Urban Transformations

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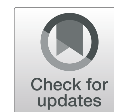

Urban safety, community healing & gun violence reduction: the advance peace model

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Abstract

Cities around the world continue to grapple with safety, security and the role for law enforcement in reducing gun crime. Recent calls for alternatives to militarized policing in cities and addressing racism in urban crime policies and practices gives new urgency to explore community-led strategies. Advance Peace is a program that aims to reduce urban gun violence using formerly incarcerated community members as street outreach mentors and violence interrupters. Yet, few urban policy makers know of Advance Peace and how it is distinct from other community-based urban gun violence interruption programs, often called focused deterrence. In this paper, we describe the innovative approach used by Advance Peace, what distinguishes it from other municipal gun violence reduction strategies, and examine the elements of its unique, public health informed program called the Peacemaker Fellowship®. The Peacemaker Fellowship enrolls the small number of the most violent and hard to reach members of a community at the center of gun violence in an intensive 18-month program of trauma-informed, healing-centered, anti-racist mentorship, education, social services, and life opportunities. We suggest that cities around the world seeking transformations in their approach to public safety, including addressing structural racism and centering community expertise, explore the unique features of the Advance Peace approach.

Keywords: Gun violence, Public safety, Peace, Healing, Racism, Community health

Policy and practice recommendations

1. Institutionalize peacemaking as a function of city government, outside law enforcement.
2. Hire formerly incarcerated community members to act as street-outreach mentors to those at the center of conflicts and to interrupt violence.
3. Use a public health informed approach to violence reduction, which acknowledges the traumas of racism and prioritizes healing.
4. Trust the young people experiencing trauma and gun violence to co-design the healing and violence reduction strategies with street-credible mentors.

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5. Advance Peace can save cities millions of dollars in law enforcement, health care and other costs by preventing gun violence, which can allow cities to invest more resources to improve conditions in impoverished communities.

Science highlights

1. Measuring changes in urban gun crime does not capture whether communities are healing from violence.
2. Accurate intra-city data requires involving those most impacted by gun violence in designing solutions and measuring impacts.
3. Public health frameworks should guide urban safety and security research.

Introduction

Urban violence can stymie efforts for sustainable development, climate resilience, effective ecosystem management and environmental justice, and controlling gun homicides has shown to be one critical pathway toward more inclusive and sustainable urbanization (Bogar and Beyer 2016; Mares 2013; Moser and McIlwaine 2006; Muggah 2014; World Bank 2016; WHO 2014). Community-based gun violence reduction models act as an alternative to heavy-handed policing and have proven to be some of the most successful urban gun violence reduction initiatives in the US and globally (Abt and Winship 2016). These programs stop the transmission of violence in a manner similar to that of public health interventions designed to curtail epidemics, and typically involve community mobilization, street outreach, and intensive social service supports (Butts et al. 2015; Hemenway and Miller 2013; Slutkin et al. 2018). This paper reviews a community-driven gun violence reduction program that uses a public health approach and offers an alternative to dehumanizing policing, aims to address the structural violence and residual traumas of chronic divestment from Black, indigenous and immigrant communities, and offers an urban policy approach to public safety that more meaningfully involves those residents and communities that have been traumatized by structural racism (Sharkey 2020; Weisburd and Majmundar 2018).

In this paper, we review the transformative potential of the urban gun violence reduction program called Advance Peace (AP). Advance Peace has been adopted in Richmond, Stockton, Sacramento, and Fresno, California, as well as Fort Worth, Texas. We review the processes AP uses to transform the young people at the center of urban gun violence, including helping them heal from trauma and stop using firearms. We explore the characteristics of what makes AP different from other community-based programs, and how the unique AP approach may hold great promise for transforming legacies of systemic racism in cities that have contributed to today's urban gun violence epidemic.

AP is the name of the community-based organization (CBO) that hires, trains, and supports teams of street outreach workers who implement a trauma-informed, healing-focused program that is aimed at preventing urban gun violence and supporting healthy community development (www.advancepeace.org). AP has developed a specific curriculum, called the Peacemaker Fellowship,® to structure its mentorship and life coaching for the small number of the most violent and disconnected individuals in a community. The Peacemaker Fellowship is an intensive, 18-month program that delivers everyday adult supports, co-creates a set of goals with each client, or fellow, offers group classes

in conflict resolution and other essential life skills, provides intensive social service navigation, and opportunities for travel and internships. For those fellows that demonstrate a commitment to healing themselves and their communities, a milestone allowance of $1000 per month is also possible.[1] We used 3 years of field observations of the Peacemaker Fellowship, including 'ride-alongs' where one co-author (JC) spent time in the field with street outreach workers, notes from 3 years of weekly staff meetings, over 22 semi-structured interviews with AP outreach workers and management staff, and data entered weekly by AP outreach workers about their street mentorship engagements and clients. Additionally, one co-author is the founder and chief executive officer (DB) and the other (KM) is the chief operating officer of the AP program. The data are descriptive and used to illustrate the practices and strategies used by Advance Peace.

What makes Advance Peace unique in urban public safety?

The Advance Peace model begins from the premise that urban violence is most often the result of unacknowledged and unaddressed traumatic experiences, not sociopathy. These traumas, frequently called Adverse Childhood Experiences (ACEs), include childhood deprivation, physical and sexual abuse, witnessing and being the victim of violence, homelessness, poverty, interpersonal and institutional racism (SAMHSA 2015; Wiliams 2018). Segregated Black, Indigenous and People of Color (BIPoC) urban communities also suffer from the traumas of Adverse Community Environments, which are characterized by living environments with concentrations of toxic pollution, dilapidated housing, lack of green space, economic disinvestment, community violence, and low-quality schools (Jacoby et al. 2018; Lane et al. 2017). These "pair of ACEs" (Ellis and Dietz 2017), combine to act as traumas or "toxic stressors" across one's lifecourse – from in utero to adulthood – that adversely impact brain development, decision-making, impulse control, and generally wear away at the body's immune system and vital organs (McEwen and McEwen 2017). These pair of ACEs can also cause the brain and body to interpret normal circumstances as dangerous, leading many researchers and practitioners to emphasize the need for healing-centered strategies that explicitly address trauma as a critical aspect of urban gun violence reduction (Ginwright 2018; Hardy 2013; Leitch 2017; Norris 2020; Sargent et al. 2020).

Advance Peace is explicitly trauma-informed, meaning it prepares its outreach workers to understand the overlapping traumas and toxic stressors that young people are experiencing and that 'hurt people, hurt people' (DeCandia and Guarino 2015; Decker et al. 2018; Leitch 2017). AP builds upon many successful aspects of decades of lessons from focused deterrence programs, namely Cease Fire and Cure Violence (Skogen et al. 2008; Slutkin et al. 2018). However, as described in more detail in Table 1, AP differs because it explicitly addresses every day and institutional racism, does not focus on gang norm change but rather highly influential individuals, does not work with police, and offers its clients an individualized, rather than group, healing program called the Peacemaker Fellowship. If fellows make progress within the Peacemaker Fellowship on their individual Life Management Action Plan (LifeMAP), developed with their street outreach mentor, they are eligible for a milestone allowance of up to $1000

[1]The Milestone allowance is based on the percentage of LifeMAP goals a fellow has completed and/or is working toward, as determined by their street-outreach mentor and the Advance Peace staff.

Table 1 Comparison of Focused Deterrence & Advance Peace

	Focused Deterrence	Advance Peace (AP)
Theory of change	• Change the violent behavior of gangs by implementing a blended strategy of law enforcement, community mobilization, and social services	• End cyclical & retaliatory urban gun violence by investing in the development, health, and healing of highly influential individuals at the center of urban gun violence.
Clients	• Individuals in gangs or street groups	• Highly influential individuals at the center of gun violence, who become fellows in the Peacemaker Fellowship
Goals	• Group (gangs) norm change &/or neighborhood gun crime 'hot-spots'	• Individual healthy human development • Individual & community healing from unaddressed traumas that contribute to violence
Deterrence theory	• Increase certainty, swiftness & severity of sanctions associated with gun violence; • New knowledge & peer pressure will change behaviors	• Everyday engagement, mentoring and love can support traumatized, high risk people to heal and make more healthy decisions.
Engagement	• Street-outreach workers perform conflict mediation; • Separate mentors help clients navigate social services, education & employment	• One team of street-outreach workers use the Peacemaker Fellowship program to: • create an individualized LifeMAP (mgt. Action plan) with, not for, each fellow; • deliver daily, one-on-one engagement to implement LifeMAP goals; • conduct street conflict mediation; • support client social service navigation. • teach group life-skills classes.
Police Participation	• Partnership with police, parole and other law enforcement to communicate increased sanctions; • Increases police presence around groups/ neighborhoods	• Separate from & not affiliated with police
Alternatives	• General social services including: • Job training/internships • education, • substance abuse treatment, • Cognitive behavioral therapy (CBT) • housing assistance, and others.	• Specifically tailored to each individual and formalized in LifeMAP, but often includes many of the same as focused deterrence.
Sustainability	• Programs average 2–4 years, only a few have long-term presence in city/community; • Rarely institutionalized into local government; • Short-term grant funding contributes to high staff turnover/burnout.	• Over 12-year presence in Richmond; • Combines city budget allocation with private funds; • Institutionalized in Richmond as local gov't dept. & most staff become city employees; • Uses private grants to complement city resources.
Impact Evaluation (metrics)	• Change in community & city-wide gun homicide & assaults • Change in other violent crimes; • Changes in gang/group violence norms; • Community norm change; • Client's access to employment & education; • Community & client perceptions of policing.	• Change in community & city-wide gun homicide and assaults; • Client progress on LifeMap; • Clients alive, not incarcerated, not injured by firearm, • Reduced client involvement in firearm conflict; • Ethnographic accounts of impacts on outreach workers, fellows and community members.

per month (Office of Neighborhood Safety (ONS) 2019). These distinguishing features make AP slightly unique from other urban gun violence reduction programs that use street outreach, restorative justice, cognitive behavioral therapy, internships and employment opportunities as a set of services and incentives to induce behavioral change (Table 1) (Butts et al. 2015; Delgado et al. 2017a; Delgado et al. 2017b; Papachristos and Kirk 2015; Picard-Fritsche and Cerniglia 2013; Skogen et al. 2008; Webster et al. 2013).

The peacemaker fellowship: delivering healing to reduce violence

The crux of what sets AP apart from other strategies is its trauma-informed, healing-centered Peacemaker Fellowship. AP recognizes that there are few 'violent communities' but rather urban gun violence is extremely concentrated in very particular places and among a small number of highly impactful people, generally in the hundreds even in the largest cities (Weisburd 2015). Thus, AP tends to recruit the 20–30 most 'lethal' community members from the group of a few hundred that are creating the risk of gun violence for everyone else. AP also recognizes that these same individuals are likely to not just be perpetrators but also victims of gun violence. The recruitment is done by formerly incarcerated community members who went to prison for a gun crime but have gone through their own healing processes in prison and re-entered society as both 'wounded healers' and credible messengers: wounded in the sense that they too have experienced traumas that contributed to their use of guns; healers in that they are working on acknowledging and addressing their traumas, and; street credible for having 'lived that life.' (LeBel et al. 2015). AP calls their street outreach workers Neighborhood Change Agents (NCAs). In Richmond, AP is housed in a governmental agency called the Office of Neighborhood Safety (ONS), while in the other cities, AP is independent of city government and functions as a community-based organization (CBO) but tends to receive some resources from the city's budget (Office of Neighborhood Safety (ONS) 2019).

In each city, the clients or 'fellows' are suspicious of AP NCAs, often thinking they work with law enforcement or a 'useless' non-profit that may have let them down before. AP does not work with law enforcement, since they believe a trusting mentorship relationship must be independent from the sanctions of the criminal justice system and not connected to institutions that have a history of dehumanizing people of color (Chaney and Robertson 2013; Del Toro et al. 2019; Wolf et al. 2015). Unlike most focused deterrence, AP does not use 'group call ins" where law enforcement and prosecutors often threaten gang members and others with severe punitive sanctions should they commit or be associated with a future gun crime (Braga et al. 2019). A significant aspect of the work of AP is building trust with the young people that have so frequently been let down or ignored by social service agencies, school systems and most adults in their lives. One AP NCA described their recruitment process in this way:

> We court them. They reject us. It's slow going. The ones that jump in the car the first or second time ain't the ones we are after. Those acting out with guns, we see it as a cry for help. But where we are from, seeking help is seen as weak. We let them know they ain't alone. I been there too, but spent years in prison for my mistakes. We offer care, trust and unselfish support. Something they ain't never seen before.

Over a six-month period, AP works to build trusting relationships with the most violent and influential members of a community. If this is accomplished, the client becomes a Fellow in the Peacemaker Fellowship by working with their mentor to draft an individualized Life Management Action Plan (LifeMAP). The LifeMAP acts as both a mechanism for ensuring the fellow defines their own healing needs (i.e., 'for them, by them') and is the 'social contract' that a strong, caring, and consistent adult is willing to

take a risk and believe in them. Another aspect of the Fellowship, and built into most fellow's LifeMAP goals, is joining group learning sessions, or what AP calls 'life-skills' classes. These 'classes' are dialogues or healing circles facilitated by an NCA or a professional therapist, where groups of fellows focus on a particular topic over a series of weeks or months, and typically include discussions of internalized, institutional and systemic racism, valuing culture and the history of people of color, and identifying how institutions such as schools and banks discriminate against the poor and people of color (Augustine et al. 2018). By valuing culture and identifying sources of suffering and community trauma, the life-skills classes offer opportunities for group healing (Hardy 2013; Ginwright 2018).

The NCAs also refer their Fellows to social services, such as substance abuse, anger management and cognitive behavioral therapy. AP outreach workers create the opportunities for their fellows to access these proven approaches for addressing trauma and moving toward healing, many of which had previously been denied to most of their young clients (Austria and Petersen 2017). What differentiates AP is that the mentor will often accompany the Fellow to the service provider to ensure they receive the care and support they need.

Another key offering of the Peacemaker Fellowship is what AP calls 'transformative travel.' In most cases, fellows have never traveled outside their city and many rarely leave their neighborhood. Group excursions can include community service projects, taking college tours, meeting with government officials, and participating in restorative justice dialogues in other communities. Yet, in order to take advantage of the travel opportunity, the fellow must agree to travel with another fellow who happens to be one of their rivals. This interaction is frequently facilitated by groups of outreach workers, but NCAs describe how after an hour or so of being in the car together, the old rivalries begin to breakdown and "they start acting like kids again."

Related 'transformational' aspects of the Fellowship are opportunities for paid internships, participating in an 'elder circle' of community members that are doctors, lawyers, entrepreneurs and others, and qualifying for 'milestone' financial allowance of up to $1000 a month. The fellows become milestone 'eligible' after committing to at least 6 months of engagement and relationship building with their mentor. Fellows are milestone allowance eligible also after their NCA mentor determines they are working on self-healing, regularly attending group life-skills classes, making progress on their LifeMAP goals, and demonstrating a commitment to peacefully resolving conflicts that may have previously been addressed using guns. The milestone allowance acts as an incentive to 'stay the course' and we observed that the Fellows use the allowance for basic needs, like rent, food, diapers and child care.

The AP Transformative change model is detailed in Fig. 1. The transformation aims to be both at the individual and community scales. The drivers of change are the NCA inputs, including mentorship and relationship building, as well as community conflict resolutions, interrupting gun violence and performing street outreach. The fellows are given services through the Peacemaker Fellowship, create a LifeMAP and attend group life skills classes, elder circles and qualify for travel, internships and the milestone allowance. The community transformation occurs as street-level peace is maintained, reducing in-school and other conflicts. Community anxiety, fear and stress can all be reduced as gun violence becomes de-normalized. Everyday presence of positive adult

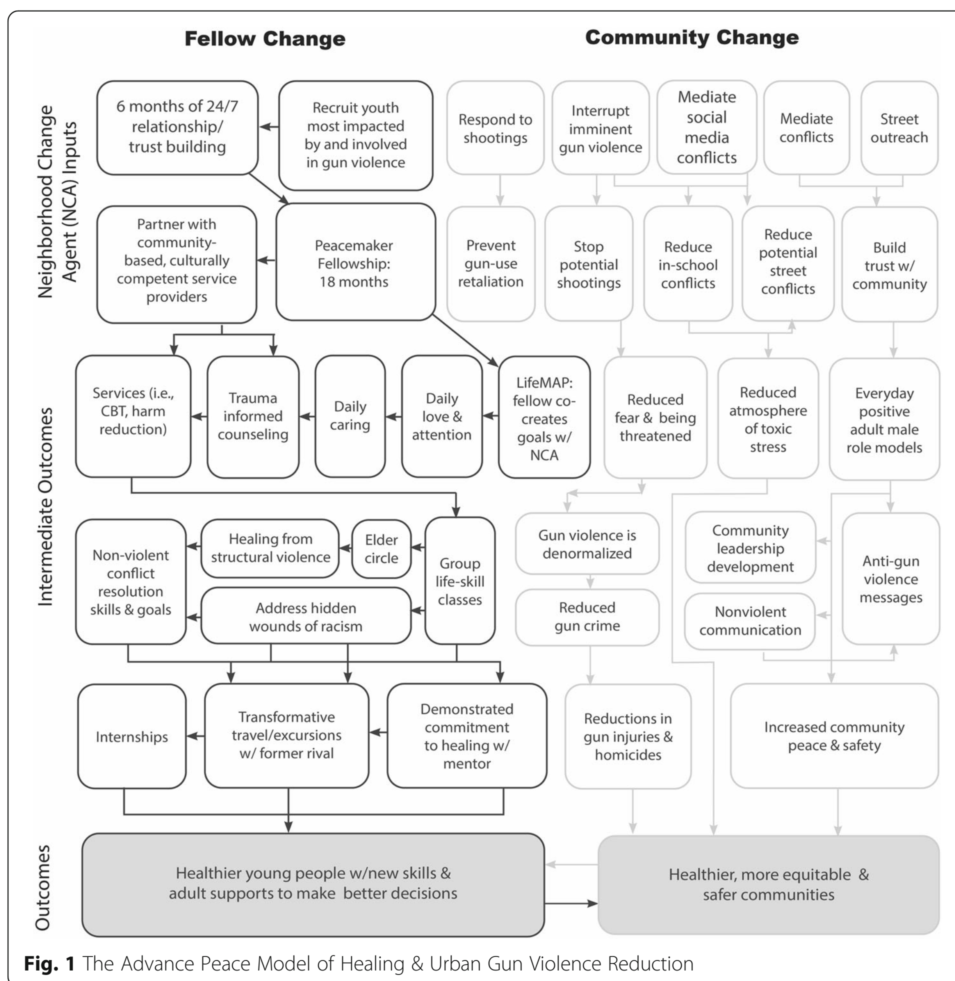

Fig. 1 The Advance Peace Model of Healing & Urban Gun Violence Reduction

role models in the form of the NCAs help spread peaceful, anti-gun messages, while also modeling community leadership, non-violent communication and healthy conflict resolution. The results are increased community peace, reductions in gun crime, shootings and injuries, and a healthier community (Fig. 1).

Toward urban peace and healing

While more research is needed to document the impacts of Advance Peace on gun crime in communities, we offer a summary of 1 year of street outreach and Fellow data (Table 2). In 2019, in three AP cites of Richmond, Sacramento and Stockton, California, outreach workers made over 6000 street-level engagements with those at the center of gun violence, with only six NCAs working in each city. In these same three AP cities in 2019, hundreds of social service referrals were made for young people who would have been unlikely to get support absent a street-mentor. A social service referral is when an NCA identifies a need for one of their fellows, such as substance abuse or anger management counseling, and accompanies the fellow to the service provider. The AP outreach workers interrupted tens of conflicts that could have escalated into more serious violence. A resolved conflict is a general dispute or fight, often domestic, where no guns were present, while an imminent gun violence interruption is defined by AP as a situation where guns are present or drawn and a shooting is about to happen.

Table 2 Advance Peace outreach and healing work in select cities, 2019

City	# of Fellows in Peacemaker Fellowship	# hours of street outreach engagements	# social services referrals	# conflicts resolved	# imminent gun violence interruptions	% fellows not suspected in any gun crime	% fellows alive	% fellows not injured by gun
Richmond, CA	37	12,525	728	37	16	76	100	95
Sacramento, CA	120	10,275	659	108	41	94	98	95
Stockton, CA	40	5060	569	206	31	87	100	97

According to the NCAs in each city, AP helped prevent between 16 and 41 potential shootings which might have resulted in deaths.

The prevention of shootings has a significant economic benefit that can help transform cities. For example, in Stockton, California, the National Institute for Criminal Justice Reform estimated that in 2019 the cost of one firearm shooting with an injury cost the city $962,000 while one firearm homicide cost $2,500,000 (National Institute of Criminal Justice Reform 2020). These cost estimates include the police crime scene response, emergency medical response, hospital and health care, criminal justice investigation and legal system, pretrial incarceration and victim supports. Thus, by preventing 31 imminent gun violence conflicts in Stockton (see Table 2), AP likely saved the city between $29 M (if all 31 were injury shootings) and $77.5 M (if all 31 resulted in a homicide) (Corburn and Fukutome 2021). Given that the overall Stockton city budget was about $758 M in 2019, the savings from preventing firearm shootings represents between 4 and 10% of the city's budget.

In the 2019 AP program year, Richmond had 37 fellows enrolled in the Peacemaker Fellowship, Sacramento, 120, and Stockton, 40. Almost all the fellows in each city were still alive, had not been injured by a gun and were not a suspect in any gun crime (Corburn and Fukutome-Lopez 2020). These data begin to highlight the ways the AP model helps transform the lives of their fellows and the communities where they work.

Conclusions

Advance Peace builds from successful aspects of other focused deterrence programs but offers a unique, non-law enforcement model that aims to help heal those at the center of urban gun violence and reduce gun crime. As cities explore alternatives to punitive policing and acknowledge that addressing violence is part of sustainable development, new models that are more community-accountable and explicitly aim to address the root causes of urban traumas that are contributing to violence, are needed. The AP model is spreading to a number of cities, including New York City, where the Mayor announced on March 15, 2021, that the city would be piloting the Advance Peace approach (New York City 2021). As other cities consider adopting the AP approach, this Focus Point suggests that there are at least six conditions for the successful uptake and implementation of the program.

First, a city and community advocates (i.e., non-governmental organizations) should commit to using a public health approach for addressing gun violence and helping individuals and communities heal from trauma. As noted above, this demands a commitment to prevention not punishment. Second, the prevention must be done by trusted community outreach workers, or the credible messengers and 'wounded healers' that have both street-communication and professional healing 'expertise.' Third, the trust needed and ability to reach the most influential people engaged in gun crime means separating AP from policing. This doesn't mean local governments aren't involved or invested, just that AP must operate independently from law enforcement which tends to respond to violence after the fact rather than prevent it in the first place. Fourth, cities must invest in and aim to uplift the small number of hard-to-reach, perpetrators of gun crime, not rely only on community-wide or school-based outreach strategies. This highly targeted approach can be thought of as 'urban acupuncture,' or pinpointing the most catalytic people to reduce the danger for the entire city. Fifth, the investment in

those likely to commit gun crimes must be 24 hours a day, 365 days a year and include positive adult mentorship, cognitive behavior therapy, group healing circles, material supports, travel opportunities and social services. A narrowly designed program with a limited service profile will not offer the multi-faceted healing supports that AP seems to deliver. Finally, cities must commit to a multi-year investment of resources and institution building, but the return on this investment can be quite significant. This work does not transform cities in a few years and is pushing back against decades and centuries of inequalities.

While more research is need to document its impacts, we suggest that Advance Peace offers a promising, healing centered practice for urban transformation and public safety.

Abbreviations
AP: Advance Peace; LifeMAP: Life Management Action Plan; NCA: Neighborhood Change Agent; ONS: Office of Neighborhood Safety

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Authors' contributions
JC conceptualized the manuscript, conducted interviews and gathered observational data, and wrote first draft. DB and KM added additional research, contributed significant material to drafts and edited final draft. The author(s) read and approved the final manuscript.

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References
Abt T, Winship C. What works in reducing community violence: a meta-review and field study for the northern triangle: USAID; 2016. Retrieved from https://www.usaid.gov/sites/default/files/USAID-2016-What-Works-in-Reducing-Community-Violence-Final-Report.pdf. Accessed 2 May 2020.

Augustine CH, Engberg J, Grimm GE, et al. Can restorative practices improve school climate and curb suspensions? An evaluation of the impact of restorative practices in a mid-sized urban school district. Santa Monica: RAND Corporation. https://www.rand.org/pubs/research_reports/RR2840.html. Accessed 4 Oct 2020; 2018. https://doi.org/10.7249/RR2840.

Austria R, Petersen J. Credible messenger mentoring for justice involved youth. The Pinkerton papers: The Pinkerton Foundation; 2017. https://www.thepinkertonfoundation.org/paper/credible-messenger-mentoring-justice-involved-youth Accessed 22 Sep 2020

Bogar S, Beyer KM. Green space, violence, and crime: a systematic review. Trauma Violence Abus. 2016;17(2):160–71. https://doi.org/10.1177/1524838015576412.

Braga A, Weisburd D, Turchan B. Focused deterrence strategies effects on crime: a systematic review. Campbell Syst Rev. 2019:e1051. https://doi.org/10.1002/cl2.1051.

Butts J, Roman CG, Bostwick L, Porter JR. Cure violence: a public health model to reduce gun violence. Annu Rev Public Health. 2015;36(1):39–53.

Chaney C, Robertson RV. Racism and police brutality in America. J Afr Am Stud. 2013;17(4):480–505. https://doi.org/10.1007/s12111-013-9246-5.

Corburn J, Fukutome A. Advance Peace Stockton 2018-20 Evaluation Report, 2021: UC Berkeley, Center for Global Healthy Cities, Berkeley, CA. https://www.advancepeace.org/wp-content/uploads/2021/02/advance_peace_stockton_eval_report_2021_final.pdf

Corburn J, Fukutome-Lopez A. (2020). Outcome evaluation of advance peace Sacramento, 2018–19. Retrieved https://www.advancepeace.org/wp-content/uploads/2020/04/Corburn-and-F-Lopez-Advance-Peace-Sacramento-2-Year-Evaluation-03-2020.pdf Accessed 25 Apr 2020.

DeCandia CJ, Guarino K. Trauma-informed care: an ecological response. J Child Youth Care Work. 2015;25:7–31.

Decker MR, Wilcox HC, Holliday CN, Webster DW. An integrated public health approach to interpersonal violence and suicide prevention and response. Public Health Rep. 2018;133(1_suppl):65S–79S. https://doi.org/10.1177/0033354918800019.

Del Toro J, Lloyd T, Buchanan KS, et al. The criminogenic effects of police stops on adolescent black and Latino boys. Proc Natl Acad Sci. 2019;116(17):8261–8. https://doi.org/10.1073/pnas.1808976116.

Delgado S, Alsabahi L, Butts JA. Young men in neighborhoods with cure violence programs adopt attitudes less supportive of violence. New York: Research and Evaluation Center, John Jay School of Criminal Justice, CUNY; 2017.

Delgado SA, Alsabahi L, Wolff K, Alexander N, Cobar P, Butts JA. Demoralizing violence: the effects of cure violence in the south Bronx and East New York, Brooklyn: John Jay College of Criminal Justice Research and Evaluation Center; 2017. https://johnjayrecnyc/2017/10/02/cvinsobronxeastny/ Published October 2, 2017. Accessed 12 Oct 2020

Ellis WR, Dietz WH. A new framework for addressing adverse childhood and community experiences: the building community resilience model. Acad Pediatr. 2017;17(7):S86–93. https://doi.org/10.1016/j.acap.2016.12.011.

Ginwright, S. (2018). The future of healing: shifting from trauma informed care to healing centered engagement. Medium. https://medium.com/@ginwright/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c Accessed 3 Mar 2020.

Hardy KV. Healing the hidden wounds of racial trauma: enhancing professional and research training. Reclaiming Children Youth. 2013;22:24–8.

Hemenway D, Miller M. Public health approach to the prevention of gun violence. N Engl J Med. 2013;368(21):2033–5. https://doi.org/10.1056/NEJMsb1302631.

Jacoby SF, Dong B, Beard JH, Wiebe DJ, Morrison CN. The enduring impact of historical and structural racism on urban violence in Philadelphia. Soc Sci Med. 2018;199:87–95. https://doi.org/10.1016/j.socscimed.2017.05.038.

Lane SD, Rubinstein RA, Bergen-Cico D, Jennings-Bey T, Fish LS, Larsen DA, et al. Neighborhood trauma due to violence: a multilevel analysis. J Health Care Poor Underserved. 2017;28(1):446–62. https://doi.org/10.1353/hpu.2017.0033.

LeBel TP, Richie M, Maruna S. Helping others as a response to reconcile a criminal past: the role of the wounded healer in prisoner reentry programs. Crim Justice Behav. 2015;42(1):108–20. https://doi.org/10.1177/0093854814550029.

Leitch L. Action steps using ACEs and trauma-informed care: a resilience model. Health Justice. 2017;5(1):5. https://doi.org/10.1186/s40352-017-0050-5.

Mares D. Climate change and levels of violence in socially disadvantaged neighborhood groups. J Urban Health. 2013;90(4):768–83. https://doi.org/10.1007/s11524-013-9791-1.

McEwen C, McEwen BS. Social structure, adversity, toxic stress, and intergenerational poverty: an early childhood model. Annu Rev Sociol. 2017;43(1):445–72. https://doi.org/10.1146/annurev-soc-060116-053252.

Moser C, McIlwaine C. Latin American urban violence as a development concern: towards a framework for violence reduction. World Dev. 2006;34(1):89–112. https://doi.org/10.1016/j.worlddev.2005.07.012.

Muggah R. Deconstructing the fragile city: exploring insecurity, violence and resilience. Environ Urban. 2014;26(2):345–58. https://doi.org/10.1177/0956247814533627.

National Institute of Criminal Justice Reform (2020). Stockton, California: The Cost of Gun Violence Direct to Tax Payers. Retrieved from https://nicjr.org/wp-content/themes/nicjr-child/assets/Stockton.pdf

New York City. A recovery for all of us: mayor de Blasio, public advocate Jumaane D. Williams announce new gun violence prevention effort, March 15: Office of the Mayor; 2021. https://www1.nyc.gov/office-of-the-mayor/news/186-21/recovery-all-us-mayor-de-blasio-public-advocate-jumaane-d-williams-new-gun

Norris T. We keep us safe: building secure, just and inclusive communities. Boston: Beacon Press; 2020. ISBN: 978-080702970-1

Office of Neighborhood Safety (ONS). Annual Report. Richmond; 2019. Available: https://www.ci.richmond.ca.us/271/Office-of-Neighborhood-Safety, Accessed 8 May 2020

Papachristos A, Kirk D. Changing the street dynamic: evaluating Chicago's group violence reduction strategy. Criminol Public Policy. 2015;14(3):525–58. https://doi.org/10.1111/1745-9133.12139.

Picard-Fritsche S, Cerniglia L. Testing a public approach to gun violence: an evaluation of Crown Heights save our streets, a replication of the cure violence model: Center for Court Innovation; 2013. https://www.courtinnovation.org/sites/default/files/documents/SOS_Evaluation.pdf. Accessed 10 Oct 2020

Sargent E, Zahniser E, Gaylord-Harden N, Morency M, Jenkins E. Examining the effects of family and community violence on African American adolescents: the roles of violence type and relationship proximity to violence. J Early Adolesc. 2020;40(5):633–61. https://doi.org/10.1177/0272431619858397.

Sharkey P. Why do we need the police? Cops prevent violence. But they aren't the only ones who can do it: Washington Post; 2020. https://www.washingtonpost.com/outlook/2020/06/12/defund-police-violent-crime/?arc404=true

Skogen, W.G, Hartnett SM, Bump N, Dubois J. (2008). Evaluation of CeaseFire Chicago. Available at: http://cureviolence.org/effectiveness/doj-evaluation/. Accessed 12 Apr 2020.

Slutkin G, Ransford C, Zvetina D. How the health sector can reduce violence by treating it as a contagion. AMA J Ethics. 2018;20(1):47–55. https://doi.org/10.1001/journalofethics.2018.20.1.nlit1-1801.

Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. 2015. http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf.

Webster D, Mendel Whitehill J, Vernick JS, Curriero FC. Effects of Baltimore's safe streets program on gun violence: a replication of Chicago's CeaseFire program. J Urban Health. 2013, February;90(1):27–40. https://doi.org/10.1007/s11524-012-9731-5.

Weisburd D. The law of crime concentration and the criminology of place. Criminology. 2015;53(2):133–57. https://doi.org/10.1111/1745-9125.12070.

Weisburd D, Majmundar M, editors. Proactive policing: effects on crime and communities. Washington, DC: National Academies of Sciences, Engineering, and Medicine; 2018. https://doi.org/10.17226/24928.

WHO. Global status report on violence prevention. Geneva: World Health Organization; 2014. https://www.who.int/violence_injury_prevention/violence/status_report/2014/en/

Wiliams D. Stress and the mental health of populations of color: advancing our understanding of race-related stressors. J Health Soc Behav. 2018;59(4):466–85. https://doi.org/10.1177/0022146518814251.

Wolf AM, Del Prado Lippman A, Glesmann C, Castro E. Process evaluation for the Office of Neighborhood Safety. Oakland: National Council of Crime and Delinquency; 2015.

World Bank. 2016. Urban violence: a challenge of epidemic proportions. https://www.worldbank.org/en/news/feature/2016/09/06/urban-violence-a-challenge-of-epidemic-proportions. Accessed 1 Oct 2020.

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