



RESEARCH REPORT

Implementing Youth Violence Reduction Strategies

Findings from a Synthesis of the Literature on Gun, Group, and Gang Violence

Andreea Matei

Leigh Courtney

Krista White

Lily Robin

Paige S. Thompson

Rod Martinez

Janine Zweig

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Contents

Acknowledgments	v
Implementing Youth Violence Reduction Strategies: Findings from a Synthesis of the Literature on Gun, Group, and Gang Violence	1
Gun Violence among Youth and Young Adults Affiliated with Groups and Gangs	3
An Overview of This Research Synthesis	6
The Scope of This Synthesis	6
The Organization of This Synthesis	7
Where and When Interventions Have Been Implemented	11
Intervention Efficacy and Implementation by Model	15
Focused Deterrence	15
The Public Health Model	18
The Comprehensive Gang Model	20
Other Types of Interventions	22
Efficacy Findings by Intervention Activity/Component	23
How Interventions Were Led	25
Research Gaps and Limitations	25
Conclusion	27
Research Recommendations	28
Appendix A. Methodology	29
Searching for Studies and Screening for Relevance	29
Coding Studies	30
Synthesizing Findings across Studies	30
Appendix B. Interventions Matrix	32
Appendix C. Coded Studies	34
Original Studies	34
Literature Syntheses	37
Notes	39
References	40
About the Authors	43
Statement of Independence	44

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Project Staff and Partners

Urban Institute

Jesse Jannetta
Senior policy fellow

Janine Zweig
*Associate vice president
for justice policy*

Lindsey Cramer
Senior research associate

Leigh Courtney
Senior policy associate

Storm Ervin
Research associate

Rod Martinez
Research associate

Andreea Matei
Policy associate

Lily Robin
Research associate

Paige S. Thompson
Research associate

Krista White
Policy program associate

Partners

Jocelyn Fontaine
Project consultant

Barbara Tatem Kelley
Social science analyst
National Institute of Justice

Scott Pestrige
Senior program manager
Office of Juvenile Justice and Delinquency
Prevention

Subject-Matter Experts

Shani Buggs

Assistant professor
University of California Davis, Violence
Prevention Research Program

Mary Carlton

Social science analyst
National Institute of Justice

Robin Engel

Professor of criminal justice
University of Cincinnati
Director
International Association of Chiefs of Police

Finn-Aage Esbensen

Professor emeritus
University of Missouri–St. Louis, Department of
Criminology and Criminal Justice

Edward Flynn

Former chief of police
Milwaukee Police Department

Teny Gross

Executive director
Institute for Nonviolence Chicago

Meena Harris

Director
National Gang Center
Executive vice president
Institute for Intergovernmental Research

Denise Herz

Professor
California State University, Los Angeles, School of
Criminal Justice & Criminalistics
Co-research director
The City of Los Angeles Mayor's Office of Gang
Reduction and Youth Development

Eric Jones

Chief of police
Stockton Police Department

Norman Livingston Kerr

Chief executive officer
Trajectory Changing Solutions (TCS)

Chris Melde

Associate director, director of graduate studies,
professor
Michigan State University, School of Criminal
Justice

David Pyrooz

Associate professor
University of Colorado Boulder, Department of
Sociology
Faculty associate
University of Colorado, Institute of Behavioral
Science

Eugene Rivers III

Cofounder
Boston TenPoint Coalition
Founder and director
National TenPoint Training Institute

Caterina Roman

Professor
Temple University, Department of Criminal Justice

Michael Sierra-Arévalo

Assistant professor
University of Texas at Austin, Department of
Sociology

Wesley Skogan

Professor emeritus
Northwestern University, Department of Political
Science

George Tita

Professor
University of California–Irvine, Department of
Criminology, Law and Society

Phelan Wyrick

Senior policy advisor
Office of Justice Programs

Implementing Youth Violence Reduction Strategies: Findings from a Synthesis of the Literature on Gun, Group, and Gang Violence

In 2018, the Urban Institute received funding from the National Institute of Justice (NIJ) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to develop a guide for using research-based practice to reduce youth gun and gang/group violence. The guide aims to translate research into actionable guidance on policy and practice. It is intended to inform local government, law enforcement, and community-violence-intervention stakeholders as they implement new strategies and refine existing ones to reduce youth gang/group and gun violence in their communities. The primary audience for the guide—and for this report—is the leadership of local government bodies (e.g., mayors, county executives, county commissioners, youth violence reduction task forces) because their decisions greatly influence whether violence reduction practices are successfully implemented and sustained. We frame the findings in this report with this audience in mind, although we hope and expect they will be of broader use and interest to any entity involved in designing and implementing violence reduction efforts—including community-based organizations serving youths and young adults—as well as community stakeholders, policymakers, professionals, and researchers working on youth gang and gun violence.

We used a narrow scope for this project, focusing on **strategies and approaches explicitly intended to reduce gun-related violence committed by young people between the ages of 10 and 25 who may also be associated with gangs/groups (box 1), including interventions that solely or primarily serve youth.**¹ We did not focus on all strategies designed to reduce youth gun violence, nor on gang prevention and intervention efforts not expressly intended to reduce gun violence and homicide. Based on this framing, we focus on interventions that are immediate responses to an acute problem, rather than those that address risk factors associated with violence broadly.

For this project, the Urban research team conducted the following two core tasks:

- **A review of literature on violence reduction strategies.** Urban identified and synthesized research on the implementation and impact of relevant violence prevention, reduction, and control strategies.

- **A scan of practices designed to reduce violence.** With input from a group of subject-matter experts advising the project, the NIJ, and the OJJDP, Urban identified 14 violence reduction interventions including focused deterrence, public health efforts, and the Spergel Model of Gang Intervention and Suppression/OJJDP Comprehensive Gang Model. Urban worked with leadership from each intervention to collect program materials, observe activities, and interview intervention leadership and staff, community partners, law enforcement and justice system personnel, and program participants.

These activities resulted in the [practice guide](#), [a scan of practices](#), and this research synthesis, in which we lay the groundwork for the practice guide by reviewing and synthesizing the state of research about youth gun and gang/group violence.

BOX 1

A Note on Language: Gangs and Groups

Though there are various definitions of gangs in federal and state statutes, there is not a universal definition of the term gang used throughout the field. We approach the use of the word gang with caution because our interviews with practitioners surfaced concerns about the term's detrimental and labelling aspects (including real impacts such as being included in gang databases or subject to gang enhancements in sentencing and the impacts of framing young people as dangerous threats to be controlled). Furthermore, some prominent organizations in the youth gun violence prevention field, like the National Network for Safe Communities, avoid the term gang in favor of group because many collections of people that contribute to violence are excluded by the statutory definition and they find that using gang as an umbrella term is therefore unnecessary and unhelpful.^a In recognition of this, we use the term group in lieu of or alongside "gang" in this guide where appropriate. We use the term gang, however, when referencing specific interventions that use it (e.g., the Gang Reduction Initiative of Denver) or characterizing areas of research and practice that are oriented toward it, such as OJJDP's Comprehensive Gang Model. We also seek to use people-first language throughout this guide to foreground the humanity of young people involved in gangs and groups and at high risk of perpetrating and being victimized by gun violence. For more on terminology, please see the glossary of terms in [A Research-Based Practice Guide to Reduce Youth Gun and Gang/Group Violence](#).

^a See page 2 of Community Oriented Policing Services' *Group Violence Intervention: An Implementation Guide* at https://nnscommunities.org/wp-content/uploads/2017/10/GVI_Guide_2016.pdf.

Gun Violence among Youth and Young Adults Affiliated with Groups and Gangs

There is no single agreed-upon definition of gangs. These groups are often easier to describe than define, and even the most widely used definitions do not reflect unanimity of opinion (Klein and Maxson 2006). There is even less agreement on this definition as it pertains to youth. Several scholars have noted the challenges associated with defining “gang” and “youth gang” and the problems with applying nebulous definitions of these terms to research and program design (Klein and Maxson 2006; Short and Hughes 2006; Sullivan 2006).

People’s perceptions of gangs and gang violence are strongly informed by caricatures that portray gang-involved people as dangerous criminals (Brotherton 2015). We often imagine gangs as the large, well-established, corporatized gangs that have existed in Chicago and Los Angeles with centralized structures, but these are outliers. Klein and Maxson, for instance, who developed a typology of five types of gangs—traditional, neotraditional, compressed, collective, and specialty—found that traditional gangs, which they describe as “large, enduring, territorial [gangs] with a wide range and several internal cliques based on age or area,” were not the most common type despite the significant attention they received in the 1990s (1996, 51). In reality, many groups and gangs, particularly youth groups and gangs, are characterized by “shifting membership and intermittent existence” (Howell 2010, 3, and even traditionally corporatized and centralized gangs have been decentralizing and fragmenting (Hagedorn 2015; Hagedorn et al. 2019). Group and gang violence in the United States is strongly associated with urban areas, particularly the biggest cities, but groups and gangs are present in all states and Washington, DC (Howell 2010). In addition, groups and gangs, including youth groups and gangs, are present in urban and rural areas of the United States, though they operate differently in these areas (Klein and Maxson 2006; Weisheit and Wells 2004).

The emergence of new technologies has also impacted group and gang structures and functions. For example, emerging literature notes the contemporary importance of social media in shaping conflict and violence among young people (Patton et al. 2014). Conflict that once occurred in physical spaces is now happening virtually, fueled by social media (Stuart 2020a; Patton, Eschmann, and Butler 2013). The anonymity that social media enables frees youth from “normative and social constraints of behavior,” which has been shown to increase hostility and lead to inappropriate behavior (Moore et al. 2012, 864). Group violence is now openly advertised and instigated online. National Gang Threat Assessment data published by the Federal Bureau of Investigation have suggested that group members use social media to sell drugs, market their activities, communicate with other members, coordinate group actions,

recruit members, brag about acts of violence, and make threats (National Gang Intelligence Center 2009). Notably, however, some researchers argue that the extent to which social media facilitates and exacerbates violence is overstated (Stuart 2020b; McCuddy and Esbensen 2020).

Howell (2010) has theorized that youth groups and gangs form “under extreme community conditions,” when “youth are alienated from key socializing institutions, especially families and schools” (Howell 2010, 4). A related theory suggests that youths who lose the support, education, and social networks of schools after being excluded for disciplinary reasons form groups (Howell 2010). Researchers have examined how resources and struggles for political power can promote or inhibit violence in some communities and not others (Vargas 2016). In addition, researchers have focused on how economic deprivation drives gang development in urban areas, whereas others have found that gangs are more likely to be present in rural areas experiencing economic prosperity than those experiencing deprivation (Weisheit and Wells 2004).

Researchers have found that youth join groups and gangs for protection, fun, respect, money, and because friends or family members have been involved (Howell 2010). Feelings of marginalization, often those resulting from racism, may also drive people to gangs and groups to obtain respect and a sense of belonging (Bilchik 1998). Research has struggled to pinpoint the factors that put youth at risk of joining groups and gangs, and many risk factors have been documented at the individual, family, peer-group, school, and community levels. Some of these risk factors include the social disorganization of communities, barriers to and a lack of social and economic opportunities, having family members in gangs, being in a socioeconomically marginalized family, educational frustration, a lack of teachers who are role models, friends who use drugs, using alcohol and drugs, and experiencing victimization (Bilchik 1998). Furthermore, racism is inherently intertwined with risk factors for joining groups and gangs. Decades of segregation and disinvestment in communities of color has exacerbated factors in communities and schools that increase people’s risk of joining gangs, including neighborhood disorganization and limited school supports (Durán 2013; Knox 1991; Peterson and Krivo 2010).

Facilitators of crime and communal violence are rooted in underlying structural conditions (Du Bois 1996). More specifically, the racialized social structure is primarily to blame for the conditions that trigger violence (Peterson and Krivo 2010). These conditions result from cumulative historical and present inequalities that have shaped disorganization and organization in the communities that experience group and gang violence (Du Bois 1996; Duck 2015; Krivo and Peterson 1996; Shaw and McKay 1942). These are often disadvantaged communities of color that bear the burdens of profoundly entrenched inequality in housing, wealth, education, infrastructure, and access to social services, among other critical dimensions of community well-being (Krivo and Peterson 1996; Peterson and Krivo

2010). It is inaccurate, however, to depict disadvantaged neighborhoods as violent places. Vargas (2016) shows that violence is particularly patterned in a select few census blocks made vulnerable through disinvestment, political battles, and conflict over resources.

An understanding of the conditions in which gangs form and youth gun violence occurs will be incomplete without a focus on the role of the racialized social structure, a focus that has been lacking in research on gangs and youth gun violence has been lacking (Brotherton and Barrios 2004; Brotherton 2015; Durán 2013; Peterson and Krivo 2010). To be successful, gang intervention programs must prioritize addressing the community factors that facilitate the formation and proliferation of gangs (Maxson and Klein 2006). Doing so requires acknowledging and addressing structural racism and systemic inequality.

Some primary prevention models, such as those that offer communities centralized access to resources and services, are explicitly focused on addressing community-level drivers of gangs by increasing investment, resources, and services. For example, the School Safety Zone Partnership in Pittsburgh focused on improving the city's built environment by identifying abandoned dwellings and cars and replacing them with resources such as community gardens (OJJDP 2009). Other types of primary prevention models that have been implemented widely are programs in elementary and middle schools, such as Gang Resistance Education and Training (G.R.E.A.T.). These models are worth investigating but are outside the scope of our research.

In contrast to prevention programs, which often cast wide nets and focus on community risk factors, interventions are often more focused on specific groups and individual-level risk factors. Research has demonstrated that often, relatively few people in a community engage in group violence and that the same people often are often the victims of and contribute to conflicts that lead to violence (Jennings, Piquero, and Reingle 2012). Interventions that have focused on these particular people, especially those at high risk of being involved in violence, have been shown to be more effective (Braga et al. 2017; Braga and Weisburd 2012a, 2012b; Papachristos, Meares, and Fagan 2007; Meares and Papachristos 2009; Skogan et al. 2008; Sharkey 2018).

In *Changing Course*, Leap argues that solutions must include communities and not be imposed on them (Leap 2014). One way to do this that research has proven effective is to use a community quarterback, which is a community-based organization at the center of an intervention that has had a long-term commitment to the work (Sharkey 2018).

Lastly, although our research is focused on violence perpetrated by youth involved in groups and gangs, neither gangs nor youth are the sole drivers of gun violence, and violence is not the only, nor necessarily the most pressing or harmful, problem that many communities face (Sharkey 2018).

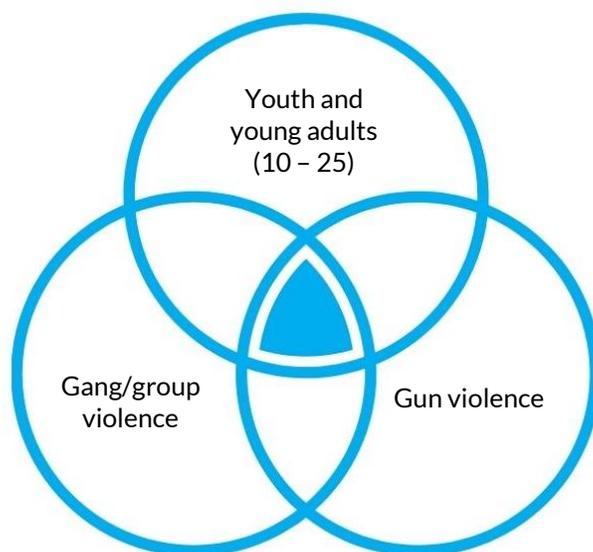
An Overview of This Research Synthesis

This synthesis assesses the current literature on the efficacy and implementation of interventions intended to reduce youth gun and group violence. We focus primarily on synthesizing evidence of the **efficacy** of youth gun and group violence interventions by detailing the strategies and/or activities the interventions have employed, the efficacy of the interventions or their activities, and barriers to and facilitators of success. Importantly, though, the **implementation** of interventions—even those that share names, theories of change, and problem analyses—can vary, and this variation has implications for interpreting research findings on program efficacy. Thus, we also focus on how programs have been implemented and how this may have affected their success and sustainability. We tracked the context in which an intervention was implemented and whether/how key implementation drivers (e.g., leadership, staffing, data systems) supported or hindered successful implementation and ultimately violence reduction.

The Scope of This Synthesis

We synthesize studies of interventions designed to reduce gun violence committed by youth and young adults between the ages of 10 and 25 in gangs and other groups. Box 2 describes our method for scanning the literature. For a study to be included, it had to

- be an empirical evaluation or a review of empirical evaluations and published between January 1, 1980, and October 31, 2019;
- focus on one or more interventions designed to serve youth between the ages of 10 and 25; and
- focus on interventions that have addressed gun violence committed by people affiliated with gangs and groups.



Though the audience for this report is local government officials, law enforcement, and community violence intervention stakeholders, the information may be useful to any person or organization involved in designing and implementing violence reduction efforts, including community-based organizations serving youth and young adults.

BOX 2

The Methodology of Our Literature Scan

We scanned the literature on youth gun and group violence interventions, screened studies for inclusion based on predefined criteria, developed a coding protocol for extracting quantitative and qualitative findings, coded each included study, conducted a quality check, and synthesized and summarized findings. Our primary goal was to synthesize findings about the implementation of interventions and outcomes demonstrating their efficacy in reducing violence in communities. These outcomes included the following:

- behavioral changes (e.g., group membership, the carrying of weapons)
 - » gun violence (e.g., shootings, gun homicides)
 - » other crime outcomes
- interim outcomes that may have driven observed changes in violence (e.g., number of interactions with outreach workers, psychosocial changes)
- measures of law enforcement activity (e.g., contacts, arrests)

Note: For a detailed methodology, see appendix A.

The Organization of This Synthesis

Interventions that address youth group and gun violence are complex and difficult to categorize and assess, particularly more recent ones that draw on various resources, agencies, and organizations. Many of the interventions that have been evaluated and appear in the research literature can be categorized within three major models:

1. **Focused deterrence** presumes that youth group and gun violence will stop if people in groups believe the likelihood of getting caught committing violence is high and that the punishment will be severe. Interventions that use focused deterrence combine enforcement and resource-driven responses. Practitioners target an identifiable group of people, demanding that they desist from specific behaviors harmful to the community and promising support if they desist

and enhanced, targeted enforcement if they don't. Though some focused deterrence interventions involve robust outreach, case management, and service connection components, others use referrals to community-based organizations and other resource providers. (Boston Ceasefire was the intervention that most frequently appeared in the literature on focused deterrence interventions.)

2. **The public health model** understands violence as a public health problem and so asserts that it needs a multilayered solution focused not just on people, but on societal factors influencing their behavior. Public health interventions emphasize prevention but also use outreach workers to speak with group members. They operate outside of law enforcement and do not threaten punishment via law enforcement. (Cure Violence was the intervention that most frequently appeared in the literature on public health interventions.)
3. **The Comprehensive Gang Model** is a strategic data-driven response designed to change youths' behaviors to reduce gang-related violence, especially in neighborhoods with high incidences of such violence. It involves creating highly adaptive frameworks based on assessments of local problems and priorities and may overlap with focused deterrence and public health approaches. It emphasizes accountability and is centered on the collaboration of stakeholders such as probation and law enforcement agencies, social service providers, and grassroots and faith-based organizations. Outreach workers, who may also be credible messengers, are a central aspect of the model. It draws on five main strategies that can be implemented concurrently or sequentially: community mobilization, opportunities provision, social intervention, suppression, and organizational change. (The Gang Reduction Program was the intervention that most frequently appeared in the literature on Comprehensive Gang Model interventions.)

We categorize interventions documented in the literature into these three models, but these categories likely mask variation in how interventions are implemented. Although these models appear frequently in the literature and are implemented by various practitioners to reduce violence, there is considerable variation in their implementation. Programs and interventions do not always fit one of these categories, and often what is implemented is a hybrid of two or more models. An intervention meant to reflect one model may be implemented in a significantly different way, often because of the realities of local priorities and constraints.

In this research synthesis, we organize interventions according to the terms used to describe them by the authors of the studies we coded. If a study did not mention one of the above three models, we determined which one the intervention resembled most based on its key activities (table 1). For the

purposes of this report, focused deterrence interventions center on enhanced enforcement and surveillance, reducing the gun supply, and messaging that group members will be prosecuted if they do not cease committing violence. Public health interventions focus on case management, service provision, mediating conflict, and changing community norms. Comprehensive Gang Model interventions focus on enhanced enforcement and surveillance, community perception campaigns, and providing opportunities outside of group involvement.

Because of limitations noted in the impact literature, the critical importance of the contexts programs are implemented in, and the variation in program design and implementation, this synthesis also looks beyond these three models and examines the activities interventions have employed. To the extent possible, recommendations in *A Research-Based Practice Guide to Reduce Youth Gun and Gang/Group Violence* focus more on highlighting effective activities than on what models should be used. Table 1 presents the activities that appeared in the coded literature across models.

TABLE 1
Activities Appearing in the Coded Literature, by Model

Activity/component	Model		
	Focused deterrence	Public health	CGM
Case management/services	✓	✓✓	✓
Conflict mediation	✓	✓✓	✓
Credible messengers		✓	
Employment assistance	✓	✓	✓
Enhanced enforcement	✓✓		✓✓
Enhanced surveillance	✓✓		✓✓
Faith-based activities	✓	✓	
Hospital-based intervention		✓	
Outreach workers	✓	✓✓	✓✓
Public perception campaign	✓	✓✓	✓✓
Reducing gun supply	✓	✓	

Notes: CGM = Comprehensive Gang Model. Double check marks indicate activities that were more prominently mentioned in the literature.

The key activities and components that we identified across the three models are the following:

- **Case management/services.** To address needs related to education, employment, and behavioral health among group-involved youth, interventions may offer services and provide case managers with the purpose of meeting foundational needs for youth.

- **Conflict mediation.** Interventions often use some form of conflict mediation through credible messengers or outreach workers to de-escalate situations involving high risk of retaliation or continued violence.
- **Credible messengers.** Credible messengers are people trusted by gang- or group-affiliated youth and promote risk reduction by encouraging mediation with gang/group members. Credible messengers are particularly able to do this relational work because young people see that they have shared experiences, such as shared community membership or justice involvement. Credible messengers may be involved in outreach work, violence interruption, and case management.
- **Employment assistance.** Interventions sometimes offer employment assistance or stipends for participants to gain lawful employment.
- **Enhanced enforcement.** This include increased and targeted arrests (or “gang sweeps”), expedited prosecution, and more punitive sanctioning of people affiliated with gangs/groups. (An “enhanced” approach is a more targeted, more intense, swifter, and/or more punitive approach to standard practices like identification, arrest, adjudication, and sanctioning.)
- **Enhanced surveillance.** This involves focusing law enforcement surveillance on people with ties to groups in prioritized areas (or “hot spots”), and/or heightening community supervision (probation or parole) for these people after they are convicted.
- **Faith-based activities.** The faith community may provide spiritual guidance and play a moral role in discouraging violence and group involvement.
- **Hospital-based intervention:** Hospital-based violence intervention programs are multidisciplinary programs that identify people at risk of violent reinjury and provide them hospital- and community-based services (i.e., case management) to address risk factors for violence and promoting protective factors such as social support, employment, and educational attainment. Hospital-based intervention programs help dissuade victims from retaliatory acts, reduce violent reinjury, and lessen the likelihood of violence (Evans and Vega 2018).
- **Outreach workers.** Outreach workers work directly with group-involved youths to mentor and assist them in various areas. Unlike credible messengers, outreach workers do not necessarily need to already have gained the trust of groups’ communities.
- **Public perception campaigns.** These campaigns rely on community members and organizations, public service announcements, and visual displays like billboards to communicate the message that gun and group violence will not be tolerated or taken lightly.

- **Reducing the gun supply.** Law enforcement may purchase guns through buyback events or seize illegal guns from group members.

In this synthesis, we focus primarily on interventions that are immediate responses to an acute problem (secondary and tertiary prevention), as opposed to programs that address risk factors associated with violence in larger populations (primary prevention). Although prevention programs are critical for understanding and addressing group violence, they are often broad and focused on younger children and adolescents and their direct effects on gun violence typically occur in the long term, are difficult to quantify, and are communitywide, so they are therefore outside the scope of this effort.

In addition, the body of research on this topic is weighted toward certain types of interventions. Interventions led by law enforcement and/or the federal government are the most well funded and have been the most thoroughly evaluated. Interventions designed by local nongovernmental organizations and public health strategies have been less commonly evaluated. Thus, the available studies do not reflect the full breadth and depth of violence reduction strategies across the country. There are many promising strategies for reducing violence—especially those that do not involve policing—that we could not include in this synthesis because they are not documented in the literature, but it is important that they be explored.

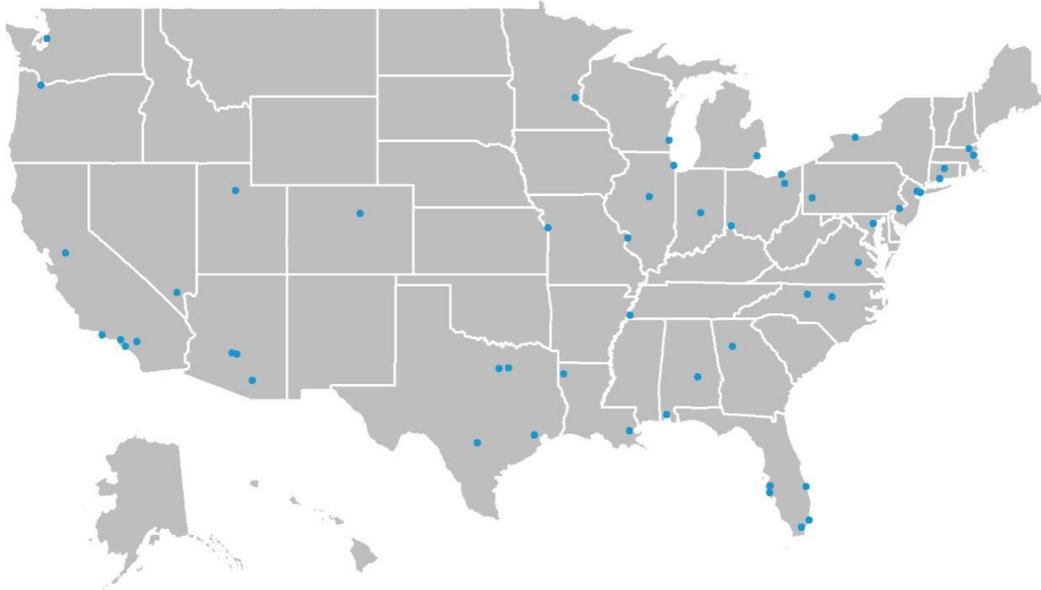
In the sections that follow, we synthesize key takeaways from our research review on the efficacy and implementation of 37 youth gun and group violence interventions.

Where and When Interventions Have Been Implemented

Research has typically focused on interventions implemented in the cities where gun violence is concentrated. The interventions included in this synthesis were implemented in 58 unique locations, and some were implemented in multiple locations (figure 1). Twenty-three were implemented in the Midwest, 20 in the South, 19 in the West, and 17 in the Northeast. By state, California had the most interventions (11), followed by Illinois (9) and Pennsylvania (6). Nearly half (5) of the interventions in California were implemented in Los Angeles, and nearly all (8) of the interventions in Illinois were implemented in Chicago. Chicago had the most interventions of any local jurisdiction, and all three models were represented there. In Pennsylvania, interventions were implemented in Pittsburgh (3) and Philadelphia (3). Table 2 shows which intervention models were implemented in each jurisdiction.

FIGURE 1

Locations of Violence Reduction Interventions in the United States Included in Our Research Synthesis



Source: Urban Institute.

Notes: This map shows jurisdictions where the coded literature indicates that relevant interventions to reduce youth gun and gang/group violence were implemented. It does not reflect the number of interventions implemented in each jurisdiction and is limited to studies that provided city- or county-level location information. The map is not exhaustive of all interventions included in our scan, as interventions were also implemented in Canada and Scotland.

TABLE 2

Intervention Models by Jurisdiction

	Focused deterrence	Public health	CGM	Other
Midwest				
Bloomington-Normal, Illinois			✓	
Chicago, Illinois	✓	✓	✓	
Indianapolis, Indiana	✓			
Detroit, Michigan	✓			
St. Paul, Minnesota		✓		
Kansas City, Missouri	✓			
St. Louis, Missouri	✓			
Akron, Ohio	✓			
Cincinnati, Ohio	✓			
Cleveland, Ohio	✓			
East Cleveland, Ohio			✓	
Milwaukee, Wisconsin			✓	
Northeast				
Hartford, Connecticut	✓			
New Haven, Connecticut	✓			
Boston, Massachusetts	✓			✓
Lowell, Massachusetts	✓			
Massachusetts	✓			
Newark New Jersey	✓			
Brooklyn, New York		✓		
Rochester, New York	✓			
Philadelphia, Pennsylvania	✓	✓		
Pittsburgh, Pennsylvania	✓	✓	✓	
South				
Mobile, Alabama	✓			
Montgomery, Alabama	✓			
Fort Pierce, Florida			✓	
Manatee County, Florida	✓			
Miami-Dade County, Florida			✓	
North Miami Beach, Florida			✓	
Sarasota County, Florida	✓		✓	
Atlanta, Georgia	✓			
New Orleans, Louisiana	✓			
Shreveport, Louisiana	✓			
Baltimore, Maryland		✓		
Durham, North Carolina	✓	✓	✓	
Winston-Salem, North Carolina	✓			

	Focused deterrence	Public health	CGM	Other
Memphis, Tennessee	✓			
Dallas, Texas	✓			
Fort Worth, Texas		✓		
Houston, Texas			✓	
San Antonio, Texas			✓	
Richmond, Virginia			✓	
West				
Mesa, Arizona			✓	
Phoenix, Arizona		✓		
Tucson, Arizona			✓	
California			✓	
Los Angeles, California	✓	✓	✓	✓
Riverside, California			✓	
Stockton, California	✓			
Ventura, California		✓		
Westminster, California	✓			
Denver, Colorado			✓	
Las Vegas, Nevada	✓			
Albuquerque, New Mexico	✓			
Portland, Oregon	✓			
Salt Lake City, Utah	✓			
Seattle, Washington	✓			
International				
Alberta, Canada		✓		
Glasgow, Scotland	✓	✓		

Notes: CGM = Comprehensive Gang Model. This table shows the locations of the interventions included in our review of the literature. It does not reflect the number of interventions implemented in each jurisdiction. An interventions implemented in multiple jurisdictions is counted once per jurisdiction; for example, because the Anti-Gang Initiative was implemented in Detroit, St. Louis, and Dallas, there is a checkmark in the “focused deterrence” column for each of those cities.

In our scan of the literature, we reviewed original studies and literature reviews. The original studies we included in this synthesis were conducted between 1996 and 2019, and the literature reviews were conducted between 2000 and 2019. The original studies include studies of focused deterrence interventions conducted through 2017 and studies of Comprehensive Gang Model interventions conducted starting in 2001. Studies investigating public health interventions spanned 2002 through 2017.

Intervention Efficacy and Implementation by Model

We organize findings on intervention efficacy and implementation below by model. Although we reviewed original research and literature syntheses, we limit our quantified efficacy summaries to original studies, and we supplement these summaries with broader summaries of the efficacy findings we derived from our review of literature syntheses. Details on our methodology are provided in appendix A.

We define efficacy in the following ways. Positive results indicate that a coded original study found that an intervention led to a statistically significant reduction in gun violence (e.g., shootings, homicides), a reduction in behaviors related to group membership or gun violence (e.g., carrying weapons), and/or an increase in behaviors that may have driven observed violence reductions (e.g., prosocial attitudes, employment). Negative results indicate there were statistically significant results in the opposite direction. When a coded original study found that an intervention had no statistically significant impact on relevant outcomes, it was coded as having no change. Interventions with mixed results were those for which coded original studies demonstrated a combination of statistically significant positive results, statistically significant negative results, and/or no statistically significant impact on relevant outcomes.

Studies often focused on different types of outcomes depending on the intervention models. Studies of focused deterrence interventions typically focused on group or community outcomes, studies of public health interventions typically focused on individual-level outcomes, and Comprehensive Gang Model interventions typically examined both. Although these are logical outcomes of interest based on each model, the variation makes it difficult to make comparisons across models and draw clear conclusions about which interventions are most effective.

Focused Deterrence

Focused deterrence interventions constitute **over 37 percent of the interventions** covered in our coded original studies, and Operation Ceasefire and Project Safe Neighborhoods were the most studied of these interventions (three studies each). Some of the interventions in this category involved case management services, and all had some element of enhanced enforcement or surveillance. We coded 15 original studies examining 10 focused deterrence interventions. All 15 studies included quantitative analysis, but only 2 used qualitative methods.

THE EFFICACY OF FOCUSED DETERRENCE INTERVENTIONS

The majority of focused deterrence interventions had mixed results for the outcomes we studied, but most interventions demonstrated at least one positive outcome. Of the 10 focused deterrence interventions included in our synthesis, 3 were found to have had positive results, 7 to have had mixed results, and none to have had negative results. Most results were mixed because the interventions had some statistically significant positive results and some results that were not statistically significant. Operation Ceasefire,² the most commonly studied focused deterrence intervention in our synthesis of original studies, was associated with statistically significant positive results in two studies and no statistically significant change in one study. The original studies of Operation Ceasefire and Project Safe Neighborhoods focused their outcome analyses on homicide victimization, shootings, and gun assaults and analyzed results at the group and community levels. Studies of Operation Ceasefire found statistically significant reductions in homicides, shootings, and gun assaults, whereas reductions in these outcomes for Project Safe Neighborhoods depended on the implementation level in each city; some cities had statistically significant reductions, whereas others had no noticeable change.

Focused deterrence was also the most commonly mentioned violence reduction model in the literature syntheses we reviewed. Of the 23 literature syntheses our team analyzed, 18 mentioned the model, and Operation Ceasefire was the intervention mentioned most frequently (in 12 studies). These syntheses generally characterized focused deterrence interventions as largely effective overall at reducing crime and violence. Many noted, however, that it is difficult to pinpoint which aspects of the model had contributed to positive outcomes (e.g., selective incapacitation, specific deterrence) and that challenges with measuring group violence made it difficult to fully assess the efficacy of focused deterrence interventions.

THEMES IN THE IMPLEMENTATION OF FOCUSED DETERRENCE INTERVENTIONS

Through our scan of the literature, we identified the following themes in the implementation of these interventions:

- **Analysis-driven goal setting.** A recurring challenge with focused deterrence interventions is conducting sufficiently thorough analyses of local problems before developing responses. Practitioners must be strategic about setting goals and creating actionable plans to reduce violence. Goals need to be realistic, attainable and heavily and effectively messaged to communities. In addition, successful strategies prioritize specific populations and locations within communities and ensure that services and resources are directed to people who need them the most. But it is important to keep in mind that focused deterrence interventions are

often designed to narrowly target particular outbreaks of violence and do not address broader systemic problems.

- **Collaboration with communities.** When implementing focused deterrence interventions, it is important that practitioners work closely with community members to understand their needs. This means seeking their input on and approval of program activities, which can help interventions earn legitimacy.
 - » The success of focused deterrence programs hinges on strong partnerships between communities and law enforcement. It is crucial that these interventions build and sustain trust between police and communities so they share a sense of joint ownership. In practice, however, many community members distrust interventions that operate on the premise that increased police presence and enforcement is the key to reducing violence. Some studies noted that community members have had difficulties connecting and working with their law enforcement partners, at times because of mutual distrust. In addition, interventions led by community organizations tend to have significantly fewer resources than those led by law enforcement.
- **Replication.** Despite the success of focused deterrence interventions in many jurisdictions, they can be challenging to replicate and may not work equally well in every community. But practitioners can adopt key aspects of the focused deterrence model—such as its problem-solving processes and approaches to deterring people from repeated offenses—and tailor these to their local contexts.
- **Sustainability.** Sustaining focused deterrence interventions can be difficult, so practitioners need to proactively develop plans to keep them on track in the long term. Consistently monitoring and reevaluating an intervention can assist with this. This includes regularly assessing whether the intervention is achieving its intended goals and, if not, whether funds need to be reallocated or the program’s approach adjusted. A particular weakness of the focused deterrence model is that the risks it addresses (e.g., of incarceration) need to remain consistent. Without this consistency, interventions are likely to be short-lived and ineffective.

The Public Health Model

Public health interventions constitute **33 percent of the interventions scanned**, and Cure Violence was the most common. One distinguishing factor of public health interventions is that none are led by law enforcement and their main activities are focused on providing individuals services and disrupting conflict to stop violence. We included 14 original studies covering 9 interventions. Only 2 of the coded studies used qualitative methods. In addition, box 3 discusses hospital-based violence interventions.

THE EFFICACY OF PUBLIC HEALTH INTERVENTIONS

Of the nine public health interventions reviewed, three interventions showed positive results, six were mixed, and none showed negative results. Most results were mixed because they found some statistically significant positive results and some results that were not statistically significant. The most commonly studied public health intervention was Cure Violence in Chicago (three studies). Of the three original studies on Cure Violence, two found statistically significant positive results and one study found no statistically significant impact on our outcomes of interest. The original studies on Cure Violence focused primarily on individual-level outcomes, although some documented outcomes at the community and group levels. These included self-reported decreased involvement in crime and violence, intermediate outcomes including increased mentoring that led to decreases in gang involvement, and some changes in violent crime and shootings. These three studies showed statistically significant reductions in these outcomes.

The public health model was the least commonly mentioned model in the literature reviews we analyzed, perhaps in part because it is a more recent approach to violence reduction. Of the 23 literature reviews, 11 explicitly mentioned public health interventions, and Cure Violence was mentioned most frequently (in 9 literature reviews). These studies confirmed that some public health interventions had shown positive results and that many had had mixed results. Many emphasized that a stronger evidence base on public health interventions is needed for their efficacy to be better assessed.

THEMES IN THE IMPLEMENTATION OF PUBLIC HEALTH INTERVENTIONS

Through our scan of the literature, we identified the following themes in the implementation of these interventions:

- **Focusing interventions based on risk.** It is imperative that stakeholders implementing a public health intervention clearly define who is most at risk of committing and/or experiencing violence, identify where that violence is most likely to occur, and prioritize those people.

- **Defining success.** Interventions should not focus specifically on reducing group membership or convincing youth to leave groups. Instead, they should focus on reducing violence by instilling positive values and presenting alternatives to violence. Focusing on particular people and engaging them as partners leads to trustworthy and productive relationships and helps create sustainable long-term changes.
- **Community collaboration and trust.** In communities with little trust in police, public health interventions can be more effective than suppression-focused interventions and can attract partners who would not agree to participate in efforts led by law enforcement.
 - » Because law enforcement can impede public health interventions, it is key to engage law enforcement stakeholders as partners when they are willing. In fact, public health interventions are more successful when they exist within larger social service organizations or community-based continua of services and are facilitated and supported by various stakeholders. Effective interventions are collaborative and engage youth and police as partners. Research has found that it is important to involve communities (for instance, via communitywide advisory boards) to make interventions more visible. In addition, interventions intended to reduce group and gun violence that are community based and operate within larger social services organizations have been more likely to succeed, but it has been harder for these nontraditional interventions to get investments and support from public officials than more traditional types of interventions led by law enforcement and local government.
- **Paradoxical programming.** Public health interventions may create paradoxes whereby opportunities for youth group members to engage in prosocial activities can become opportunities for groups to congregate and can increase violence.
- **Balancing the roles of credible messengers.** It can be challenging for credible messengers who still identify as members of gangs or other groups to maintain their legitimacy with those groups while cooperating with public health interventions.
- **Monitoring performance and fidelity.** Systematically monitoring a public health intervention's performance and its fidelity to its design can be challenging, and failing to do so can make an intervention less likely to succeed. One study on one public health intervention showed, for example, that the program's impact on homicides could be explained by how frequently it employed conflict mediation.

BOX 3

Additional Practices: Hospital-Based Violence Interventions

Several hospital-based violence intervention programs emerged in the 1990s as interest in addressing violence through the public health model grew. In Milwaukee, Project Ujima, a hospital-based, peer group-centered counseling and prevention program for youth victims of violence involved in criminal activity was implemented, the first of its kind in the nation (NNHVIP 2019). Youth ALIVE!, a similar intervention, was established in Oakland soon after.^a The Cardiff Model, first developed in the United Kingdom in 1998, is designed to facilitate data sharing between hospitals and law enforcement and reduce retaliatory violence through services provided to victims in hospitals.^b Several other hospital-based interventions exist, including DLIVE, Healing Hurt People, and Wraparound. These are promising and have had positive impacts on cost savings, rearrest, reinjury and hospital admission, and self-efficacy, but research on the impact of these interventions on community safety and gun violence is limited (Bonne and Dicker 2020; Purtle et al. 2013; Strong et al. 2016).^c

Sources:

^a“Our Mission,” Youth ALIVE!, accessed June 16, 2021, <https://www.youthalive.org/>.

^b“The Cardiff Violence Prevention Model,” Centers for Disease Control and Prevention, accessed June 16, 2021, <https://www.cdc.gov/violenceprevention/about/fundedprograms/cardiffmodel/index.html>.

^c“Journal Articles,” Centers for Disease Control and Prevention, accessed June 16, 2021, <https://www.cdc.gov/violenceprevention/about/fundedprograms/cardiffmodel/journal.html>; “Publications: Caught in the Crossfire Replication,” Youth ALIVE!, accessed June 16, 2021, <https://www.youthalive.org/publications/>.

The Comprehensive Gang Model

Comprehensive Gang Model interventions made up **22 percent** of the interventions in the original studies we included in our synthesis. The most common intervention is the Comprehensive Gang Program (five studies), which is the name of the intervention piloted in five sites. The Comprehensive Gang Model employs the most diverse activities of the three models and involves a range of multidisciplinary actors. We coded 11 original studies of six interventions. Nine of these coded studies used qualitative methods.

THE EFFICACY OF COMPREHENSIVE GANG MODEL INTERVENTIONS

The results of the studies of Comprehensive Gang Model interventions were mixed, likely because of challenges that the stakeholders implementing the model frequently encountered. Of the six Comprehensive Gang Model interventions reviewed by original studies in this synthesis, five had mixed results and one had statistically significant positive results. The results of those five interventions were mixed because they had some statistically significant positive results, some results that indicated no

change, and some results that indicated statistically significant negative results. The Comprehensive Gang Program was the most commonly studied intervention in our synthesis of original studies, and none of the five original studies of this intervention showed statistically significant impacts in the five pilot cities. These studies measured outcomes at the individual, group, and community levels. Success was measured by rates of arrests, overall gang crime, violent offenses, and particular gangs' activities. Although some of these outcomes were reduced, the results were not statistically significant.

The Comprehensive Gang Model was the second-most-common model mentioned in the systematic literature reviews we analyzed. Of those 23 reviews, 12 mentioned the Comprehensive Gang Model, and the Comprehensive Gang Program was mentioned the most (in 9 reviews). These reviews generally cited mixed results for these interventions and attributed these mixed results largely to inconsistent adherence to the original model. They also noted that it could have been difficult for studies to assess whether decreases in crime had been attributable to the interventions or to citywide trends.

THEMES IN THE IMPLEMENTATION OF COMPREHENSIVE GANG MODEL INTERVENTIONS

Through our scan of the literature, we identified the following themes in the implementation of these interventions:

- **Collaboration.** The Comprehensive Gang Model requires substantial collaboration and commitment from stakeholders, which can be one of the biggest hurdles in implementing it. In addition to community members, necessary partners include law enforcement staff and program staff such as trained outreach workers. In addition, conflicting interests and personal, professional, and organizational loyalties among these stakeholders can hamper efforts to implement the model with fidelity to its framework.
- **Adapting to local contexts.** The success of Comprehensive Gang Model interventions relies on communities' ability to individualize their approaches and ensure practitioners have adequate time to implement this complex model and reach their intended populations. In addition, the goals of an intervention must be aligned with the capabilities of the people implementing it.
 - » Because the composition and operations of groups differ between communities, Comprehensive Gang Model interventions require community-specific cultural buy-in and local knowledge in order to be successful. Moreover, these community-based interventions are most successful when they happen in tandem with other activities, such as enhanced enforcement and surveillance.

- **Governance and common purpose.** Political pressure can interfere with the implementation of Comprehensive Gang Model interventions—for instance, elected officials may insist on a specific approach for political reasons—and can lead interventions to stray from the original model and/or to be implemented too quickly. Stakeholders developing these interventions may have conflicting interests, and there may be a lack of guidance on implementation if too many agencies are involved, which can impact whether funding for interventions can be secured. In addition, these interventions may suffer from bureaucratic hurdles and red tape that can hamper the fidelity of their implementation and dosage of the intervention.
 - » The research we reviewed documented other barriers to implementation, including unclear organizational structures, a lack of leadership for interventions, conflicting community sentiments about the Comprehensive Gang Model, a lack of community representation, inadequate conflict resolution among partners, recruitment challenges, high intervention-staff turnover, and ambiguous goals that did not align with the capabilities of the organizations involved.
- **Balancing multiple model components at once.** Because the Comprehensive Gang Model is multidimensional and can include different suppression and intervention strategies, some jurisdictions may attempt to balance multiple strategies at once. This can be challenging if the strategies have different goals and require different approaches.

Other Types of Interventions

In our scan of the literature, we encountered two interventions that did not fall within the three primary models: **Los Angeles’s Behavioral Employment Program** and the **Boston Reentry Initiative**. Both had provided case management and services and employment assistance. Both of the coded original studies of these interventions found mixed results. In addition, we encountered two behavioral therapy techniques intended for youth at risk of group/gang involvement (box 4).

BOX 4

Additional Practices: Functional Family Therapy and Multisystemic Therapy

Behavioral therapy techniques such as functional family therapy and multisystemic therapy have been used to improve outcomes among youth involved in groups or at risk of joining groups. In our review of original studies, we found one study on a modified version of functional family therapy that demonstrated mixed results (Thornberry et al. 2018), and two studies on multisystemic therapy that demonstrated positive results (Boxer et al. 2017; Boxer, Ostermann, and Veysey 2015). For this report,

we did not code these techniques as separate interventions, but rather as components of interventions. In our coding, we coded these techniques as case management that are implemented as components of more comprehensive violence reduction strategies.

Efficacy Findings by Intervention Activity/Component

Among the interventions included in this synthesis, we found that the activities and components that effective programs most frequently used were case management and services, enhanced surveillance, outreach workers, and public perception campaigns. **These findings only reflect activities and components implemented as part of larger violence reduction interventions, not activities and components implemented separately. Our findings by activity/component are as follows:**

- **Case management** was used in at least 1 intervention for each of the three models, and we most frequently found it in public health interventions (22 interventions).
 - » It was used in 6 interventions that had positive results (results for the other 16 were mixed).
 - » Case management was mentioned in 19 literature reviews.
- **Conflict mediation** was used in 11 interventions, primarily public health and Comprehensive Gang Model interventions.
 - » It was used in 3 interventions that had positive results (results for the other 8 were mixed).
 - » Conflict mediation was mentioned in 12 literature reviews.
- **Credible messengers** were used in 2 public health interventions.
 - » They were used in two interventions that had mixed results.
 - » They were mentioned in seven literature reviews.
- **Employment assistance** was provided in 12 interventions (5 public health interventions, two Comprehensive Gang Model interventions, three focused deterrence interventions, and 2 interventions of other types).
 - » It was provided in 3 interventions that had positive results (the other 9 had mixed results).
 - » It was mentioned in 7 literature reviews.
- **Enhanced enforcement** was used in 12 interventions (5 Comprehensive Gang Model interventions and 7 focused deterrence interventions).

- » It was most commonly used alongside enhanced surveillance.
- » It was used in 3 interventions that had positive results (the other 9 had mixed results).
- » Enhanced enforcement was associated with 20 reviews in the literature review analysis.
- **Enhanced surveillance** was used in 15 interventions (5 Comprehensive Gang Model interventions and 10 focused deterrence interventions).
 - » It was most commonly used alongside enhanced enforcement.
 - » It was used in 4 interventions that had positive results (the other 11 had mixed results).
 - » Enhanced surveillance was mentioned in 20 literature reviews.
- **Faith-based activities** we used in 6 interventions (4 were public health interventions).
 - » They were used in 1 intervention that had positive results (the other 5 had mixed results).
 - » They were mentioned in 3 literature reviews.
- **Hospital-based interventions** were used in 2 interventions, both of which were public health interventions.
 - » They were mentioned in 3 literature reviews.
- **Outreach workers** were used in 18 interventions (5 focused deterrence interventions, 7 public health interventions, and 5 Comprehensive Gang Model interventions).
 - » They were used in 5 interventions that had positive results (the other 13 had mixed results).
 - » They were mentioned in 36 literature reviews.
- **Public perception campaigns** were used in 21 interventions (6 focused deterrence interventions, 8 public health interventions, and 6 Comprehensive Gang Model interventions).
 - » They were used in 6 interventions that had positive results (the other 15 had mixed results).
 - » They were mentioned in 22 literature reviews.
- **Reducing the gun supply** was a strategy used in 6 interventions (5 focused deterrence interventions and 1 public health intervention).
 - » This strategy was used in 2 interventions that had positive results and 4 that had mixed results.
 - » It was mentioned in 12 literature reviews.

How Interventions Were Led

Of the interventions included in this synthesis, the most (15) were led by law enforcement agencies; 9 were led by community-based organizations. Although law enforcement agencies were the most common intervention leaders, lead entities varied widely and included the following:

- Law enforcement agencies led 15 interventions, all but 5 of which were focused deterrence interventions. Law enforcement agencies were the sole lead entities for 10 interventions, and in the other 5 interventions, they partnered with other government agencies and/or community organizations.
- Community-based organizations led 7 interventions, some of which were Comprehensive Gang Model interventions and some of which were public health interventions. Only 2 of the 7 interventions were led solely by community-based organizations. These organizations most commonly partnered with law enforcement, but they also partnered with other government agencies and public health agencies.
- Government agencies other than law enforcement (e.g., mayors' offices) led 7 interventions, 1 of which was a focused deterrence intervention, 2 of which were public health interventions, and 4 of which were Comprehensive Gang Model interventions. Three of these interventions were led solely by other government agencies, and these agencies led 4 interventions in partnership with community-based organizations and law enforcement.
- Public health agencies led 7 interventions, 6 of which used the public health model. Five of these interventions were led solely by public health agencies, and public health agencies led 2 interventions in partnership with community-based organizations.

Research Gaps and Limitations

Although existing research offers valuable insights into how jurisdictions have effectively reduced youth group/gang and gun violence, the findings we present must be interpreted with an understanding that the available studies do not reflect the full range of violence reduction strategies being implemented in the United States. Interventions led by law enforcement and/or the federal government have been funded the most and have been evaluated more thoroughly than interventions led by local nongovernmental (i.e., community-based) organizations and public health agencies. In addition, the studies do not reflect all of the interventions that community-based organizations have created and run themselves, without the involvement of government agencies; these community-based organizations

may lack the capacity to secure grants to fund evaluations of their interventions or may find fewer sources of funding for such evaluations. For the research base to more accurately reflect practices in the field, more research needs to be done on the many promising strategies being used to reduce violence—especially those that do not involve policing.

Research outside the scope of this synthesis has demonstrated that many crime-prevention initiatives can lead to unintended negative consequences, such as the escalation or displacement of crime and excessive deterrence (e.g., blanket surveillance, frequent use of stop-question-and-frisk) that inhibits legitimate activities (Cramer 2004; Grabosky 1996). Researchers and stakeholders comparing the efficacy of different intervention types must consider these unintended consequences, and especially how the likelihood of unintended negative consequences differs between types. For example, police-driven and suppression-focused interventions are likely to include enhanced surveillance, which research has shown can make people less willing to engage with surveilling institutions such as hospitals, financial institutions, and educational agencies (Brayne 2014); this consequence may be less likely in public health interventions that operate outside the context of law enforcement and involve no threat of punishment (Young and Petersilia 2016). Public health interventions may also have unintended negative consequences, however, such as creating a paradox of programming whereby opportunities for youth group members to engage in prosocial activities can actually be natural spots for groups to congregate and can increase violence. In addition, interventions that label people as violent or as gang- or group-involved may produce negative consequences driven by the self-fulfilling prophecy effect (Grabosky 1996).

Moreover, our synthesis of findings about the efficacy of violence reduction interventions is necessarily limited to the outcomes examined in the studies we included. We recognize that these interventions may have led to other important outcomes for people and communities that are not reflected in the research, such as outcomes on youths' well-being, detrimental outcomes of policing practices, and other outcomes outside the justice system for youth. It is imperative that researchers designing studies consider these gaps and account for positive and negative outcomes beyond what we highlight in this synthesis. The risk that these will be overlooked is particularly high when research is predominantly quantitative and limited largely to law enforcement data and criminal justice statistics, and when researchers do not collect community members' perspectives. Researchers studying these interventions rarely employ qualitative methods and may therefore overlook positive and negative outcomes that are difficult to quantify. For instance, some of the benefits of community-led interventions (e.g., improved quality of life and self-perception), though important and recognizable to

the communities they are implemented in, are more difficult to assess than the benefits of other types of interventions and may therefore require nontraditional evaluation approaches.

Conclusion

Through our assessment of the literature on the efficacy and implementation of interventions intended to reduce youth gun and group violence, we found the following:

- **Focused deterrence** interventions made up 37 percent of the interventions in our coded original studies. Focused deterrence was also the most commonly mentioned violence reduction model in the literature reviews we analyzed. The majority of focused deterrence interventions had mixed results for the outcomes we studied, but most interventions demonstrated at least one positive outcome. Literature reviews generally characterized focused deterrence interventions as effective based on their documented impacts on public safety outcomes.
- **Public health** interventions made up 33 percent of the interventions in our coded original studies. The public health model was the least commonly mentioned intervention in the literature reviews we analyzed. Of the nine public health interventions evaluated in the studies we reviewed, three were found to have had positive results, six to have had mixed results, and none to have had negative results.
- **Comprehensive Gang Model** interventions made up 22 percent of the interventions in our coded original studies. This was the second-most-common model mentioned in the literature reviews we analyzed. The results of the studies we coded were mixed, likely because of frequent challenges that the stakeholders implementing the model encountered.
- **Regarding intervention activities and components**, we found significant overlap across the three models as they are described in the coded literature. Among all the interventions included in this synthesis, we found that the activities and components used most in effective programs were **case management and services, enhanced surveillance, outreach workers, and public perception campaigns**.

Research Recommendations

Based on our findings, we offer the following observations and recommendations on youth violence reduction research:

- More research is needed on interventions that are promising but have been studied relatively less, including public health and community-based interventions. These interventions need to be well funded to enable comprehensive evaluations of them.
- Research needs to be done on interventions that operate outside the Northeast and Midwest and in smaller cities. What works in one city or region may not work in another, so it is important to study what works in less-well-studied jurisdictions.
- Studies of violence reduction interventions should include information on jurisdictions' local histories and other contextual factors that may explain implementation challenges and successes and make it easier to compare interventions in different areas.
- Researchers should examine the impact of other factors (e.g., education, employment, access to mental and physical health care, access to food, access to green space) on group violence and/or membership.
- Research has often measured success using criminal justice data (e.g., arrests) rather than data on other outcomes, such as employment and housing. Moreover, the lack of qualitative methods, community-engaged methods, and participatory research methods means things that are difficult to quantify, like the perspectives of and impacts on community members, are often left out of research. This also leaves out important implementation information that is key to explaining the efficacy of models used in different settings.
- Researchers should examine interventions' long-term results because some interventions, such as public health interventions, take longer to realize outcomes. Research partners must ensure all parties buy in to and trust the research process, and that they understand it will likely take years to see the full results of an initiative.
- Researchers should add a gender and race/ethnicity lens to research and understand how and whether particular interventions are more or less effective for some populations than others.

Appendix A. Methodology

The purpose of this study was to collect, review, and synthesize the literature on youth gun and group violence interventions, and more specifically, to examine efficacy and factors that promote successful implementation and sustainability. Rather than conducting a systematic review, we synthesized literature using a rigorous but traditional approach: drawing on available high-quality research syntheses.

Searching for Studies and Screening for Relevance

The research team conducted a targeted scan of the literature to identify relevant research on youth gun and group violence interventions. To maximize the efficiency of the research review process, we first looked to existing syntheses that summarized findings on given interventions across multiple studies, then sought additional studies not included in these syntheses. The National Gang Center shared an advance draft of a bibliography of gang-related research produced by National Gang Center Senior Research Associate James C. “Buddy” Howell, and we screened all listed studies for relevance. We also screened the sources cited in chapters three through eight of Thomas Abt’s *Bleeding Out* (2019). We identified additional relevant sources cited in the studies we reviewed. Furthermore, we found additional studies by conducting targeted searches using the Google Scholar search engine and the Center for Victim Research library. We searched in particular for studies on all other interventions listed in the National Gang Center program matrix that were not represented among the studies previously collected.³ We also conducted a targeted search for studies on each program in the list of sites the Urban team considered for the scan of practice.

We screened each resource for inclusion based on the following criteria:

- The source was published between January 1, 1980, through October 31, 2019.
- The source either includes an empirical evaluation of an intervention that was administered to people ages 10 to 25 with the specific aim of reducing youth group and gun violence OR synthesizes findings from other studies on such interventions.
- The intervention prioritized people affiliated with groups at the time of the intervention rather than focusing solely on preventing youth from engaging in groups in the future (some interventions, like Comprehensive Gang Model interventions, do both).

- The source is published in English.

All studies that met these criteria were accepted and catalogued in an Excel database. Studies that did not meet these criteria were rejected and not listed in the database.

Coding Studies

The team developed a coding protocol to extract quantitative and qualitative findings related to the constructs above and to code quantitative findings on the efficacy of interventions overall or of their specific activities or components. Our coding protocol and evidence-credibility-rating process were originally adapted from Campie and Sokolsky (2016). We then piloted that protocol on a small set of research studies already identified in a preliminary literature review and used an iterative process of coding and review to improve the accuracy and completeness of the coding process. Following this coding pilot, the coding team convened to discuss challenges and finalize revisions to the protocol. We then coded each relevant publication using the revised protocol. Whenever possible, coders copied and pasted each individual finding directly from the source, paraphrasing only when necessary (e.g., if relevant information was listed in a separate table or graph). Original studies were coded at the finding level. Systematic reviews were coded at the model/category level (e.g., focused deterrence).

We coded for:

- **Intervention efficacy findings:** findings related to the efficacy of the intervention(s) being studied, including any details on whether efficacy varied by subpopulation, location, or other factors (e.g., was effective for men but not women, or only in certain neighborhoods).
- **Implementation findings:** any contextual factors that may have impacted the implementation and/or sustainability of the intervention and thus affected its efficacy.
- **Rigor:** the credibility of evidence in original studies was coded at the finding level on a scale of zero to three (questionable, low, medium, high).

Synthesizing Findings across Studies

We summarized relevant interventions by model, location, and entity or entities leading the intervention. We created an interventions matrix summarizing the efficacy findings into four categories: positive, mixed, negative, and no change. Efficacy findings were synthesized by intervention models and activities.

Although our research review included original research and literature syntheses, the research team determined that it would not be possible to accurately summarize efficacy findings derived from both. Most of the literature syntheses we reviewed did not include the level of detail necessary to code efficacy findings with the same specificity and rigor that we applied to the original studies. Furthermore, our scope for this study was often narrower than that of the literature syntheses we reviewed, making it difficult to apply their broader findings to the topic of this report. As a result, our quantified efficacy findings in this report were limited to the original studies we coded; we then supplemented these with broader summaries of the efficacy findings derived from our review of literature syntheses, limited to observations related to our stated scope.

Appendix B. Interventions Matrix

TABLE B.1

Interventions Appearing in Urban’s Review of the Literature on Youth Gun and Gang/Group Violence Prevention

Intervention	Location	Model
Anti-Gang Initiative	Dallas; Detroit; St. Louis	Focused Deterrence
Behavioral Employment Program	Los Angeles	Other
Boston Reentry Initiative	Boston	Other
Broader Urban Involvement and Leadership Development	Chicago	Public Health
Cincinnati Initiative to Reduce Violence	Cincinnati	Focused Deterrence
Community Initiative to Reduce Violence	Glasgow (Scotland)	Focused Deterrence
Comprehensive Anti-Gang Initiative	Chicago; Cleveland; Dallas; Detroit; Durham/Raleigh, NC; Fort Worth, TX; Indianapolis; Los Angeles; Milwaukee; Oklahoma City; Rochester, NY; Tampa, FL	CGM
Comprehensive Gang Program	Bloomington-Normal, IL; Mesa, AZ; Riverside, CA; San Antonio; Tucson, AZ	CGM
Crisis Intervention Services Project	Chicago	CGM
Cure Violence	Baltimore; Chicago; Philadelphia	Public Health
Gang Intervention Through Targeted Outreach	Fort Worth, TX; St. Paul, MN; Ventura, CA	Public Health
Gang Reduction and Youth Development	Los Angeles	Public Health
Gang Reduction Initiative of Denver	Denver	CGM
Gang Reduction Program	Los Angeles, Milwaukee, WI; North Miami Beach; Richmond, VA	CGM
Gang Violence Reduction Project	California; Chicago	CGM
Gang-Free Schools and Communities Initiative	East Cleveland; Houston; Miami-Dade County; Pittsburgh	CGM
Group Violence Reduction Strategy	Chicago; New Orleans	Focused Deterrence
Hollenbeck Initiative	Los Angeles	Focused Deterrence
House of Umoja	Philadelphia	Public Health
Indianapolis Violence Reduction Partnership	Indianapolis	Focused Deterrence
No Violence Alliance	Kansas City, MO	Focused Deterrence
One Vision One Life	Pittsburgh	Public Health
Operation Ceasefire	Boston; Los Angeles; Newark, NJ; Rochester, NY	Focused Deterrence
Operation Peacekeeper	Stockton, CA	Focused Deterrence
Project Longevity	New Haven, CT	Focused Deterrence
Project Safe Neighborhoods	Chicago; Durham, NC; Lowell, MA; Mobile, AL; Montgomery, AL; St. Louis; Stockton, CA	Focused Deterrence

Intervention	Location	Model
Regina Anti-Gang Services Project	Canada	Public Health
Safe and Successful Youth Initiative	Massachusetts	Public Health
Safe Streets	Baltimore	Public Health
Save Our Streets	Brooklyn, NY	Public Health
Strategic Approach to Community Safety Initiative	Albuquerque, NM; Atlanta; Detroit; Indianapolis; Memphis; New Haven, CT; Portland, OR; St. Louis; Rochester, NY; Winston-Salem, NC	Focused Deterrence
Tri-Agency Resource Gang Enforcement	Westminster, CA	Focused Deterrence
TRUCE Project	Phoenix	Public Health
Violence Reduction Strategy	Chicago	Focused Deterrence
Weed and Seed	Akron, OH; Hartford, CT; Las Vegas; Manatee County, FL; Pittsburgh, Salt Lake City; Sarasota County, FL; Seattle, Shreveport, LA	Focused Deterrence
Youth Gang Unit	Cleveland	Focused Deterrence
Youth Violence Reduction Partnership	Philadelphia	Focused Deterrence

Source: Urban Institute research team's review of the literature on youth gun and gang/group violence prevention interventions.

Note: CGM = Comprehensive Gang Model.

Appendix C. Coded Studies

Our review of the literature included both **original studies** (an empirical evaluation of a single intervention) and **literature syntheses** (a synthesis of findings from multiple empirical evaluations). Studies that were screened for inclusion and coded are listed below. The quantified efficacy summaries in this brief are limited to original studies, but these summaries are supplemented in the text by overviews of the efficacy findings derived from the literature syntheses.

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Notes

- ¹ This age range (10 to 25) is broader than what the OJJDP uses for activities and resources related to juvenile justice, including its Model Programs Guide. We use a broader age range because efforts focused on youth gun violence commonly include juveniles *and* young adults in their populations of focus.
- ² Many focused deterrence interventions adopted the name Ceasefire because of the original Boston intervention with that name, but they are not consistently similar to that model. These interventions are also distinct from Cure Violence, a public health intervention formerly known as Chicago Ceasefire.
- ³ “Program Matrix,” *National Gang Center*, accessed June 16, 2021, <https://www.nationalgangcenter.gov/SPT/Program-Matrix>.

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About the Authors

Andreea Matei is a policy associate in the Urban Institute's Justice Policy Center, where her work ranges from prosecutorial discretion, public defense quality, alternatives to youth justice involvement, and state- and local-level justice policy changes. She leads, manages, and provides support for projects broadly related to both adult and youth criminal justice reform.

Leigh Courtney is a senior policy associate in the Justice Policy Center. Her research includes policy assessments and program evaluations that inform efforts led by communities, practitioners, and policymakers to reduce correctional control and build community-based approaches to safety and justice.

Krista White is a policy program associate in the Justice Policy Center, where her research focuses on victimization, human trafficking, workforce development, and youth alternatives to justice involvement.

Lily Robin is a research associate in the Justice Policy Center, where she works on research projects related to juvenile justice, community safety and policing, and disability in the criminal legal system. Before joining Urban, Robin worked in criminal legal system research and technical assistance with a focus on law enforcement. She holds a Master of Public Policy from the George Washington University and a Bachelors of the Arts focused on the school-to-prison pipeline from New York University.

Paige S. Thompson is a research associate in the Justice Policy Center, where her research focuses on police technology, community perspectives of police legitimacy and procedural justice, human trafficking, and interventions and policies focused on preventing and reducing gun violence.

Rod Martinez is a research associate in the Justice Policy Center, where his work focuses on improving the lives of formerly imprisoned persons, the well-being of boys and men of color, and community-based solutions to gun violence.

Janine Zweig is associate vice president for justice policy at the Urban Institute. She has conducted research on violent victimization, particularly sexual and intimate partner violence, and has evaluated several provisions of and initiatives related to the Violence Against Women and Prison Rape Elimination Acts and the Office for Victims of Crime's Vision 21.

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