HEALING TO SCALE IN OAKLAND:
INVESTING IN PROVEN MODELS TO BREAK THE CYCLE OF VIOLENCE
FINAL LOCAL EVALUATION REPORT

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Executive Summary

Project Overview

The immediate aftermath of a violent act is a time of confusion, anger and fear. It is a dangerous time when rash acts of retaliation are more likely and when patterns of future trauma are cemented. By any measure, Oakland is suffering an epidemic of violence concentrated among poor communities of color. Research shows that survivors carry destructive emotional scars long after an incident, one study finding that 74% of young urban victims presented with post-traumatic stress disorder (Corbin 2013). While the evidence indicates that addressing retaliation and re-victimization is the cornerstone of a successful strategy to reduce urban violence (Law Center 2016), current efforts in Oakland do not fully address the problem. This is not for lack of knowledge, rather, a consequence of lack of capacity. Despite being an anchor institution for Oakland's violence prevention efforts, Youth ALIVE! has never been able to operate to the scale of the issue.

The purpose of this project was to expand the capacity of Youth ALIVE!'s Intervention and Healing programs to prevent retaliation, reduce re-injuries, increase safety and promote healing from trauma. Youth ALIVE! expanded its use of evidence-based models and implemented a novel approach to develop a 24/7 response system to violence in the city of Oakland. **The project had two goals: 1) To dramatically reduce violent re-injuries among shooting victims and 2) To dramatically reduce retaliatory violence, shootings and homicides.**

Major Findings, Accomplishments, and Goals

Youth ALIVE (YA) successfully implemented its multi-pronged approach to increase capacity for its Intervention and Healing programs. From May 1, 2018 – April 30, 2020; YA's expanded program resulted in engagement of nearly 1,000 victims of violence (Figure 1).

Program Participants	n
Hospital-based Clients Contacted:	**300**
Clients Contacted within 48 Hours of Hospital Referral	*252*
Clients Contacted within 48 Hours of Injury	*193*
Clients Who Completed Goal Plans	*47*
Clients Re-hospitalized for new violence-related injuries	*3*
Family Members of Homicide Victims Contacted:	**258**
Individuals Involved in Mediations:	**419**

New Ambassadors:	14
TOTAL PROGRAM PARTICIPATION:	991

Table 1 – Program Participants in Intervention and Healing programs, May 1, 2018 – April 30, 2020

Implementation of the program resulted in the following goals and accomplishments:

- Safety assessments provided to 82% of victims who met the screening criteria within 48 hours of hospital referral (Goal 1, Objective A)
- The resolution of 142 incidents of suspected retaliations risk (*Goal 1, Objective B*)
- Self-reported improvement in pro-social behavior in 93% (n=15) of clients over a 6-month period (*Goal 1, Objective C*)
- Self-reported improvement in improvement of trauma symptom frequency in 100% (n=17) of clients over a 6-month period (*Goal 1, Objective D*)
- 90% (n=146) of social networks of homicide victims contacted within 48 hours of next of kin notification (*Goal 2, Objective A*)
- 87% (n=310) of conflicts resolved without violence between parties with high risk factors for future violence (*Goal 2, Objective B*)
- Identification of key factors involved in conflict mediation and resolution (*Goal 2, Objective B and C*)

Additionally, Youth ALIVE made programmatic changes in response to community need in terms of violence prevention and Covid-19. YA added to its internal community-to-career pipeline with the creation of the Ambassador program. This program is a street-based internship program for formerly incarcerated individuals who receive incentives and mentoring from Violence Interrupters. Fourteen Ambassadors are in the program with three subsequently joining YA's Violence Interruption staff. More recently, YA transitioned to offering remote services to clients due to the COVID-19 pandemic and paused providing bedside visits. YA continues to receive referrals from all hospitals during this time, and resumed hospital visits two months after the grant period ended. When referrals were received while hospital visits were paused, initial safety assessments were conducted by phone with patients (inpatient or after discharge) when possible. If patients believed that they were in immediate danger, YA provided personal protective equipment (PPE) for staff to assist patients in crisis in-person. YA staff provide weekly calls to clients to discuss and provide resources regarding substance abuse, interpersonal violence, and child abuse in addition to other health and safety information related to COVID-19.

Problems and Barriers Addressed

The evaluation process overall occurred as planned. However, three issues arose in data collection that could influence the final analysis. Below are these issues and the steps taken to address them:

1. Loss-to-follow-up: For indicators in which comparison of an individual's change over time was sought, loss-to-follow-up posed a challenge. A broader time period was analyzed to try to capture as many complete records as possible and lessen the impact of this on results.
2. Shelter-in-Place Due to Covid-19: Participation in the focus group and individual interview components of the evaluation were severely hampered by the shelter-in-place policy instituted in response to Covid-19. To make participation as accessible as possible, clients were given the opportunity to participate via video conference or phone.
3. Missing Data: For some indicators, incomplete records were an initial challenge. Attempts to retrieve the data were made through review of individual records and any data still missing was reviewed with Youth ALIVE! staff for further investigation.

Conclusions: Unintended Outcomes, Lessons Learned, and Final Thoughts

This evaluation project set very ambitious goals and high benchmarks for success. While all of these benchmarks were not reached during the evaluation period, the levels of programmatic success overall point to the need to continue developing this multi-pronged strategy as a way to meet the need for intervention and healing in the community.

Regarding unintended outcomes, no direct unintended outcomes were observed. However, this process led to an iterative examination of the indicators used to evaluate the outcomes. An example of this can be found in the results of Goal 1, Objective A. The percentage of safety assessments (32%) fell far short of the goal of 90%. However, the majority of clients contacted had no record of assessment. A closer inspection revealed that many of these contacts did not receive a safety assessment because they did not have what was considered to be any safety risks. Future evaluation may better account for situations like this to more clearly determine if the clients who need a safety assessment are receiving it. Continued evaluation of the data will be key

Regarding lessons learned, the use of participatory evaluation processes revealed the importance of evaluators and practitioners working together throughout the evaluation process in the interpretation of data. This approach of equal partnership helped contextualize the data

collected. For example, the project led to critical discussions about the concept of retaliation risk and resolution that is not easily observed in the quantitative data. Discussions about the determination of risk, when it is resolved, and for how long resulted in a deeper analysis of the statistics and richer conversations in the qualitative interviews. The concept of retaliation risk as relational – in which risk can be fluid and dependent on social networks, social norms, and time - is a concept that will continue to be explored. This conclusion was arrived at only through a participatory process.

  Overall, this evaluation supports the hypothesis that Youth ALIVE!'s increased capacity may have a positive effect on intervention and healing from violence in Oakland. Youth ALIVE! exhibited evidence-based principles for effective interventions such as the assessment of actuarial risk/needs, skill training with directed practice, and engagement of on-going support in natural communities clearly in this project. The evaluation shows an organization that has success in improving pro-social behaviors, reducing risk behaviors, reducing experience of trauma symptom frequency, supporting families of homicide victims, and providing conflict resolution.

Project Description

Background

The immediate aftermath of a violent act is a time of confusion, anger and fear. It is a dangerous time when rash acts of retaliation are more likely and when patterns of future trauma are cemented. However, it is also a time of vulnerability and openness to change. Help, safety and healing are all possible if offered in a timely, sensitive way by someone who is trusted. The "Healing to Scale in Oakland" project allowed Youth ALIVE! to be that someone by increasing its capacity to support more shooting victims in their healing, hold more homicide survivors in their embrace for longer, and prevent more retaliation from occurring.

By any measure, Oakland is suffering an epidemic of violence concentrated among poor communities of color. Despite a sustained, multi-year downward trend, Oakland remains the city with the highest violent crime rate in California. The homicide rate is consistently over five times the statewide rate. Per the Oakland Police Department, Oakland averages 82 homicides and 368 injury shootings each year. While there has been progress, much more must be done. Not only is violence in Oakland persistent, it shares the dynamic of much urban violence, in that it clusters in specific areas, and is concentrated amid specific groups. While violence is a citywide issue, it mostly occurs in the poor, flatland neighborhoods of East and West Oakland, and is suffered disproportionately and repeatedly by African-American and Latino young men.

Violence is not random, but follows a pattern of "contagion" (Slutkin 2012) like the epidemic that it is. Where there is violence, more violence follows. At times this can be a direct result of retaliation for a prior incident. Studies have shown that 20%-25% of homicides are retaliatory in nature (Kubrin 2003 and Samuel 2005). Victims have a retaliation risk 88 times greater (Dowd 1998) than that of their counterparts who have not been exposed to violence. Without intervention, national hospital data (Sims 1989) indicates that 44% of youth treated for violence will suffer violent injury again within five years, and *1 out of every 5 will be killed* (Goins 1992).

Additionally, research shows that survivors carry destructive emotional scars long after an incident. Corbin (2013) found that 74% of young urban victims presented with post-traumatic stress disorder (PTSD). Traumatized victims may engage in dangerous behaviors, like carrying a weapon or joining a gang, to feel safe; they may abuse drugs and alcohol in order to cope with mental and physical anguish, jeopardizing employment and educational prospects, and heightening their risk factors for violence; they may suffer acute hyperarousal and flashbacks, making them more likely to lash out impulsively, often in response to threats misperceived due to their traumatized mental state (Marks 2015). Young people impacted by violence are not only

at risk of getting hurt again, but each violent incident doubles their likelihood of perpetrating violence themselves (Cunningham 2008).

Project Goals and Objectives

Youth ALIVE (YA) sought to increase its capacity to prevent retaliation, reduce re-injuries, increase safety and promote healing from trauma. YA directly responded to shootings and killings by deepening and expanding an integrated system of violence interruption (Violence Interrupters and Ambassador programs), hospital-based violence intervention (Caught in the Crossfire), homicide response and support (The Khadafy Washington Project), and mental health counseling. The work was labor-intensive, conducted by trained staff with backgrounds similar to the target population. To do this work, the project aimed to achieve the following goals and objectives:

Goal 1: To Dramatically Reduce Violent Re-injuries Among Shooting Victims: Victims of violence have a higher likelihood of being injured again than those who have not been victimized (Dowd 1998 and Sims 1989). YA provides wraparound services to help victims break this cycle of violence. In the short-term, early safety assessment and resolution of retaliation risk factors are prioritized. In the medium-term, clients are expected to develop pro-social behaviors, reduce risk behaviors, and reduce trauma symptoms that could increase risk of re-injury. The following objectives were developed with this in mind:

Objectives:

a) *Objective A:* Within 48 hours of injury, at least 90 percent of victims will receive safety assessment and planning.
b) *Objective B:* Within 30 days post-injury, retaliation risks that may lead to re-victimization will be resolved.
c) *Objective C:* Within 6 months of program participation, pro-social behaviors in victims will increase and risk behaviors will decrease.
d) *Objective D:* Within 6 months of program participation, victims' harmful trauma symptoms related to victimization will decrease.

Goal 2: To Dramatically Reduce Retaliatory Violence, Shootings and Homicides:
Retaliatory violence can quickly spread throughout social circles and a community. Conflict mediation and resolution is a key component of YA's violence interruption strategy. To better

understand the reach of these mediations and how they are done, the following objectives were developed:

Objectives:

a) *Objective A:* Within 48 hours, connect to social networks of at least 95% homicide victims.

b) *Objective B:* Resolve conflicts without shooting between high-risk parties.

c) *Objective C:* Establish more relationships with gang members and persons involved in shootings.

The strategy developed by Youth ALIVE to expand its capacity leveraged the organization's resources, understanding of the Oakland community, and programmatic expertise. YA coordinated its use of evidence-based models and a novel approaches to achieve its goals. These models were:

- **Caught in the Crossfire:** is the first program of its kind, hospital-based violence intervention program (HVIP) and is recognized by the Department of Justice. It is a model that has been replicated widely because it has shown effectiveness in reducing criminal justice contact, with participants as much as four times less likely to be convicted of a violent crime (Becker 2004, Cooper 2006, Shibru 2007, Cheng 2008). HVIPs also have been shown to reduce re-injury (Cooper 2006, Zun 2006, Cheng 2008, Gomez 2012, Smith 2013), with participants as much as five times less likely to be re-victimized.

- **The Cure Violence model** of violence interruption, implemented as the Violence Interrupters program, has been shown to reduce gun violence in Chicago, Baltimore and New York neighborhoods by 30% to 73% (Skogan 2008, Webster 2012, Picard-Fritsche 2013, Butts 2015, Delgado 2017). Skogan (2008) further found the model to decrease retaliatory killings.

- **The Khadafy Washington Project** is an effective crisis response to homicide. The program aims to lessen trauma symptoms and the desire for revenge among friends and family of homicide victims (Hertz 2005, Harvey 2007, McNally 2013).

- A novel approach was developed known as the **Ambassadors program**. This program is a street-based internship program for formerly incarcerated individuals who receive incentives and mentoring from Violence Interrupters (Vis) and who become crucial extra eyes and ears on the street, to help VIs identify brewing conflicts and to identify parties in a conflict. The Ambassador program was a programmatic pivot during this grant, away

from the trips originally planned as a method of building relationships with key persons of interest.

While the evidence indicates that addressing retaliation and re-victimization is the cornerstone of a successful strategy to reduce urban violence (Law Center 2016), current efforts in Oakland do not fully address the scale of problem. This is not for lack of knowledge, rather, a consequence of lack of capacity. Despite being an anchor institution for Oakland's violence prevention efforts, Youth ALIVE! has never been able to operate to the scale of the issue. Oakland averages 368 shootings per year, but YA has capacity to respond to fewer than 150. The Healing to Scale project funded through the California Violence Intervention and Prevention Program started to address this gap.

Data Collection

Data Collected and Data Sources

Quantitative data was collected from multiple sources. The Cityspan electronic database was used to collect Youth ALIVE! client data related to injury, intake, service dosage and client progress. Cityspan is a cloud-based provider of data management systems for tracking social service programs, funding, and outcomes. Youth ALIVE! staff (crisis responders, intervention specialists, and/or Violence Interrupters) maintain client records in this database, such as: treatment/incident date, referral date, client needs information, and safety assessment status. Youth ALIVE!'s homicide response log was used to analyze response time to the families of homicide victims. This log is maintained by Youth ALIVE! crisis responders. Youth ALIVE!'s mediation log was used to analyze the effectiveness of conflict mediations. This log is maintained by Youth ALIVE! Violence Interrupters. Client scores from the Social Emotional Learning (SEL) survey and Screening and Tool for Awareness and Relief of Trauma (START) survey were provided in the CitySpan database.

Qualitative data was collected in two forms: individual interviews and focus groups. Both were conducted virtually by the project evaluation team. Two focus groups were held, one for Youth ALIVE! Violence Interrupters and another for Youth ALIVE! Ambassadors. The groups consisted of three participants and two participants respectively. Three individual interviews were conducted with Ambassadors. The interviews were recorded, automated transcription was created by Zoom Pro cloud-based software, and facilitator field notes were captured by the evaluation team after each interaction.

Collection Methods

Access to quantitative data was facilitated by Youth ALIVE!. The evaluation team was provided with a user account and training in the use of the Cityspan electronic database. Reports were exported from Cityspan as Excel files for analysis. Data from Cityspan was collected at 3-month and 6-month periods. The Youth ALIVE! homicide response log, mediation log, SEL survey scores, and START survey scores were provided as Excel sheets to the evaluation team. These datasets were provided at the end of the 2018 and 2019 calendar years.

Qualitative data consisted of primary data collection. In-person focus groups and individual interviews were planned for Spring 2020. With the Covid-19 pandemic, these in-person meetings were moved to video and phone calls. Meetings were scheduled according to the availability of participants. Ambassador participants received an honorarium for participating

in the focus groups and/or individual interviews, and for maintaining program past the CalVIP end date of April 30. Violence Interrupters did not receive additional compensation, but were interviewed while at work. Focus groups were 2-hours in length while individual interviews were 1-hour. Youth ALIVE! facilitated the recruitment of Violence Interrupters and Ambassadors in participation. Zoom Pro was used to record the meetings and generate automated transcripts. Facilitator field notes were captured after each session.

Methodology for Analyzing Data

Quantitative data was analyzed according to the outcome of the objective. For Goal 1 – Objective A, descriptive analysis was conducted for the duration of the evaluation project, with a sub-analysis of the project by quarterly reporting periods and subgroups. For Goal 1 – Objective B, similarly, descriptive analysis was conducted for the duration of the evaluation project, with a sub-analysis of the project by quarterly reporting periods. For Goal 1 – Objective C, a pre-post analysis of client responses was conducted using a scoring system to capture improvement. The scoring system is described in more detail in the results section. For Goal 1 – Objective D, similarly, a pre-post analysis of client responses was conducted using a scoring system to capture improvement that is also described in more detail in the results section. For Objectives C and D, follow-up occurred at 3-month and 6-month intervals. For Goal 2 - Objective A, descriptive analysis was conducted for the duration of the evaluation project, with a sub-analysis of the project by quarterly reporting periods and different initiation time. Evaluators met with Youth ALIVE! leadership every two months to review data and conduct further analysis.

Qualitative data was explored using thematic analysis techniques. Evaluation team members individually reviewed transcripts and field notes from primary data collection. During this review, they captured key themes, questions, and observations. Evaluators then compared notes to develop major themes and identify exemplars. Transcripts and memos were then reviewed again as themes were further synthesized. These themes were reviewed with the quantitative findings to determine any additional conclusions.

Difficulties in Collecting Data

Data collection overall occurred as planned. However, three issues arose in the collection process that could influence the final analysis. Below are these issues and the steps taken to address them.

1. Loss-to-follow-up: For indicators in which comparison of an individual's change over time was sought, loss-to-follow-up posed a challenge. This could bias results because clients

who stayed with the program may be more likely to experience benefits from participation and report more positive outcomes. A broader period time period was analyzed, from January 2018-December 2019, to try to capture as many complete records as possible and lessen this effect.

2. Shelter-in-Place Due to Covid-19: Participation in the focus group and individual interview components of the evaluation were severely hampered by the shelter-in-place policy instituted in response to Covid-19 in March 2020. This resulted in more difficult recruitment and fewer participants than desired. It is reasonable to believe that the conversations were affected in some ways because both participants and facilitators were experiencing the early effects of a Covid-19 world. To make participation as accessible as possible, clients were given the opportunity to participate via video conference or phone. Scheduling was done according to the participants' availability, including nights and weekends. To capture key points without distraction, facilitators debriefed via video call and in writing immediately after each discussion.

3. Missing Data: For some indicators, like completion of safety assessments (Goal 1, Objective A), incomplete records posed a challenge initially in drawing conclusions. For these records, the evaluation team took a two-step approach. First, individual records with missing data were reviewed to clean-up the datasets. Second, any data still missing was reviewed with Youth ALIVE! staff to determine if the data existed, and if not, to better understand why.

Research Design

Process Evaluation

Youth ALIVE! successfully implemented its multi-pronged approach to increase capacity for its violence intervention programs. It began a 24/7 violent incident response system to address immediate safety issues, with follow-up services to address medium-term social, emotional and behavioral risk factors for re-victimization and retaliation. As recipients of police department executive notifications of shootings and homicides, YA reached, or nearly reached, its response time and engagement percentage goals in the majority of its objectives.

To implement this program, Youth ALIVE! reached a large number of victims of violence in a variety of ways. From May 1, 2018 – April 30, 2020; YA 's expanded program resulted in the engagement of nearly 1,000 victims of violence (Table 1).

Program Participants	n
Hospital-based Clients Contacted:	**300**
Clients Contacted within 48 Hours of Hospital Referral	*252*
Clients Contacted within 48 Hours of Injury	*193*
Clients Who Completed Goal Plans	*47*
Clients Re-hospitalized for new violence-related injuries	*3*
Family Members of Homicide Victims Contacted:	**258**
Individuals Involved in Mediations:	**419**
New Ambassadors:	**14**
TOTAL PROGRAM PARTICIPATION:	**991**

Table 1 – Program Participants in Intervention and Healing programs, May 1, 2018 – April 30, 2020

Additionally, Youth ALIVE! made programmatic changes in response to the environment. This led to the establishment of the Ambassador program. During the course of the grant, this program grew to 14 Ambassadors. Subsequently, three Ambassadors joined Youth ALIVE!'s Violence Interruption staff. From mid-March until the end of April, YA transitioned to offering remote services to clients due to the COVID-19 pandemic and was no longer providing bedside visits. YA continued to receive referrals from all hospitals during this time. When referrals were received, initial safety assessments were conducted by phone with patients (inpatient or after discharge) when possible. If patients believed that they were in immediate danger, YA provided personal protective equipment (PPE) for staff to assist patients in crisis in-person. Patients' were assessed for housing, food, mental health, and employment/education. YA provided all sessions with clients via phone, text, facetime/zoom, and email. YA staff, including clinicians,

met with clients weekly to ensure that clients were coping with the stress caused by the COVID-19 Shelter-in-Place. YA staff provided weekly calls to clients to discuss and provide resources regarding substance abuse, interpersonal violence, and child abuse in addition to other health and safety information related to COVID-19. Youth ALIVE! has since resumed bedside visits.

Project-Theory Match

Youth ALIVE!'s theory of change is that violence begets violence, and that to interrupt the transmission of violence, trauma must be addressed and healing provided. In order to break the cycle of violence, Youth ALIVE! employs and trains a cadre of staff members with the credibility and expertise to respond to shootings and homicides, and then proceed to address the immediate and longer-term risk factors that make victims and others exposed to violence vulnerable to experiencing and/or committing violence in the future. These staff are equipped not only with training and expertise, but with flexible funds and transportation to help address client needs. In addition, through critical partnerships with hospitals, police and others, staff have the ability to gain information about violent incidences in nearly real-time and to respond expediently.

The activities in this project fit well with this theory of change because they address both the immediate and medium-term risks of violence re-injury and retaliatory violence. The assessment of safety, retaliation, and conflict creates an opportunity to address and resolve issues that may immediately lead to future violence. The focus on behavior change in the individual – through improved pro-social behavior, reduced risk behavior, and reduced trauma symptoms – serves to support the healing of victims of violence and reduce risk of future victimization. Together, these strategies increase likelihood for the prevention of and healing from violence.

Outcome Evaluation

Overall, this evaluation used a pre-post design with no controls to assess whether it met its goals and objectives. For ethical reasons, the project cannot randomly select participants. The pre-post design offers a variety of advantages. First, in contrast to a post-test alone, it provides multiple data points to measure change over time. Second, program participants, with rare exceptions, are accessible before and after they receive services.

Goal 1: To dramatically reduce violent re-injuries among shooting victims.

Objective A: Within 48 hours of injury, at least 90 percent of victims will receive safety assessment and planning.

Early intervention using the hospital-based violence intervention program model has been shown to reduce violent re-injury among shooting victims. There are two independent variable in this objective. The first independent variable is the time from injury of client to the time of first contact with a Youth ALIVE! team member, measured in hours. The second independent variable is the delivery of a safety assessment to the client. A response time of less than two days and provision of a safety assessment is believed to be associated with the dependent variable: reduction in violent re-injury of shooting victims.

Hospital intake date was used as a proxy for injury date in the Cityspan record. Initial analysis of this indicator showed that 62% (n=193) of total clients (n=309) were contacted within 48 hours. Further conversation with the YA team revealed that the Youth ALIVE! response process was not actually activated at the time of injury. Rather this process was activated by the referral from the partner hospital. A look at the records showed that this difference between injury date and referral date accounted for a slower response time for a significant number of victims. It was determined that a second analysis using time from hospital referral to the time of first contact with a YA team member would better capture the Youth ALIVE! response time.

Of the 309 clients referred during the evaluation period (May 1, 2018 – April 20, 2020), 82% (n=252) were contacted within two days of hospital referral. Of these 252 clients, 48% (n=122) received a safety assessment. Six percent received no assessment while 41% did not have a record of a safety assessment during the evaluation period (Table 2).

Reporting Period	Clients (n)	%Safety Assessment Received	%No Safety Assessment	%No Record
5/1/18-9/30/18	39	72%	10%	18%

10/1/18-12/31/18	24	58%	8%	33%
1/1/19-3/31/19	19	58%	16%	26%
4/1/19-6/30/19	27	33%	7%	59%
7/1/19-9/30/19	37	41%	5%	54%
10/1/19-12/31/19	44	55%	9%	36%
1/1/20-3/31/20	53	38%	17%	45%
4/1/20-4/30/20	9	11%	11%	78%
TOTAL	**252**	**48%**	**11%**	**41%**

Table 2 – Safety Assessments of Victims Contacted within 48 Hours of Hospital Referral

Lack of a record of safety assessment can occur for many reasons. Youth ALIVE! screens all potential clients at intake and then refers them for further safety assessment. For example, a shooting victim who was not the intended victim of the shooting or associated with the victim, may not receive a safety assessment because he/she is not considered at risk. The individual's record would not indicate "No Safety Assessment," rather, the field would be left blank. Given this practice, all victims contacted within 48 hours of hospital referral may be too broad of a population for the intent of this objective.

Further analysis was conducted of only victims of violence who met the criteria for a safety assessment (n=149). Eighty-two percent (n=122) of this subgroup received a safety assessment. This result may better capture the intent of this objective because it is an indication of safety assessments given to those deemed at risk (Table 3).

Assessment Status	Clients	Percentage
Assessment Done	**122**	**82%**
Yes - No safety needs ID'ed	73	49%
Yes - Safety needs ID'ed	49	33%
No assessment done	**27**	**18%**
TOTAL	**149**	**100%**

Table 3 – Safety Assessments of Victims That Met Criteria for Risk of Re-Victimization

Objective B: Within 30 days post-injury, retaliation risks that may lead to re-victimization will be resolved.

Resolution of retaliation risks (independent variable) is believed to reduce violent re-injury (dependent variable) by mitigating factors that increase the likelihood of future violence. Retaliation risk was determined by whether the client received either a safety assessment or

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completed the relocation process. The safety assessment was used as proxy for resolution of retaliation risk because it is designed to identify these risk factors and provide clients with one-on-one support to mitigate them. Relocation was used as a proxy for resolution of risk because it results in removing the individual from the environment in which risk is present. These two variables are not mutually exclusive as clients may have completed both the safety assessment and relocation process.

A key change was made to the analysis of this data after reviewing the qualitative data and that was to change the clause "Within 30 days post-injury" to "After injury." In the focus groups, the ideas that retaliation risk can be fluid and that there is no specific blueprint to conflict mediation led to the decision to remove the time limit. Resolution of retaliation risk, regardless of when it occurred in relation to injury, was deemed important information to capture.

Of the 300 clients in which contact was made during the reporting period (*note:* this includes clients successfully contacted more than two days after referral), 47% (n=142) had their retaliation risk resolved after injury. A sub-analysis by reporting period shows a range of 1-20 clients assisted with their retaliation risk per sub-period (Table 4). These results indicate that nearly a third of hospitalized victims of violence had immediate risk factors for re-victimization that were addressed by Youth ALIVE!.

Reporting Period	Clients (n)	Risk Resolved	%Resolved
5/1/18-9/30/18	46	32	70%
10/1/18-12/31/18	28	15	54%
1/1/19-3/31/19	33	15	45%
4/1/19-6/30/19	45	18	40%
7/1/19-9/30/19	37	15	41%
10/1/19-12/31/19	47	25	53%
1/1/20-3/31/20	55	21	38%
4/1/20-4/30/20	9	1	11%
TOTAL	300	142	47%

Table 4 – Retaliation Risk Resolved for All Hospital Referrals Contacted

A sub-analysis was then conducted to determine how many of the clients who received a safety assessment screening (n=174) had retaliation risk resolved. For this group, 82% had a retaliation risk resolved (Table 5).

Dates	Clients Safety Assessment Screening	Risk Resolved	%Resolved
5/1/18-9/30/18	36	32	89%
10/1/18-12/31/18	18	15	83%
1/1/19-3/31/19	19	15	79%
4/1/19-6/30/19	21	18	86%
7/1/19-9/30/19	17	15	88%
10/1/19-12/31/19	31	25	81%
1/1/20-3/31/20	30	21	70%
4/1/20-4/30/20	2	1	50%
TOTAL	**174**	**142**	**82%**

Table 5 – Retaliation Risk Resolved for Clients with Safety Assessment Screening

Objective C: Within 6 months of program participation, pro-social behaviors in victims will increase and risk behaviors will decrease.

Improvement in one's score on the Social Emotional Learning (SEL) survey (independent variable) is believed to be associated with reduction in violent re-injury (dependent variable). The SEL measures self-reported pro-social and risk behaviors, which are associated with increased experiences of violence.

Twenty-nine (29) clients completed the baseline SEL survey from May 1, 2018 - December 31, 2019. Fifteen (15) clients completed a follow-up survey at a 3-month and/or 6-month follow-up period. To measure increases in pro-social behaviors, the 15 clients who completed the follow-up study were given a score based on their change in response over time. One point was given for an increase in agreement with statements that supported pro-social behavior. The statements were:

- "I tend to bounce back quickly after hard times."
- "It does not take me long to recover from a stressful event."
- "I usually come through difficult times with little trouble."

To measure reduction in risk behaviors, one point was given for a decrease in agreement with statements indicating risk behaviors. These statements were:

- "I have a hard time making it through stressful events."
- "It is hard for me to snap back when something bad happens."
- "I tend to take a long time to get over set-backs in my life."

The highest score possible was six (6). A score of six indicated that a client had improved responses for all six statements in the SEL survey. Ninety-three percent (93%) of the clients

who completed a follow-up survey self-reported improvement in at least one of the six statements. The median score was a three (3). The mode score was three (3) and five (5) (Table 5). These scores indicate that participation in Youth ALIVE! violence intervention programs is associated with improved pro-social behavior and reduced risk behavior. For the majority of respondents, benefit is experienced in more than one area of life.

Score	Clients (n=15)
0	1
1	2
2	1
3	4
4	2
5	4
6	1
Median	3
Mode	3, 5

Table 6 – SEL Survey Scores

Objective D: Within 6 months of program participation, victims' harmful trauma symptoms related to victimization will decrease.

Improvement in one's score on the Screening and Tool for Awareness and Relief of Trauma (START) survey (independent variable) is believed to be associated with reduction in violent re-injury(dependent variable). The START survey measures self-reported frequency experience of trauma symptoms, which can be an indicator of risk for future violence.

From May 1, 2018 - December 31, 2019; 24 clients completed the START survey. Seventeen (17) clients completed a follow-up survey. To measure decrease in harmful trauma symptoms related to victimization, the 17 clients who completed the follow-up study were given a score based on their change in response over time. One point was given for each statement in

which the client reported a decrease in frequency of event when comparing follow-up responses to initial responses.

The highest score possible was a six (6), indicating that a client self-reported a decrease in frequency for all six statements presented in the START survey. One hundred percent (100%) of participants reported reductions in trauma symptoms, with scores ranging from 2-6. The median and mode score was both three (3) (Table 6). These scores indicate that participation in Youth ALIVE! intervention programs is associated with reduction in the frequency of harmful trauma symptoms. For all respondents, this benefit was experienced in two or more areas of life.

Score	Clients (n=17)
0	0
1	0
2	4
3	6
4	2
5	3
6	2
Median	**3**
Mode	**3**

Table 7 – START Survey Scores

Goal 2: To dramatically reduce retaliatory shootings and homicides

Objective A: Within 48 hours of victimization, while tensions are highest, crisis responders will connect to social networks of at least 95% of homicide victims.

Connecting with the social networks of homicide victims within 48 hours (independent variable) is believed to reduce retaliatory violence (dependent variable) by introducing conflict

mediation and grief counseling into the situation. The Cure Violence model and Khadafy Washington Project have proven the importance of engaging social networks in these moments.

From January 1, 2018 – December 31, 2019, Youth ALIVE! documented 146 opportunities for homicide response. Of these, 79% (n=115) were responded to within 48 hours of victimization. However, response time from victimization can depend on many factors. For example, YA is prevented from dispatching crisis responders to engage in social networks before the next of kin is officially notified by the police of their loved one's death. YA does not have control over this step, but it can increase the time between victimization and first contact.

A sub-analysis was conducted of response time from notification of next of kin (NOK) to first connection with social networks. The hypothesis was that this would be more reflective of YA response time. The analysis revealed that 90% (n=132) of social networks were contacted within 48 hours. When looked at quarterly, for much of 2019, the 95% mark was achieved (Table 7). If the trend in response time holds, Youth ALIVE! will be able to consistently meet this marker and is positioned well to support families through the grieving process and prevent retaliation.

Period	Connect within 48 Hours of NOK	All Incidents	%Connected within 48 Hours
Jan - Mar 2018	21	23	91%
Apr - Jun 2018	15	17	88%
Jul - Sep 2018	21	23	91%
Oct - Dec 2018	15	16	94%
Jan - Mar 2019	22	23	96%
Apr - Jun 2019	18	19	95%
Jul - Sep 2019	18	18	100%
Oct - Dec 2019	2	2	100%
Unknown	0	5	0%
TOTAL	**132**	**146**	**90%**

Table 8 – Connect with Social Networks of Homicide Victims within 48 Hours of Next of Kin (NOK) Notification

Objective B: Increase amount of conflicts resolved without shooting between parties with high risk factors for future violence.

Conflict resolution (independent variable) is believed to reduce retaliatory violence (dependent variable) by preventing conflict before it escalates. This is a key principle in all of the evidence-based models used by Youth ALIVE!. From January 1, 2018 – December 31, 2019, Violence Interrupters mediated 310 conflicts. Of these, 87% are believed to pose no threat of future conflict (Table 8).

The remaining 13% are categorized as "unknown." These unknown mediations are those in which the Violence Interrupters did not have enough information to determine the outcome of the mediation. While a sub-analysis by calendar quarter shows a decreasing percentage of conflicts resolved, the percentage that is increasing is that labeled "unknown" (Table 8).

Dates	n	%Unlikely	%Unknown
Jan - Mar 2018	35	97%	3%
Apr - Jun 2018	33	82%	18%
Jul - Sep 2018	37	81%	19%
Oct - Dec 2018	35	89%	11%
Jan - Mar 2019	37	92%	8%
Apr - Jun 2019	36	94%	6%
Jul - Sep 2019	32	84%	16%
Oct - Dec 2019	65	80%	18%
Total	**310**	**87%**	**13%**

Table 9 – Conflicts Mediated Unlikely to Result in Future Conflict or Without Enough Information to Determine Likelihood of Future Conflict (Unknown)

The increase in "unknown" outcomes may not be cause for alarm when the conversation on retaliatory violence by YA Violence Interrupters (VIs) and Ambassadors is considered. According to the VIs, determining risk of violence is heavily dependent on one's knowledge of community dynamics, history, and the temperaments of the individuals involved. As one VI said, "I just know by the parties involved how it's going to be. Because you know what certain people are about and if you have a relationship with them, maybe you can get through to them." This idea was echoed in the Ambassador focus group when a participant recounted an experience in

which an attempted mediation did not end in resolution. She described the moment in which she was unsure that resolution would happen as a "temperature change." While both parties initially appeared interested in mediation, the tenor of the conversation changed and it was her familiarity with the individuals involved that, despite words of resolution being exchanged, led her to believe the conflict was not resolved. The complexity of these situations reveal the sometimes difficult nature of determining resolution.

Violence Interrupters and Ambassadors noted the necessity of building one's "toolbox" for conflict mediation in the qualitative data. The VIs explicitly stated that there is not a blueprint for mediation, but that there are tools that can help with this work. The essential concepts and practices identified for conflict resolution were:

- All mediation should be considered high risk until it is deemed low risk: An understanding of the context in which conflict arises is critical to resolution and all conflicts should be initially approached with seriousness.
- Mediation requires a team response: The team is integral to validating information from the community, developing strategies, and supporting the health of the mediator.
- A successful mediation today will have carry-over effect in the future: It creates trust in the mediator, the mediation process, and establishes lines of communication in the community for help with future conflicts. The mediation may end, but the relationships with those involved continues to develop.
- Trust is a two-way street: Trust is built by supporting someone in other aspects of his/her life beyond the mediation. Trust is earned from community members by giving them opportunities to demonstrate their investment in the process (i.e. schedule a time to meet and hold them accountable for it).
- Identify leaders in a community as partners in addressing the conflict: Buy-in from community leadership, formal and informal, can help ensure a conflict remains resolved.
- A shared background with the community expedites relationship-building: Understanding of the situation may happen at a deeper level and in a shorter amount of time when the mediator is from the community or of a similar background.

Objective C: Build more and deeper relationships with gang members and other key persons of interest who are involved in shootings.

Fourteen deeper relationships with key persons of interest in the community were built with the establishment of the Ambassador program. Individuals in the Ambassador program may have past gang affiliations or known histories of violent activity. However, they have also

shown a willingness and desire for personal growth and to help others in their community. Ambassadors received mentoring, financial support, and training in conflict mediation as part of their participation in this program. In return, they became a lifeline for the community to aid in de-escalation of conflicts and models of the commitment that YA has to supporting healing.

These experiences of YA staff were explored in the individual interviews and focus groups to better understand the factors involved in relationship building as part of Youth ALIVE!'s intervention and healing work. Violence Interrupters and Ambassadors identified several factors as being associated with developing deeper relationships with key persons of interest who are involved in shootings. Below are the major themes that emerged from these discussions:

- Being from the community or a similar background creates familiarity and an opportunity to build trust: Ambassadors and Violence Interrupters are known in the community both professionally and personally. Intersectionality is an asset in this work because it provides an opportunity for YA staff to serve as a bridge between different worlds with a level of credibility in both.
- Modeling behavior and explaining personal growth makes change tangible: Ambassadors use their own stories to model change and growth for others in the community. This may make the changes they ask of others feel more possible because Ambassadors can share their own struggles and successes with similar issues.
- Leveraging social networks as professional pipelines is critical to building relationships at the community-level: The Ambassadors shared that they came to their positions through recruitment from Violence Interrupters and other YA staff. These pipelines to employment provide financial opportunities, improve the profile of the organization within the community, and can help keep knowledge of the community current.
- Awareness of barriers to developing trusting relationships is needed: Past individual trauma, community trauma, and previously broken promises by other people, organizations, and institutions were mentioned as barriers to developing trust. Understanding the historical context of the community, and individuals within it, is necessary to be seen as a credible partner.

One participant shared a story about how she built a relationship with a family that illustrates some of these concepts. The participant learned of twin girls and their brother who were missing school and living in an abandoned home with no running water. Being familiar with the neighborhood, she was able to offer them a place to shower every morning and open a tab

at the corner store for them to purchase food. The mother of the children feared that the participant would report her to CPS and prevented the children from seeing the Ambassador for a month. The Ambassador reiterated that she was trying to help them out and had no intention of taking her children away. The Ambassador shared her own story as a mother and was able to build trust with the mother of the children from their shared experiences. The mother received the help she needed and now the family has an apartment of their own.

Results and Conclusions

Goal 1: To dramatically reduce violent re-injuries among shooting victims.	
Objective	**Result**
Objective A: Within 2 calendar days of referral date, outreach will be conducted to victims. 90% of victims successfully contacted will get safety assessments.	48% (n=122) of victims contacted within two calendar days of referral date received a safety assessment. Many others were deemed to not be at enough risk to warrant a formal safety assessment by Violence Interrupters. Others had an informal screening and determined not to need further assessment. This initial objective may have been mistaken in its wording to include all victims as needing formal assessment other than a safety screening at intake. Of the victims who needed a formal safety assessment (n=149), 82% received one.
Objective B: After injury, retaliation risks that may lead to re-victimization will be resolved.	142 of 300 victims had a retaliation risk both identified and resolved in the form of a safety assessment and/or relocation to another residence (47%). Of victims who received a formal safety assessment (n=174), 82% had a retaliation risk both identified and resolved.
Objective C: Within 6 months of program participation, pro-social behaviors in victims will increase and risk behaviors will decrease.	93% of clients who completed a baseline and follow-up survey (n=15) self-reported an increase in pro-social behavior and/or decrease in risk behavior.
Objective D: Within 6 months of program participation, victims' harmful trauma symptoms related to victimization will decrease.	100% of clients who completed a baseline and follow-up survey (n=17) self-reported a decrease in trauma symptom frequency

Youth ALIVE!'s strategy for capacity building was successful in terms of Goal 1. While Objective A did not achieve its stated goal of 90% of victims contacted receiving a safety assessment, review of this data revealed that the percentage of victims who did need a formal assessment was much closer to the goal (82%) and that this objective could have been better defined. Objective B shows that nearly half of victims needed help with retaliation risks that YA could quickly identify and support and the need for these services were even higher among victims screened for safety needs. Objectives C and D revealed that participation in the Intervention and Healing programs has a benefit to client behavior and trauma experience when participants are retained. Improving this assessment step could increase the number of clients captured in the other objectives.

Youth ALIVE! was effectively able to incorporate the evidence-based principles for effective interventions: assess actuarial risk/needs and skill training with directed practice. Assessment of actuarial risk/needs was central to Objectives A-D. Early safety assessment and resolution of risk factors is foundational to YA's strategy. Objectives C and D further incorporates this principle in the medium-term using client pre-post survey data. The principle of skill training with directed practice is seen in the use of the hospital-based violence intervention program and Cure Violence models that incorporate this principle. Both of these models are evidence-based and involve the use of cognitive-behavioral strategies to improve health, such as building trusting relationships and reinforcement of pro-social behaviors. In practice, these can benefit victims of violence.

Goal 2: To dramatically reduce retaliatory shootings and homicides	
Objective	**Result**
Objective A: Within 48 hours of victimization, while tensions are highest, crisis responders will connect to social networks of at least 95% homicide victims.	79% (n=115) were responded to within 48 hours of victimization. 90% (n=132) of social networks were contacted within 48 hours of NOK notification.
Objective B: Increase amount of conflicts resolved without shooting between parties with high risk factors for future violence.	310 conflicts were recorded with 87% (n=270) believed to pose no threat of future conflict. Identified tools for resolving high risk conflicts such as approaching all conflicts as serious and taking a team approach to conflict resolution.

Objective C: Build more and deeper relationships with gang members and other key persons of interest who are involved in shootings.	The Ambassador program worked with 14 formerly incarcerated individuals with community credibility and a willingness to broker introductions to other key persons of interest. Participants from the Ambassador and Violence Interrupter programs identified factors in developing deeper relationships such as community familiarity and modeling positive behavior.

Goal 2 was successful along two fronts: evaluating a quantifiable outcome and identifying key concepts associated with conflict mediation. In capturing Youth ALIVE!'s ability to respond to homicides and resolve conflicts, Objectives A and B show Youth ALIVE!'s high response percentage within community and proves that the increase in capacity for violence intervention is needed. Objectives B and C led to rich discussion about how this response occurs and what is needed to do so effectively. The key concepts centered on trust and relationship-building could be relevant to future programmatic development and evaluation. Taken together, Goal 2 explains what Youth ALIVE! is doing well in community response to homicide and conflict and how it is doing it.

Similar to Goal 1, Goal 2 incorporates the principle of assessing actuarial risk/needs. However, unique to Goal 2 is the incorporation of the principle of engaging on-going support in natural communities. Violence Interrupters and Ambassadors embody the Community Reinforcement Approach because they are, by-and-large, from the communities in which they serve. The qualitative data reveals key concepts used by practitioners to resolve conflict and develop relationships with community members when working in communities impacted by violence. Constructs found in both the qualitative data and the principle of engaging on-going support in natural communities include: recruiting within communities and social networks to reinforce positive behaviors, focus on relationship-building over time, and modeling pro-social behaviors. Youth ALIVE!'s approach to increased capacity for intervention and healing centers this principle in its work.

This evaluation supports the findings that Youth ALIVE!'s increased capacity enables it to achieve the stated goals of reducing revictimization and retaliatory violence. While the populations of interest for some indicators could have been better defined, the evaluation shows an organization that has success in improving pro-social behaviors, reducing risk behaviors,

reducing experience of trauma symptom frequency, supporting families of homicide victims, and providing conflict resolution. In short, Youth ALIVE! has increased its capacity to aid Oakland in preventing and healing from violence.

Youth ALIVE! Logic Model

Inputs
- Trained, culturally relevant staff (Intervention Specialists, Violence Interrupters, Crisis Responders, licensed Counselors)
- Client emergency funds to address safety, housing and other needs, plus transportation and travel funds
- Partnerships with VOC, hospitals, police, street outreach and other key partners

Activities
- Shooting and homicide response -- to scenes, hospitals and/or victims' homes
- Safety assessment, conflict mediation, relocation and other crisis support (practical, financial, emotional, VOC, etc)
- Longer term mentoring, case management and linkage to resources
- Trauma screening, support groups and mental health counseling
- Transformational travel for rival groups

Outputs (0-12 weeks)
- Connect to Victim Compensation and other resources, including counseling, public assistance, legal matters, etc.
- Resolve conflicts and mediate beefsRelocate victims for physical and psychological safety
- Stablize housing and medical treatment
- Build relationships with violence- and group-involved individuals

Outcomes (13-26 weeks)
- Reduce trauma symptoms, increase pro-social behaviors
- Protect victim from violent re-injury
- Prevent retaliation and engagement in future violence
- Successful engagement in education and/or employment

Bibliography

Alameda County Public Health Department. Alameda County Community Health Assessment. 2014. Retrieved from www.acphd.org/media/353060/acphd_cha.pdf

Becker, Marla G., et al. "Caught in the crossfire: the effects of a peer-based intervention program for violently injured youth." *Journal of Adolescent Health* 34.3 (2004): 177-183.

Butts, Jeffrey A., et al. "Cure violence: a public health model to reduce gun violence." *Annual review of public health* 36 (2015): 39-53.

Cheng, Tina L., et al. "Effectiveness of a mentor-implemented, violence prevention intervention for assault-injured youths presenting to the emergency department: results of a randomized trial." *Pediatrics* 122 (2008): 938-946.

Chong, Vincent E., et al. "Hospital-centered violence intervention programs: a cost-effectiveness analysis." *The American Journal of Surgery* 209.4 (2015): 597-603.

Cooper, Carnell, Dawn M. Eslinger, and Paul D. Stolley. "Hospital-based violence intervention programs work." *Journal of Trauma and Acute Care Surgery* 61.3 (2006): 534-540.

Corbin, Theodore J., et al. "The prevalence of trauma and childhood adversity in an urban, hospital-based violence intervention program." *Journal of health care for the poor and underserved* 24.3 (2013): 1021-1030.

Cunningham, Rebecca, et al. "Before and after the trauma bay: the prevention of violent injury among youth." *Annals of emergency medicine* 53.4 (2009): 490-500.

Delgado, Sheyla A., et al. "The Effects of Cure Violence in the South Bronx and East New York, Brooklyn."

Dowd, M. Denise. "Consequences of violence: premature death, violence recidivism, and violent criminality." *Pediatric Clinics of North America* 45.2 (1998): 333-340.

Goins, Wendell A., Jonathan Thompson, and Cuthbert Simpkins. "Recurrent intentional injury." *Journal of the National Medical Association* 84.5 (1992): 431.

Gomez, Gerardo, et al. "Project Prescription for Hope (RxH): trauma surgeons and community aligned to reduce injury recidivism caused by violence." *The American Surgeon* 78.9 (2012): 1000-1004.

Harvey, Mary R., et al. "Fostering resilience in traumatized communities: A community empowerment model of intervention." *Journal of aggression, maltreatment & trauma* 14.1-2 (2007): 265-285.

Hertz, Marci Feldman, Deborah Prothrow-Stith, and Clementina Chery. "Homicide survivors: Research and practice implications." *American Journal of Preventive Medicine* 29.5 (2005): 288-295.

Juillard, Catherine, et al. "Saving lives and saving money: Hospital-based violence intervention is cost-effective." *Journal of trauma and acute care surgery* 78.2 (2015): 252-258.

Kubrin, Charis E., and Ronald Weitzer. "Retaliatory homicide: Concentrated disadvantage and neighborhood culture." *Social problems* 50.2 (2003): 157-180.

The Law Center to Prevent Gun Violence. Healing communities in crisis: Lifesaving solutions to the urban gun violence epidemic. March 1, 2016.

Marks, Anne C. " Violence as Contagion: Stopping the Revolving Door of the Emergency Room." *American Public Health Association Annual Meeting, Chicago, IL, November 3, 2015.*

McNally, Richard J., Richard A. Bryant, and Anke Ehlers. "Does early psychological intervention promote recovery from posttraumatic stress?." *Psychological science in the public interest* 4.2 (2003): 45-79.

Picard-Fritsche, Sarah, and Lenore Cerniglia. Testing a public health approach to gun violence: An evaluation of crown heights save our streets, a replication of the cure violence model. Center for Court Innovation, 2013.

Samuel, Laurie Jennifer. *Self-cleaning Ovens: The Impact of Police Intervention and the Code of the Street on Retaliation Homicide in Disadvantaged Communities in Washington*. ProQuest, 2005.

Shibru, Daniel, et al. "Benefits of a hospital-based peer intervention program for violently injured youth." *Journal of the American College of Surgeons* 205.5 (2007): 684-689.

Sims, Deborah Weisbeski, et al. "Urban trauma: a chronic recurrent disease." *Journal of Trauma and Acute Care Surgery* 29.7 (1989): 940-947.

Skogan, Wesley G. "Brief Summary: An Evaluation of CeaseFire-Chicago." *Evanston, IL: Institute for Policy Research, Northwestern University* (2008).

Slutkin, Gary. "Violence is a contagious disease." *Contagion of violence: Workshop summary*. National Academy Press Washington, DC, 2012.

Smith, Randi, et al. "Hospital-based violence intervention: risk reduction resources that are essential for success." *Journal of trauma and acute care surgery* 74.4 (2013): 976-982.

Spiker, Steven et al. "2010 Oakland Homicide Report." Urban Strategies Council, 29 Nov. 2011, http://urbanstrategies.org/2010-oakland-homicide-report/.

UCLA Center for Health Policy Research. Building Healthy Communities: East Oakland Health Profile. 2011. Retrieved from healthpolicy.ucla.edu/chis/bhc/Documents/BHC_Fact_Sheet_E_Oakland.pdf

Webster, Daniel W., et al. "Evaluation of Baltimore's Safe Streets Program: effects on attitudes, participants' experiences, and gun violence." *Baltimore, MD: Johns Hopkins Center for Prevention of Youth Violence* (2012).

Zun, Leslie S., LaVonne Downey, and Jodi Rosen. "The effectiveness of an ED-based violence prevention program." *The American journal of emergency medicine* 24.1 (2006): 8-13.