



# North Carolinians Against Gun Violence Education Fund

## Community Violence Intervention Programs

Community violence intervention programs focus on individuals at the highest risk of violence and use prevention and intervention strategies to reduce violence and retaliation. They emphasize employing effective social services to address issues such as education, employment, substance abuse, trauma, and other root causes of gun violence, thereby preventing shootings in impacted communities.<sup>1,2</sup>

### What are the programs, and how do they prevent violence?

#### Street Outreach/Violence Interruption

Street Outreach/Violence Interruption programs employ Violence Interrupters from the community who interrupt cycles of violence by supporting victims, responding to shootings, mediating conflicts, and providing social services. Trained workers immediately work with the victim's network of friends and family to prevent retaliation, identify ongoing conflicts, and talk to key community actors, constantly following the issue and encouraging a peaceful resolution. Interrupters also work with high-risk individuals to convince them to change their behavior and provide any necessary treatment. They shift community norms to non-violence, responding to every shooting, and supporting behavior change by program participants.<sup>3,4</sup>

Cure Violence is a Violence Interruption program now used in over 50 US cities and many more across the globe. New York neighborhoods participating in Cure Violence experienced 18 percent fewer homicides from 2010-2013, while similar NY neighborhoods experienced a 69 percent *increase* during the same years.<sup>5</sup>

#### Gate City Coalition – Greensboro, North Carolina

Gate City Coalition uses the Cure Violence model. The Coalition was developed in 2018 in response to a string of shootings that claimed the lives of multiple teenagers.<sup>6</sup> Between January and June of 2019, 84 aggravated assaults and homicides were reported in Greensboro's Martin Luther King, Jr. Corridor. Only 61 such crimes were reported in the MLK Corridor during the same period in 2020, however, and 32 were reported in 2021. During that time, the program met with 456 individuals to build connections and assist with or mediate conflicts. Gate City Coalition works with more than 30 staffing agencies in the area to match survivors of gun violence with job opportunities, and 87 percent of the program's surveyed participants found the program positively impacted their lives.<sup>7</sup>

#### Bull City United – Durham, North Carolina

Established in 2016, Bull City United seeks to prevent community violence through active conflict mediation and the use of violence interrupters.<sup>8</sup> There was a 31% decrease in the number of aggravated assaults with firearms in the program's focus area during the first six months of 2017.<sup>9</sup> Within July 2021 and December 2021, the program hosted 57 participants, 51 percent of which are employed, and 23 percent are in school. Between July 2021 and February 2022, the program conducted 920 mediations.<sup>10</sup>

## **Hospital-Based Violence Intervention (HVIP)**

HVIPs are rooted in the philosophy that violence is preventable, and empirical evidence demonstrates that a violent injury offers a “teachable moment” and unique opportunity to break cycles of violence. HVIPs focus on patients in the immediate aftermath of violent injury with the goal of reducing reinjury and retaliation as well as promoting healing and psychological well-being. To accomplish this, HVIPs include a brief intervention in the emergency department or hospital bedside, followed by intensive community-based case management services for a period of approximately six months or more, depending on the program. HVIP services are provided by culturally appropriate violence prevention professionals who often also serve in a mentorship capacity. More than 40 programs in the U.S. and internationally have adopted this model and participate as members of the Health Alliance for Violence Intervention (The HAVI).<sup>11</sup>

HVIPs save both lives and money. In Baltimore, a study found that individuals who did not participate in an HVIP program were six times more likely to be re-hospitalized for a violent injury and four times more likely to be convicted of a violent crime than individuals who received the intervention. Among individuals who benefitted from the program, employment increased from 39 percent to 82 percent, while employment fell for those not in the program. One randomized control trial found individuals receiving HVIP services were half as likely to be convicted of any crime.<sup>12</sup>

## **National examples**

Since 2007, Richmond, California, has invested in CVI efforts, including through the Advance Peace model and a hospital-based violence intervention program. In the five years post intervention, homicides in Richmond decreased by an average of 55%. An analysis of Richmond’s CVI efforts, spearheaded by its Office of Neighborhood Safety, found that over a five-year period, reductions in violence provided benefits valued at more than \$541 million, with total costs of less than \$2.4 million.<sup>13</sup> A March 2020 analysis of Advance Peace in Sacramento, California (a replication of the Richmond model), found that for every dollar invested, the city received benefits valued between \$18–\$41, including savings on emergency response, health care, law enforcement, and other criminal justice system costs.<sup>14</sup>

Similarly impressive results have been achieved in a variety of cities around the country in recent years. Newark, New Jersey, has been a national leader in implementing CVI strategies, including the Newark Community Street Team and Hospital-based Violence Intervention Program at University Hospital.<sup>15</sup> Newark saw a 20% reduction in homicides between 2018 and 2019, when the city reached a six-decade low in lethal violence.<sup>16</sup> New Haven, Connecticut, invested in CVI programs including group violence intervention, street outreach, and hospital-based violence intervention, and the number of fatal and non-fatal shootings was cut in half between 2011 and 2016.<sup>17</sup> The City of St. Louis, Missouri, invested robustly in CVI strategies in 2020 and 2021, including street outreach and hospital-based violence intervention work, and saw a 25% reduction in homicides in 2021, one of the few cities in the nation to buck the trend of major spikes in violence in the wake of the Covid pandemic.<sup>18</sup>

## **NC Funding Highlights**

### **Cure Violence Programs for 1 Year:**

City of Durham: \$935,488<sup>19</sup>

Durham County: \$1 Million<sup>20</sup>

Greensboro: \$300,000

Winston-Salem: \$200,000

## **HVIP for 1 Year:**

Duke Hospital: \$284,000

Wake Forest Baptist: \$250,000

Atrium Health: \$166,667

## **Comprehensive Violence Intervention (Cure Violence Programs Included):**

New Hanover County: \$39 Million<sup>21</sup>

City of Charlotte: \$474,000<sup>22</sup>

## **CVI Funding: Greensboro, Winston-Salem, Duke, Atrium, Wake Forest**

**Greensboro:** \$1,000,000 (2019 - 2021)

- Cure Violence was first brought to Greensboro in 2019 when city council unanimously voted to allocate \$500,000 to the program. The program got another \$500,000 last year to operate in 2021.<sup>23</sup>

**City of Winston-Salem:** \$750,000 (2022 - 2025)

- A three-year partnership has been approved with Cure Violence. The city is using coronavirus relief funds to pay for the \$750,000 project. (As of April 2022)<sup>24</sup>
- Adopted 2022 Budget: Sets aside \$200,000 for CURE Program / Violence Interrupters in grant funds.<sup>25</sup>

**Duke Hospital:** \$284,000

### **Atrium Hospital:**

- \$490 thousand will be allocated to the development of a hospital-based violence intervention program in collaboration with Atrium Health's Carolinas Medical Center. (FY 2022 - FY 2024).<sup>26</sup>

**Wake Forest Baptist:** \$250,000

---

<sup>1</sup> Cure Violence. [The 5 Required Components of Cure Violence](#). 2019 Dec.

<sup>2</sup> Centers for Disease Control and Prevention. [Community Violence Prevention](#). 2021 Oct 18.

<sup>3</sup> National Council on Crime and Delinquency. [Developing a Successful Street Outreach Program: Recommendations and Lessons Learned](#). 2009 Oct.

<sup>4</sup> Cure Violence. [What we do](#). 2022.

<sup>5</sup> Butts JA, et al. [Effectiveness of the Cure Violence Model in New York City](#). 2015 Jan.16.

<sup>6</sup> Anderson, Natalie. "After success in other NC cities, councilman works to bring cure violence model to Salisbury - Salisbury Post." *Salisbury Post*, 13 February 2022. <https://www.salisburypost.com/2022/02/13/after-success-in-other-nc-cities-councilman-works-to-bring-cure-violence-model-to-salisbury/>. Accessed 17 May 2022.

<sup>7</sup> Wallen, Courtney. "'I'm a survivor': Greensboro woman passionate about fighting gun violence." *Spectrum News*, 1 Nov. 2021.

<sup>8</sup> "Bull City United". | Durham County - NC - Public Health." <https://www.dcopublichealth.org/services/health-education/bull-city-united/bull-city-united>. Accessed 17 May 2022.

<sup>9</sup> Downey-Piper, Mel. *Bull City United Update*. 2020. *Durham County, NC*, <https://www.dconc.gov/Home/ShowDocument?id=21253>.

<sup>10</sup> Bull City United Second Quarter Update," *Bull City United*. Personal communication, February 1, 2022. [PowerPoint slides]

<sup>11</sup> The Health Alliance for Violence Intervention. [What is a Hospital-Based Violence Intervention Program \(HVIP\)?](#)

<sup>12</sup> Cooper C, et al. [Hospital-based violence intervention programs work](#). *The Journal of Trauma*. 2006 Sep;61(3):534-7; discussion 537-40.

