

Community Violence as a Population Health Issue: A Workshop  
Roundtable on Population Health Improvement  
June 13, 2016  
Resource List

**Suggested background readings and links to an online newscast and public radio interviews and stories are below. Pages 3½-14 are additional background readings for the workshop. This staff-generated list is not meant to be exhaustive of the literature on community violence. Instead, this list is illustrative of themes explored at this workshop. Readings with an asterisk (\*) can be found in the background readings folder.**

- \*Aboutanos, M. B., A. Jordan, R. Cohen, R. L. Foster, K. Goodman, R. W. Halfond, R. Poindexter, R. Charles, S. C. Smith, L. G. Wolfe, B. Hogue, and R. R. Ivatury. 2011. Brief violence interventions with community case management services are effective for high-risk trauma patients. *J Trauma* 71(1):228-236; discussion 236-227. <http://www.ncbi.nlm.nih.gov/pubmed/21818029>
- Badger, E., and C. Ingraham. 2016. How violence shapes children for life. *Washington Post*. April 20. <https://www.washingtonpost.com/news/wonk/wp/2016/04/20/how-violence-shapes-children-for-life/>
- Campbell, A. F. 2016. Neighborhoods can shape success—down to the level of a city block. *The Atlantic*. May 23. <http://www.theatlantic.com/business/archive/2016/05/how-a-neighborhood-block-can-affect-a-persons-success/483983/>
- \*Cooper, C., D. M. Eslinger, and P. D. Stolley. 2006. Hospital-based violence intervention programs work. *The Journal of TRAUMA Injury, Infection, and Critical Care* 61(3):534-540. [http://www.sdhpitt.com/uploads/1/5/3/6/15366632/cooper\\_violence\\_prevention\\_j\\_trauma\\_2006.pdf](http://www.sdhpitt.com/uploads/1/5/3/6/15366632/cooper_violence_prevention_j_trauma_2006.pdf)
- \*Culyba, A. J., S. F. Jacoby, **T. S. Richmond**, J. A. Fein, B. C. Hohl, and **C. C. Branas**. 2016. Modifiable neighborhood features associated with adolescent homicide. *JAMA Pediatrics* 170(5):473-480. <http://archpedi.jamanetwork.com/article.aspx?articleid=2498560>
- Davis, A. C. 2016. Cities begin to challenge a bedrock of justice: They're paying criminals not to kill. *The Washington Post*. March 26. [https://www.washingtonpost.com/local/dc-politics/cities-have-begun-to-challenge-a-bedrock-of-american-justice-theyre-paying-criminals-not-to-kill/2016/03/26/f25a6b9c-e9fc-11e5-a6f3-21ccdbc5f74e\\_story.html](https://www.washingtonpost.com/local/dc-politics/cities-have-begun-to-challenge-a-bedrock-of-american-justice-theyre-paying-criminals-not-to-kill/2016/03/26/f25a6b9c-e9fc-11e5-a6f3-21ccdbc5f74e_story.html)
- \*Gonzales, R. 2016. To reduce gun violence, potential offenders offered support and cash. *All Things Considered*. Washington, DC: National Public Radio. <http://www.npr.org/2016/03/28/472138377/to-reduce-gun-violence-potential-offenders-offered-support-and-cash>
- \*Hsu, A. 2016. Baltimore sees hospitals as key to breaking a cycle of violence. *All Things Considered* Washington, DC: National Public Radio. <http://www.npr.org/sections/health-shots/2016/04/08/473379238/baltimore-sees-hospitals-as-key-to-breaking-a-cycle-of-violence?sc=tw>
- \*Jacoby, S. F., L. Tach, T. Guerra, D. J. Wiebe, and **T. S. Richmond**. 2016. The health status and well-being of low-resource, housing-unstable, single-parent families living in violent neighborhoods in Philadelphia, Pennsylvania. *Health and Social Care Community*. <http://www.ncbi.nlm.nih.gov/pubmed/27043845>
- Khullar, D., and A. B. Jena. 2016. Homicide's role in the racial life-expectancy gap. To narrow the black-white difference even more than we already have, treat violence like it's a disease. *The Wall Street Journal*. <http://www.wsj.com/articles/homicides-role-in-the-racial-life-expectancy-gap-1461797871>

- \*Listenbee, R. L., J. Torre, G. Boyle, S. Coopers, S. Deer, D. T. Durfee, **T. James**, A. Lieberman, R. Macy, S. **Marans, J.** McDonnell, G. Mendoza, and A. Taguba. 2012. *Report of the Attorney General's national task force on children exposed to violence* Washington, DC. <https://www.justice.gov/defendingchildhood/task-force-children-exposed-violence>
- \***Marans, S.** 2013. Phenomena of childhood trauma and expanding approaches to early intervention. *International Journal of Applied Psychoanalytic Studies* 10(3):247-266. <http://dx.doi.org/10.1002/aps.1369>
- \***Marans, S.**, D. Smolover, and H. Hahn. 2012. Responding to child trauma: Theory, programs, and policy. *Handbook of juvenile forensic psychology and psychiatry*, edited by E. L. Grigorenko. New York, NY: Springer US.
- Parker, N. 2015. Anti-gang programs approach violence as a disease. Public health conference in Chicago tackles violence as a contagion. November 5. *Ebony*. <http://www.ebony.com/news-views/anti-gang-programs-approach-violence-as-a-disease#axzz4AuNVgWDv>
- \***Pinderhughes, H.**, R. A. Davis, and M. Williams. 2015. *Adverse community experiences and resilience: A framework for addressing and preventing community trauma*. Oakland, CA: Prevention Institute. <http://www.preventioninstitute.org/component/jlibrary/article/id-372/127.html>
- \*President's Task Force on 21st Century Policing. 2015. *Final report of the President's Task Force on 21st Century Policing*. Washington, DC: **Office of Community Oriented Policing Services**. <http://www.cops.usdoj.gov/policingtaskforce>
- \*Prevention Institute and Advancement Project. 2013. *Addressing and preventing trauma at the community level*. Oakland, CA: Prevention Institute. <http://www.preventioninstitute.org/component/jlibrary/article/id-347/127.html>
- \*Prevention Institute and Advancement Project. 2015. *Community safety: A building block for healthy communities*. The California Endowment. <http://www.preventioninstitute.org/component/jlibrary/article/id-363/127.html>
- Stock, S., M. Bott, and J. Carroll. 2016. Economy tied to gun violence in Oakland. City leaders acknowledge the need to bridge the gap between affluent and poor communities in Oakland in order to reduce violence. Interview with Howard Pinderhughes. A six-month NBC Bay Area investigation found a growing economic disparity between different areas of Oakland. It's a gap that research scientists say is contributing to continuing violent crime in some parts of the city. NBC Bay Area Chief Investigative Reporter Stephen Stock reports in a video that first aired on June 3, 2016. NBC Bay Area. <http://www.nbcbayarea.com/news/local/Economic-Disparity-Tied-to-Gun-Violence-in-Oakland-381830371.html>
- \*Tach, L., S. Jacoby, D. J. Wiebe, T. Guerra, and T. **S. Richmond**. 2016. The effect of microneighborhood conditions on adult educational attainment in a subsidized housing intervention. *Housing Policy Debate* 26(2):380-397. <http://dx.doi.org/10.1080/10511482.2015.1107118>
- Tippett, K. 2016. The resilient world we're building now. *On Being*. Krista Tippett interviewing Robert K. Ross and Pattrisse Cullors. American Public Media. <http://www.onbeing.org/program/pattrisse-cullors-and-robert-ross-the-resilient-world-were-building-now/8425>
- \***Webster, D. W.**, J. M. Whitehill, J. S. Vernick, and F. C. Curriero. 2013. Effects of Baltimore's Safe Streets program on gun violence: A replication of Chicago's ceasefire program. *Journal of Urban Health* 90(1):27-40. <http://www.ncbi.nlm.nih.gov/pubmed/22696175>

- \*Wintemute, G. J., M. E. Betz, and M. L. Ranney. 2016. Yes, you can: Physicians, patients, and firearms. *Annals of Internal Medicine*. <http://dx.doi.org/10.7326/M15-2905>
- \*Wolf, A. M., A. Del Prado Lippman, C. Glesmann, and E. Castro. 2015. *Process evaluation for the Office of Neighborhood Safety*. Oakland, CA: National Council on Crime and Delinquency. [http://www.nccdglobal.org/sites/default/files/publication\\_pdf/ons-report-highlights.pdf](http://www.nccdglobal.org/sites/default/files/publication_pdf/ons-report-highlights.pdf)  
[http://www.nccdglobal.org/sites/default/files/publication\\_pdf/ons-process-evaluation.pdf](http://www.nccdglobal.org/sites/default/files/publication_pdf/ons-process-evaluation.pdf)
- \*Wolf, A. M., A. Del Prado Lippman, **D. Boggan**, C. Glesmann, and E. Castro. 2015. Saving lives: Alternative approaches to reducing gun violence *International Journal of Social, Behavioral, Educational, Economic, Business and Industrial Engineering* 9(6):2191-2199. <http://waset.org/publications/10002661/saving-lives-alternative-approaches-to-reducing-gun-violence>
- \*Wolf, R. V. 2012. *Law enforcement and public health: Sharing resources and strategies for safer communities*. **COPS Office of the U.S. Department of Justice**, The California Endowment, **The Center for Court Innovation**. <http://ric-zai-inc.com/ric.php?page=detail&id=COPS-P226>

## ADDITIONAL READINGS

### PLACE-BASED APPROACHES: INTERVENTIONS AND EVALUATION

- Branas, C. C.**, R. A. Cheney, J. M. MacDonald, V. W. Tam, T. D. Jackson, and T. R. Ten Have. 2011. A difference-in-differences analysis of health, safety, and greening vacant urban space. *American Journal of Epidemiology*. Greening of vacant urban land may affect health and safety. The authors conducted a decade-long difference-in-differences analysis of the impact of a vacant lot greening program in Philadelphia, Pennsylvania, on health and safety outcomes. “Before” and “after” outcome differences among treated vacant lots were compared with matched groups of control vacant lots that were eligible but did not receive treatment. Control lots from 2 eligibility pools were randomly selected and matched to treated lots at a 3:1 ratio by city section. Random-effects regression models were fitted, along with alternative models and robustness checks. Across 4 sections of Philadelphia, 4,436 vacant lots totaling over 7.8 million square feet (about 725,000 m<sup>2</sup>) were greened from 1999 to 2008. Regression-adjusted estimates showed that vacant lot greening was associated with consistent reductions in gun assaults across all 4 sections of the city ( $P < 0.001$ ) and consistent reductions in vandalism in 1 section of the city ( $P < 0.001$ ). Regression-adjusted estimates also showed that vacant lot greening was associated with residents’ reporting less stress and more exercise in select sections of the city ( $P < 0.01$ ). Once greened, vacant lots may reduce certain crimes and promote some aspects of health. Limitations of the current study are discussed. Community-based trials are warranted to further test these findings. <http://aje.oxfordjournals.org/content/early/2011/11/11/aje.kwr273.abstract>
- Kondo, M. C., D. Keene, B. C. Hohl, J. M. MacDonald, and **C. C. Branas**. 2015. A difference-in-differences study of the effects of a new abandoned building remediation strategy on safety. *PLoS ONE* 10(7):e0129582. Vacant and abandoned buildings pose significant challenges to the health and safety of communities. In 2011 the City of Philadelphia began enforcing a Doors and Windows Ordinance that required property owners of abandoned buildings to install working doors and windows in all structural openings or face significant fines. We tested the effects of the new ordinance on the occurrence of crime surrounding abandoned buildings from January 2011 to April 2013 using a difference-in-differences approach. We used Poisson regression models to compare differences in pre- and post-treatment measures of crime for buildings that were remediated as a result of the ordinance ( $n = 676$ ) or permitted for renovation ( $n = 241$ ), and randomly-matched control buildings that were not remediated ( $n = 676$ ) or permitted for renovation ( $n = 964$ ), while also controlling for sociodemographic and other confounders measured around each building. Building remediations were significantly associated with citywide reductions in overall crimes, total assaults, gun assaults and nuisance crimes. Building remediations were also significantly associated with reductions in violent gun crimes in one city section. At the same time, some

significant increases were seen in narcotics sales and possession and property crimes around remediated buildings. Building renovation permits were significantly associated with reductions in all crime classifications across multiple city sections. We found no significant spatial displacement effects. Doors and windows remediation offers a relatively low-cost method of reducing certain crimes in and around abandoned buildings. Cities with an abundance of decaying and abandoned housing stock might consider some form of this structural change to their built environments as one strategy to enhance public safety. <http://dx.doi.org/10.1371/journal.pone.0129582>

MacDonald, J., D. Golinelli, R. J. Stokes, and R. Bluthenthal. 2010. The effect of business improvement districts on the incidence of violent crimes. *Injury Prevention*. Objective: To examine whether business improvement districts (BID) contributed to greater than expected declines in the incidence of violent crimes in affected neighborhoods. Method: A Bayesian hierarchical model was used to assess the changes in the incidence of violent crimes between 1994 and 2005 and the implementation of 30 BID in Los Angeles neighborhoods. Results: The implementation of BID was associated with a 12% reduction in the incidence of robbery and an 8% reduction in the total incidence of violent crimes. The strength of the effect of BID on robbery crimes varied by location. Conclusion: These findings indicate that the implementation of BID can reduce the incidence of violent crimes likely to result in injury to individuals. The findings also indicate that the establishment of a BID by itself is not a panacea, and highlight the importance of targeting BID efforts to crime prevention interventions that reduce violence exposure associated with criminal behaviors. <http://injuryprevention.bmj.com/content/early/2010/06/29/ip.2009.024943.abstract>

Massetti, G. M., and C. David-Ferdon. 2016. Preventing violence among high-risk youth and communities with economic, policy, and structural strategies. *Morbidity and Mortality Weekly Report. Supplements* 61 (1):57-60. Youth violence is preventable, and the reduction of health disparities is possible with evidence-based approaches. Achieving community-wide reductions in youth violence and health disparities has been limited in part because of the lack of prevention strategies to address community risk factors. CDC-supported research has resulted in three promising community-level approaches: Business Improvement Districts (BIDs) in Los Angeles, California; alcohol policy to reduce youth access in Richmond, Virginia; and the Safe Streets program in Baltimore, Maryland. Evaluation findings indicated that BIDs in Los Angeles were associated with a 12% reduction in robberies (one type of violent crime) and an 8% reduction in violent crime overall. In Richmond's alcohol policy program, investigators found that the monthly average of ambulance pickups for violent injuries among youth aged 15–24 years had a significantly greater decrease in the intervention (19.6 to 0 per 1,000) than comparison communities (7.4 to 3.3 per 1,000). Investigators of Safe Streets found that some intervention communities experienced reductions in homicide and/or nonfatal shootings, but results were not consistent across communities. Communitywide rates of violence can be changed in communities with disproportionately high rates of youth violence associated with entrenched health disparities and socioeconomic disadvantage. Community-level strategies are a critical part of comprehensive approaches necessary to achieve broad reductions in violence and health disparities. <http://www.cdc.gov/mmwr/volumes/65/su/su6501a9.htm>

University of California San Francisco Center on Disparities in Health, S. Egerter, C. Barclay, R. Grossman-Kahn, and P. Braveman. 2011. *Violence, social disadvantage and health*. The circumstances of where and how you are born, grow up, live, work and grow old shape your health. The Robert Wood Johnson Foundation's issue brief, "Exploring the Social Determinates of Health-Violence, Social Disadvantage and Health," documents the way in which the environments we live in work to influence our learning of violence. The article highlights the Prevention Institute's UNITY Policy Platform as an example of a promising strategy to prevent violence by addressing the social factors that make some communities more susceptible to violence than others. Also highlighted is Prevention Institute's work around addressing the links between strategies for violence prevention and the promotion of healthy eating and active living. <http://www.preventioninstitute.org/component/jlibrary/article/id-320/127.html>

## POLICING AND PUBLIC HEALTH

- Cloud, D., and C. Davis. 2015. *First do no harm: Advancing public health in policing practices*. New York, NY: Vera Institute of Justice. Millions of medically vulnerable and socially marginalized people cycle through the criminal justice system each year due to serious structural problems entrenched in American society. The absence of a coherent and effective social safety net means that people lack access to physical and mental health care, social services, and housing options in their communities. This report, *First Do No Harm: Advancing Public Health in Policing Practices*, details the cultural divide among system actors that amplify and sustain these problems and offers recommendations on how law enforcement policymakers and practitioners—in collaboration with public health officials and harm reduction advocates—can enhance both public safety and community health. <http://www.vera.org/pubs/public-health-and-policing>
- Cooper, H. L. F., and M. Fullilove. 2016. Editorial: Excessive police violence as a public health issue. *Journal of Urban Health* 93(1):1-7. <http://dx.doi.org/10.1007/s11524-016-0040-2>
- Gaber, N., and A. Wright. 2016. Protecting urban health and safety: Balancing care and harm in the era of mass incarceration. *Journal of Urban Health* 93(1):68-77. This paper explores theoretical, spatial, and mediatized pathways through which policing poses harms to the health of marginalized communities in the urban USA, including analysis of two recent and widely publicized incidents of officer-involved killings in Ferguson, Missouri and Staten Island, New York. We examine the influence of the “broken windows” model in both policing and public health, revealing alternate institutional strategies for responding to urban disorder in the interests of the health and safety of the city. Drawing on ecosocial theory and medical anthropology, we consider the roles of the segregated built environment and historical experience in the embodiment of structural vulnerability with respect to police violence. We examine the recent shootings of Eric Garner and Michael Brown as the most visible, most circulated symbols of this complex and contradictory terrain, focusing on the pathways through which theories of causality authorize violent and/or caring intervention by the state. We show how police killings reveal an underlying and racialized association between disorder and deviance that becomes institutionalized and embodied through spatial and symbolic pathways. If public health workers and advocates are to play a role in responding to the call of the Black Lives Matter movement, it is important to understand the interpretations and translations of urban social life that circulate on the streets, in the media, in public policy, and in institutional practice. <http://dx.doi.org/10.1007/s11524-015-0009-6>
- Geller, A., J. Fagan, T. Tyler, and B. G. Link. 2014. Aggressive policing and the mental health of young urban men. *Am J Public Health* 104(12):2321-2327. OBJECTIVES: We surveyed young men on their experiences of police encounters and subsequent mental health. METHODS: Between September 2012 and March 2013, we conducted a population-based telephone survey of 1261 young men aged 18 to 26 years in New York City. Respondents reported how many times they were approached by New York Police Department officers, what these encounters entailed, any trauma they attributed to the stops, and their overall anxiety. We analyzed data using cross-sectional regressions. RESULTS: Participants who reported more police contact also reported more trauma and anxiety symptoms, associations tied to how many stops they reported, the intrusiveness of the encounters, and their perceptions of police fairness. CONCLUSIONS: The intensity of respondent experiences and their associated health risks raise serious concerns, suggesting a need to reevaluate officer interactions with the public. Less invasive tactics are needed for suspects who may display mental health symptoms and to reduce any psychological harms to individuals stopped. [http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302046?url\\_ver=Z39.88-2003&rft\\_id=ori%3Arid%3Acrossref.org&rft\\_dat=cr\\_pub%3Dpubmed](http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2014.302046?url_ver=Z39.88-2003&rft_id=ori%3Arid%3Acrossref.org&rft_dat=cr_pub%3Dpubmed)
- Gilbert, K. L., and R. Ray. 2016. Why police kill black males with impunity: Applying public health critical race praxis (PHCRP) to address the determinants of policing behaviors and “justifiable” homicides in the USA. *Journal of Urban Health* 93(1):122-140. Widespread awareness of the recent deaths of several black males at the hands of police has revealed an unaddressed public health challenge—determining the root causes of

excessive use of force by police applied to black males that may result in “justifiable homicides.” The criminalization of black males has a long history in the USA, which has resulted in an increase in policing behaviors by legal authorities and created inequitable life chances for black males. Currently, the discipline of public health has not applied an intersectional approach that investigates the intersection of race and gender to understanding police behaviors that lead to “justifiable homicides” for black males. This article applies the core tenets and processes of Public Health Critical Race Praxis (PHCRP) to develop a framework that can improve research and interventions to address the disparities observed in recent trend analyses of “justifiable homicides.” Accordingly, we use PHCRP to offer an alternative framework on the social, legal, and health implications of violence-related incidents. We aim to move the literature in this area forward to help scholars, policymakers, and activists build the capacity of communities to address the excessive use of force by police to reduce mortality rates from “justifiable homicides.”  
<http://dx.doi.org/10.1007/s11524-015-0005-x>

Gokey, C., and S. Shah. 2016. *How to increase cultural understanding*. Police Perspectives: Building Trust in a Diverse Nation. No. 1 Washington, DC: **Office of Community Oriented Policing Services**.

Gomez, M. B. 2016. Policing, community fragmentation, and public health: Observations from Baltimore. *Journal of Urban Health* 93(1):154-167. Studies show that policing, when violent, and community fragmentation have a negative impact on health outcomes. This current study investigates the connection of policing and community fragmentation and public health. Using an embedded case study analysis, semi-structured interviews were conducted with 21 African-American female and male residents, ages 21–64 years of various neighborhoods of high arrest rates and health and socioeconomic deprivation in Baltimore City, MD. Baltimore residents’ perceptions of policing, stress, community fragmentation, and solutions are presented. Analysis of the perceptions of these factors suggests that violent policing increases community fragmentation and is a public health threat. Approaches to address this public health threat are discussed.  
<http://dx.doi.org/10.1007/s11524-015-0022-9>

McGregor, A. 2016. Politics, police accountability, and public health: Civilian review in Newark, New Jersey. *Journal of Urban Health* 93(1):141-153. Police brutality, a longstanding civil rights issue, has returned to the forefront of American public debate. A growing body of public health research shows that excessive use of force by police and racial profiling have adverse effects on health for African Americans and other marginalized groups. Yet, interventions to monitor unlawful policing have been met with fierce opposition at the federal, state, and local levels. On April 30, 2015, the mayor of Newark, New Jersey signed an executive order establishing a Civilian Complaint Review Board (CCRB) to monitor the Newark Police Department (NPD). Using a mixed-methods approach, this study examined how advocates and government actors accomplished this recent policy change in the face of police opposition and after a 50-year history of unsuccessful attempts in Newark. Drawing on official public documents, news media, and interviews conducted in April and May 2015, I propose that: (1) a Department of Justice investigation of the NPD, (2) the activist background of the Mayor and his relationships with community organizations, and (3) the momentum provided by the national Black Lives Matter movement were pivotal in overcoming political obstacles to reform. Examining the history of CCRB adoption in Newark suggests when and where advocates may intervene to promote policing reforms in other US cities.  
<http://dx.doi.org/10.1007/s11524-015-9998-4>

Richardson, J. B., C. St. Vil, and C. Cooper. 2016. Who shot ya? How emergency departments can collect reliable police shooting data. *Journal of Urban Health* 93(1):8-31. This paper examines an alternative solution for collecting reliable police shooting data. One alternative is the collection of police shooting data from hospital trauma units, specifically hospital-based violence intervention programs. These programs are situated in Level I trauma units in many major cities in USA. While the intent of these programs is to reduce the risk factors associated with trauma recidivism among victims of violent injury, they also collect reliable data on the number of individuals treated for gunshot wounds. While most trauma units do a great job collecting data on mode of injury, many do not collect data on the circumstances surrounding the injury, particularly police-involved shootings. Research protocol on firearm-related injury conducted in



emergency departments typically does not allow researchers to interview victims of violent injury who are under arrest. Most victims of nonfatal police-involved shootings are under arrest at the time they are treated by the ED for their injury. Research protocol on victims of violent injury often excludes individuals under arrest; they fall under the exclusion criteria when recruiting potential participants for research on violence. Researchers working in hospital emergency departments are prohibited from recruiting individuals under arrests. The trauma staff, particularly ED physicians and nurses, are in a strategic position to collect this kind of data. Thus, this paper examines how trauma units can serve as an alternative in the reliable collection of police shooting data. <http://dx.doi.org/10.1007/s11524-015-0008-7>

Schweig, S. 2014. *Healthy communities may make safe communities: Public health approaches to violence prevention*. Washington, DC: National Institute of Justice. <http://nij.gov/journals/273/Pages/violence-prevention.aspx>

Sewell, A. A., and K. A. Jefferson. 2016. Collateral damage: The health effects of invasive police encounters in New York City. *Journal of Urban Health* 93(1):42-67. The health effects of police surveillance practices for the community at-large are unknown. Using microlevel health data from the 2009–2012 New York City Community Health Survey (NYC-CHS) nested within mesolevel data from the 2009–2012 NYC Stop, Question, and Frisk (NYC-SQF) dataset, this study evaluates contextual and ethnoracially variant associations between invasive aspects of pedestrian stops and multiple dimensions of poor health. Results reveal that living in neighborhoods where pedestrian stops are more likely to become invasive is associated with worse health. Living in neighborhoods where stops are more likely to result in frisking show the most consistent negative associations. More limited deleterious effects can be attributed to living in neighborhoods where stops are more likely to involve use of force or in neighborhoods with larger ethnoracial disparities in frisking or use of force. However, the health effects of pedestrian stops vary by ethnoracial group in complex ways. For instance, minorities who live in neighborhoods with a wider ethno racial disparity in police behavior have poorer health outcomes in most respects, but blacks have lower odds of diabetes when they live in neighborhoods where they face a higher risk that a stop will involve use of force by police than do whites. The findings suggest that the consequences of the institutionalization of the carceral state are far-reaching. <http://dx.doi.org/10.1007/s11524-015-0016-7>

## PROGRAM EVALUATIONS

Berman, G., and E. Gold. 2011. *From Chicago to Brooklyn: A case study in program replication*. New York: **Center for Court Innovation**. In an effort to highlight some of the issues that replication efforts inevitably face, this paper tells the story of Save Our Streets (S.O.S.) Crown Heights, an effort to bring CeaseFire, a violence reduction project that originated in Chicago, to Brooklyn. The goal is to provide a ground-level view of the replication process from the perspectives of those charged with implementing the model. Along the way, this essay attempts to tease out lessons that will be relevant not just to those interested in the CeaseFire model, but to anyone charged with replicating a model originally created somewhere else. [http://www.courtinnovation.org/sites/default/files/documents/Chicago\\_Brooklyn.pdf](http://www.courtinnovation.org/sites/default/files/documents/Chicago_Brooklyn.pdf)

Blount-Hill, K., and J. A. Butts. 2015. *Respondent-driven sampling: Evaluating the effects of the Cure Violence model with neighborhood surveys*. New York, NY: John Jay College of Criminal Justice, City University of New York. [https://johnjayrec.nyc/2015/08/04/rds2015\\_web/](https://johnjayrec.nyc/2015/08/04/rds2015_web/)

Butts, J. A., C. G. Roman, L. Bostwick, and J. R. Porter. 2015. Cure Violence: A public health model to reduce gun violence. *Annual Review of Public Health* 36:39-53. Scholars and practitioners alike in recent years have suggested that real and lasting progress in the fight against gun violence requires changing the social norms and attitudes that perpetuate violence and the use of guns. The Cure Violence model is a public health approach to gun violence reduction that seeks to change individual and community attitudes and norms about gun violence. It considers gun violence to be analogous to a communicable disease that passes from person to person when left untreated. Cure Violence operates independently of, while

hopefully not undermining, law enforcement. In this article, we describe the theoretical basis for the program, review existing program evaluations, identify several challenges facing evaluators, and offer directions for future research. <http://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-031914-122509>

**Butts, J. A.,** C. G. Roman, and K. A. Tomberg. 2012. *Teaming up for safer cities. A report from the implementation assessment of the National Forum on Youth Violence Prevention.* New York, NY: Research and Evaluation Center, John Jay College of Criminal Justice, City University of New York. <https://jeffreybutts.net/2012/12/07/teamingup/>

Cooley-Strickland, M. R., R. S. Griffin, D. Darney, K. Otte, and J. Ko. 2011. Urban African American youth exposed to community violence: A school-based anxiety preventive intervention efficacy study. 39(2):149-166. This study evaluated the efficacy of a school-based anxiety prevention program among urban children exposed to community violence. Students who attended Title 1 public elementary schools were screened. Ninety-eight 3-5(th) grade students (ages 8-12; 48% female; 92% African American) were randomized into preventive intervention versus wait-list comparison groups. Students attended 13 bi-weekly one-hour group sessions of a modified version of FRIENDS, a cognitive-behavioral anxiety intervention program. Results indicated that both intervention and control groups manifested significant reductions in anxiety symptomatology and total exposure to community violence, along with improved standardized reading achievement scores. Additional gains observed only in the intervention group were increased standardized mathematics achievement scores, decreased life stressors, and reduced victimization by community violence. The intervention was equally efficacious for both genders and for children exposed to higher, compared to lower, levels of community violence. Implications for comprehensive, culturally and contextually relevant prevention programs and research are discussed. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3080109/>

Delgado, S. A., K. Blount-Hill, M. Mandala, and **J. A. Butts.** 2015. *Perceptions of violence: Surveying young males in New York City.* New York, NY: Research & Evaluation Center, John Jay College of Criminal Justice. [https://johnjayrec.nyc/perceptionsofviolence\\_web/](https://johnjayrec.nyc/perceptionsofviolence_web/)

Duncan, T. K., K. Waxman, J. Romero, and G. Diaz. 2014. Operation Peaceworks: A community program with the participation of a level II trauma center to decrease gang-related violence. *Journal of Trauma Acute Care Surgery* 76(5):1208-1213. BACKGROUND: Gang-related violence is a major public health problem. A gang prevention program (Operation PeaceWorks) was developed in Ventura County, California to help trauma patients who were gang members quit gang lifestyles. The purpose of this study was to determine the incidence of gang-related violence in the community before and after establishing Operation PeaceWorks. METHODS: In Operation PeaceWorks, participating gang members were mentored, counseled, offered job training, and provided with opportunities to further their education or secure employment. Data about gang-related activity in the community were identified and recorded. The number of gang-related assaults (total), assaults involving firearms, and homicides were determined and compared before and after the start of the program. RESULTS: During the 3 years after starting Operation PeaceWorks (2010-2012), the program had 3,430 interventions with 1,464 gang members (2.3 interventions per gang member). Three years after starting Operation PeaceWorks, there was a significant decrease in mean annual total gang assaults (-16%,  $p < 0.001$ ), assaults with firearms and homicides (-47%,  $p = 0.05$ ) compared with the 7 years before Operation PeaceWorks. CONCLUSION: A multidisciplinary community gang prevention program, with the participation of the trauma center, may be effective in decreasing gang-related trauma. The experience with this program may contribute to the development of further evidence-based programs to decrease gang-related trauma. <http://www.ncbi.nlm.nih.gov/pubmed/24747450>

Gordon, D., D. Rebanal, S. Simon-Ortiz, J. Tokunaga, and J. Wolin. 2015. *Trauma informed community building evaluation. A formative evaluation of the TICB model and its implementation in Potrero Hill.* San Francisco, CA: HOPE SF Learning Center. <http://www.aecf.org/resources/trauma/>



- Jennings-Bey, T., S. D. Lane, R. A. Rubinstein, D. Bergen-Cico, A. Haygood-El, H. Hudson, S. Sanchez, and F. L. Fowler. 2015. The trauma response team: A community intervention for gang violence. *Journal of Urban Health* 92(5):947-954. While violent crime has decreased in many cities in the USA, gang-related violence remains a serious problem in impoverished inner city neighborhoods. In Syracuse, New York, gang-related murders and gun shots have topped other New York state cities. Residents of the high-murder neighborhoods suffer trauma similar to those living in civil conflict zones. The Trauma Response Team was established in 2010, in collaboration with the Police Department, health care institutions, and emergency response teams and with the research support of Syracuse University faculty. Since its inception, gang-related homicides and gun shots have decreased in the most severely affected census tracts. <http://www.ncbi.nlm.nih.gov/pubmed/26282564>
- Picard-Fritsche, S., and L. Cerniglia. 2013. *Testing a public health approach to gun violence. An evaluation of Crown Heights Save Our Streets, a replication of the Cure Violence model*. New York, NY. Results indicate that gun violence in Crown Heights decreased by 6 percent following the program's implementation, compared to an 18- and 28-percent increase in comparison areas. Although the 6-percent decline was not statistically significant in and of itself, when compared with the upward trend in the comparison precincts, the relative difference between Crown Heights and the other neighborhoods was significant. The analysis suggests that gun violence in Crown Heights was 20-percent lower than what it would have been had gun violence trends mirrored those of similar, adjacent precincts. In implementing the features of the Chicago Ceasefire Initiative, SOS targeted a relatively small group of high-risk individuals who were identified as perpetrating a majority of violent crimes. Similar to previous public health strategies for addressing problems such as smoking or seatbelt use, SOS reflected the Ceasefire model's attempt to modify community norms regarding gun violence. Following the Ceasefire model, SOS attempted to identify and engage individuals deemed to be at high risk for future violence, using street outreach by "credible messengers" with experience in the target neighborhood and knowledge of local gang or street conflicts. In a departure from the Chicago model, SOS staff members were also responsible for conducting conflict mediation ("violence interruption"); the Chicago model assigned conflict resolution as a distinct role filled by separate staff members. SOS followed the Chicago model in mobilizing community leaders, clergy, residents, and law enforcement in the effort to change community-wide norms and perceptions regarding gun violence. <https://www.ncjrs.gov/App/publications/abstract.aspx?ID=263107>
- Whitehill, J. M., **D. W. Webster**, and J. S. Vernick. 2013. Street conflict mediation to prevent youth violence: Conflict characteristics and outcomes. *Injury Prevention* 19(3):204-209. BACKGROUND: Mediation of potentially violent conflicts is a key component of CeaseFire, an effective gun violence-prevention program. OBJECTIVE: To describe conflicts mediated by outreach workers (OW) in Baltimore's CeaseFire replication, examine neighborhood variation, and measure associations between conflict risk factors and successful nonviolent resolution. METHODS: A cross-sectional study was conducted using records for 158 conflicts mediated between 2007 and 2009. Involvement of youth, gangs, retaliation, weapons and other risk factors were described. Principal component analysis (PCA) was used for data-reduction purposes before the relationship between conflict risk components and mediation success was assessed with multivariate logistic regression. RESULTS: Most conflicts involved 2-3 individuals. Youth, persons with a history of violence, gang members and weapons were commonly present. OWs reported immediate, nonviolent resolution for 65% of mediated conflicts; an additional 23% were at least temporarily resolved without violence. PCA identified four dimensions of conflict risk: the risk-level of individuals involved; whether the incident was related to retaliation; the number of people involved; and shooting likelihood. However, these factors were not related to the OW's ability to resolve the conflict. Neighborhoods with program-associated reductions in homicides mediated more gang-related conflicts; neighborhoods without program-related homicide reductions encountered more retaliatory conflicts and more weapons. <http://www.ncbi.nlm.nih.gov/pubmed/23002073>
- Whitehill, J. M., **D. W. Webster**, S. Frattaroli, and E. M. Parker. 2014. Interrupting violence: How the Ceasefire program prevents imminent gun violence through conflict mediation. *Journal of Urban Health* 91(1):84-95. Cities are increasingly adopting CeaseFire, an evidence-based public health program that uses

specialized outreach workers, called violence interrupters (VIs), to mediate potentially violent conflicts before they lead to a shooting. Prior research has linked conflict mediation with program-related reductions in homicides, but the specific conflict mediation practices used by effective programs to prevent imminent gun violence have not been identified. We conducted case studies of CeaseFire programs in two inner cities using qualitative data from focus groups with 24 VIs and interviews with eight program managers. Study sites were purposively sampled to represent programs with more than 1 year of implementation and evidence of program effectiveness. Staff with more than 6 months of job experience were recruited for participation. Successful mediation efforts were built on trust and respect between VIs and the community, especially high-risk individuals. In conflict mediation, immediate priorities included separating the potential shooter from the intended victim and from peers who may encourage violence, followed by persuading the parties to resolve the conflict peacefully. Tactics for brokering peace included arranging the return of stolen property and emphasizing negative consequences of violence such as jail, death, or increased police attention. Utilizing these approaches, VIs are capable of preventing gun violence and interrupting cycles of retaliation. <http://www.ncbi.nlm.nih.gov/pubmed/23440488>

### **PUBLIC HEALTH APPROACHES (GENERAL)**

Dahlberg, L. L., and J. A. Mercy. 2009. *The history of violence as a public health issue*. Atlanta, GA: U.S. Centers for Disease Control and Prevention. [http://www.cdc.gov/violenceprevention/pdf/history\\_violence-a.pdf](http://www.cdc.gov/violenceprevention/pdf/history_violence-a.pdf)

Division of Violence Prevention, National Center for Injury Prevention, Centers for Disease Control and Prevention. 2016. *Preventing multiple forms of violence: A strategic vision for connecting the dots*. Atlanta, Ga.: U.S. Centers for Disease Control and Prevention. The different forms of violence—child abuse and neglect, youth violence, intimate partner violence, sexual violence, elder abuse and suicidal behavior—are interconnected and often share the same root causes. Understanding the overlapping causes of violence and the things that can protect people and communities can help us better prevent violence in all its forms. CDC’s Preventing Multiple Forms of Violence: A Strategic Vision for Connecting the Dots describes the Division of Violence Prevention’s 5-year vision and areas of strategic focus to help us understand, respond to, and ultimately prevent violence across the lifespan. Several decades of research, prevention, and services have revealed a lot about the different forms of violence and how to prevent and respond to them. One fact clearly emerging from this body of work is that the different forms of violence are strongly interconnected. Previous research indicates: Victims of one form of violence are likely to experience other forms of violence. People who have been violent in one context (e.g., toward peers) are likely to be violent in another context (e.g., toward dating partners). The different forms of violence share common consequences that have health effects across the lifespan such as mental, emotional, physical or social problems. These consequences may contribute to chronic health problems such as cancer, cardiovascular disease, lung disease, or diabetes. Different forms of violence share common risk and protective factors. This document communicates CDC’s priorities related to violence prevention for the next 5 years. CDC will use this document to prioritize our portfolio of work to better address the connections among the different forms of violence, shape future funding initiatives, and guide our collaborative efforts with partners across the country. [http://www.cdc.gov/violenceprevention/pdf/strategic\\_vision.pdf](http://www.cdc.gov/violenceprevention/pdf/strategic_vision.pdf)

Prevention Institute. 2009. *A public health approach to preventing violence: FAQ* Oakland, CA: Prevention Institute. <http://www.preventioninstitute.org/component/jlibrary/article/id-143/127.html>

### **RESEARCH REVIEWS**

Heather Strang, H., L. W. Lawrence W Sherman, E. Mayo-Wilson, D. Woods, and B. Ariel. 2013. Restorative justice conferencing (RJC) using face-to-face meetings of offenders and victims: Effects on offender recidivism and victim satisfaction. A systematic review. *Campbell Systematic Reviews* vol. 12. Oslo, Norway: The Campbell Collaboration. <http://www.campbellcollaboration.org/lib/project/63/>

Moore, K., B. Stratford, S. Caal, C. Hanson, S. Hickman, D. Temkin, H. Schmitz, J. Thompson, S. Horton, and A. Shaw. 2015. *Preventing violence: A review of research, evaluation, gaps and opportunities*. Futures without

Violence and Child Trends. This report summarizes a review of research and evaluation studies, as well as promising and proven interventions, to identify programs, policies, and practices that can contribute to reducing high levels of violence in the United States. Reducing violence is not a topic of controversy—virtually everyone would like to see reductions in injury, harm, and mortality due to violence. The question is how violence can be reduced. Link to full report and research brief: <https://www.futureswithoutviolence.org/preventing-violence-a-review-of-research-evaluation-gaps-and-opportunities/>

## RESPONDING TO COMMUNITY VIOLENCE

### Faith-Based Responses

Stiger, D., C. Weinrich, eds. 2013. Torn apart: Pastoral care responses to community violence. *Caring Connections: An inter-Lutheran journal for practitioners and teachers of pastoral care and counseling*. Vol. 10. Washington, DC: Lutheran Services in America. [http://104.239.165.50/sites/default/files/images/pdfs-CaringConnections/CaringConnections\\_vol10no3\\_2013\\_Final.pdf](http://104.239.165.50/sites/default/files/images/pdfs-CaringConnections/CaringConnections_vol10no3_2013_Final.pdf)

### Policy Responses

Bieler, S., K. Kijakazi, N. La Vigne, N. Vinik, and S. Overton. 2016. *Engaging communities in reducing gun violence. A road map for safer communities*. Washington, DC: Urban Institute. Gun violence inflicts a devastating toll on communities of color, but the justice system response to this violence frequently destabilizes neighborhoods and damages police-community relations. To develop a better response, the Urban Institute, Joyce Foundation, and Joint Center for Political and Economic Studies convened more than 100 people from communities affected by violence. We learned that violence prevention demands a holistic set of solutions. Limiting access to firearms is part of the solution, but a comprehensive strategy will also require improving police-community relations, investing in community services, and facilitating community leadership in violence prevention efforts. <http://www.urban.org/research/publication/engaging-communities-reducing-gun-violence-road-map-safer-communities>

## TRAUMA-INFORMED CARE AND INTERVENTIONS

Chong, V. E., R. Smith, A. Garcia, W. S. Lee, L. Ashley, A. Marks, T. H. Liu, and G. P. Victorino. 2015. Hospital-centered violence intervention programs: A cost-effectiveness analysis. *American Journal of Surgery* 209(4):597-603. Hospital-centered violence intervention programs (HVIPs) reduce violent injury recidivism. However, dedicated cost analyses of such programs have not yet been published. We hypothesized that the HVIP at our urban trauma center is a cost-effective means for reducing violent injury recidivism. METHODS: We conducted a cost-utility analysis using a state-transition (Markov) decision model, comparing participation in our HVIP with standard risk reduction for patients injured because of firearm violence. Model inputs were derived from our trauma registry and published literature. RESULTS: The 1-year recidivism rate for participants in our HVIP was 2.5%, compared with 4% for those receiving standard risk reduction resources. Total per-person costs of each violence prevention arm were similar: \$3,574 for our HVIP and \$3,515 for standard referrals. The incremental cost effectiveness ratio for our HVIP was \$2,941. CONCLUSION: Our HVIP is a cost-effective means of preventing recurrent episodes of violent injury in patients hurt by firearms. <http://www.americanjournalofsurgery.com/article/S0002-9610%2814%2900623-0/abstract>

Corbin, T. J., J. A. Rich, S. L. Bloom, D. Delgado, L. J. Rich, and A. S. Wilson. 2011. Developing a trauma-informed, emergency department-based intervention for victims of urban violence. *J Trauma Dissociation* 12(5):510-525. The Surgeon General's report on youth violence, the Centers for Disease Control and Prevention, and other national organizations are calling for public health approaches to the issue of youth violence.

Hospital-based violence intervention programs have shown promise in reducing recurrent violence and decreasing future involvement in the criminal justice system. These programs seldom address trauma-related symptoms. We describe a conceptual framework for emergency department-based and hospital-based violence intervention programs that intentionally addresses trauma. The intervention described--Healing Hurt People--is a trauma-informed program designed to intervene in the lives of injured patients at the life-changing moment of violent injury. This community-focused program seeks to reduce recurrent violence among 8- to 30-year-olds through opportunities for healing and connection. Healing Hurt People considers the adversity that patients have experienced during their lives and seeks to break the cycle of violence by addressing this trauma. <http://www.ncbi.nlm.nih.gov/pubmed/21967178>

DeCandia, C. J., and K. Guarino. 2015. Trauma-informed care: An ecological response. *Journal of Child and Youth Care Work* 25. <http://www.air.org/resource/trauma-informed-care-ecological-response>

DeCandia, C. J., K. Guarino, and R. Clervil. 2014. *Trauma-informed care and trauma-specific services: A comprehensive approach to trauma intervention*. Washington, DC: American Institutes for Research. <http://www.air.org/resource/trauma-informed-care-and-trauma-specific-services-comprehensive-approach-trauma>

Ko, S. J., J. D. Ford, N. Kassam-Adams, S. J. Berkowitz, C. Wilson, M. Wong, M. J. Brymer, and C. M. Layne. 2008. Creating trauma-informed systems: Child welfare, education, first responders, health care, juvenile justice. *Professional Psychology: Research and Practice* 39(4):396-404. Children and adolescents who are exposed to traumatic events are helped by numerous child-serving agencies, including health, mental health, education, child welfare, first responder, and criminal justice systems to assist them in their recovery. Service providers need to incorporate a trauma-informed perspective in their practices to enhance the quality of care for these children. This includes making sure that children and adolescents are screened for trauma exposure; that service providers use evidence-informed practices; that resources on trauma are available to providers, survivors, and their families; and that there is a continuity of care across service systems. This article reviews how traumatic stress impacts children and adolescents' daily functioning and how various service systems approach trauma services differently. It also provides recommendations for how to make each of these service systems more trauma informed and an appendix detailing resources in the National Child Traumatic Stress Network that have been produced to meet this objective. <http://psycnet.apa.org/journals/pro/39/4/396/>

Purtle, J., R. Dicker, C. Cooper, **T. Corbin**, M. B. Greene, A. Marks, D. Creaser, D. Topp, and D. Moreland. 2013. Hospital-based violence intervention programs save lives and money. *J Trauma Acute Care Surg* 75(2):331-333. <http://www.ncbi.nlm.nih.gov/pubmed/23887566>

Purtle, J., L. J. Rich, S. L. Bloom, **J. A. Rich**, and **T. J. Corbin**. 2015. Cost-benefit analysis simulation of a hospital-based violence intervention program. *American Journal of Preventive Medicine* 48(2):162-169. Violent injury is a major cause of disability, premature mortality, and health disparities worldwide. Hospital-based violence intervention programs (HVIPs) show promise in preventing violent injury. Little is known, however, about how the impact of HVIPs may translate into monetary figures. <http://dx.doi.org/10.1016/j.amepre.2014.08.030>

SAMHSA. 2014. *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Rockville, MD. <http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

Trotti, T., J. Dougherty, and J. Klofas. 2014. *Overview of hospital-based violence intervention programs*. Rochester, NY. <http://www.onbeing.org/program/patrisse-cullors-and-robert-ross-the-resilient-world-were-building-now/8425>

Wolin, J., E. Weinstein, and S. Rose. 2014. *Trauma informed community building: A model for strengthening community in trauma affected neighborhoods*. San Francisco. Trauma can also undermine "readiness" for

individual and community change -- the extent to which community is prepared and inclined to take collective action on an issue (Oetting, et al., 1995). For community development initiatives in these neighborhoods to be successful, a continuous process of identifying community needs and developing the assets to meet those needs is needed (Green and Haines, 2007). There must also be a community building approach that factors in the trauma that residents experience and acknowledges their emotional needs. In this paper, a model of Trauma Informed Community Building (TICB) is presented. TICB is a new model that addresses the challenges trauma poses to traditional community building strategies. TICB strategies de-escalate chaos and stress, build social cohesion and foster community resiliency over time. This model is based on BRIDGE Housing Corporation's experience doing community building work over the past five years in the Potrero Terrace and Annex public Housing site in San Francisco. The work in Potrero is part of San Francisco's HOPE SF initiative, a public-private partnership led by the San Francisco Mayor's Office to rebuild some of the most distressed public housing in San Francisco. The TICB model effectively takes into account the real-life experiences of low-income and public housing residents.

<http://healthequity.sfsu.edu/content/white-paper-model-strengthening-community-trauma-affected-neighborhoods>

### **VIOLENCE AND TRAUMA IN THE LIVES OF AFRICAN AMERICAN YOUNG PEOPLE**

**Rich, J. A.** 2009. *Wrong Place, Wrong Time: Trauma and violence in the lives of young black men*. Baltimore: Johns Hopkins University Press.

**Rich, J. A.,** and C. M. Grey. 2005. Pathways to recurrent trauma among young black men: Traumatic stress, substance use, and the "code of the street". *American Journal of Public Health* 95(5):816-824. Recurrent interpersonal violence is a major cause of death and disability among young Black men. Quantitative studies have uncovered factors associated with reinjury, but little is known about how these factors work together. We interviewed young Black male victims to understand their experience of violence. Qualitative analysis of their narratives revealed how their struggle to reestablish safety shaped their response to injury. Aspects of the "code of the street" (including the need for respect) and lack of faith in the police combined with traumatic stress and substance use to accentuate their sense of vulnerability. Victims then reacted to protect themselves in ways that could increase their risk of reinjury. We describe a model with implications for reducing rates of recurrent violent injuries.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449260/>

Thomas, A., D. Carey, K. Prewitt, E. Romero, M. Richards, and B. Velsor-Friedrich. 2012. African-American youth and exposure to community violence: Supporting change from the inside. *Journal for Social Action in Counseling & Psychology* 4(1). Children's exposure to community violence and its effects on child health outcomes have become a major public health concern in this country, and African-American youth are at greatest risk. Participatory action research, as a vehicle for promoting social justice, is one tool that can be used to address community violence. This article describes the use of focus groups as a way to give African-American youth a voice in providing solutions to violence exposure through the revision of curricula (coping skills and civic engagement). Participants reported a variety of stressors, including exposure to violence, and a lack of coping strategies and adult support for processing violence. Suggestions for curriculum revisions are included. The process of conducting groups, lessons learned from the process, and implications for researchers interested in promoting social justice are discussed.

[http://www.psycsr.org/jsacp/Thomas-v4n1-12\\_54-68.pdf](http://www.psycsr.org/jsacp/Thomas-v4n1-12_54-68.pdf)

### **NATIONAL ACADEMIES OF SCIENCES, ENGINEERING, AND MEDICINE**

CLAJ (Committee on Law and Justice). 2016. Committee on Proactive Policing - Effects on Crime, Communities, and Civil Liberties in the United States.

[http://sites.nationalacademies.org/DBASSE/CLAJ/CurrentProjects/DBASSE\\_167718](http://sites.nationalacademies.org/DBASSE/CLAJ/CurrentProjects/DBASSE_167718)

**June 22, 2016--Webinar:** Community Perspectives on Proactive Policing - Black Lives Matter (Part 1)  
1:00 - 2:00 pm (EST) — [More Information](#)

**June 24, 2016 - Webinar:** Community Perspectives on Proactive Policing - Black Lives Matter (Part 2)  
3:00 - 4:30 pm (EST) — [More Information](#)

IOM (Institute of Medicine). 2012. *Contagion of violence: Workshop summary*. Washington, DC: National Academies Press. <http://www.nationalacademies.org/hmd/Reports/2012/Contagion-of-Violence.aspx>

IOM. 2015. *Means of violence -- Workshop in brief*. Washington, DC. <http://www.nap.edu/catalog/21814/means-of-violence-workshop-in-brief>

IOM and NRC (National Research Council). 2013. *Priorities for research to reduce the threat of firearm-related violence*. Washington, DC. <http://www.nationalacademies.org/hmd/Reports/2013/Priorities-for-Research-to-Reduce-the-Threat-of-Firearm-Related-Violence.aspx>

NRC. 2014. *The growth of incarceration in the United States: Exploring causes and consequences*. Washington, DC. <http://www.nap.edu/catalog/18613/the-growth-of-incarceration-in-the-united-states-exploring-causes>