posters. Our presence, yeah. All that have to be ... People got to constantly keep seeing it. Constantly, you got to keep throwing
that at them. You have to be consistent with these kids because these kids don't have consistency in their lives with anything. The only thing they might be consistent with is drama and trouble.” (Chicago Participant)

Give Back

Another common theme that emerged was that many current staff felt that they had been the ones tearing down their community for many years, and that they enjoyed their job because it gives them a chance to give back to their community now.

“Because it took me so long in my life to change, and to just give that back and see people succeed, and either get back in school, find them a job, get out to the community, do something else best with their life, I'm just as happy as a newborn baby.” (Chicago, Violence Interrupter)

“For the violence interrupter, I will look for a shot caller, somebody that's willing to change from being a shot caller. Somebody who like myself who used to mess the community up. Now, it's a fair chance or it's a fair way of giving back.” (NYC, Violence Interrupter)

Hiring Violence Interrupters

Interview participants clearly expressed that in their opinion it is important that Violence Interrupters still have strong ties with their previous street lifestyle, but they also have to be completely out of living that street lifestyle themselves. They often repeated that a Violence Interrupter needs to obtain credibility and respectability in order to be effective when working with the high-risk participants. Many sites hire Violence Interrupters very quickly
(sometimes immediately) after being released from prison if they truly believe that they have changed their lifestyle.

“A violence interrupter I would probably say, that has ties to the street, the ear to the streets, that's been there, probably still there but not doing what others is doing in the street. Still get respect from the street wherever he goes. He probably would have to be recently incarcerated or he could have been but changed his life.” (NYC, Outreach Worker)

“So, at the end of the day, they have to be one that's more closer to relapse than anybody because they're still... You can't have a person that's been out the game 10 years and then you send them inside the spot with these young dudes and they're like, "Who you man? We don't know who you are." (NYC, Outreach Worker)

Hiring Outreach Workers

Many participants expressed that Outreach Workers should still have some street background, but that it is not as critical as when hiring for a Violence Interrupter. They also expressed that Outreach Workers need to have more computer skills, and need to have good people skills and be empathetic when interacting with high-risk youth who often have traumatic backgrounds.

“I think for an OW, you have to have that same, a little bit of that same thing, but also more professionalism, and also more able to work under pressure, do computer work and all types of other stuff, I guess, talk to people.” (NYC, Supervisor)
Hiring Hospital Responders

When asked about what characteristics to look for when hiring hospital responders, participants reported that it is important for them to be able to deal with the bloodshed that they will see in the hospital, but it is also very important that they previously lived a “street” lifestyle and may have even been hospitalized themselves, in order to really connect with participants during the “golden moment” that can change the victim’s trajectory. They also need to be able to interact in stressful situations with both hospital staff and upset friends and family of the victims.

“For hospital responder, I think the main thing to look for is bravery. Bravery, someone that's not scared of seeing somebody die or seeing blood or seeing the cut open or stuff like that. Because it's a hospital and you have to be aware of what you going to see or what is expected inside of our hospitals.” (NYC, Violence Interrupter)

Red Flags

*See Appendix M: Hiring – Red Flags*

I was interested to hear not only what supervisors and staff look for when hiring, but if there are any “red flags” or anything that would make them definitely not want to hire a candidate. Common themes that emerged were no snitches, no pedophiles, no sex crimes, no domestic violence, and not having any active conflict going on in the area. The participants reported that anyone who had ever “snitched” to police would not be able to gain credibility in the neighborhood and that the high-risk participants would never trust them.
No Snitches

“Someone that snitched, definitely we will not hire. It messes up their credibility.” (NYC Participant)

“No pending criminal cases or convictions for sexual assault, child abuse or domestic violence.”
(Official NYC Violence Interrupter Job Posting)

No Active Conflicts

“Well violence interrupters, it's necessary to have that credibility. You really have to be able to walk these streets. You can't have no beef, no issues, no... Because you don't want to put nobody else at risk. I don't want to give you a van full of kids or have you walking with a group of kids to a park or something and your own beef get caught up.” (NYC, Outreach Worker)

Staff Recidivism

One of the main objections to the Cure Violence model is that occasionally staff are tempted to return to their previous street lifestyle and may be committing crimes while they are employed with the program. Some staff members believe that they have changed, but because their family, friends, and even their high-risk participants are often still in that lifestyle, it makes it tempting to return to it. I was interested to learn from the interview participants how they prevent that from happening, and how they can tell whether a work colleague may have returned to that lifestyle. The participants frequently mentioned that they are all as close as family, so they can tell if something is off with one of their colleagues. They also mentioned
that when they walk around the neighborhood and canvas with their colleagues, they can tell if someone is still selling drugs because people will approach them in a certain manner.

“Once we go through the process and all that, and they be around us, we would tell who's straddling the fence. Who's seriously about trying to stop violence, who wants to act like they stopping violence when they with us, but when they are not around us, they engaging in violence.” (NYC Participant)

“We had a lot of people come here and it's just not for them, and they're from the neighborhood. They're from the streets, but they're not done doing what they were doing. And it's like you see this check, you see this opportunity, and of course you flock towards it. But, you're going to have to ween out and see who's there for it, and some people might take a long ride or pull the wool over your eyes. Be prepared for that because they don't even know. They don't even know. It's trial and error. You know what I mean? You really have to be about this, and you really have to be passionate about what you do and the kids that you come in contact with and the lives that you're changing. This is something that you can't fake for two or three years. It's going to show.” (NYC, Violence Interrupter)

Dangerous Job

One common theme that emerged from the interview participants was that this is a very dangerous job, and that hiring supervisors should look for someone with street experience who has the street smarts to know when to back off when mediating a conflict. The staff also have to rely on their street experience to know how to diffuse a conflict, which can be a really
dangerous and stressful situation. Interview respondents mentioned that they canvas and diffuse conflicts in pairs in order to provide some measure of safety. Supervisors often emphasized that their staff’s safety is of paramount importance, and that their staff cannot diffuse every single conflict, and will occasionally have to walk away in order the protect their own safety. Participants also mentioned that they try to gather all of the information that they are able to before mediating a conflict so that they are not putting themselves in danger.

“I say to the police department and law enforcement officials when we panel together or when we’re in the arenas and certain things together, and they ask us about our work, I say, ‘Well, if you really look at it, our work is ten times more dangerous than yours. They are like, "How could you say that?’ I say, ‘Well, let’s look at it from this perspective. It’s clear that we work in very dangerous neighborhoods. It that correct? We work in very dangerous precincts, we work in the dangerous areas of that precinct. Correct?’ ‘Yes, that’s true. You said you do that.’ ‘Okay, our team, our staff that we deploy, just like your officers, they’re not armed. They don’t have vests. They don’t have the type of equipment hat you all have. State of the art. They don’t have badges. We don’t have communication to be able to put a helicopter in the sky. We don’t have the same, but yet, we work the same area.’ I take them just a step further. ‘We have access that you can never have. That means we are going in deeper than you could ever go. In terms of into that population. So our risk is greater than your risk. You'd never send an officer into some of these areas alone.’” (NYC, Site Director)

Gather Information

“He will send his team out there, get all the information, what happened, who did it. We're going to get our information, because we don't want to go out there blindly. If we go out there
blindly, then we placing ourselves in harm's way. So we make sure we get all the information. Sometimes we can't. We say all right, they're still shooting, so we can't go out there. We got to wait til it's calmed down a little first. And then, we make a decision. Okay, it's calm now, based on the information we've got. Then we'll go out there.” (NYC Participant)

Walk Away

“If we sense something, we know that we can't stop everything. We just can't. But if we sense something, and if it looks like we're in danger, I tell my staff to just walk away.” (NYC Outreach Worker Supervisor)

Canvas in Pairs

Participants frequently mentioned that they only canvas the neighborhood in pairs, and never alone. They do this so that there is another person there to vouch for them if they get involved in mediating a conflict and the police mistakenly believe that they are part of that conflict. In addition, a strategy that they often use is for each violence interrupter to take a side and listen to one side’s perspective, and then switch and listen to the other side’s perspective. This way both sides feel that they are being heard. They also canvas in pairs for safety, to make sure that nothing is going on behind their back while they are speaking with one of the parties.

“It's both. It's safety and it is... To be effective, you can't... Like I just said you, there's no way, even as yourself, if you wanted to break up a fight, you may go to break up a fight with this person and while your back's to that one, they're swinging over you or grabbing something. You don't want to put yourself at risk. So it's always better to have a pair at least.” (NYC, Outreach Worker)
“We’re out as a team, at least two or more. We approach both parties and most of the time, one will go one way with one of the parties and the other one would bring the other one this way. I tend to always switch with whoever I’m with. So he may talk to the person for two or three minutes, I talk to one for two or three minutes and we switch.” (NYC, Outreach Worker)

**Summary of Research Question 1 Findings: Individual-Level Factors**

In this section I reviewed the themes that emerged related to my first research question: what factors at the individual staff and individual participant level are vital to the effective implementation and expansion of the *Cure Violence* program at current sites? When I inquired about best hiring practices, the participants recommended that new hires be credible, from the area, and are often already volunteering in the community. The participants reported that it is very important for violence interrupters to have street credibility, but not be involved with the street lifestyle. It is important for outreach workers to have some of that street lifestyle experience, but also have some computer skills and the ability to bond with participants. Participants recommended that the program hire hospital responders who are able to deal with the violence that they see at the hospital, and who are also able to relate to the youth participants who get injured. Participants reported that they will not hire anyone who has ever snitched to the police, and that it is important that potential hires don’t have active conflicts in the area (for staff safety). Participants frequently mentioned the danger of the job, and recommended always canvassing in pairs, knowing when to walk away from a conflict, and hiring staff with street smarts/experience who know how to handle dangerous conflicts.
Research Question 2: Organization-Level Factors

CFIR Domain 1: Intervention Characteristics

A central research question I had was around how important it is to retain fidelity to the *Cure Violence* model as the program is replicated and expanded across different neighborhoods, cities, and even countries. The participants in this study expressed that in their opinion it is extremely important to retain fidelity to the original model. They did add that there is room to add your own “flavor”, but they feel that it is important to stick to the model. An example of “flavor” would be speaking in a more casual tone with participants in a manner that is more “street” and similar to how the participant as well as the staff member grew up.
As part of this question around Model Fidelity, I also probed about the importance of each pillar of the Cure Violence model, and how the staff member actually achieves the goal of that pillar in real life. For Pillar 1 “detect and interrupt conflicts”, I asked the participants how important that pillar is to decreasing gun violence, and how they personally detect and interrupt conflicts. The participants expressed that having connections in the neighborhood was an important part of detecting a potential conflict, and they also expressed that they are able to feel when something is not right, if people are moving differently, and if it’s too quiet, from their life experience growing up in the same neighborhood with the same violence.
Importance of Pillar 1

“What we’re saying, first to the community or neighborhoods that are infected, first we have to stop the bloodshed. We have to stop the bloodshed. And in order for us to feel our pulse, in order for us to hear our heartbeat, in order for us to begin to help you help yourself, we’ve got to get a cease fire. Because in the model, we are trained to count the literally amount of days that someone has literally been shot or shot and killed.” (NYC, Site Director)

How to Detect and Interrupt Conflicts

“Usually from the crowd or the awkward movement. Or it can even be too much silence. If it is too quiet somethings not right.” (NYC, Violence Interrupter)

“When it is a situation, first thing you try to do is gather all the information to see what's going on. "What happened? Who involved? Damn, do we know them? Oh okay, it's them. Can we reach out to one of they guys, somebody who kind of level-headed?" That's what you really looking for, the level-headed people on both sides. One who's not impossible to deal with.”(Chicago, Violence Interrupter)

Pillar 2: Identify and Treat the Highest Risk

The second pillar of the Cure Violence model is “Identify and treat the highest risk”. I asked the participants how important this pillar is to decreasing gun violence, and how they achieve this in the real world. Interview participants emphasized that although their community faces many problems, they are trained to focus only on those at highest risk to commit gun violence.
Focus on the Highest Risk

“Of course, there's been other issues. There's been fights. There's been stabbings. There's been domestic violence and so-forth. But we're talking about shootings and homicides by gun. That's our training. Our training focuses on the top tier. We don't focus on drug activity. We don't focus on loitering and all those other different crimes, rape and all that other stuff. That's not our priority. We prioritize the homicide bracket and the shooting bracket. And as long as we see that going down, we're doing our job.” (NYC, Director)

Treat the Highest Risk

Participants often expressed the importance of having wraparound services to offer the high-risk participants once they agree not to engage in gun violence:

“We know a lot of these individuals that's all these high risk, they mainly don't have the services like she spoke about. That's what we do. We reach them. Because if we could get them into services, into education, preparation for jobs, and things like that. That's going to put the gun down. If they get a job and start working, that's going to put the gun down.” (NYC Participant)

“We're trying to reduce the shootings and stop the killings. So, we pretty much look for those high risk individuals and offer them resources, because you have to have something to offer them. You can't just tell them to put they guns down, and don't have anything to offer them. We have Violence Interrupters that try to get ahead of the situation before it comes to gun violence. To mediate the situation. Most of the time I mean, you can't stop everything, but
most of the things we can get ahead of. Once you do that, you have to build a trust with them. That's important.” (NYC Participant)

High-Risk Criteria

The criteria for being a high-risk participant was reflected in the Cure Violence training materials and in the New York City program pamphlets:

NYC Trifold Pamphlet:

“Referral Criteria: The B.R.A.G. Violence Program seeks to identity high-risk individuals who are most likely to be involved in a shooting incident. The profile of those individuals would include the following characteristics:

- 16 – 25 years old
- Recently released from prison
- Recently shot
- Active in a violent street organization
- History of violence
- Weapons carrier (automatically high-risk)
- Engaged in a high-risk activity (i.e., selling drugs)”

Pillar 3: Mobilize the Community to Change Norms

See Appendix N: Pillar 3 Network
Shooting Responses

One key research question I had was whether the program is actually able to change the social norms of the entire community around gun violence, and how they are able to do so. The participants mentioned that the shooting responses were an important part of this process, and that you have to repeat this process consistently over time to see results.

“I think shooting responses play a big part in stopping violence, stopping shootings.” (NYC Participant)

Free Community Events

Participants also mentioned that community events such as summer cookouts are an important part of showing up consistently in the community, as well as creativing a safe space for the community to get together. Participants frequently mentioned that free food was an easily accessible way to encourage the community and high-risk participants to attend events (see Appendix O for a sample New York City Summer BBQ flyer).

“I would say a lot of the community events. We're trying to bring back the old community and have block parties, everybody comes together. We have all types of activities outside for the people, food, and there's a lot of hunger. So they're going to be hungry, they're going to start violence. So we feed the whole community and we give out gifts and items and gift cards for everybody. We don't leave nobody out. It really helps because it brings the community together. Everyone speaks, we don't see a lot of angry people walking around.” (NYC, Outreach Worker)
Consistency

Participants mentioned the importance of showing up consistently over years, even if they don't see results or get push back from the community at first.

“First of all, you have to be consistent in being in the neighborhood, showing face. You can come out there with your bullhorn; you're not going to get no respect if they haven't seen you out there or if you're not out there practicing what you preach. So, we're out there and we're canvassing every day, so when a shooting does happen and we're out there, we already have the attention. So, we're letting you know that we're out here every day, we're going to continue to be out here every day. This type of behavior is not accepted. This is not a community norm. This is something that we don't want going on. We let them know it could've been your brothers.” (NYC, Supervisor)

Expose Participants to New Experiences

Interview participants also frequently mentioned that many of their high-risk participants had never traveled outside of their neighborhood, and part of the strategy for changing their norms around gun violence was to get them out of their comfort zone and expose them to new activities and neighborhoods (see Appendix P for a sample participant event flyer).

“For changing the norm with the participants we'll take them out the area. You know what I'm saying, we'll take them maybe to Manhattan or we'll take them far north camping and stuff like that, to show them different things. When you see different things, your mind opens up and you want to do things. So that's what we try to show them.” (NYC, Supervisor)
Pillars 1-3: Most Important Pillar for Reducing Gun Violence

Because *Cure Violence* program budgets are so limited, I also included probes on which of the three pillars is the most vital to reducing gun violence (see Appendix Q: Most Important Pillar Network). Below is the word cloud generated from Atlas.ti from the networks for Pillars 1-3. Frequently mentioned concepts included community, violence, risk, change, participants, shootings, ceasefire, detect, relationships, etc.

Figure 7

Word Cloud of Pillars 1—3 Networks

Importance of All Three Pillars

As mentioned, all participants reported that all three pillars of the *Cure Violence* model are vital to reducing gun violence, and no one recommended that one of the pillars be removed or deprioritized.
“Then we get in front of it, which is called interrupt. That's the first prong. And if we wasn't able to interrupt it, and it goes past that, even if sometimes it don't, we want to work on changing the individual's behavior. That's the second prong she spoke about. That's the programs that we incorporate in there, right? And then the third prong is, changing community norms. We want to go out on the streets and educate, like she spoke about. Giving out the material. Letting the community know that violence is not normal. It's not acceptable.” (NYC Participant)

Relationships

Many participants emphasized that their relationships with people in the community allow them to stay on top of potential violence. They also emphasized that building their relationship with the high-risk youth takes time, and that it’s important to listen to their needs and keep all information confidential.

“Our relationships with the people in the community. One thing I stress with my staff to always be a great listener. Be a great listener because those guys don't want to hear about what they're doing wrong, they know what they're doing wrong. They hear it when they leave their house in the morning, they hear it when they go to school, they hear it from the pastor, they hear it from the bus driver. Listen to them. Be a great listener, once you gain they trust, and then they'll open up a door for you to give them some input. We listen to them and they love it. They'll come into the office and they'll just talk for life 45 minutes about totally nothing. But one minute, they give us a little key, a little inch to get in, and that's our hook right there. We don't share their information with law enforcement, we don't share their information with their parents. Our relationship is confidential just like a lawyer and his client, doctor patient, we have
that same approach with our participant. We're not going to call the police on you, we're not trying to send you to jail. We're just trying to keep you alive.” (Chicago, Supervisor)

Changing Community Norms

Many interview participants mentioned the community events, such as the summer cookouts, as an important factor in reducing gun violence. They mentioned that they confirm with rival gangs ahead of time that it will be a peaceful zone, and that allows the entire community to attend and socialize in a way they are not normally able to.

“Those peace barbecues in our communities are so impactful and important, and the message and the presence of the community is overwhelming. It starts the summer off well. People come up to you, "I'm enjoying the barbecue." They feel the love, the warmth, you feel the unity that day, it's a day of unity, that it's amazing, no matter if someone is rival one crew and on the other, we see the unity, everybody comes with respect. And they understand this is a judgment-free zone, violent free zone and we're here to just eat and have fun.” (NYC, Supervisor)

Model Fidelity

See Appendix R: Model Fidelity Network

One central research question I had was around whether the staff adapt the Cure Violence model in any way for their individual community or city. In the past, some cities have replicated only parts of the model, and have not experienced decreases in gun violence. Therefore, I was interested to hear whether the New York City and Chicago sites make any changes to the model for their specific sites. All of the participants indicated that they stay very
true to the original model, with a small amount of personal “flavor” in the style in which they do things and interact with participants.

“You're going to always put your own ingredients to it, you know what I mean. Spice it up the way you have to make it edible for you. But, other than that, we know what the core is.” (NYC, Outreach Worker Supervisor)

“A lot of our staff consist of a lot reformed gang members, which are different from other sites. You rarely see a lot of Bloods and Crips collaborating together for one purpose, and that’s to denounce the violence in the community. We have our own style and our own way of counseling and getting through to these youth. I'd say we stay true to the model but we definitely implement things of our own as well.” (NYC, Supervisor)

Combined Violence Interrupter and Outreach Worker Position

See Appendix S: Combined Violence Interrupter and Outreach Worker Position Network

One research question I had was around replications of the Cure Violence model that have combined a Violence Interrupter and an Outreach Worker into one position, and whether the staff thought this was a good or feasible idea. All participants expressed that it would be almost impossible to do the work of being on the streets the majority of the day as a violence interrupter, and also be back at the office doing paperwork and entering data and working on violence reduction plans for participants as an outreach worker.
“We have at least 10 people on a caseload. Minimum. So, we can't... that's too much work for one person. You've got to be really focused on... you can't be in the street dealing with all this stuff and then come have a caseload full of people with just you in the community center. (NYC, Violence Interrupter)

*Expanding and Replicating the Cure Violence Model*

*See Appendix T: New Sites Network*

One research question I had was around the expansion and replication of the *Cure Violence* model to new neighborhoods, cities and countries. I wanted to hear from the staff on where they would expand first, how they would hire the best people, whether they would enlarge an existing site vs. create a completely new site, etc. One theme that emerged repeatedly was the importance of hiring people from the community who are credible. In addition, most participants recommended adding a new site close by to an already existing site, in an area where the staff have strong community connections. They recommended splitting into two sites once there are more than around fifteen staff at a site. Interview participants often had violence hot spots in mind that they were already hoping to expand their sites into.

**Hiring Credible Messengers**

“I think the most important thing when you starting a group like this, is to hire people from that area, that are very, very credible.” (NYC, Supervisor)

**Expanding to New Sites**

Interviewer: “How big would you grow a site before you would make it site A and site B? How big is too big?”
Participant: “I wouldn’t do no more than 15 people. I would expand my site. Because we have some surrounding beats from what we at, it's a lot of trouble spots. We have to deal with that anyway because it's so close to where we work at.” (Chicago, Supervisor)

_Catchment Area_

_See Appendix U: Catchment Area Network_

The catchment area of each site is usually defined by a police precinct (mostly because it is easier to track gun violence data by police precinct), and I was curious to hear if the interview participants thought that approach makes sense. One common theme that emerged was that although they concentrate very specifically on their site’s catchment area (because that is how the program tracks the success of the intervention), they also can’t ignore conflicts in nearby neighborhoods that may spill over into their catchment area.

“This catchment is within the 67th precinct where there's a lot of violence that happens surrounding this catchment area, that also spills into the catchment. Meaning that if someone gets shot for example on east 52nd, that doesn't mean that that person was from east 52nd, or that person that did it lives on east 52nd. It could spill from outside the neighborhood, so a lot of conflict that has arrived within our catchment came from outside of our catchment, so we try to control the surrounding areas as well.” (NYC, Supervisor)

_School Responders_

_See Appendix V: School Responders Network_

Several _Cure Violence_ cities have staff who are either full-time in local schools or visit the local schools regularly to run gun violence prevention programming. I was interested to see
what New York City and Chicago staff thought about how critical it is to have a presence in schools, especially considering that program funding is limited. All interview participants strongly recommended having as much of a presence as possible in the schools. They said that this allows them to develop a long-term relationship with high-risk participants, and stay on top of conflicts that may begin during school or on social media and spill over after school.

“Now you have that person that’s in there working alongside your school safety officers, your deans, your principals and teachers and all that. It's just that added layer, that other component that was always the missing ingredient. Now, a person who can detect, and know based on their just skill something's about to happen, because they have relationships, they get word, and then they're able to get to it before the fight after school. (NYC, Site Director)

Hospital Responders

See Appendix W: Hospital Responders Network

Only a few Cure Violence programs in the country have sufficient resources to employ a full-time Hospital Responder, but I was interested to hear from the staff how helpful that position is/would be. The staff participants all responded strongly that this is a critical component, specifically for preventing gun violence and retaliatory shootings. They often referred to the time right after a participant is injured as a “golden moment” for changing the path of the participant. They also mentioned that it is very important to get in and speak with the friends and family immediately in order to prevent a cycle of retaliatory shootings.
Hiring Hospital Responders

“For hospital responder, I think the main thing to look for is bravery. Bravery, someone that's not scared of seeing somebody die or seeing blood or seeing the cut open or stuff like that. Because it's a hospital and you have to be aware of what you going to see or what is expected inside of our hospitals.” (NYC, Violence Interrupter)

A Golden Moment

The participants often referred to the time right after a participant is injured as a “golden moment” to convince the participant to change their lifestyle.

“For us, it’s like a golden moment. Because, you’re healing now. Now that you made it and you’re lucky to survive, let’s talk about how we can maybe hope that this never ever happens. Then we’re able to coach them more not retaliating also. (NYC, Site Director)

Credibility

Participants expressed that Hospital Responders are credible because they have been in the exact same situation, and the high-risk participants are able to relate to them and will listen to them because they have gone through the same experience.

“Credibility plays a big part. I remember being in the hospital. I remember being shot. And I remember being in the hospital stabbed, cut, beat down, you name it. I got my jaw broken, shot, stabbed, cut, severe beat down. I’ve been in that predicament, so it comes back. What did I want to hear when I was in that bed? What made me feel more comfortable? Whether it was a joke, whether it was an extra pillow, whether it was an extra meal. Whether it was just a doctor tending to me when I pressed that button, whatever it was. And I think about it, and it
helps me out because I could act upon me being in that emotional state, being in that bed.”

(NYC, Hospital Responder)

Violence as a Disease

Staff participants often echoed the Cure Violence model which is based on the hypothesis that violence spreads (and can be prevented) like a disease. This indicated that the Cure Violence employees had really internalized the model:

“If we have a cold or a flu, you go to a pharmacy or over the counter, and you get a drug, and you treat that flu or that cold. You don't bother to look at the bottle of the medicine and see where it was made. That's the last thing on your mind. Your question in your head is, "Can this make me feel better?" And that's what this model now called Cure Violence does. As long as you apply it the way that it's taught, and encouraged and trained for you to do so, you should experience these sort of results.” (NYC, Site Director)

“It's definitely a mandatory training that you just get and understand a little more, like violence is not just an act. Violence spreads, that's why we treat it as a disease. Violence comes from different stages. From lack of school, lack of resources, lack of nutrients. Violence is bred in these communities we come from. These schools is terrible, the food is terrible, the job ... Just everything is just terrible. So, that's violence.” (NYC, Outreach Worker Supervisor)

Participant Strategies

See Appendix X: Participant Strategies Network

I was interested to learn what themes emerged as to what strategies the Cure
Violence staff use to encourage the high-risk participants not to engage in gun violence. Some common themes that emerged were that violence starts at a very young age, you need to be a consistent presence in the neighborhood and in the kids’ lives, and you have to provide resources and jobs to the participants. Participants also mentioned that there is often a “golden moment” after a participant is injured when it is a prime opportunity to change their perspective and lifestyle. One of the top strategies that was mentioned was just buying time and physically separating the two parties to give everyone a chance to cool down during a conflict. Lastly, the participants mentioned that a lot of conflicts now start on social media, and that they keep tabs on their participants on social media in order to stay on top of potential conflicts.

The interview participants also mentioned knowing when you aren’t going to change someone’s mind, making sure that your team retreats when necessary in order to stay safe, and trying again later from a different angle. They mentioned that they don’t lecture the participants to quit their lifestyle, but instead offer them resources and wraparound services that the participants specifically request so that over the long-term the participants will make the decision to leave the lifestyle themselves. They mentioned frequently that the day you “plant the seed” is not the day you reap the results, and that you have to show up consistently for months and even years in order to change the lifestyle and mindset of the participants. Sometimes the Cure Violence staff try using an economic argument that gun violence will draw police to the situation, which will disrupt their drug trade and profits. Staff often draw on their own past experiences to emphasize the consequences of violence and relate to the
participants. For example, depending on the participant they may mention going to prison, death/injury, or the impact on their family.

Relating to Participants

“We actually try to be ourselves because we once were that little kid. So naturally, we just come off as who we are, and it works. It works.” (NYC, Violence Interrupter)

Violence Starts Young

One theme that participants mentioned frequently was that violence starts at a very young age. The Cure Violence program is designed to reach youth ages 16-25. However, when I asked the interview participants what age the program should begin working with youth participants in order to prevent violence, they very consistently mentioned 10-12 years old. They recommended that the Cure Violence program expand to include this younger age group, and they also mentioned that when they have sufficient resources, they often allow younger high-risk participants to attend events or trainings because they know that they are in danger of going down the wrong path as well. However, expanding the Cure Violence program to target as young as age ten would potentially require a different theory of behavior change, as well as different program activities (versus reaching individuals who are already actively high-risk).

“I would start an additional program dealing with a younger population. Because those guys are next, whether we believe it or not. I would start as early as fifth grade. Catch them before they jump off the porch. We already do something similar like that at my site, even though it’s not part of the program, we just do it individually. Because we got some young guys, that’s like
fifth, sixth, seventh, eighth graders hanging together, running around the streets just doing
dumb stuff.” (Chicago, Supervisor)

“I would probably have more activities during the week, like little programs for the kids,
participants. Not only the participants but the younger ones too, because they’re like nine,
eight, seven, around that age, I would do things with them too. Because they’re always looking
for something to do, and it starts young out there, before you even get to sixteen and become
high risk. So I would have programs like after school programs for the kids, with food and all
type of stuff for them, because it's a lot. A lot of kids is hungry at home.” (NYC, Outreach
Worker)

Consistency

The interview participants mentioned many strategies that they use to convince the
high-risk youth not to engage in gun violence. One theme that was mentioned frequently was
being a consistent presence, and showing up consistently even if it seems like they are not
making an impact at first. They also mentioned that high-risk participants are not used to adults
showing up consistently to support them, and that it often takes months to build their trust and
get them to open up. The interview participants mentioned that it’s important to build those
relationships with the participants and with the community so that they can draw on them
when they need to in order to prevent gun violence or get information about a conflict.
“At the end of the day, the sun will come out. ‘cause the thing about these kids out here, if you keep attacking them and you care and you wanna be there for them, they gonna let you work. Something is gonna give. But like, you just keep up.” (NYC, Supervisor)

Replace Violence with Resources

Participants often mentioned that when they ask high-risk participants to leave their current lifestyle (which can be lucrative), they have to have resources or jobs to offer the participants instead:

“This is why it's so important to have these wrap around services. I'm not going to tell you, ‘All right, stop gang banging. Put your flag down.’ I can't. I can say it, but are you really going to do it when you feel like these guys are your family. These guys are the ones that's looking out for me. Nah, I got something better for you. Because you're not, God forbid, this is not going to put you in jail, this is not going to kill you. This right here is going to better you. Five years from now, a few years from now, you're going to look back at this and say, ‘If I didn't walk over here with (VI Name), if I didn't walk over here with (VI Name), and go into this program, I probably would've been dead.’ Because now your friends that don't come, they'll probably all be doing time. And again, this is a book that's been written over and over again, and has the same ending.” (NYC, Site Director)

Buy Time

As mentioned, one of the key strategies to prevent a shooting is simply buying time, separating the two parties physically, and allowing everyone time to cool down:
“A lot of time I be trying to tell them, one of the key components is buy time. If they can find a way to buy time because usually you get an individual to cool off a little if you can get them to stand down for a day or two, hopefully three days. Then you get to come up with a strategy on how to deal with the situation. So I always tell them, think of a way to buy time. Think about the consequences. ‘If you go over here right now, I'll shoot this gun.’ Everybody know what could happen, so you going to be a prime suspect. People going to tell on you. So just be cool for a minute. Just calm down. (Chicago Participant)

Social Media and Violence

Interview participants often mentioned that what triggers violence has changed from when they grew up, and now social media is what leads to many of the conflicts. They mentioned that they follow their participants on social media in order to keep tabs on any potential conflicts. They also mentioned that because some fights are caught on video and shared on social media, it makes it more difficult for the youth to walk away, and the youth feel pressure to save face and escalate the fight by resorting to gun violence.

“Social media is one of the most, biggest problems we have right now. It's a gift and a curse. It could be used for something powerful. But also is really very dangerous. Yeah, they use Instagram, and Facebook and SnapChat. It's just social media. Like, right now it's different. Back in the days you could have a fight and it's okay. The fight is over. He won today, you may win tomorrow. But now it's online, they be filming it, they got they phones. They saying stuff in the background, you're embarrassed because it's going to be viral. You take it to another level. Now, okay, make this viral. Now I got my hand gun.” (NYC, Outreach Worker Supervisor)
Coronavirus

I was interested in how the sites adapted the Cure Violence model during the COVID-19 pandemic. Usually, the outreach workers meet with the high-risk participants in person very frequently, however during the pandemic they had to pivot to virtual check-ins. The program also stepped in as a way to disseminate information on ways to stay safe, provided rides to the doctor, and checked in to see what other needs their high-risk participants (and their families) had. They also adapted their usual “pub-ed” (public education) materials to pivot from gun violence reduction to information about COVID-19. In the figure below you can see an event flyer from a food drive that a site in New York City organized. Some interview participants did express that they found it difficult to mediate conflicts over the phone.

Figure 8

Man Up COVID-19 Food Drive Flyer
Pivoting Services During COVID-19

“Because social distancing was a must, so we just mostly... When the city was locked down, we asked them, did they need anything that we could provide, either water or some type of food. There wasn't no transportation or nothing like that, because the city was shut down. Or was they sick, did we need to refer them to a doctor? So we did all that last fall when the city was shut down.” (Chicago Participant)

Pivoting Public Education Materials During COVID-19

“The same way we was pushing the Cure Violence method, the health approach to stop the contingent of gun violence, we using the same approach to spread information about the COVID-19 virus. So we had a heavy pub-ed push. We had a whole flood of pub-ed going out throughout the communities which we service and that surrounding community. Just every week we was coming up with different pub-ed, public education materials just telling them about the virus. All the do’s and don’ts of the virus.”(Chicago, Supervisor)

Summary of CFIR Domain 1: Intervention Characteristics

In the section above I covered all of the major themes that emerged under CFIR Domain 1 (Intervention Characteristics), which falls under my first research question: what are factors at the individual staff and individual participant level that are vital to the implementation and expansion of the program at current sites? Interview participants reported that they feel all three pillars of the Cure Violence model are essential to the effectiveness of the intervention. When asked, staff strongly recommended having School Responder’s and Hospital Responder’s as part of the Cure Violence intervention. The interview participants mentioned several strategies that they utilize to interrupt violent conflicts such as buying time, physically
separating the two parties, and keeping tabs on high-risk youth on social media in order to get in front of conflicts. The staff mentioned that youth start going down the wrong path as early as ten years old, and they recommended that the program include even younger age groups. They also mentioned that it is very important to have resources and jobs to offer to high-risk participants in exchange for leaving their lifestyle. The sites pivoted their activities during COVID-19 and began to offer more general help in whatever form their participants and their families needed (rides to the doctor, food, etc.) They also pivoted their public education materials from focusing on gun violence to focusing on COVID-19 safety and prevention tips.

**CFIR Domain 3: Inner Setting**

*Umbrella Organization*

*See Appendix Y: Umbrella Organization Network*

One main research question I had was around the Umbrella Organization (the organization that oversees each Cure Violence site) and how that organization’s resources may affect the ultimate effectiveness of the Cure Violence program at decreasing gun violence. Interview participants frequently mentioned that having a supportive Umbrella Organization was extremely helpful, mostly by helping connect them with participant job opportunities, legal aid, therapy, and many other wraparound services. The umbrella organization could also sometimes guarantee more stable funding, offer staff benefits, and offer additional staff training options.

“Anything we need, we have so many services, we're all about family and children from mental
health, substance abuse, residential programs, educational programs, you name it, we look it up and we have it. Good shepherd loves (Site Name), that's one thing I learned there when you're all on coming on board, we're like rock stars here because of the work we do, it's not known, it's not common and it's so untraditional. We're supported by all programs, we get referrals from programs, they call us if they have a high-risk participant that they feel that our program is more accommodating and vice versa.” (NYC Supervisor)

Training

See Appendix Z: Training Network

Another research question I had was which training that the staff receive is most helpful in decreasing gun violence and getting them prepared to do their jobs? The funding for most sites is very limited, so I was interested to see if there were certain trainings that emerged as the most helpful. All sites receive the same “VIRT” (Violence Interruption and Reduction Training), and the New York City participants all said that the “VIRT” Training (Violence Interruption and Reduction Training) that they receive is the most helpful for getting started doing their jobs. Interestingly, the staff also mentioned that all of the training is helpful for them to build their own resumes (because of their criminal background they may not have had the opportunity for traditional education and training) (see Appendix AA for a sample OSHA Free Training flyer).

Hands on Learning & Always Learning

Many staff participants mentioned that they receive initial training, but that even years later they are always constantly learning. They also mentioned that it is important to be humble
and not assume that you already know everything, and to be always be open to learning and improving.

“Shadow individuals that was working in the field. I would go out in the field with them, learn the terrain, learn the participants, the potential participants, see how they engage and interact because trainings are good in the technical aspect where I’m learning from reading a paper or seeing visuals or PowerPoint or whatever, but until you actively engage and apply it, it’s like that’s all, I guess passive learning, until I can be engaged and then apply it. For me, going out into the field, applying it, watching my coworkers do it, that’s what helped me learn how to do this work.” (NYC Participant)

One-Minute Pitch Training

“Yes, the one-minute pitch is very helpful because sometimes people don’t want to spend 10 minutes or five minutes talking to you about something, so, you just tell them what you're about and what you're doing and all of that. Then in a minute you're done. So, the one-minute pitch was really, really helpful.” (NYC Participant)

VIRT Training

“How to pitch, how to open up to new people that are on the streets. How to deal with... basically how to be more hands on with the profession you are with. Because when you become a violence interrupter you think oh, I got it but they give you that exact blueprint and directions and instructions to follow that's probably been working for years. But you wouldn't know, you would be doing some things but not all the things.” (NYC, Violence Interrupter)
Cure Violence Official Training Overview of the Violence Interruption and Reduction Training (VIRT):

“The 5-7 day Violence Interruption and Reduction Training (VIRT) has been developed for outreach workers, violence interrupters, and other administrative staff. It includes a mix of presentation of core concepts and skill development through demonstration and practice.

The curriculum is focused on four core areas:

1) Introduction to interruption and outreach, including roles and responsibilities with an emphasis on boundaries and professional conduct;

2) Identifying, engaging and building relationships with participants and prospective participants, assisting participants to change their thinking and behavior as it relates to reducing risk for injury/re-injury and/or involvement in violence;

3) Preventing the initiation of violence or retaliatory acts when violence occurs through mediation and conflict resolution; and

4) Working with key members of the community, including residents, faith leaders and service providers through public education, responses to violence and community building activities. This training includes conflict mediation, identifying those at highest risk and elements of other trainings listed below.”

Staff Professional Development

“Trainings also for employees to beef up resume, they are also participants: a lot of times, the trainings that you get, you get certificates. You know what I'm saying, so, now, you have
something that you can say you were a part of and show, add to your resume and helps build yourself up.” (NYC, Supervisor)

Supervisor

See Appendix BB: Supervisor Network

The Cure Violence program employs a unique workforce who often have criminal backgrounds; Therefore, I was interested to investigate what type of supervision they found most helpful when doing their jobs. I also asked the Supervisors I interviewed what their strategies are to be good supervisors for this unique workforce. Both supervisors and staff members reported frequent check-ins. Most sites have a morning check-in as well as a night-time debriefing. They also have a weekly one-on-one meeting with their supervisor where they receive feedback on how they are doing, ask questions, and their supervisor checks in on their long-term professional development goals. The weekly check-in also allows the supervisor to check in on their staff’s mental health and how they are handling the stress of the job on a personal level.

Weekly Supervisor Meeting

“Whatever's bothering me or whatever I'm going through. What I want to do, what are my goals. What do I have to do to get there? Getting feedback from them. Do you think I'm doing this right? What do I need to do? Is there anything extra?” (NYC, Outreach Worker)

“Plus, I monitor my staff behavior because I do supervisions with them once a week. In our supervisions, we talk off the record, so to speak. Personal things that may be going on. Through
those supervisions, I'll be able to know what's going on with each staff individually. If I sense some things going on, their body language throughout the week, I talk to them. Man, maybe you need to go home. Go back in the crib, so just they keep your phone in case I need you. Just go relax and just chill. Because sometimes this stuff can be kind of really burdensome sometimes.” (Chicago, Supervisor)

Set Check-In Time

“No, all day. We're together all day. We always meet in person. We're together all day, the whole day.” (NYC, Outreach Worker)

Qualities of a Good Supervisor

“Just somebody that works well with his coworkers. Somebody that's a team player. Somebody that's willing to help you when something ain't going right. My supervisor is great...If I need him to do anything, he's there for me. Even after work. So, we could be off and if I need him, he is going to be there. In this job, you need that type of... it's more of a bond that you have with your support system, than you have with your coworkers.” (NYC, Violence Interrupter)

Supervisor Management Strategies

NYC Supervisor: “Care and concern. This is the most difficult workforce you will ever encounter. All they're looking for is to see if you give a shit. Because they're used to no one giving a shit, right? So that's really all... They won't tell you that but that's all that they're really interested in is, does the guy really care? And it takes a while for them because they'll watch and see. They'll even test. So, for me is, if no one's ever believed in you, I am. I'm believing in you from the beginning, from word go, all right? It's up to you to show me that I'm right and even when you
mess up, I may say, ‘Okay, you need to take two steps back. But I'm not saying you need to take two steps out the door. I'm saying you take two steps back because you can do this.’ I say, ‘You can make mistakes. You just can't keep making the same mistake.’ And even then, if you are, maybe this particular role for you here ain't the right one for you. This one probably is, and move you over to this” (NYC, Site Director)

*Burnout*

*See Appendix CC: Burnout Network*

I was interested to learn what resources the New York City and Chicago staff receive that they find most helpful for preventing burnout and reducing stress. The staff expressed that they are “always on call” because violence can erupt at any time, which can wear on them. Many also reported that although they are allowed to take vacation days, they have a hard time actually taking them. Some supervisors mentioned that they have to force their staff to take time off if they notice them getting burned out. The staff also have excellent mental health services which many *Cure Violence* sites in other cities do not. Many of the sites have a mental health counselor who comes and checks in on the site weekly and offers both individual and group counseling.

*Stress and Burnout*

“Interviewer: When people leave, why do they normally leave the job?

Speaker 1: Probably for a better opportunity. That's what I seen lately. Better opportunity or sometimes I guess the work got too much for them. Too intense, brought back a lot of trauma, stuff like that.” (NYC, Outreach Worker)
Reasons for Staff Turnover

“If they don't work out, it's probably just because in my opinion, they probably wasn't ready to make that complete change that they had to.” (NYC, Outreach Worker)

Detecting Potential Staff Burnout

“Plus, I monitor my staff behavior because I do supervisions with them once a week. In our supervisions, we talk off the record, so to speak. Personal things that may be going on. Through those supervisions, I'll be able to know what's going on with each staff individually. If I sense some things going on, their body language throughout the week, I talk to them. Man, maybe you need to go home. Go back in the crib, so just they keep your phone in case I need you. Just go relax and just chill. Because sometimes this stuff can be kind of really burdensome sometimes. Just basically monitor their behavior and their body language. Because I've been with them for a minute. Plus, I've been doing the job for a minute, so I know certain things to look for from our staff. After work, he constantly going to the liquor store to get something to drink, he doing this every day now. He wasn't doing this at first. So that's a red flag.” (Chicago, Supervisor)

Always on Call

Interview participants mentioned that they feel as if they are always on call in case of an emergency, and they have trouble truly disconnecting on vacation in case something happens to one of their participants.
“I treat all of them like if they're part of my family, like they're one of my kids or something. So, it's like, I don't want something to happen to you and I wasn't available. I didn't answer the phone, because then I'm going to feel bad, like I wasn't there for you.” (NYC, Outreach Worker)

Vacation Days

Supervisors mentioned that they sometimes have to make their staff take their vacation days, because they know they will burn out if they do not. In addition, the staff often have their own past trauma that can be brought to the surface from dealing with violence, and the supervisors like to check in on their wellbeing.

“When you see a staff member hit the max on their vacation time, it's time for them to take time off. They don't got to go anywhere necessarily. I just don't want them here.” (NYC, Site Director)

Staff Therapist

Both the staff and the supervisors mentioned that the Cure Violence staff often have very traumatic pasts and violent incidents can sometimes trigger that trauma, so it’s important to be sensitive to that. All interview participants recommended that the program include a staff therapist, and that the mental health counselor who meets with them should have experience working with that type of patient population.

“We have what we call a strong messenger. He meets with both sides of the group once a week to see how we're doing. That's what we call him. It's like a counselor so to speak. He comes to meet with us. Counsel us, see how we're doing for work. You do need someone to come and check on you every now and now, because a lot of times you get burnt out from this work. So,
he comes and check on us. Speak to us. Sometimes he speaks to us individually, but most of the
time as a group. He independent. But (NYC Site), they hire him to come in specifically to see us
here. Hopefully it also gives us a chance to express what's going on. We may have a serious
incident in our family. So, we get it out to him. And you know, it's like a massage thing for us.
And even him, he's somebody that's kind of like vetted out by upper management. The
executives, and all that. Where they say, ‘Okay, this is the type of person that could relate to us
as well.’ Because we kind of flip it around where it's like I'm the participant now, and I'm kind of
looking for advice or something, you know what I'm saying? Because if you can't relate to me, I
won't get that neither.” (NYC Participant)

Trauma

“You know, we're like family. So, he can detect ... I can detect when he's not right. He can
detect when I'm not right, and vice versa with the rest of our staff. So, being burned out is very
important and doing something about it, that's key. That's more important than anything.
Because we can go on about our day, and weeks, and months sometimes acting like
something's not right. But, deep down we could be messed up. I mean, we're dealing with
shootings, we're dealing with deaths, we're dealing with trauma, you know what I'm saying.
Then we have our own personal issues at home that we have to deal with, then we got to come
back to work, then we got to deal with, just this weekend somebody got killed. Another kid got
shot and we don't know if he's going to make or not. .... So, that takes a toll on us. This is all
we're talking about. Right. So, then when we leave here it's like we're always on call. If
something happens, he's calling me, I'm calling him, he's calling the staff. You know what I'm
saying, so it's like, damn, I'm home, I think I'm in relax mode. Or I'm going out. I think I'm going
to the movies with my family, oh I got a phone call. Oh, something just happened. A participant may call another outreach worker. ‘Yo, I need that help, I'm going through this.’ And this is stuff that we've dealt with throughout.” (NYC, Supervisor)

Cost

Stable Funding

*See Appendix DD: Funding Network*

Chicago, Baltimore and other cities with *Cure Violence* sites often experience very unstable funding of their *Cure Violence* programs. I was interested to hear from the staff members how that affects their work and program outcomes. Participants unanimously expressed that in their opinion it is very helpful to have multi-year funding in place. They also mentioned that by reducing shootings, the program often saves money in areas where it is successful. The New York City sites are notably well-supported by the mayor and city administration. In contrast, Chicago had the first *Cure Violence* sites and grew at a fast pace, but is now down to zero sites (the site interviewed for this study was closed due to lack of funding a few months after the interviews were completed).

Importance of Long-term Funding

“And if we really want to invest in those neighborhoods, invest in the people who come from those neighborhoods, who are willing to go into those neighborhoods, and really begin to do the work that needs to be done there. And commit to it, too. One of my tips would be, a recommendation is that it has to be long-term funded.” (NYC, Site Director)
Effect of Uncertain Funding

“I think our work would be uncertain. I think there's a different type of pride you take in doing the work, not knowing if it's going to continue. I think here we don't ever feel like (NYC Site Name) is going away, we feel solidified in what we do. And I just think for anyone that is working on the program that gives you some sort of security, I would have worked to my 100%. If anything, I would give a certain amount percentage and I'm already looking for where my exit is going to be, so I got one foot in and the other one out.” (NYC Supervisor)

Adequate Long-Term Funding

“And then that's when New York City says, ‘You know what let's invest in this.’ And what ended up happening was New York City took it and turned it into something bigger and greater. Like there's no wraparound in Chicago that was created in New York City. There's no hospital response, that was created here in New York City. There's no training academy that was created here in New York City, and things in Chicago went in the opposite direction. Elected officials, politics, I don't know, and they dwindled from 16 programs down to, I think they ended up with two, and now it's up again. But by that time, New York exploded. And this is how New York does, New York is progressive. We see something good and it works, we're going to put money into it. We went from a million dollars back in 2012 now, in four programs. Now we're at $38 million. We are baseline as part of the city budget. And there are 23 sites and I run three.” (NYC, Site Director)

Program Budget

*See Appendix EE: Program Budget Network*
One of my main research questions was which parts of the program budget do the staff members feel are most critical to reducing gun violence? Some themes that emerged were participant activities (particularly activities that get them out of their neighborhood), expanding sites to nearby violence hot spots, jobs for the participants, providing a safe place off of the streets, wraparound services, free food, free community events, and a need to increase staff salaries.

Funding a Safe Space for Participants

“A facility or housing, or a safe house for us. For the participants where they can come and get away from everything. Have a lounge or a game room or a soup kitchen, something, anything. Just somewhere they can get away from everything. Because they are just in the middle of tense situation where it be the house or things going on in the streets where they be getting caught in the crossfire from someone else. Just know that they are safe. Yeah, just knowing if I come here, I'm safe until nine o'clock, ten o'clock at night until it is time to go home.” (NYC, Violence Interrupter)

Expand Participant Programs

“Like all of the programs, sports, little beauty salons, stuff like that for the girls, sports for the guys. Keep them entertained and doin’ something that they’d do now. Don't teach them something that they're like ‘oh what the hell is this?’” (NYC, Supervisor)

Expand to New Sites

“I would hire more people. I would open up more sites and I would start an additional program dealing with a younger population.” (Chicago, Supervisor)
Participant Employment Programs

“Now they're picking up their checks. They're speaking well. They're dressing well. Their crowd is changing. So, job opportunities, anytime we can put them in a position for job opportunities, we see a good change when we give them job opportunities.” (NYC, Violence Interrupter)

Teaching Interview Skills

“We start helping them with their vocational training. We start helping them with their soft skills. A lot of them say they just automatically assume nobody wants to hire them, but they were never was ever prepared to go to a job interview. They were never ever coached on how to apply online, how to pass an interview and how to keep a job. No one ever took that time to dedicate it to this. They say, ‘We have these workforce centers. Come to us, all of you that are interested.’ That's easier said than done. Because, in the inner inner cities, they're not coming. Those are the ones that need it. We have OSHA trainings, vocational trainings, we have various different certification classes, and we bring in instructors who are licensed who can related to the community, to that population, understand that they have backgrounds..” (NYC, Site Director)

Funding Wraparound Services

“We have to have something to replace it with, because as she spoke about earlier, we could go out in the streets, and tell the guys to put their guns down, right? But if we don't have no alternative for them, something for them to do to replace that, then the work is ineffective. So the wraparound services, I mean funding definitely have to go in that area for this to be effective.” (NYC Participant)
Increase Staff Salaries

When asked what they would add to the program budget if they had more resources, the majority of the participants mentioned that they would raise staff salaries. Many said that they would pay the Violence Interrupters slightly more than the Outreach Workers because of the danger of that role.

“Say for VIs maybe about $20 dollars an hour. Say for OWs between $20 and $25 an hour, and I would say for supervisors, between $60, $65,000 a year.” (NYC, Supervisor)

“I mean, we're not happy with our pay, but we like the work we do.” (NYC Outreach Worker Supervisor)

“I would start them (VI’s) at 45-50 dollars an hour, because they're the ones out there risking their lives. They're on front lines. They're out there getting in conflicts. They the ones bringing these high risk individuals into work with outreach worker, so definitely I would pay them money.” (NYC Participant)

Violence Interrupter Salary

Several participants mentioned that Violence Interrupters should be paid the same amount as the police force, because they do the same work, except their work is even more dangerous because they are not armed and they are physically right in the middle of preventing conflicts.
“I don't mean to take nothing away from the police, but we do this work without no gun, without no bullet-proof vest. We can't call 100 cars to a scene, and we go in there when it's... and, my supervisor says this a lot. The police usually comes after the situation. We're there before the situation, in the middle of the situation, when it's really going down. We don't wait to be the clean-up crew after everything is done, and that's big. And, how can you really put a value on that? " (NYC, Supervisor)

“I would pay us what they pay CPD (Chicago Police Department). That would be the starting rate. What CPD got is what we would have, because we do 10 times what they do and not even half of the resources they got. You know what I mean?” (Chicago, Violence Interrupter)

Summary of CFIR Domain 3: Inner Setting

In this section I reviewed the themes that emerged under my second research question: what are factors at the organizational level that are vital to the implementation and expansion of the program at current sites? In this section I focused on factors that are part of the inner setting of the organization/intervention. Some common themes that emerged were that an Umbrella Organization with stability and resources is helpful to the long-term success of the intervention. Participants frequently mentioned the VIRT training as being the most helpful to start doing their jobs, and they also mentioned that the many trainings are beneficial to building their own resumes because they often come from a background where they did not receive as much formal education/training.
The participants mentioned what a stressful job they have, and how it is important to check in with each other and take vacation days in order to prevent burnout. The interview participants recommended having a staff therapist available, particularly one with experience working with their population. Lastly, the interview participants emphasized the important of stable and multi-year funding. When asked what they would do if the budget was increased, they mentioned that they would focus on expanding participant programs, expanding to new sites, and expanding to a younger population. They would increase the number of participant employment programs, and they would increase funding for wraparound services, and increase the staff salaries.

**CFIR Domain 5: Process**

*Engaging External Change Agents*

Key Community Connections for Expanding to New Sites

One of my key research questions was which factors are vital to the replication of the *Cure Violence* model to new sites. I asked each interview participant who in the community would be critical to get on board when expanding to a new site. The participants mentioned local churches, shops, schools, police, community leaders, community centers and local political figures. They mentioned that those in their current communities are typically very supportive of their program, as other attempts to reduce gun violence have not been effective.

“We would go to all the local schools. And talk to the principals. Let them know our purpose of coming in this neighborhood, and what we want to do. Let them know we're going to need their assistance, because we may be going in there. We will go look for the community leaders.
Speak with them. We will go to community board meetings, which we have been doing. And then we would ask for opportunity to speak, and let the entire community know that we're coming in this area soon, and we going to be working on reducing the violence, and that we need their assistance in this matter, because we can't do it alone. We will go to the local churches and speak to them as well. Let them know, ‘Listen, do you know that we're coming in this area?’ Because like we spoke about earlier, with shooting response, we going to want the religious leaders need to come out there, and support us. We'll go to the politician's office, speak with them. Community centers. We will go there and see who's in charge of that. To all the stores....Because mainly, when we do a shooting response, we want all everybody to come out.” (NYC Participant)

Reflecting and Evaluating

Team Briefing and Debriefing

One research question I had was around how supervisors give feedback to their staff members considering that the staff are a unique population with a unique background. Some sites in the past have had issues with staff returning to their previous criminal lifestyle, and I was interested to hear how supervisors keep track of what their team members are doing throughout the day. The interview participants all mentioned that they check in with their supervisor almost constantly throughout the day to see what is going on in the neighborhood, but that their supervisor also trusts them to do their job.

The supervisors all mentioned that it would be very easy to tell if a staff member was not doing their job, partly because of their frequent conversations throughout the day, but also
because all staff members log their interactions and tasks into the *Cure Violence* database daily.

Both staff and supervisors frequently mentioned that they feel as if they are so close that they are family, and that they can tell when a work colleague is not doing well in their personal life. Each site has a briefing when they get to work every single day, a daily after-work debriefing, and a weekly scheduled check-in meeting with their supervisor.

“Well like I said, we're out there together as a team. Like I said, we brief before when we first come in. And we debrief before we're leaving. And we gather, you know, if anything going on, we pretty much discuss it all and just figure out a plan. What to do about a situation, and how to go about it.” (NYC Participant)

Debriefing Topics

“Who's high risk, what's going on in the neighborhood, was there any incidents, what could we do to better the program or what events we should have coming up in order to get the community more involved. Where we need flyers put up at and what's the most thing that everyone has been asking us for that day and we will just write it down.” (NYC, Violence Interrupter)

Official Cure Violence Global Pillars of Management: Briefing, Debriefing & Individual Supervision

*Pillar 1: Daily Briefings*

*See Appendix FF for the Cure Violence Global Sample Briefing Agenda*
- Daily Briefings ensure that team members are all on the same page, have the same information and are a part of the strategic planning process to operationalize the work each day.

- It is also an opportunity to bring everyone together for a short period of time at the beginning of each shift to discuss any issues or challenges the team is currently facing.

- Designed to support the team by providing feedback and answering any questions that may come up.

**Pillar 2: Daily Debriefing**

- Debriefings conclude the shift. They are an opportunity for each staff member to share information they've gathered during the shift. Like the briefing, this ensures everyone is on the same page and provides an opportunity for team members to share their ideas, opinions, etc., so that the team has a full picture of what’s going on in the target area.

- Bring everyone together for a short period of time at the end of each shift to discuss any issues or challenges the team is currently facing.

- Designed to support the team by providing feedback and answering any questions that may come up.

- Debriefings should be a time to wind down so that staff can decompress before heading home.
Pillar 4: Individual Supervision

- Individual Supervision is used to ensure the employee has everything they need (knowledge, skills, expertise, credibility, suitability, etc.) to do their jobs well. It is an opportunity to support and provide feedback/redirection.

- Weekly scheduled meetings with each employee

- Same time every week (ex. Tuesdays at 4pm)

Supervisor Feedback

“I've been here I know what Cure Violence expects. I know what BronxConnect expects, and they trust me, and believe in me, that I'm not going to let that happen. So, we don't have that, ‘Oh he have to check on me every day’, or something like that. Do you know what I'm saying? If there's a problem that I can't handle, he knows I will call him. Do you know what I'm saying, say I'll ask him for advice, what should I do? But if it's anything that I can handle, why you even bother? Or if you thinking that he needs to know. Then I'll let him know. Do you know what I'm saying? They have that faith in me, me doing the right thing. So it helps a lot.” (NYC, Supervisor)

Supervisor Check-ins

“There's no really scheduled thing to talk about. We bring up any differences, or anything that we want to work on. Anything. Supervision is just to reach out to the supervisor and have one hour you could discuss your career, you could discuss your work facilities, or anything you want to discuss there. It's how to build yourself more or less.” (NYC, Hospital Responder)
Monitoring Database Entry

“As a supervisor with the sister now. What we do is, we monitor the individuals. Making sure they put in data in their computers. Daily, we supposed to put everything in daily. For instance, one person may fall behind a day or two. Because we're checking it. We say, ‘Sister’, or ‘Brother, you're behind on putting stuff in.’ And what goes on Monday, these two brothers, they have to do a Monday report. So before they do the Monday report, they will come check with the supervisors and say, ‘Listen, some of your VI’s, or some of your OW’s, they didn't do this in this area. We need this information.’ It's our job to go back. If we overlooked it, or didn't see it, or whatever. We go back, and we say ‘Listen, sister this, brother. You got to code this on this daily. You didn't do this.’ We have to monitor the work that's going in the data. Because again, if it's not in the data, it didn't happen.” (NYC, Supervisor)

Research Question 3: Community Level Factors

CFIR Domain 2: Outer Setting of the Intervention

Outer Setting: Participants

Listen to Participant Needs

One theme that staff participants mentioned frequently was the need to listen to what participants actually want and need, and to listen to them without interjecting or speaking. They also mentioned that it is important to ask the high-risk participants what they actually want as part of their risk reduction plan rather than force what they think they need onto them.
The staff participants mentioned that listening to the participants is what helps build their trust with the participants over time.

“I may just want to go back to school. You may want a job. So, it's like, everyone is different. Everyone's going to have different needs and wants. And that's the importance of that risk reduction plan. I need to know what you want, what areas I need to work with you in. Because everyone don't need help in the same area.” (NYC, Outreach Worker Supervisor)

Get Participants Outside of Neighborhood

Another theme that participants mentioned was that they really try to get their participants out of the neighborhood in order to expand their minds and encourage them to change their behavior norms. They frequently mentioned that the majority of their high-risk participants have never even left the neighborhood.

“For changing the norm with the participants we'll take them out the area. You know what I'm saying, we'll take them maybe to Manhattan or we'll take them far north camping and stuff like that, to show them different things. When you see different things, your mind opens up and you want to do things. So that's what we try to show them.” (NYC, Supervisor)

“I mean, almost every time we've gone to an event, there's somebody there that say I've never been to a baseball game. I've never been to a basketball game. Towards the end of the summer, we went to FDR pool. I had a lot of kids that told me they didn't even think they was still in New York.” (NYC, Outreach Worker)
Transferring Participant Relationships from Violence Interrupter to Outreach Worker

“When I take them here to the office, I introduce them to all the staff that's here. Then my supervisor, which is (name). He's the supervisor for the violence interrupter and the hospital responder. So, my supervisor would do this screening or maybe the program supervisor, she would do the screening to know where this person is at, what help they need. Because we are not pushing something onto them. We are asking, we are always asking what you want or you want to help with, stuff like that. So, they do the screening, then they know where to go from there.” (NYC Participant)

Transferring Participant Relationships from Hospital Responder to Outreach Worker

“Well, I build a rapport with them of course, and I pass them on to the outreach workers. I'll make their referral to the program from the hospital and I'll introduce them to our outreach workers. And, I don't really keep data on them, but I do electronically check up on them. Give them a call, or text them. Majority of the time, they are from the community and I will know them.” (NYC, Violence Interrupter)

Outer Setting: Relationship with Police

See Appendix GG: Police Network

I was very interested in what themes emerged around the staff and their relationship with police. Sites can vary from having absolutely no relationship with police, to receiving some gun violence data from police, to meeting with the police personally. However, the interview participants at the New York City and Chicago sites unanimously mentioned that in their opinion it is very important for them to have absolutely no relationship with police in order to maintain trust with their high-risk participants. It can even be dangerous to be seen speaking
with police if there is later police activity or arrests, as that could mistakenly be linked back to the violence interrupter or staff member. They did mention that it is acceptable for the Site Director to have some contact with the police. The police are also often required to oversee street closures for the summer BBQ’s and similar events.

Police Harassment

A few participants mentioned that police are known to harass either themselves or their high-risk participants. Staff members mentioned that it is often dangerous for them to do the work they do because they are in the middle of mediating a conflict, and the police would have no way to know that they are the mediators and not involved in the conflict. A few sites try to address this problem by doing a “roll call” at the police precinct every few months so that the local police can see who is on the team and recognize their uniform so that they will know who the staff members are if they are in the middle of breaking up a conflict.

“People go out two at a time. As you know, whoever they work with canvassing, but it always has to be at least two. That way you can cover each other. It's dangerous, it's open up for problems, it's open up for trouble, because say if... something happens, you want to be able to say, or have somebody else say that this had happened. Or we've been arrested. Because all police don't agree with what you doing. So say we get arrested, and you then you have someone else to speak up for you, ‘He didn't do anything.’ So it's always better to go out in pairs.” (NYC, Supervisor)
“We don't have a problem with the police, as they may assume. It's just that we want proper policing. We just want you to do your job. Not break the laws while doing your job or breaking your rules, your ethics, or whatever the case might be. We just want you to do good police work, and solve crime if it is committed. That's what the overwhelming majority of our community, civil, law-abiding individuals, we all want that. What we don't want you to do is just go out there and round up everybody, stigmatize everybody that looks like to you a young, black male walking as a perp, and assume that kid is doing something wrong, and stop, question and frisk him.” (NYC, Supervisor)

Roll Calls to Identify Cure Violence Staff

“The organization goes to roll calls. So, the roll calls is basically just for them to see who the team is, so they don't harass the team and it's like a mutual respect where we know that they have a job to do and we have a job.” (NYC, Supervisor)

Police without Guns

Interview participants frequently mentioned that they feel as if they police their own neighborhoods, and they feel that they do even more dangerous work than the police, with less protection, and less pay.

“I don't mean to take nothing away from the police, but we do this work without no gun, without no bullet-proof vest. We can't call 100 cars to a scene, and we go in there when it's... and, my supervisor Jay says this a lot. The police usually come after the situation. We're there before the situation, in the middle of the situation, when it's really going down. We don't wait to be the clean-up crew after everything is done, and that's big. And, how can you really put a
value on that?...All we have is our word, our credibility, and going into these trenches, hoping that that gets us somewhere because, at any given time a kid be like, "Man, fuck what you say. I don't care about that." (NYC, Supervisor)

No Relationship

“We definitely try to stay separate. My Director he can deal with the police. He can talk to them, he can do, but as far as the streets and stuff, we don't have any further connections with the police. They don't come in our office, we don't deal with them.” (NYC, Supervisor)

“We don't work with no police. We don't do nothing with the police. But for a person that doesn't know no better, if something happens it's like, ‘Oh, man, they told.’ Because we trying to stop it. First hand trying to stop it in your face. So now if something happens behind that it's like, ‘Damn, them n***** told.’ So, this is why you have to be credible, and now it's dangerous for you. You know what I'm saying?” (NYC, Outreach Worker Supervisor)

Creating a Working Relationship with Police

“Once that push back comes, we have meetings like today to identify these other workers in the field. We work for the mayor's office, criminal justice. Whenever you see these uniforms, these shirts and these hats with these logos, these guys are doing work. That's how we alleviate that, and we just get the top brass in a room and we just try to have a liaison session where we communicate on bridging the gap of our differences.” (NYC Participant)
Summary

Eight major themes emerged from the Cure Violence staff interviews. The main individual-level theme that emerged was about hiring practices/recommendations. Organization-level themes that emerged included fidelity to the original Cure Violence model, the inclusion of hospital and school responders in the program, what training was most recommended, how to prevent staff burnout, and how to prioritize the program budget. The main community-level theme that emerged was about the recommended relationship with the police force.

The interview participants recommended hiring individuals who are from the neighborhood, who have lived a street lifestyle but are truly reformed, who were already involved and volunteering their time, and who do not have any active conflicts in the area (Theme 1). The interview participants also recommended that programs maintain high fidelity to the original model (Theme 2). Participants recommended that all programs include school responders and hospital responders (Themes 3 and 4). School responders are able to prevent conflicts from escalating, and hospital responders are present key moments, and are able to prevent cycles of retaliatory violence.

Interview participants all pointed to the official Cure Violence Violence Interrupter (VIRT) training as the most useful training that they receive (Theme 5). Interview participants often mentioned the stress of such a dangerous job, and emphasized the need for a staff therapist to prevent burnout (Theme 6). Participants stressed the importance of funding year-round
employment programs and participant activities, increasing staff salaries, and providing free
community events (Theme 7). Lastly, the participants emphasized that they could not have any
relationship with the police force in order to maintain their trustworthiness and credibility with
their high-risk participants (Theme 8). The participants from New York City and Chicago had
very high levels of agreement with each other on the interview questions (both between the
two cities and within each city and site). The main difference between the two cities was that
New York City is part of a Crisis Management System that provides additional wraparound
services and job opportunities to their sites. New York City sites are well-funded and supported
by the city administration, whereas the one site in Chicago lost its funding soon after this study
concluded due to budget restraints.
Chapter 5: Discussion

Introduction

Gun violence is the most significant threat to the health and safety of urban youth in the United States (Control, 2017). Gun violence has an incredibly high social and economic cost. Persistent social norms around carrying weapons pose a significant challenge to efforts to decrease urban gun violence. Historically, gun violence has been addressed primarily through police and criminal justice responses. However, the consistently high rates of gun violence as well as the high costs of incarceration suggest a need for an effective community-based intervention. The Cure Violence model evaluated in this study is one such community-based public health approach to decreasing urban gun violence.

The Cure Violence program contracts with community-based organizations who are located in the target neighborhoods and are in the best position to effect change with local high-risk youth. Many evaluations of the Cure Violence program have found that the program was associated with statistically significant reductions in shootings. However, some cities, such as Pittsburgh, have only replicated some components of the model, and have not experienced positive results (Wilson J. C., 2011). This suggests that fidelity to the Cure Violence model may be important. The current study performed semi-structured qualitative interviews with program staff to hear their feedback and ideas for what the most critical and effective components of the model are, and any areas that could be improved.

The aim of this qualitative study was to assess the factors that affect the implementation and replication of the Cure Violence model. This study involved semi-
structured interviews with staff at seven program sites. These included the only active site in Chicago and six of the active program sites in New York City. The research questions explored this inquiry at the individual level, the organizational level, and the community level. Semi-structured interviews were used for this inquiry and the questions were organized around my three research questions. Within each research question, the questions were organized around the structure of the Consolidated Framework for Implementation Research (CFIR) (CFIR, 2020), which was specifically designed to evaluate the implementation and expansion of public health intervention programs.

The interview questions focused on the five CFIR dimensions: intervention characteristics, the inner setting of the intervention program, the outer setting of the intervention program, characteristics of the participants and workers involved, and the process of planning, executing and reviewing the intervention. Although the semi-structured staff interviews in the current study are specific to the experiences of the Chicago and New York City staff, the study aim was to collect data that when considered carefully could be useful to other Cure Violence sites that intend to implement or replicate the model, as well as for other urban gun violence prevention models. Several studies have been done previously on whether the Cure Violence model is effective in achieving a quantitative decrease in violence, and on whether Cure Violence truly changes community norms and participant attitudes towards violence (Webster D. W., 2012) (Gorman-Smith D. a.-G., 2014). However, no study to date had done extensive qualitative interviews with the Cure Violence staff in order to learn from their on the ground experience and opinions about how the intervention should be designed and implemented in their city.
I conducted in-depth qualitative semi-structured interviews with Chicago program staff and New York City program staff. Around five staff members were interviewed each time at six New York City sites and one Chicago site for a total of twenty-one interviews with twenty-eight participants (three interviews were group interviews). Eligible participants were at least 18 years of age, and worked at a Cure Violence site in one of the two cities. All New York City interviews were conducted in person. However, because of the COVID-19 pandemic, all Chicago interviews were conducted over video call. At the time of the interviews, there were over twenty sites in New York City, and Chicago only had one site (Office of the Mayor, 2021). Since the study concluded, the one Chicago site was closed because of budget constraints.

The semi-structured interview guide was developed based on previous studies and feedback from experts in the field, and interviews continued until the saturation of the primary themes was achieved. I organized the findings and themes from the staff interviews around my three research questions. Within each research question I organized the results around the five CFIR domains: intervention characteristics, outer setting, inner setting, characteristics of individuals, and process. Some themes that emerged were anticipated by the original research guide questions, and some themes emerged inductively during the interviews. By the end of data collection, all themes were theoretically saturated, and organized into eight main findings.

I chose a qualitative design rooted in ethnography for this study because my research questions involved the detailed opinions and experiences of the Cure Violence staff members, and the context and richness of their feedback would be lost in a quantitative survey. My total population of interest was every staff member at active Chicago and New York City Cure
Violence program sites. I chose not to use randomized selection of staff participants, but instead I chose to use purposive sampling (subtype: snowball sampling) in order to focus on finding information-rich cases.

The audio files were transcribed, validated, and added to an Atlas.ti database. I coded all of the interviews using an open-coding approach of marking segments of text that reflected unique ideas, meanings, or themes. In addition to considering themes specific to the research questions described above, the interview guide and coding scheme were flexible enough to allow for the detection of emergent themes that were not anticipated. The coding scheme was revisited and revised as the data were analyzed, as new patterns/themes were identified, and as expectations were confirmed or disconfirmed. A brief summary report was written and shared with research participants in order to assess the validity of the interpretation of the data. A total of 160 codes were grouped into 23 networks and eight overarching themes.

Summary & Discussion of Significant Findings

Major Themes

Eight major themes emerged from the Cure Violence staff interviews. The individual-level theme that emerged was about hiring practices/recommendations. Organization-level themes that emerged included fidelity to the original Cure Violence model, the inclusion of hospital and school responders in the program, recommended training, how to prevent staff burnout, and how to prioritize the program budget. The community-level theme that emerged was about the recommended relationship with the police force and high-risk participants.
Summary

The interview participants recommended hiring individuals who are from the neighborhood, have lived a street lifestyle but are truly reformed, were already involved and volunteering their time, and who do not have any active conflicts in the area (Theme 1). The interview participants recommended that programs maintain high fidelity to the original model (Theme 2). Participants also recommended that all programs include school responders and hospital responders (Themes 3 and 4). School responders are able to prevent conflicts from escalating, and hospital responders are present at a key moment, and are able to prevent retaliatory violence.

Interview participants all pointed to the official Cure Violence Violence Interrupter (VIRT) training as the most useful training that they receive (Theme 5), Interview participants often mentioned the stress of such a dangerous job, and emphasized the need for a staff therapist to prevent burnout (Theme 6). Participants mentioned the importance of funding year-round employment programs and participant activities, increasing staff salaries, and providing free community events (Theme 7). Lastly, the participants emphasized that they could not have any relationship with the police force in order to maintain their trustworthiness and credibility with their high-risk participants (Theme 8). It should be noted that the participating sites were all currently operating sites at the time of data collection, and therefore the participants (who were all currently employed staff) may reflect the views of staff who work at more successful sites (versus sites that have been closed, or participants who have been let go).
Research Question 1: Individual-Level Factors

In terms of my first research question, what are the individual-level factors that are vital to this intervention, the interview participants repeatedly emphasized the importance of hiring the right staff. The participants emphasized hiring credible messengers who are already volunteering in the community. I was not surprised that the participants mentioned credibility as hiring “credible messengers” is mentioned on the Cure Violence website and in their official training materials. Interview participants mentioned that not hiring the correct type of person would lead to the intervention being ineffective if the high-risk youth do not respond to them, or worst-case scenario the staff would potentially return to their previous lifestyle (which also sets a bad example for program participants).

I thought it was interesting that the participants specifically mentioned that potential hires cannot have ever snitched to the police, as snitching ruins their ability to build trust with high-risk participants for life. Another common theme that emerged was the stress of such a dangerous position where you are always “on the job”. The participants recommended that each site provide funding for a mental health counselor who visits the sites weekly and checks in with the staff. One interesting idea that the participants mentioned was making sure that the staff therapist themselves is from a similar “street” background so that they can relate to the Cure Violence staff and the trauma they have often been through.

Research Question 2: Organization-Level Factors

One surprising finding was the extent to which sites recommended staying faithful to the original Cure Violence model. I thought that each site and city would adapt the model
slightly to fit their local culture, how gangs and drug markets operate in their neighborhood, etc. However, all respondents replied that they stay very true to the original model with a small amount of their own “flavor” added in. Previous implementations of the model that have only implemented parts of the model have often not been successful in reducing gun violence, indicating that future replications of the model to new cities may want to retain high fidelity to the original mode. However, the New York City sites have many more wraparound resources than other cities, so future research may want to investigate which of those resources are most important for decreasing gun violence.

I thought it was interesting that when I asked the participants where they would expand their site to next, they all already had an area in mind and even a plan of how to expand and who to connect with. Program administrators may want to lean on the expertise of the local staff when expanding. The staff know where the violence hot spots are, and they also know where they have good community connections, which neighborhoods would be receptive to the intervention, etc. Their responses also really emphasized the importance of having connections with potential hires, as they said they would not expand to a neighborhood unless they already had some potential hires in mind.

I thought that hiring school responders and hospital responders would be helpful to the outcome of each site, and all interview participants confirmed that these positions either are very helpful or would be very helpful. However, it should be noted that only one hospital responder was interviewed for the study, so the information that emerged was mostly their colleagues’ thoughts on whether it is a helpful position to include in the intervention. In terms
of the school responder position, participants pointed out that they are able to stay on top of emerging conflicts by monitoring conflicts that begin at school or on social media. In terms of the hospital responder position, the staff members reported that this can be a very critical moment to stop a cycle of retaliatory violence, and can also be a golden moment for changing a participant’s lifestyle and decisions. I thought it was interesting that the role social media plays in escalating conflicts has increased in recent years. This may be an area for a future intervention to target, or for the Cure Violence model to add as an additional focus of training and processes.

Some cities have previously combined the Violence Interrupter Position and the Outreach Worker position into one position because of budget restraints. The staff confirmed that this is not ideal. They reported that it is almost physically impossible to canvas the streets for hours each day as a violence interrupter, and at the same time carry a case load of participants and connect them with services back in the office. In terms of program funding, my thought was that unstable funding of the program (as is often experienced in Baltimore, Chicago, and other cities) would have a negative effect on employee morale and intervention outcomes. The interview participants confirmed that in their experience this is true, and having stable multi-year funding of a site is important for long-term gun violence reduction. In terms of the program budget, participants mentioned several areas that they feel are most important to fund. This included participants activities such as trips, free community events, providing a safe space for participants to get off of the streets, providing wraparound services to participants, providing participants with year-round employment opportunities, and providing staff with decent benefits and an increase in salary.
Lastly, interview participants often reported that violence begins even younger than the Cure Violence model currently targets, and they recommended adding programs that target 10–12-year-olds. They often unofficially allow younger children to attend their events and training because of this. Interestingly, the age of the average homicide offender has risen since the Cure Violence program was originally designed. The program may want to consider how to adjust the intervention to target and assist this slightly older group. For example, offenders in the 24–29-year-old age range may be more interested in connections with employment than in getting their GED.

**Research Question 3: Community-Level Factors**

Interview participant also confirmed that they feel strongly that staff cannot interact with local police as that ruins their credibility with high-risk participants and can even be dangerous if police make arrests that are mistakenly linked to the Cure Violence staff. The staff reported that it can be helpful to do occasional “roll calls” at the local precinct so that the local police can see their uniforms and meet them briefly. After the roll call process, the police are then able to identify the staff as working to mediate a conflict when they encounter them out in the field. I was a little surprised by how strongly the participants felt that they cannot interact with police, and that only their supervisor can even be seen speaking with police.

**Strengths and Limitations**

A strength of qualitative research is that it provides greater depth and detail than a purely quantitative approach. One strength of this specific study was the ability to collect a rich description of how the Chicago and New York sites are currently managed, and what resources
and systems the site staff recommend to manage future sites. Policymakers can utilize this rich information to inform future program expansions or replications based on the *Cure Violence* model. One strength of this study is that I was able to access study participants that can often be hard to reach (it took years to get permission to proceed with the interviews, and I was never able to get permission to proceed with the Baltimore, Maryland sites). The staff I interviewed have very unique backgrounds, have unique insights into how the program is run, and have interesting insights into how to decrease gun violence because they themselves have gone through the process of reforming their lifestyle.

One disadvantage of this type of qualitative research is that fewer people are studied, and the collection and analysis of the data takes additional time. It can also be difficult to generalize to a larger population than the Chicago and New York sites that are being studied. In addition, although the interviews reveal the interesting perspectives and opinions of staff members, conclusive statements of causation cannot be drawn from the interviews. The results of this study are somewhat limited because only two *Cure Violence* cities were included in the data collection. In addition, the sites were not randomly selected and were selected based on their willingness to participate in the research study. This creates the potential for selection bias, as sites that were performing well may have been more likely to participate in the study. An additional disadvantage is that a qualitative analysis depends on the skill and experience of the researcher conducting the interviews, and this study has some potential bias because only one person conducted all of the interviews.

One limitation of this study was any potential bias introduced by the use of snowball
sampling (for example, if the site directors only recruited staff members with positive experiences). Bias could be introduced if the staff attempted to answer questions in a favorable light. To help guard against this social desirability bias, I prompted the staff to share their challenges and mistakes so that others could learn from them. I provided participants with a summary of the findings and asked for their feedback on the results to help ensure that the conclusions reflect an accurate interpretation of the participants' perspectives and experiences.

One additional limitation is that I only spoke with sites that were currently operating and staff members who were currently working. I did not speak with sites that have been closed down or staff members that have been let go or burned out. Therefore, the themes that emerged reflected the thoughts and experiences of sites and staff that may have had more successful experiences with the intervention.

During this study, all New York City participants were interviewed in person at their local site. However, because of the COVID-19 epidemic, all Chicago participants were interviewed over video call. This has the potential to introduce a difference in the responses between the two cities. However, I felt that the Chicago participants were very open and forthcoming on their video calls, and that all research questions reached saturation with this interview method.

New York City participants were interviewed at their workplace in a private room with a closed door, but there is a small possibility that they may have been nervous to be entirely forthcoming while still at their workplace. There were also more participants in New York City than Chicago, because Chicago only had one active site available to be interviewed. In addition,
there were only a few sites who had Hospital Responders and School Responders as full-time staff, so limited conclusions on those positions can be drawn from such a small number of participants. Lastly, I only collected qualitative data, so there was no quantitative data to pair with and help support what the interview participants were reporting.

**Recommendations for Future Research**

Future research could expand this research to study a larger number of interview participants, and could include more Cure Violence cities and countries. Future research could also interview participants at the Community-Based Organization level and at the City Administration level. For example, in New York City, future research could interview staff members at the NYC Crisis Management System level (which oversees all Cure Violence sites in New York City). This would provide more insight into how the program is funded, how progress is measured, what technical assistance is provided, how new cities are selected/rolled out, etc. Future research could also include interview participants from the national Cure Violence staff. It would be interesting to interview staff at closed sites, or staff who have been let go, and compare their answers with current sites and current staff. Future qualitative studies with additional resources could spend longer at each site sitting in on meetings, observing conflict mediations, recording all program activities, gathering program documents, documenting participant referrals to services, documenting forms of community events, public education campaigns, etc.

The original research questions for this study were inspired by the rapid expansion of the Baltimore replication of the Cure Violence model from four sites to ten sites. Baltimore has
a history of both successful and unsuccessful *Cure Violence* sites, and it would be interesting to speak to staff and administrators at both types of sites. Unfortunately, at the time this research was conducted, the Baltimore program was not receptive to participating in the research, even for currently operating sites. Future research could also attempt to take into account variations in the characteristics of neighborhoods that implement the intervention, and how that affects program outcomes.

Future research could also delve more into the major themes that arose during this research, and add a quantitative component that measures different program components versus quantitative gun violence outcomes. For example, the percentage of participants that are matched with employment opportunities compared with gun violence data in the catchment area. Future research could attempt to isolate the effect of different *Cure Violence* program components such as sites with Hospital Responders versus sites without Hospital Responders, and compare gun violence outcomes. Future research could compare sites with year-round employment programs versus sites that only have summer employment programs and measure the difference in outcomes. Of course, it can be very difficult to isolate one variable that affects gun violence outcomes, or match neighborhoods in order to compare data (especially because the program effects can sometimes spill over into nearby neighborhoods).

For this study I spoke with *Cure Violence* staff, but future research could interview high-risk program participants, other high-risk individuals in the neighborhood, and the broader community that lives in the catchment area. Future research could investigate the mechanism that the model uses to achieve changes in community social norms. For example, do norms
change because changes in high-risk participants spread to the rest of the community, or does the change spread from the larger community to the high-risk participants? Future research could investigate which program component has the greatest effect on changing social norms, and could compare the effect of program activities such as conflict mediations versus public education efforts versus participant resources, etc.

**Recommendations for Future Practice and Policy**

**Main Takeaways**

The results of this qualitative study suggest several areas for improvement for future practice and policy. The participants strongly recommended that the program have stable funding, and a sufficient level of funding (decent office, decent staff salary and benefits, year-round participant employment programs, salary for hospital responder position, do not combine VI and OW position, etc.) Interview participants recommended expanding the intervention to nearby neighborhoods with violence hot spots, as violence often spills over into their catchment area. Interview participants also mentioned that the support of local politicians and city administrators can have a large effect on the long-term success of an intervention.

Participants recommended that all new hires undergo a similar training to the week-long New York City violence interrupter training. They mentioned the importance of hiring credible messengers who are from the local community who have truly changed their lifestyle and are passionate about giving back to their community. Participants recommended that on the ground staff have no interaction with local police in order to maintain their credibility and trustworthiness. One interesting area of future intervention could be an intervention that
targets and monitors social media, as many violent conflicts now originate on social media.

Interview participants also recommended that gun violence interventions target as young as age ten in order to divert at-risk youth from a violent lifestyle. The format and theory behind an intervention for this younger age range may need to take a different format than a simple expansion of the Cure Violence age range.

**Research Question 1: Individual-Level Factors**

In terms of hiring, the interview participants recommended hiring people who are already volunteering in the community, who are credible, and who do not have any “red flags” (such as snitching to police). The “no snitching” recommendation may be particularly relevant for other anti-violence interventions that need to cultivate trust with their high-risk participants. Other programs that are seeking to change the behavior of high-risk youth may want to consider hiring staff who have changed their lifestyle around, but who are able to get respect from and influence high-risk youth because of their previous criminal lifestyle.

**Research Question 2: Organization-Level Factors**

In terms of policy recommendations, the participants in this study recommended that any current and future Cure Violence replications and expansions stay true to the Cure Violence model. However, as noted before, the New York City sites had many additional services and wraparound programs that are not all specifically required as part of the Cure Violence model, but which staff members pointed out as being crucial to their success. Other gun violence prevention programs may want to consider adding hospital responder and school responder components to their intervention. Many gun violence prevention programs may benefit from
having a hospital responder who can intervene at critical moments and prevent a cycle of retaliatory shootings. In addition, many gun violence prevention programs may benefit from having a presence in the schools of their participants, as this staff member is able to keep an eye on any developing conflicts and develop a relationship with high-risk youth over time. Other violence prevention programs may also want to consider adding a component that monitors social media, as many interview participants mentioned that the way violent conflicts begin has changed in recent years, and that many conflicts now begin on social media.

One interesting finding was that the staff appreciated all of the training that they receive not only for their ability to do their jobs well, but also to help build their resumes, as they often do not have a traditional past working in traditional jobs. Other programs that employ community workers with this history may want to consider this when planning trainings. Other programs who employ violence interrupters may want to consider hiring a staff therapist (who has worked with a similar population) in order to prevent burnout. The staff mentioned that they themselves often have trauma from their past experiences, and that working on stressful violence mediations can sometimes trigger their past trauma.

Interview participants often mentioned that stable and long-term funding is important for the success of a violence intervention program that is trying to change an entire community. They mentioned that if the funding was not secure each year, they would be forced to spend time looking for other employment, rather than focusing on their participants. In terms of what types of programs should be prioritized in the budget, interview participants emphasized expanding to a greater number of participants and to a larger territory. Interview participants
also emphasized the importance of including participant employment programs and wraparound services in the program budget.

**Research Question 3: Community-Level Factors**

This study has policy implications for other gun violence reduction interventions as the interview participants repeatedly emphasized the importance of an employment program component. They repeatedly mentioned that it is very difficult to convince a high-risk participant to leave their current lifestyle without offering them resources to replace that lifestyle. Future violence prevention programs may want to employ the participant strategies that interview participants recommended in order to change the trajectory of high-risk youth. For example, the staff recommended listening to the participants (versus talking over them), and really listening to what resources they are asking for (versus forcing them to graduate, get a job, etc.) The staff also mentioned that participants need to see you show up consistently over time in order to establish trust. One interesting method that other violence prevention programs may want to consider is to get the participants out of their neighborhood. The staff reported that many high-risk youths had never been out of their neighborhood and had never seen a different lifestyle than what they grew up observing.

In terms of a relationship with police, other programs that are trying to create a trusting relationship with high-risk youth may want to consider limiting their interactions with police. For this program, staff participants recommended that only site supervisors be seen speaking with police. Other violence prevention programs may want to consider adding a violence
interrupter position, as these trusted individuals are often able to get deeper into a community in order to prevent conflicts than traditional law enforcement approaches.
Summary of *Cure Violence* International Programs & Program Effectiveness

**CURE VIOLENCE AROUND THE WORLD**

**UNITED STATES:**
23 cities with as much as 73% reductions in shootings/killings

**PUERTO RICO:**
Homicides in Loiza down 50% in 2012, maintained in 2013

**HONDURAS:**
More than 700 interruptions/mediations in the first year of operation

**SYRIA:**
70% of trainees reported mediating a conflict within their first three months

**IRAQ:**
Almost 1,000 interruptions and 14,000 people reached from 2008 to 2013

**SOUTH AFRICA:**
Cape Town shootings down 79%, killings down 67%, 49 days without a shooting in 2013

**KENYA:**
Partnered with PeaceTXT to reduce election violence through text messaging

**UNITED KINGDOM:**
38% reduction in violent incidents and 95% reduction in group attacks at the Cookham Wood Youth Detention Center in 2013
Appendix B

Cure Violence Pillars of Management Document

CURE VIOLENCE GLOBAL

AN OVERVIEW OF THE PILLARS OF MANAGEMENT

PILLAR 1: DAILY BRIEFINGS

• Daily Briefings ensure that team members are all on the same page, have the same information and are a part of the strategic planning process to operationalize the work each day.

• It is also an opportunity to bring everyone together for a short period of time at the beginning of each shift to discuss any issues or challenges the team is currently facing.

• Designed to support the team by providing feedback and answering any questions that may come up.

Daily Briefings - 3 Techniques

1. Limit “huddles” to 15 minutes – Huddles are designed to be quick and not something that will drag on.

2. Stand during the “huddle” – Meetings are more effective when there are no chairs in the room. Huddles should also use this methodology to stay on track and keep the huddles to a minimum amount of time.
3. Take turns leading the meeting – One teammate should always lead the “huddle”; Easy to do if the Agenda is used; Team members take turns; Provides an opportunity to practice facilitation skills; Chance to shine.

**Daily Briefing: Agenda**

- Review of any violent incidents
  - Discussion of any shootings/homicides that have occurred within 24 hours
  - Ensure that follow-ups have taken place/will take place
  - Review roles for staff members involved in preventing retaliation
- Review of Conflicts/Potential Conflicts
  - Violence Interruption report
  - What’s currently going on in the community
  - Who has a rapport with the players?
  - Status of any mediations that are underway
  - Status of highest risk
  - Anyone recently come home?
- Outreach report
  - Has anyone heard/seen something that could result in violence?
  - Are there any participants that must be seen today?
  - Increased likelihood of violence
  - In- crisis
• The Plan
  o Determine the plan for today’s shift (complete the *Daily Plan*)
  o Establish roles for all team members
    • Who is seeing key individuals/participants?
    • Where are we canvassing? When? Why?
    • Who needs to reach out to whom?
• Issues (including staff issues)
  o Any issues to discuss?
  o Anyone need any help?
  o How are staff feeling?

**PILLAR 2: DAILY DEBRIEFING**

• Debriefings conclude the shift. They are an opportunity for each staff member to share information they’ve gathered during the shift. Like the briefing, this ensures everyone is on the same page and provides an opportunity for team members to share their ideas, opinions, etc., so that the team has a full picture of what’s going on in the target area.
• Bring everyone together for a short period of time at the end of each shift to discuss any issues or challenges the team is currently facing.
• Designed to support the team by providing feedback and answering any questions that may come up.
• Debriefings should be a time to wind down so that staff can
decompress before heading home.

**Daily Debriefings - 3 Techniques**

1. Sit – Have the team sit down in a circle for the debriefing

2. Breathe – Start the debriefing with a breathing or muscle relaxation exercise,
or a moment of silence to refocus

3. Take turns leading the meeting – One team member should always
lead the debriefing

**Debriefing Agenda**

Please have the staff provide feedback/updates on the target area(s)

with regards to:

• Any violent incidents which took place during work hours

• Status of All Current Conflicts and/or Potential Conflicts

• Review of Participants/Key Individuals seen today who are:
  - Still in crisis
  - At increased risk for violence
  - Need additional support

• Any new information regarding:
  - Recent/Historic Violence
  - Recent release of key individual(s)
o New Groups/Individuals in the area

- Other issues

**PILLAR 3: TEAM MEETINGS**

- The team meets together one time a week, at the same time every week (ex. Every Wednesday at 3pm).

- The meeting must be a priority for all.

- Innovation: Bring a resource provider in to present or have an abbreviated training on a topic of interest as a part of your weekly Team Meeting agenda.

**Team Meeting - Best Practices**

1. Organize meeting logistics

2. Distribute an agenda before the meeting

3. Start and end on time

4. Open with member check-in

5. Establish and review ground rules

6. Assign administrative roles

7. Summarize decisions and assign action items

8. Debrief: evaluate and plan for improvement

9. Document meeting minutes promptly

**Team Meeting Agenda**

- Detect & Interrupt
PILLAR 4: INDIVIDUAL SUPERVISION

- Individual Supervision is used to ensure the employee has everything they need (knowledge, skills, expertise, credibility, suitability, etc.) to do their jobs well. It is an opportunity to support and provide feedback/redirection.
- Weekly scheduled meetings with each employee
- Same time every week (ex. Tuesdays at 4pm)

Best Practices

- Be a problem solver
  - Being an effective problem solver means staying focused on the facts of the situation and thinking of creative solutions
  - Avoid focusing on emotions and blame
- Communicate effectively and respectfully
• Listen carefully

• Speak clearly and concisely

• Focus on employee strengths
  
  o Pay attention to the unique talents and skills of each worker and utilize those strengths for the benefit of the project

• Help strengthen weaknesses
  
  o Assist employees to transform their weaknesses into competencies. The first step is creating awareness of an area that needs improvement

**Agenda**

• Detect & Interrupt

• Treatment of Highest Risk

• Staff Development

• Top Priorities for the Week
Appendix C

IRB Determination Form

Date: February 26, 2019

To: Ashleigh Gallagher

Re: DrPH Dissertation Student Project Title: “A Qualitative Analysis of the Optimal Implementation and Replication of the Cure Violence Model According to New York City and Chicago Program Staff Interviews”

The JHSPH IRB reviewed the IRB Office Determination Request Form for Primary (New) Data Collection (received 02/18/2019) on February 26, 2019. We have determined that the proposed activity described in your determination request form involves “program development or evaluation” as part of “public health practice.” This is a public health practice project to examine the factors that affect the optimal implementation and replication of the Cure Violence model. The results will not be shared or disseminated beyond the DrPH class project involved in this activity. Thus, the proposed activity does not qualify as “research” as defined by DHHS regulations 45 CFR 46.102, and does not require IRB oversight.

Be advised that all uses of private information, including use for public health practice, must adhere to basic ethical principles, including:

1. Respect for persons: When collecting new data from individuals (as opposed to using existing data), data seekers must obtain consent from, or provide notification to, people before collecting their private information unless there is compelling justification not to do so.
2. Minimize risk: In all cases, risk to the individuals should be minimized. Data confidentiality, data security and privacy protections are relevant to all activities.

3. Sound project design: Use of private information for practice purposes must have the potential to yield a useful result.

Institutional Review Board Office

615 N. Wolfe Street / Room E1100 Baltimore, Maryland 21205-2179 Phone: 410-955-3193
Toll Free: 1-888-262-3242 Fax: 410-502-0584 Email: jhsph.irboffice@jhu.edu Website: www.jhsph.edu/irb

PUBLIC HEALTH PRACTICE NOT RESEARCH DETERMINATION NOTICE

You are responsible for notifying the JHSPH IRB of any future changes which would result in this activity moving from “public health practice” to “human subjects research” and requiring IRB review.

If you have any questions regarding this action, please contact the JHSPH IRB Office at (410) 955-3193 or via email at jhsph.irboffice@jhu.edu.

cc: Lilly Engineer, MBBS Faculty Advisor / Assistant Professor Department of Health Policy and Management Johns Hopkins University Bloomberg School of Public Health
Appendix D

IRB Consent Form

JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

ORAL CONSENT SCRIPT FOR STUDIES WITH ADULT PARTICIPANTS – Version 1

Study Title: “A Qualitative Analysis of the Optimal Implementation and Replication of the Cure Violence Model According to New York City and Chicago Program Staff Interviews”

Principal Investigator: Lilly Engineer

Student Investigator: Ashleigh Gallagher

Hello. My name is Ashleigh Gallagher, a student investigator from Johns Hopkins School of Public Health and we would like to talk to you about how best to expand the Cure Violence model to new sites and new cities. We would love to hear your feedback and advice because you have experience working with the Cure Violence/Safe Streets program. You do not have to join; it is your choice.

If you say yes, we will ask you to answer questions relating to the implementation and replication of the Cure Violence/Safe Streets intervention. It will take one in-person interview of 60 minutes, with the potential for a short follow-up interview. You do not have to answer all of the questions, and you may stop at any time. If you are comfortable with it, we will be recording the interview. The recording will not be accessible to anyone outside the study. We will write down the information about you and use it anonymously to qualitatively evaluate the implementation of the program.
There is a risk that someone outside the study will see your information. I will do my best to keep your information safe by not sharing your statements with anyone outside of the study and deleting any identifiable records after study completion.

You may find the study a valuable way to improve the intervention and provide your input. We will give you the results of our evaluation.

Do you have any questions? You may contact me, Ashleigh Gallagher (ashleighdgallagher@gmail.com) or my faculty advisor, Lilly Engineer, (lengine1@jhu.edu) about your questions or problems with this work.

Call or contact the Johns Hopkins Bloomberg School of Public Health IRB Office overseeing data collection if you have questions about your rights as a study participant. Contact the IRB if you feel you have not been treated fairly or if you have other concerns. The IRB contact information is:

Address: Johns Hopkins Bloomberg School of Public Health

615 N. Wolfe Street, Suite E1100, Baltimore, MD 21205

Telephone: 410-955-3193

Toll Free: 1-888-262-3242

E-mail: jhsph.irboffice@jhu.edu

Would you like to join the study? [If yes] May I begin?
### Appendix E

#### Atlas.ti Document Table

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Appendix F

CFIR Constructs and Descriptions

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<th>Short Description</th>
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<tr>
<td><strong>I. INTERVENTION CHARACTERISTICS</strong></td>
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<tr>
<td>A Intervention Source</td>
<td>Perception of key stakeholders about whether the intervention is externally or internally developed.</td>
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<tr>
<td>B Evidence Strength &amp; Quality</td>
<td>Stakeholders’ perceptions of the quality and validity of evidence supporting the belief that the intervention will have desired outcomes.</td>
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<td>C Relative Advantage</td>
<td>Stakeholders’ perception of the advantage of implementing the intervention versus an alternative solution.</td>
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<tr>
<td>D Adaptability</td>
<td>The degree to which an intervention can be adapted, tailored, refined, or reinvented to meet local needs.</td>
</tr>
<tr>
<td>E Trialability</td>
<td>The ability to test the intervention on a small scale in the organization, and to be able to reverse course (undo implementation) if warranted.</td>
</tr>
<tr>
<td>F</td>
<td>Complexity</td>
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<td>G</td>
<td>Design Quality &amp; Packaging</td>
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### II. OUTER SETTING

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<tr>
<th>A</th>
<th>Patient Needs &amp; Resources</th>
<th>The extent to which patient needs, as well as barriers and facilitators to meet those needs, are accurately known and prioritized by the organization.</th>
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<tr>
<td>B</td>
<td>Cosmopolitanism</td>
<td>The degree to which an organization is networked with other external organizations.</td>
</tr>
<tr>
<td>C</td>
<td>Peer Pressure</td>
<td>Mimetic or competitive pressure to implement an intervention; typically because most or other key peer or competing organizations have already implemented or are in a bid for a competitive edge.</td>
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<td>D</td>
<td><strong>External Policy &amp; Incentives</strong></td>
<td>A broad construct that includes external strategies to spread interventions, including policy and regulations (governmental or other central entity), external mandates, recommendations and guidelines, pay-for-performance, collaboratives, and public or benchmark reporting.</td>
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<td>III. INNER SETTING</td>
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<tr>
<td>A</td>
<td><strong>Structural Characteristics</strong></td>
<td>The social architecture, age, maturity, and size of an organization.</td>
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<tr>
<td>B</td>
<td><strong>Networks &amp; Communications</strong></td>
<td>The nature and quality of webs of social networks and the nature and quality of formal and informal communications within an organization.</td>
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<tr>
<td>C</td>
<td><strong>Culture</strong></td>
<td>Norms, values, and basic assumptions of a given organization.</td>
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<tr>
<td>D</td>
<td><strong>Implementation Climate</strong></td>
<td>The absorptive capacity for change, shared receptivity of involved individuals to an intervention, and the extent to which use of that intervention will be rewarded, supported, and expected within their organization.</td>
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<tr>
<td>1</td>
<td><strong>Tension for Change</strong></td>
<td>The degree to which stakeholders perceive the current situation as intolerable or needing change.</td>
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<tr>
<td>2</td>
<td>Compatibility</td>
<td>The degree of tangible fit between meaning and values attached to the intervention by involved individuals, how those align with individuals’ own norms, values, and perceived risks and needs, and how the intervention fits with existing workflows and systems.</td>
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<td>Relative Priority</td>
<td>Individuals’ shared perception of the importance of the implementation within the organization.</td>
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<td>Organizational Incentives &amp; Rewards</td>
<td>Extrinsic incentives such as goal-sharing awards, performance reviews, promotions, and raises in salary, and less tangible incentives such as increased stature or respect.</td>
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<td>Goals and Feedback</td>
<td>The degree to which goals are clearly communicated, acted upon, and fed back to staff, and alignment of that feedback with goals.</td>
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<td>6</td>
<td>Learning Climate</td>
<td>A climate in which: a) leaders express their own fallibility and need for team members’ assistance and input; b) team members feel that they are essential, valued, and knowledgeable partners in the change process; c) individuals feel psychologically safe to try new methods; and d) there is sufficient time and space for reflective thinking and evaluation.</td>
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<td>E</td>
<td>Readiness for Implementation</td>
<td>Tangible and immediate indicators of organizational commitment to its decision to implement an intervention.</td>
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<td>1</td>
<td>Leadership Engagement</td>
<td>Commitment, involvement, and accountability of leaders and managers with the implementation.</td>
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<td>2</td>
<td>Available Resources</td>
<td>The level of resources dedicated for implementation and on-going operations, including money, training, education, physical space, and time.</td>
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<td>3</td>
<td>Access to Knowledge &amp; Information</td>
<td>Ease of access to digestible information and knowledge about the intervention and how to incorporate it into work tasks.</td>
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**IV. CHARACTERISTICS OF INDIVIDUALS**

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<tr>
<th>A</th>
<th>Knowledge &amp; Beliefs about the Intervention</th>
<th>Individuals’ attitudes toward and value placed on the intervention as well as familiarity with facts, truths, and principles related to the intervention.</th>
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<tr>
<td>B</td>
<td>Self-efficacy</td>
<td>Individual belief in their own capabilities to execute courses of action to achieve implementation goals.</td>
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<td>Individual Stage of Change</td>
<td>Characterization of the phase an individual is in, as he or she progresses toward skilled, enthusiastic, and sustained use of the intervention.</td>
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<tr>
<td>D</td>
<td>Individual Identification with Organization</td>
<td>A broad construct related to how individuals perceive the organization, and their relationship and degree of commitment with that organization.</td>
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<td>E</td>
<td>Other Personal Attributes</td>
<td>A broad construct to include other personal traits such as tolerance of ambiguity, intellectual ability, motivation, values, competence, capacity, and learning style.</td>
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**V. PROCESS**

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<tr>
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<th>Planning</th>
<th>The degree to which a scheme or method of behavior and tasks for implementing an intervention are developed in advance, and the quality of those schemes or methods.</th>
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<td>B</td>
<td>Engaging</td>
<td>Attracting and involving appropriate individuals in the implementation and use of the intervention through a combined strategy of social marketing, education, role modeling, training, and other similar activities.</td>
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<td><strong>Opinion Leaders</strong></td>
<td>Individuals in an organization who have formal or informal influence on the attitudes and beliefs of their colleagues with respect to implementing the intervention.</td>
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<td>---</td>
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<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>2</td>
<td><strong>Formally Appointed Internal Implementation Leaders</strong></td>
<td>Individuals from within the organization who have been formally appointed with responsibility for implementing an intervention as coordinator, project manager, team leader, or other similar role.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Champions</strong></td>
<td>“Individuals who dedicate themselves to supporting, marketing, and ‘driving through’ an [implementation]” [101] (p. 182), overcoming indifference or resistance that the intervention may provoke in an organization.</td>
</tr>
<tr>
<td>4</td>
<td><strong>External Change Agents</strong></td>
<td>Individuals who are affiliated with an outside entity who formally influence or facilitate intervention decisions in a desirable direction.</td>
</tr>
<tr>
<td>C</td>
<td><strong>Executing</strong></td>
<td>Carrying out or accomplishing the implementation according to plan.</td>
</tr>
<tr>
<td>D</td>
<td><strong>Reflecting &amp; Evaluating</strong></td>
<td>Quantitative and qualitative feedback about the progress and quality of implementation accompanied with regular</td>
</tr>
<tr>
<td>personal and team debriefing about progress and experience.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix G

Full Interview Guide

Interview Guide

Beginning time:

Introduction

Thank you for coming today, my name is Ashleigh and I am conducting a research study through my graduate program at the Johns Hopkins School of Public Health.

You were invited to participate in this interview in order to provide your feedback and advice about the Cure Violence program.

This discussion should last around 60 minutes.

I am going to ask for your permission to follow some strategies that will encourage a good discussion and that will help me understand your views:

Recording

Our discussion will be digitally recorded to allow for transcription and review of your comments at a future date.

Note taking

From time to time, I will take notes to keep track of your discussion.

Confidentiality
When transcribing and analyzing our conversations, your identity and the identity of all discussion participants will remain anonymous.

**Informed Consent Procedures**

Read the oral consent form out loud to participant.

I. **Introductions & Gaining Rapport**
   
   A. To begin, can you tell me a little about what your role is with Safe Streets/Cure Violence?

      1. Potential probes: How long have you been with the program? How did you first hear about the program? Did you grow up near here?

II. **Training and Resources**

   A. Can you tell me a little about how you prepared to start your job?

      1. Can give potential examples if needed: what CV/SS staff or city staff gave you to read, any trainings you attended, shadowing a coworker, training from Chicago CV office, etc.

   B. After you had your initial training, have there been any ongoing or refresher trainings?

      1. Were any of these specifically very helpful?

   C. Are there things that you picked up or learned from your fellow workers or supervisors that were helpful?
D. How did you learn about which community organizations/services to refer your high-risk youth to?

E. Is there any technology that you use to do your job that you find to be very useful?

1. Can you tell me an example of how you use it and how it’s helpful?

F. Is there any technology that you wish you had or that would be helpful?

G. What resources does the program provide to help with such a high-stress job?

1. Are there any additional resources that would help with having such a high-stress job?

III. Intervention Characteristics

A. Potential Probes:

1. Intervention Design

   1. Can you tell me more about the Cure Violence program and how it operates here? How has it changed since you first started? And how does this compare with other cities to your knowledge?

   2. What do you think the most important parts of the program are? What program activities are most important for preventing shootings and changing community norms?

   (A) Write on note cards

208
(B) Have them order note cards

1. Can you tell me a little about why you put that one first?

(C) If they do point out the three pillars of the model then probe what those pillars mean to them:

1. Detect and interrupt violent conflicts

   1. What does the detect process look like?
   2. Can you tell me more about how you interrupt conflicts? Can you tell me a story about a time that you interrupted a conflict?

2. Identify and treat the highest risk

   1. Can you tell me more about how you identify the highest risk?
   2. What does “treating” the highest risk mean to you?

3. Mobilize the community to change norms
1. If they don’t bring this up themselves, ask whether they think it’s an important activity.

2. Do they believe that the program activities are an adequate way to try to change the community norms? Any activities that they would add?

2. Cost

1. If you had a hundred dollars to spend on the program, how much would you put into each category/activity?

   (A) Write their answers and amounts on note cards and discuss the reasoning behind their decisions.

   (B) Examples if needed:

   1. Fund community events
   2. Fund staff salaries
   3. Fund t-shirts, posters, etc.
   4. Fund activities with youth
   5. Fund mentorship and job development programs
   6. Fund wraparound services
   7. Fund mental health services
2. Are there any areas where you think that money could be saved?

3. How does this compare to what is in the current budget?

4. How does it affect you and your coworkers and the participants if future program funding is uncertain?

IV. Inner Setting

A. Potential Probes:

1. Structural Characteristics

   1. Can you tell me a little about how your site and the Community Based Organization (CBO) (Baltimore) or Crisis Management System (CMS) (New York) work together?

      (A) Probes: So, you mentioned that...do you think that this affects how you go about implementing your program?

   2. Would you recommend any changes to how the site and CBO/CMS work together or how the site itself is organized/structured?

      (A) Examples if needed:

          1. Violence interrupters and outreach workers combined into one position or separate?

             2. How many violence interrupters and outreach
2. **Networks & Communications**

1. Can you tell me about how you communicate with your coworkers and supervisor? This can include texting, phone calls, emails, official meetings, social media, etc.

2. How often do you usually check in or speak with your supervisor?

   (A) Is there a regular schedule of meetings with your supervisor and with the team?

   (B) How does your supervisor communicate their expectations for the day and long-term?

3. Can you tell me about how you communicate with your CBO/CMS?
(A) How often, in what manner, how is it structured, who do you communicate with, etc.

V. **Outer Setting**

A. Do you think it would be helpful to have two sites geographically close to each other?

1. What are some examples of ways that this would be helpful? Or not helpful?

B. How would you choose where to expand to a new site?

1. Would it be helpful to have the new site under the umbrella of the original site, or does it depend?

2. At what size should a site split into two separate sites instead of being two parts of one large site?

   1. Does this depend on the geographic area covered, the number of staff, the number of participants, the level of violence, the location of violence, etc.

VI. **Characteristics of Staff**

A. Potential Probes:
1. Can you tell me a little bit about what you would look for when recruiting new staff members? Can you give some examples of characteristics you would want them to have?

   1. Violence Interrupters
   2. Outreach Workers
   3. Supervisors

2. Are there any specific characteristics that you would want to avoid when hiring?

   1. Have there been any hires that didn’t work out at this site, and were there any lessons learned that you are able to share about how to hire or manage VI’s and OW’s?

3. How do you recommend that supervisors manage CV/SS staff given their unique background and life experiences?

4. Can you give some examples of where you would advertise the position to find the best people, or how you would advertise it?

5. Can you give some examples of what you personally look for in a good quality supervisor?

VII. **Process**

A. Potential Probes:

   1. **Engaging:**
1. **Opinion Leaders**

   (A) When opening a site, who do you think are the most important people to get on board? Write them down and have them put them in order.

   1. Potential examples: community leaders, church leaders, city leaders, high-risk youth, parents/grandparents, police, local politicians, city agencies, etc.

   (B) In your experience, have you ever seen buy-in or support from these people affect the success of the program? If so, can you tell me a little more about that or tell me a story about a time that happened?

2. **Hospitals**

   (A) Do you think it would be useful for all CV/SS sites to have a hospital component to the intervention? Can you tell me a little about how this would be helpful, how it would work, who would staff it, etc?

3. **Schools**
(A) Do you think it would be useful for all CV/SS sites to have the ability to enter local schools and continue their work inside the schools?

1. Can you give an example of how this would be helpful, or an example of a program/training that the staff could implement in the schools that would be useful, or a time that you saw a school program be helpful in reducing violence?

2. How would you structure this? Would you have staff mostly at one school or covering multiple schools? Would there be a dedicated school violence interrupter or would VI's just have access to local school?

3. What ages/grades would you prioritize?

4. **Law Enforcement**

   (A) Do you recommend that sites communicate with law enforcement for this program?

   1. Does this depend on the city?

   2. What do you recommend for this city?

   3. In what circumstances would you recommend for or against having them involved in the program?
4. Can you give some examples from your experience?

(B) Can you give an example of a time that a site should work with law enforcement?

(C) Does your site have regular check-ins scheduled with local law enforcement?

(D) Is there anything that sites should make sure to avoid doing?

**Conclusion**

We are at the end of my questions, is there anything else that you would like to add? Or anything additional that you would like to talk about? Thank you again for your time today. Would you be willing to speak with me in the future if I have any follow up questions? Are there any current or past CV/SS staff that you think I should speak with next about these questions?

Time interview ended:
### Appendix H

**Full Atlas.ti Codebook**

<table>
<thead>
<tr>
<th>Code</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Detect and interrupt conflicts</td>
<td>Pillar 1 of Cure Violence model</td>
</tr>
<tr>
<td>2) Identify and treat the highest risk</td>
<td>Pillar 2 of Cure Violence Model 2/13/2021 2:25:14 PM, merged with Highest-risk 1/19/2021 11:46:13 AM, merged with High-risk criteria</td>
</tr>
<tr>
<td>3) Mobilize the community to change norms</td>
<td>Pillar 3 of CV model 1/19/2021 11:39:21 AM, merged with Community norms</td>
</tr>
<tr>
<td>Activities - Sports</td>
<td>Sports activities</td>
</tr>
<tr>
<td>Activities/Events</td>
<td>Activities and events that the Cure Violence program plans for participants, community, etc. 1/19/2021 11:34:26 AM, merged with Activities - most important/critical 1/22/2021 6:03:04 AM, merged with Events</td>
</tr>
<tr>
<td>Age</td>
<td>Age that intervention targets, age violence begins</td>
</tr>
<tr>
<td>BRAG</td>
<td>BRAG - Bronx Rises Against Gun Violence - NYC Cure Violence Site</td>
</tr>
</tbody>
</table>
Budget - Program Budget  
Budget specific to the site or sites 2/10/2021 7:24:29 PM,  
merged with Budget 1/19/2021 11:34:51 AM, merged with  
Budget – activities 2/17/2021 2:19:56 PM, merged with Budget  
- Recreation Center 2/17/2021 2:20:05 PM, merged with Budget  
– technology What technology is useful to do their job.

Can't save everybody  
Notion that you can't save every single participant if they are  
not yet willing, or that sometimes you have to walk away for  
safety if they are not willing to listen.

Canvas  
CV staff canvassing

Canvas - always in a group  
Never canvas alone for safety reasons

Catchment area  
Site catchment area 1/19/2021 12:23:35 PM, merged with Site -  
size

Catchment area - outside  
Violence coming in from outside of catchment area, whether  
area  
staff also work outside of catchment area.

Chicago  
Chicago is mentioned

Communication  
Communication

Communication - cell  
Communication on cell phones

Community  
Mentions community
<table>
<thead>
<tr>
<th>Community - Church/Clergy</th>
<th>Participant mentions church or clergy (often in reference to who in community is important to get buy-in from, sometimes mentioned as who is on the hiring panel).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community - community leaders/partners</td>
<td>Importance of connecting with community leaders</td>
</tr>
<tr>
<td>Community - elected officials</td>
<td>Relationships with elected officials in the community</td>
</tr>
<tr>
<td>Community - Key Player in Neighborhood</td>
<td>Key players in the community</td>
</tr>
<tr>
<td>Community - stores/businesses</td>
<td>Businesses in the community</td>
</tr>
<tr>
<td>Community-based</td>
<td>It is a community-based intervention</td>
</tr>
<tr>
<td>Connections/Relationships</td>
<td>Connections and relationships are incredibly important to the success of the program</td>
</tr>
</tbody>
</table>

1/19/2021 11:35:43 AM, merged with Community - churches

1/19/2021 11:37:39 AM, merged with City administration

2/17/2021 2:15:24 PM, merged with Relationships

2/23/2021 3:28:14 PM, merged with Community – connections Who is important to connect with in the
community for the intervention to be successful, who will keep you informed, who will support your events, who will hire participants.

**Consequences of violence**  Staff mention the consequences of violence

**Consistency**  Importance of consistency

**Coronavirus**  How did programs adapt to COVID-19?

**Cure Violence Global**  The national Cure Violence Global organization

**Cure Violence Model**  Cure Violence Model 2/17/2021 2:13:40 PM, merged with Cure Violence

**Dangerous**  CV role is dangerous

**Data**  Mention data 1/19/2021 11:43:19 AM, merged with Evidence-based

**Database**  Discuss CV database

**Drugs**  Mention drugs

**Education**  Mention education 1/19/2021 11:42:33 AM, merged with Educate

**Education - pub ed/palm**  Pub ed, palm cards, flyers 2/12/2021 3:17:27 PM, merged with cards/flyers etc.

**Event Flyer**  2/12/2021 5:27:28 PM, merged with Site - posters
Events - block  Community events - specifically block parties
parties/cookouts

Events - community  Community events

Family  Mention family

Feeling safe in community  Feel safe in the community/neighborhood

Fights - social media  Discuss fights beginning over social media, which platforms

Financial knowledge  Financial knowledge

Food  Mention free food

Funding  Funding of larger intervention in city (budget covers individual program budgets) 1/19/2021 11:45:32 AM, merged with Funding - wraparound services 1/22/2021 6:06:21 AM, merged with Funding – competition 1/22/2021 6:06:21 AM, merged with Funding - long-term funding 1/22/2021 6:06:21 AM, merged with Funding - stable funding 1/22/2021 6:06:21 AM, merged with Funding - unstable funding

Gangs/Crews  Mention gangs

Gifting free items  Strategy of gifting free items

Gun Violence/Guns  2/17/2021 1:46:29 PM, merged with Shooting
<table>
<thead>
<tr>
<th>Hot spots</th>
<th>Hot spots for gun violence, data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation</td>
<td>Implementation of intervention</td>
</tr>
<tr>
<td>Information</td>
<td>Importance of information 1/22/2021 6:08:02 AM, merged with Information - gather information first</td>
</tr>
<tr>
<td>Interrupt violence/mediate conflicts</td>
<td>Interrupting gun violence and mediating conflicts 1/22/2021 6:08:09 AM, merged with Interrupt violence – consequences 2/17/2021 2:05:04 PM, merged with Mediate conflicts</td>
</tr>
<tr>
<td>Jobs</td>
<td>Discuss jobs, importance of jobs 1/19/2021 11:48:02 AM, merged with Jobs – Barriers 1/22/2021 6:08:31 AM, merged with Job Interview</td>
</tr>
<tr>
<td>Lifestyle - change</td>
<td>How change lifestyle/mindset 1/19/2021 11:49:03 AM, merged with Lifestyle - not attacking lifestyle</td>
</tr>
<tr>
<td>Listen</td>
<td>Importance of actually listening 2/17/2021 2:06:08 PM, merged with Participants – listen Really listen to participants</td>
</tr>
<tr>
<td>Man Up</td>
<td>Mentions Man Up Site</td>
</tr>
<tr>
<td>Mentor</td>
<td>Mentor</td>
</tr>
<tr>
<td>Model fidelity</td>
<td>Fidelity to the CV model</td>
</tr>
<tr>
<td>Money</td>
<td>Mention money</td>
</tr>
</tbody>
</table>
New sites/expanding/replicating

Discuss new sites, expanding 1/19/2021 12:17:19 PM, merged with New sites – expanding 2/13/2021 9:57:38 AM, merged with New Sites - expanding

New York

Mention New York

Not cookie cutter/own style

Have own flavor or style of doing things

Outreach Worker

Mentions OW 2/23/2021 1:38:36 PM, merged with Outreach Worker Supervisor Outreach Worker Supervisor

Outreach Worker - Caseload of an OW

Caseload

Parents

Mentions parents 1/19/2021 12:18:46 PM, merged with Parent - single parent

Participant events

Events for participants (basketball games, pizza night, etc.)

Participant needs

What does the participant actually say they need

Participants

Mentions participants 1/19/2021 12:19:41 PM, merged with Participants - long-term goals 1/19/2021 12:49:47 PM, merged with Target population 2/23/2021 3:12:02 PM, merged with Participants – referrals Referring participants to the program and referring them to services
Participants - change  
How to change the mindset of a participant

Participants - mindset/lifestyle

Participants - check  
Staff check in and meet with participants 2/12/2021 4:55:01 PM, merged with Participants - meet with participants 2/17/2021 2:01:32 PM, merged with Participants – contacts 2/12/2021 4:39:18 PM, merged with Participants - contacts per week

Participants - check in/meet w participants

Participants - court/legal  
Help participants with court

Participants - court/legal assistance

Participants - don't tell  
Staff sometimes take the approach of not telling them expressly to stop, try other roundabout approaches.

Participants - don't tell them to stop

Participants - females  
Experience of female participants and any differences

Participants - females experience of female participants and any differences

Participants - food  
Participants and anything involving food

Participants - food

Participants - get outside  
Many participants have never been outside of their neighborhood, have a limited worldview

Participants - get outside

Participants - issues at home  
Many participants have issues at home

Participants - issues at home
<table>
<thead>
<tr>
<th>Participants - music</th>
<th>Participants and activities around music</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants - not ready for change</td>
<td>When participants are not yet ready for change</td>
</tr>
<tr>
<td>Participants - risk reduction plans</td>
<td>Participant risk reduction plans</td>
</tr>
<tr>
<td>Participants - safe place/off the streets</td>
<td>The CV office is a safe place, and a place to get off of the streets</td>
</tr>
<tr>
<td>Participants - see friends in program or changing lifestyle</td>
<td>See friends in program and that encourages them to join/participate</td>
</tr>
<tr>
<td>Participants - training</td>
<td>Training that participants receive</td>
</tr>
<tr>
<td>Police</td>
<td>Quotation about police 1/19/2021 12:21:09 PM, merged with Police - tensions with police 2/23/2021 3:19:00 PM, merged with Police - relationship with police What is the relationship with police like</td>
</tr>
<tr>
<td>Police - no relationship</td>
<td>Express that they have no relationship with police</td>
</tr>
<tr>
<td>Police - police own neighborhood</td>
<td>Express that staff police their own neighborhood in a sense</td>
</tr>
<tr>
<td>Topic</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
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<tr>
<td>Police - roll calls/how</td>
<td>Police roll calls to meet staff and identify them 2/17/2021</td>
</tr>
<tr>
<td>identify staff</td>
<td>1:56:15 PM, merged with Police - how to identify CV staff</td>
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<tr>
<td>Police harassment</td>
<td>Examples of police harassment</td>
</tr>
<tr>
<td>Preventative</td>
<td>Intervention is preventative</td>
</tr>
<tr>
<td>Prison</td>
<td>Discuss prison 1/19/2021 11:48:17 AM, merged with Juvenile detention centers</td>
</tr>
<tr>
<td>Prison - previously</td>
<td>Previous experience in prison 1/19/2021 11:46:45 AM, merged with Incarcerated - formerly incarcerated</td>
</tr>
<tr>
<td>incarcerated</td>
<td>with Incarcerated - formerly incarcerated</td>
</tr>
<tr>
<td>Prison - reentry</td>
<td>Prison reentry</td>
</tr>
<tr>
<td>Professional development</td>
<td>Professional development of staff or participants</td>
</tr>
<tr>
<td>Replace violence with</td>
<td>Can’t just say stop shooting, have to be able to replace it with opportunities</td>
</tr>
<tr>
<td>Rikers</td>
<td>Mention Rikers prison in NYC</td>
</tr>
<tr>
<td>Role Model</td>
<td>Importance of a role model. who is a role model</td>
</tr>
<tr>
<td>SAVE Harlem</td>
<td>SAVE Harlem site</td>
</tr>
<tr>
<td>Services/Resources/Wrapa</td>
<td>Wraparound services 2/17/2021 1:48:05 PM, merged with Services - funeral money Program provides funeral expenses</td>
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<tr>
<td>Shooting - missed shooting</td>
<td>What happens when a shooting gets by the staff?</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
</tr>
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<td>----------------------------------</td>
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</tr>
<tr>
<td>Shooting - time without a shooting</td>
<td>Participant mentions the time the site has gone without a shooting</td>
</tr>
<tr>
<td>Shooting response</td>
<td>2/17/2021 1:45:51 PM, merged with Shooting response - bull horn Mention of</td>
</tr>
<tr>
<td>Sites support other sites</td>
<td>Interview participants mention that sites often support other sites, be going to shooting responses, planning events together, etc.</td>
</tr>
<tr>
<td>Size of site</td>
<td>Staff feedback on size of their site, when to expand, how big a site should be, etc.</td>
</tr>
<tr>
<td>Social media</td>
<td>Mention of social media</td>
</tr>
<tr>
<td>Staff</td>
<td>Any mention of staff 1/19/2021 12:50:54 PM, merged with Staff - well-known</td>
</tr>
<tr>
<td>Staff - already doing the work/volunteering</td>
<td>Staff express that they were often already doing violence prevention work in their neighborhood for free before they got recruited. They also express that watching someone volunteer for a few days or weeks can tell you whether they would be a good hire. 2/16/2021 5:09:10 PM, merged withStaff - ready to serve Volunteer</td>
</tr>
</tbody>
</table>
Staff - always on the job  Staff express that they are always on the job 24/7, they always need to be on call in case something happens, they always need to be available by phone, etc.

Staff - benefits - healthcare  If staff get benefits, healthcare, vacation days, etc.

Staff - Brief and Debrief  How and when staff brief and debrief each day, what topics are covered, why it’s important.

Staff - burn out/how destress  Whether staff experiences burnout, how to prevent it, ways that they destress. 2/27/2021 2:16:11 PM, merged with Staff – stress The stress that staff experience, the stress of the job, etc.

Staff - Combined VI & OW  Responses to whether VI & OW should ever be combined into one position.

Staff - Credibility/Respect  Importance of being "credible" to community and participants, goes hand in hand with being respected. Often tied to a past "street" life in the neighborhood. 1/22/2021 6:05:30 AM, merged with Credible messengers 2/16/2021 4:52:36 PM, merged with Credible Messengers 2/17/2021 10:45:54 AM, merged with Staff - vouch for someone 2/17/2021 1:51:44 PM, merged with Respect

Staff - female  Female staff give their perspective
Staff - from the neighborhood
Importance of being from the neighborhood

Staff - give back to neighborhood
Many staff mention being happy that they can contribute positively to a neighborhood that they once took away from.

Staff - hiring
Interview participants mention hiring

Staff - hiring advice
Participants give their advice for what to look for for each role, what are some red flags.

Staff - hiring panel
Participants discuss the hiring panel that is used to when hiring Cure Violence staff.

Staff - Hospital Responders
Hospital responders

Staff - participant
Different strategies staff use to get to participants, get them not strategies to be violent, get them to change their long-term thinking.

Staff - participants can relate to them
Staff mention that participants can relate to their life experiences - that is how they have sway over them.

Staff - pride/passion for work
Staff mention having an innate pride and passion for their work.

Staff - professional development
Staff mention what is done for their professional development
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff - promotions</td>
<td>How promotions are typically decided and handled</td>
</tr>
<tr>
<td>Staff - red flags</td>
<td>Red flags when hiring, sometimes red flags that they may be tempted to return to old lifestyle. 1/19/2021 12:51:49 PM, merged with Staff - no domestic violence 1/19/2021 12:51:49 PM, merged with Staff - no sex offences</td>
</tr>
<tr>
<td>Staff - relationships -</td>
<td>Diverse staff can form relationships with diverse participants and communities</td>
</tr>
<tr>
<td>Staff - safety</td>
<td>Safety of staff comes first</td>
</tr>
<tr>
<td>Staff - salaries</td>
<td>Whether staff are satisfied with salary, what salary they would recommend, etc. 1/22/2021 6:17:19 AM, merged with Salary</td>
</tr>
<tr>
<td>Staff - still in street</td>
<td>Mention staff still straddling old lifestyle or being tempted to return to old &quot;street&quot; lifestyle, how you can tell, how to prevent, etc. 1/19/2021 2:08:53 PM, merged with Staff - return to old lifestyle 2/12/2021 5:04:39 PM, merged with Recidivism</td>
</tr>
</tbody>
</table>
Staff - street experience/lived experience

Mention having a past in street life, understanding street lifestyle, being able to vibe with someone with a street background. 1/19/2021 12:50:27 PM, merged with Street life 2/17/2021 2:05:29 PM, merged with Lived experience "Been there done that"

Staff - suitable/professional

Staff often mention being "credible" aka having a street background but ALSO being suitable or professional - able to interact with youth and also able to meet with the mayor. 1/19/2021 12:51:30 PM, merged with Staff – professional 2/17/2021 1:32:08 PM, merged with Staff – professionalism

Idea that staff need to have a professional/more traditional work side at the same time that they often have to have street experience. The professional side can be taught.

Staff - team meetings

How/when/why the team meets and what is discussed

Staff - therapist

Questions and answers around whether the staff are connected with a therapist with whom they can speak.

Staff - trust colleagues

Mention need to trust coworkers

Staff - Uniform

Importance of staff uniform, makes them visible to community and police, etc.
Staff - vacation days  Staff discuss whether they take vacation days, whether they
work during vacation

Staff - visible  1/19/2021 12:16:42 PM, merged with Neighborhood - present
in the neighborhood

Staff - where to find  2/13/2021 9:51:18 AM, merged with Staff - where to post CV
potential hires  job 2/17/2021 2:08:02 PM, merged with How got involved

Staff - work as a team  Participants mentions importance of working as a team, leaning
on a teammate, etc.

Staff - work schedule  Typical hours and days worked by staff

Staff structure  How the site is structured (staff positions, number in each
position, etc)

Supervisor  Quotations that mention program supervisors

Supervisor - checking in & feedback  How does each supervisor check in on what staff are doing, and
how they are feeling.  2/13/2021 9:50:07 AM, merged with
Supervisor check-ins 2/23/2021 1:20:22 PM, merged with
Supervisor – feedback How supervisors provide feedback to
staff
<table>
<thead>
<tr>
<th>Supporting Organization/Umbrella Organization</th>
<th>Quotes on the umbrella organization that oversees sites.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Therapy</strong></td>
<td>Mention therapy 1/19/2021 11:41:14 AM, merged with Depression 2/23/2021 3:24:42 PM, merged with Participants - therapy/counseling Therapy available to participants</td>
</tr>
<tr>
<td><strong>Training - hands on</strong></td>
<td>Staff participant mentions that they are always still learning, learning/always and that they learn/train on the go. learning/shadowing 2/17/2021 7:51:36 AM, merged with Training - hands-on</td>
</tr>
<tr>
<td><strong>Training - one minute pitch</strong></td>
<td>Participant mentions learning how to give a &quot;one minute pitch&quot; (often used while canvassing and handing out palm cards).</td>
</tr>
<tr>
<td>Training - OSHA Training</td>
<td>Mention OSHA training as being helpful (Occupational Safety and Health Administration).</td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Training - VIRT (Violence Interruption and Reduction Training)</td>
<td>Participant mentions VIRT (violence interruption training) as being helpful.</td>
</tr>
<tr>
<td>Trauma</td>
<td>Participants and community and staff have all experienced a lot of trauma. Program should take a trauma-based approach.</td>
</tr>
<tr>
<td>Trust/Mistrust (Doubt)</td>
<td>Building trust in the community and trust towards the intervention. Community that has a history of doubt concerning interventions from outside that come in for a short time and leave. 1/22/2021 6:17:44 AM, merged with Trust - Building trust 2/17/2021 7:37:58 AM, merged with Mistrust/Doubt 2/14/2021 8:23:40 AM, merged with Doubt Express doubt about model working</td>
</tr>
<tr>
<td>Violence - buy time</td>
<td>A strategy used to decrease the change of a shooting. Let people cool off, get them away from the scene, get them away from friends who may encourage retaliation or gun violence.</td>
</tr>
<tr>
<td>Violence - most important pillar/program activities</td>
<td>Most important pillar for preventing shootings</td>
</tr>
</tbody>
</table>
Violence - not acceptable
Let it be known that violence is not acceptable in the community.

Violence - retaliation
A lot of violence is created by retaliation, or the need to retaliate for what was done to you to save face. Violence can be decreased by cutting off this cycle of retaliation, or removing the participant from friends and family who may be encouraging retaliation.

Violence - starts young
The path to violence begins at a young age, interventions need to target young kids (as young as 10).

Violence - summer
Gun violence rates tend to increase during the summer months.

Violence as a disease/health approach
Participant references the theory that violence spreads like a disease, or mentions the program's health approach to violence prevention.

Violence escalates
-Violence can escalate, prevent violence by preventing escalation.

Violence Interrupters
Mentions Violence Interrupters.
Violence/Fights

Participant mentions violence/fights 2/14/2021 5:06:44 PM, merged with Fights
Appendix I

Hiring Network
Appendix J

Hiring Network: Where to Recruit
Appendix K

NYC Palm Card Example

“If a child can’t open a bottle of aspirin, we should also make sure they can’t pull the trigger of a gun.”

- President Barack Obama

The B.R.A.G. Team:

- Mediates conflict and disputes on the spot in the streets
- Works to prevent retaliations after violence has occurred
- Mentors and counsels the most at-risk young people in the neighborhood
- Works to empower neighborhood residents to address the problem of violence
Appendix L

NYC Palm Card Example
Appendix N

Pillar 3: Mobilize the Community to Change Norms
Appendix O

NYC Summer BBQ Flyer

B.R.A.G. North’s Peace Circle Barbeque:

Come join us for an afternoon full of food, music and activities!

When: Saturday, June 22, 2019

Where: East 226th Street between Bronxwood Ave. and Paulding Ave.

Time: 12:00PM-5:00PM

Contact: Program Supervisor Yadira Moncion, 646-385-1955
Participant Activities Sample Flyer

Appendix P

BASKETBALL
ADULT OPEN GYM

18YRS OLD & UP
15 PEOPLE IN THE GYM
SPACE AT A TIME FOR
SOCIAL DISTANCE
PURPOSES

PRINCE JOSHUA
AVITTO COMMUNITY
CENTER
876 SCHENCK AVE
BKLYN, NY 11207

MONDAYS 6PM - 8PM

FOR MORE INFO (718) 975-4721 /
(718) 498-2320
WWW.MANUPINC.ORG
Appendix Q

Most Important Cure Violence Pillar Network
Appendix S

Combined VI & OW Position Network
Appendix T

New Sites Network
Appendix U

Catchment Area Network
Appendix W

Hospital Responder Network
Appendix X
Participant Strategies Network
Appendix Z

Training Network
Appendix AA

NYC OSHA Training

"Apply Now"

OSHA-30
Jan. 4th-8th
5:00pm-11:00pm
ONLINE

Virtual Scholarship Training

MUST HAVE:

ACCESS TO INTERNET
+LAPTOP-MOBILE

ABILITY TO SIT FOR 6 HR SESSIONS

+DOWNLOAD ZOOM APP
FULLY CHARGED DEVICE

SIGN-UP!
using these links

https://signup.com/go/UCpCjUm
https://pdf.ac/nlaaJ
(Agreement form)

https://pdf.ac/ByaKZ
(Intake form)

MJJOHNSON@MANUPINC.ORG
www.MANUPINC.ORG

"1st come 1st served"
Appendix FF

Cure Violence Global Sample Briefing Agenda

Briefing Agenda

1. **Review of any violent incidents**
   - Discussion of any shootings/homicides that have occurred within the past 24 hours
     - Complete Shooting Incident Review form, if applicable
   - Ensure that follow-ups have taken place/will take place
     - Roles assigned based on skill/rapport
   - Review roles for staff members involved in preventing retaliation
     - Roles assigned based on skill/rapport

2. **Review of Conflicts/Potential Conflicts**
   - Violence Interruption report
     - What’s currently going on in the community?
       - Who has a rapport with the players involved?
     - Status of any mediations that are underway
     - Status of highest risk
       - Anyone recently come home?
       - Any current issues between individuals/groups?
   - Outreach report
     - Has anyone heard/seen something that could result in violence?
     - Are there any participants that must be seen today?
       - Increased likelihood of violence
       - In crisis

3. **The Plan**
   - Determine the plan for the shift (*The Daily Plan*)
     - Establish roles for all team members
       - Who is seeing key individuals/participants?
       - Where are we canvassing? When? Why?
       - Who needs to reach out to whom?

4. **Issues**
   - Any issues to discuss?
   - Anyone need any help?
Bibliography


Glenton, C. C. (2013). Barriers and facilitators to the implementation of lay health worker programmes to improve access to maternal and child health: qualitative evidence synthesis. *The Cochrane Database of Systematic Reviews*.


Struett, D. (2020, November 1). *Chicago gun violence still up 50% through end of October as other crime falls*. Retrieved from Chicago Sun Times:


